20 YEARS IN 25

GALLIPOLI MEDICAL RESEARCH

Addendum to the Seeking Safety manual: tailoring the approach for veteran populations

17 October 2025

Disclaimer and copyright

Funding for this project was provided by the Australian Government Department of Veterans' Affairs (DVA). However, any views expressed do not necessarily represent the views of DVA or the Minister for Veterans' Affairs. The Commonwealth does not give any warranty nor accept any liability in relation to the contents of this work. All errors of omission or commission are the responsibility of the authors.

Project title: ARP2301 – *Peer-led Seeking Safety: translating an evidence-based practice model for veterans' support organisations*. Procurement reference identification number: DVA-PNL 2021-22/159a.

Authors

Dr Camila Guindalini[1] – https://orcid.org/0000-0002-6278-5881

Prof Lisa Najavits[2,3] – https://orcid.org/0000-0002-3117-8069

Dr Stephanie Howarth[1] – http://orcid.org/0000-0001-6149-0064

Dr Karolina Alichniewicz[1] – https://orcid.org/0000-0002-9117-019X

Dr Tho Dang[1,4] – https://orcid.org/0000-0003-4046-9666

Dr Jie Hu[1] – https://orcid.org/0000-0003-2940-6525

Ms Rochelle Lund[1,4] – https://orcid.org/0009-0008-4335-4729

Ms Angeli Tabinga[1,4] – https://orcid.org/0000-0001-7552-1044

Affiliations

1. Gallipoli Medical Research, Greenslopes Private Hospital, Greenslopes Qld 4120, Australia.
2. Treatment Innovations, Newton Center, Massachusetts 02459, USA.
3. University of Massachusetts Medical School, Implementation Science and Practice Advances Research Center (iSPARC), Shrewsbury, Massachusetts 01545, USA.
4. The University of Queensland, Faculty of Medicine, St Lucia Qld 4072, Australia.

Contents

1. Australian veteran-specific addendum

1.1. Purpose

This addendum was developed to provide an Australian veteran-specific guide for implementing the Seeking Safety model within veteran populations. While the original Seeking Safety program has been applied internationally, adaptation to the Australian context is essential to ensure cultural fit, relevance to local services and acceptability for ex-serving members. The purpose of this addendum is to:

- bring Seeking Safety – an evidence-based model for trauma, post-traumatic stress disorder (PTSD) and substance use – into veteran settings, where trauma and addiction often co-occur but are not always addressed together
- highlight the multidirectional relationship between trauma, substance use and post-service adjustment challenges, all of which are highly prevalent among veterans and strongly influence one another
- provide a positive, compassionate, recovery-oriented approach that engages veterans in reducing unsafe behaviours while avoiding stigma, blame or judgement
- support a strong public health approach by using Seeking Safety as a low-cost, flexible model that can be delivered by clinicians and peers alike across a variety of veteran service settings
- focus on practical, present-focused coping strategies while helping veterans understand how trauma and substance use have shaped their experiences
- offer material relevant not only to Open Arms – Veterans & Families Counselling ('Open Arms', Australia's national provider of counselling and support services for current and ex-serving Australian Defence Force members and their families) but also to broader veteran health, mental health and peer support programs
- draw directly on lessons from the Australian peer-led Seeking Safety pilot evaluation ('Australian pilot') to ensure recommendations are evidence-informed, culturally appropriate and feasible within the veteran context.

1.2. Methodology

The addendum is based on a mixed-methods feasibility study, conducted by Gallipoli Medical Research, evaluating the translation and implementation of the group format, partial-dose (8 sessions) Australian pilot intervention in 2 locations of the Open Arms service delivery environment (South Queensland and South Australia) between 2023 and 2025. Open Arms is Australia's leading provider of mental health assessment and counselling for Australian veterans and their families, offering services delivered by professional clinicians as well as individuals with lived experience of military service or military family life. Data sources included the following:

- **Staff participant focus groups**: Conducted with 10 staff (4 peer workers, 6 clinicians) following program delivery to capture qualitative reflections on feasibility, acceptability, cultural fit and implementation considerations.
- **Staff participant surveys**: The *Seeking Safety feedback questionnaire* was completed by 4 staff (2 clinicians, 2 peer workers) to provide structured ratings of program relevance, delivery and cultural appropriateness.
- **Client participation and psychosocial measures**: 13 veterans enrolled in the program, with 9 (69%) attending 3 or more of the 8 sessions.
- **Client participant feedback data**: The *Seeking Safety feedback questionnaire* was completed by 6 clients to capture acceptability and perceived helpfulness of program topics.

- **Client participant attendance records**: Documented individual attendance across sessions, used alongside feedback data to assess program participation, feasibility and acceptability.

1.3. Important caveats

Small participant sample: The findings in this addendum are based on a limited number of participants. Quantitative feedback via the *Seeking Safety feedback questionnaire* was provided by only 7 staff (4 clinicians and 3 peer workers), and the staff focus groups included 10 participants (4 peer workers and 6 clinicians). It is also important to note that this initiative was conducted as a research project with specific requirements and guidelines, which would not apply when the program is delivered routinely within a service setting where facilitators typically have greater autonomy and fewer research-related demands.

Peer facilitator experience: The peer workers in the pilot brought valuable lived-experience expertise to their facilitation roles. However, the project did not formally assess or document their prior experience with group facilitation or manual-based models. What was evident during the pilot was that additional training and supervision were important to help peer workers feel confident with a structured intervention and to support role clarity. This aligns with broader peer support literature, which consistently emphasises the need for tailored training pathways, supervision and support to sustain effective peer delivery (Chinman et al., 2014).

Partial topic delivery: Only 9 of the 25 Seeking Safety topics were implemented during the pilot, reflecting the limited number of sessions delivered. Because the intervention dose is determined by the number of sessions completed, the pilot reflects a partial dose of the program. Controlled clinical trials have shown evidence that a 'partial dose' (12 sessions) of Seeking Safety can provide an adequate therapeutic dose for positive outcomes (e.g. Hien et al. 2009). Other implementation literature and program guidelines suggest that smaller doses (e.g. 6 to 8 sessions) may still offer value in real-world settings; however, the evidence base for such brief deliveries (fewer than 9 sessions) remains limited.

While the pilot's delivery aligned with lower bounds of feasibility, it is important to recognise that staff and client feedback were based only on the following topics:

- 'Introduction / Case management'
- 'Compassion'
- 'Safety'
- 'Taking back your power'
- 'Detaching from pain'
- 'Asking for help'
- 'Coping with triggers'
- 'Healthy relationships'
- 'Healing from anger'.

Closed-group format: Because of the research design, the pilot used a closed-group format, whereby all participants started and ended together. This differs from the more common open or rolling-entry format in Seeking Safety, where new participants can join the group at different time points, which is supported by the model's modular structure (Najavits, 2002). Rolling entry has the advantage of reducing barriers to access, as participants can join at any time without disrupting group cohesion, a flexibility built into the model and demonstrated in practice in settings such as correctional programs (Zlotnick et al., 2009).

Closed groups, by contrast, can offer greater predictability and cohesion because participants move through the program as a unit. In the pilot, the closed format was chosen to maintain consistency for evaluation purposes, though it does not reflect the flexibility of real-world Seeking Safety

implementations. Future delivery in veteran services could therefore consider the relative trade-offs: closed groups may strengthen group identity and trust, but rolling formats may better support access and continuity for those with fluctuating availability.

Context-specific delivery: The Seeking Safety program was delivered within the constraints of a pilot research protocol, which required fixed session schedules and additional research-related activities. These conditions may have shaped participant experiences and should not be assumed to reflect typical service delivery contexts.

Limited generalisability: Given the small and context-bound nature of the pilot, its findings should not be generalised to all veteran populations or service contexts. Any future delivery changes based on this addendum should be evaluated for feasibility, acceptability and impact in broader contexts.

2. Overview of Seeking Safety

Seeking Safety is a present-focused, manualised, cognitive-behavioural intervention designed to help individuals attain safety from trauma-related symptoms or addiction. The model was developed in the 1990s by Professor Lisa Najavits, with the corresponding treatment manual published in 2002. It is grounded in 5 key principles:

1. **safety as the overarching goal**, helping clients attain safety in their relationships, thinking, behaviour and emotions)
2. **integrated treatment**, addressing trauma and addiction at the same time for clients who have both issues (or it can be used for either alone)
3. **a focus on ideals**, emphasising values such as respect, honesty and commitment
4. **attention to clinician processes**, supporting facilitators in their own coping and wellbeing
5. **content areas** that address cognitive, behavioural, interpersonal and case management needs.

Seeking Safety consists of up to 25 topics, each addressing a safe coping skill relevant to trauma and addiction (e.g. 'Asking for help', 'Creating meaning', 'Setting boundaries in relationships' and 'Coping with triggers'). Each topic is independent and can be completed in any order, and as many can be completed as time allows. The session uses a structured format comprising check-in, inspiring quotations, handouts, topic discussion and check-out. Sessions can be delivered in a group or individual format, in any setting (e.g. outpatient, residential, community, criminal justice or primary care) and by any provider. Sessions can vary in length and frequency depending on the context.

Intended outcomes include:

- reduction of trauma-related symptoms (e.g. PTSD, anxiety or dissociation)
- reduction in addiction (substance use or other types) and related problems
- increase in the use of healthy coping skills
- improved relationships
- enhanced sense of safety, self-efficacy, hope and quality of life
- greater engagement with treatment and reduced relapse risk.

A key strength of Seeking Safety is that it does not require clients to delve into the trauma or addiction narrative but instead stays focused on the present, providing practical skills to promote safety and stability in daily life.

2.1. Who can facilitate?

Seeking Safety is designed to be highly flexible in terms of facilitator background and delivery structure. This flexibility has allowed the model to be implemented across diverse settings by both clinicians (e.g. psychologists, social workers and counsellors) and non-clinicians (e.g. peer support workers and case managers).

In the current Australian pilot project, co-facilitation was used (one clinician and one peer worker per group). This structure was chosen to provide additional support during the pilot, especially given the peer-led context and the potential sensitivity of working with veterans with trauma histories. However, for practical reasons, Seeking Safety is typically facilitated by a single provider, and the model's evidence base is derived primarily from studies of single-facilitator delivery (Crisanti et al., 2019; Litt et al., 2019; Najavits, 2002; Najavits & Hien, 2013).

Overall, facilitator flexibility is one of Seeking Safety's strengths, allowing for alignment with local workforce structures, available resources and participant needs, whether using peers, clinicians or mixed models, and whether single-facilitated or co-facilitated.

2.2. The concept of adaptation vs tailoring

Seeking Safety is inherently flexible in virtually every way: the number and order of topics, who can deliver the model, the length of sessions, the modality (group, individual or a mix), single or co-facilitation, using language and examples relevant to the population served, relating the session material to clients' lives in myriad ways, the number and order of handouts covered in the session, the personal style of the facilitator and so on. Due to this flexibility, the concept of adaptation in the sense of changing the model or developing an alternative version of it does not apply. Rather, Seeking Safety, in its current form, empowers facilitators to implement it as they see fit, making decisions about how they want to deliver it to best meet the needs of their clients. Much of this addendum thus focuses on specific ways that facilitators in our pilot project did that, including illustrative quotations to show this in their own words. The terms 'personalisation' or 'tailoring' are apt for this process (Bennett & Shafran, 2023), and thus, terms like this are used throughout this addendum.

In contrast, 'adaptation' typically has a broader meaning. An example of a Seeking Safety adaptation is 'Signs of safety' for the Deaf community (Anderson et al., 2021). In that project, a toolkit of unique materials was developed to offer Deaf-accessible illustrations and videos in American Sign Language that fit best practices in Deaf mental health, for those who otherwise would be unable to make use of the Seeking Safety materials (DeafYES!, n.d.).

In this addendum, we thus do not use the term 'adaptation'. Instead, we recognise that facilitators are empowered by the model to make their own decisions on how to implement it. Yet we also emphasise fidelity so that the model is carried out with integrity to its format, content and process. A balance of tailoring while maintaining fidelity is the goal.

3. Australian veteran-specific considerations

Implementing Seeking Safety within the Australian veteran population requires consideration of the evidence base for the model, the unique cultural aspects and clinical needs of the participants, and the capacity of the workforce (including both clinicians and peers) to deliver it effectively.

3.1. Evidence base in veterans

Research in veteran populations internationally, including studies conducted within the US Department of Veterans Affairs healthcare system, has demonstrated that Seeking Safety is effective and feasible for veterans with PTSD, substance use disorder and co-occurring challenges such as depression and psychiatric distress (e.g. Desai et al., 2008; Hien et al., 2009). An early Veterans Affairs pilot study with male veterans found that Seeking Safety was feasible, acceptable and associated with improvements in coping and engagement (Weaver et al., 2007). Separately, in a randomised controlled trial with male veterans in a Veterans Affairs substance use disorder clinic, Seeking Safety was associated with reduced drug use, greater treatment attendance, higher satisfaction and improvements in active coping. In this study, reductions in alcohol use and PTSD symptoms were observed across both treatment groups (Boden et al., 2012). These findings provide a strong foundation for implementing Seeking Safety within the Australian military context.

3.2. Military culture and norms

Military service is associated with distinct cultural norms – such as discipline, stoicism, camaraderie and loyalty – that strongly shape how veterans engage in treatment. These dynamics have been documented across time and populations, from early work highlighting the influence of military culture on engagement with care (Hall, 2011) to recent evidence in women veterans, which similarly emphasises how these values shape help-seeking and treatment experiences (Campbell et al., 2025). While these values can provide resilience, they may also create barriers to care, particularly when stigma around mental health or substance use disorder is present (Greene-Shortridge et al., 2007; Mittal et al., 2013). In this sense, it is important that practice models like Seeking Safety are sensitive to military values while addressing these potential barriers. In particular, attention to group dynamics, trust and confidentiality is critical for fostering engagement and therapeutic alliance among veteran cohorts (Boden et al., 2012; Hall, 2011; Weaver et al., 2007).

3.3. Common clinical challenges

Veterans experience high rates of co-occurring PTSD, depression, anxiety and substance use disorder, often compounded by chronic pain, sleep disturbance and difficulties adjusting to civilian life post-service (Australian Institute of Health and Welfare, 2023; DVA, 2017; Forbes & Metcalf, 2014). National data indicate that approximately 8% of currently serving Australian Defence Force members and 17.7% of ex-serving members meet the criteria for PTSD in any 12-month period, compared with 5.7% of the general Australian population (Creamer et al., 2002; Poerio, 2024). These findings highlight the particular vulnerability of veterans compared to the broader community and the complex comorbidity profile common in this population. Reports from the Australian Institute of Health and Welfare also show that chronic pain and sleep disorders are disproportionately prevalent among ex-serving personnel, adding further complexity to treatment needs (Australian Institute of Health and Welfare, 2023).

International research complements this picture. Studies of US service members returning from Iraq and Afghanistan have similarly demonstrated elevated rates of PTSD, depression and anxiety, reinforcing the cross-national relevance of trauma-focused interventions in military populations (Hoge et al., 2006; Wisco et al., 2016).

Seeking Safety's focus on trauma and addiction makes it particularly well suited to address these overlapping challenges (Najavits, 2002). However, it is critical to recognise that military service is not always the primary source of trauma. Research shows that childhood adversity and cumulative trauma exposures are common among veterans and may play a decisive role in the development and maintenance of PTSD and addiction (Bremner et al., 1993; Sareen et al., 2013). Comprehensive trauma evaluations are therefore essential for ensuring that both military and non-military traumas are addressed in treatment planning.

3.4. Peer-led and shared identity

The use of peer facilitators – veterans with lived experience of recovery – offers distinctive benefits for engagement and retention. In mental health services (including US Veterans Affairs settings), peer-provided services have been shown to enhance recovery, confidence and empowerment, supporting trust and credibility in care relationships (Resnick & Rosenheck, 2008). In veteran contexts, the shared identity and lived experience of peers can help counter stigma and promote hope, thus complementing – rather than replacing – professional expertise.

There is also direct evidence that peers can successfully deliver manualised interventions like Seeking Safety when trained and supervised. A randomised non-inferiority trial found peer-delivered Seeking Safety groups achieved PTSD symptom reductions and coping gains comparable to clinician-led groups (Crisanti et al., 2019). Earlier peer-led pilots of Seeking Safety reported feasibility and positive outcomes under structured training and supervision models (Najavits et al., 2014), and recent implementation work in a women's jail similarly found peer-led Seeking Safety to be feasible, highly acceptable and appropriate (Nowotny et al., 2025). In addition, our Australian pilot study confirmed the cost-effectiveness of peer-led Seeking Safety across economic modelling sensitivity scenarios.

Together, these studies support peer leadership as a credible, evidence-aligned delivery option for veteran services when accompanied by clear role definitions, preparatory training and ongoing supervision.

3.5. Co-facilitation with clinicians

While the Seeking Safety manual allows for single facilitation in either individual or group formats (Najavits, 2002), we used peer and clinician co-facilitation in our small pilot with Australian veterans. In this project, co-facilitation was well received and highlighted as particularly valuable during the post-intervention focus groups. However, more research and implementation would be needed to evaluate whether singly-led sessions would be equally well received. Thus far, the majority of implementations and studies comprising the evidence base on Seeking Safety have been conducted in singly-led sessions, including those evaluating peer-led delivery (e.g. Crisanti et al., 2019; Najavits et al., 2014; Nowotny et al., 2025).

In the pilot study, co-facilitating clinicians consistently emphasised that peer facilitators brought an authenticity and credibility that resonated strongly with veterans. As one clinician explained, 'it's coming from another person that has walked that line', while another observed, 'it was so good to see peers stepping up and leading the group, and I think it really helped create safety of the group'. Shared military identity was described as fostering trust and cohesion: 'common link of service … everyone felt welcomed … the clients really supported each other'. Peers were seen as helping veterans feel comfortable and engaged because 'it's not somebody that is going to be there to tell them what to do … they're working alongside them'.

At the same time, the clinicians were valued for providing clinical oversight and safety, especially in situations where risks or triggers arose. One peer reflected, '… it's really important to have that clinician present'. Another emphasised the need for support in offsite settings: 'sometimes clients just get up and leave. And it's just too triggering for them, and they need space to get out. So, we need to ensure that they're okay and we're checking in on them'.

Together, these reflections suggest that co-facilitation balances lived experience with clinical expertise and supports everyone involved – peers, clinicians and veteran clients.

4. What doesn't need to change

While some tailoring may aid the implementation of Seeking Safety to enhance its cultural fit for Australian veterans, our findings suggest that the core principles and structure of the model remain essential and should be preserved. These foundational elements have been consistently praised in both the literature and the Australian pilot post-intervention feedback and are critical to maintaining fidelity:

Structured format and facilitation tools: The program's consistent structure – including check-in, quotation, topic discussion, handouts and check-out – was widely valued by both facilitators and veteran participants. The facilitators described it as 'predictable' and 'empowering', noting that the clear routine helped veterans 'connect and reflect more effectively'. They emphasised that the structured elements (handouts, quotations, and check-in and check-out) were essential anchors for facilitators and veteran clients alike, providing a balance of guidance and flexibility. As one facilitator noted, 'the model's structured nature was particularly helpful for ex-serving members, who are very oriented to structure … very oriented to process'. Another reflected that 'the structured session format was instrumental in guiding group discussions and maintaining focus … I really like the format; it allowed conversations to stay on track'.

Integrated focus: The model's dual emphasis on trauma and addiction – and also its relevance for addressing either issue independently – was seen as particularly applicable to veterans. Facilitators highlighted the high rates of co-occurrence, noting:

> Veteran community; [it's] quite common to have PTSD comorbid with a substance use disorder.

They also cautioned against assuming military trauma as the sole source of difficulties, reflecting that:

> even if someone hasn't deployed, they've still experienced generally some trauma from service.

This adaptability underscores the importance of preserving Seeking Safety's integrated focus as a core strength of the model.

Present-focused, skills-based approach: Seeking Safety's emphasis on practical, here-and-now coping strategies was described by facilitators as highly relevant to veterans. One facilitator noted:

> It's about the now – it's not about the past, it's not about the future – it's just how they're presenting at the moment and how they stay safe in the moment … I think that's why it works.

The model's recovery orientation and strengths-based focus were similarly valued, with facilitators highlighting that it 'promotes recovery' and 'keeps people on track and has them thinking about what they actually want to change'.

Safe and respectful environment: The model's focus on safety, respect and non-judgement was consistently seen as vital to supporting trust, emotional security and recovery within groups. Facilitators described how the shared peer-led context created a strong foundation for safety:

> It worked well because they were all ex-serving members, they had that mutual bond … same background, like that lived experience.

One peer worker highlighted that this fostered openness and authenticity:

> it's okay to speak about this … everybody here is an ex-serving member.

Facilitators also noted that the collaborative stance – 'it's not somebody that is going to be there to tell them what to do … they're working alongside them' – was instrumental in building respect and reducing stigma. Together, these reflections reinforce that creating a safe, respectful environment is not only a principle of Seeking Safety but also an essential condition for its successful implementation in veteran contexts.

Flexibility within fidelity: Facilitators highlighted the importance of tailoring their delivery style to group dynamics while maintaining fidelity to the Seeking Safety model. They emphasised that:

> often I think there's either too much rigidity and structure … or too much flexibility … [Seeking Safety] has a great blend of flexibility within structure.

The ability to tailor sessions to veteran client needs was seen as a strength:

> I liked that each week, it was guided by the clients … depending on what was going on for each person, they could spend more time on this or less.

Another facilitator described it as:

> a great blend of flexibility within structure … client-led discussions … rather than expert-led kind of models.

This feedback underscores that how the content is delivered can be as important as the content itself, with facilitator sensitivity and flexibility supporting group engagement and safety (e.g. strategies for addressing silence or redirecting discussion).

Alternative delivery options: Seeking Safety has been successfully implemented in a variety of delivery formats, and facilitator feedback in the Australian pilot project reflected the value of flexible implementation options, while preserving the model's integrity.

- **Condensed delivery options**: Alternative formats – such as 4-week programs with 2 sessions per week – were perceived as easier for veterans to commit to and could have helped maintain momentum. One facilitator observed that 'especially with veterans, the attrition rate is quite high when you're getting them to commit to something that's like 8 weeks long' and suggested that shorter or intensive formats (e.g. '2-day, 3-day intensive') could improve engagement. This is consistent with international implementations, including intensive daily programs delivered in correctional settings (e.g. 2-hour sessions offered on consecutive days), which have demonstrated feasibility and effectiveness (Najavits, 2002).
- **Rolling-entry formats**: Drop-in or rolling-admission groups ('open groups') were suggested by facilitators to lower barriers for veterans who may be hesitant to commit upfront or who cannot attend regularly. Seeking Safety is typically conducted as open groups because the populations it serves (people with trauma or addiction) often have unstable lives in which consistent session attendance is not possible. Thus, each topic in Seeking Safety is independent and can be undertaken in any order without loss of fidelity (Najavits, 2002). Clients can join at any point and, if they miss sessions, can return when they are able to. This strong flexibility may be especially useful in the Australian veteran context.
- **Partial engagement**: Facilitators noted that even limited engagement in Seeking Safety – such as standalone sessions or use of handouts – was beneficial for some veteran clients. This aligns with the model, which emphasises that each of its 25 topics is standalone and can be delivered flexibly (Najavits, 2002). Such modular access has been used successfully in other contexts, supporting the effectiveness of Seeking Safety even without covering every topic in the manual (Hien et al., 2009). Additionally, one facilitator explained that the manual provided 'an extensive amount of different tools that you can utilise in different spaces', which allowed peers to incorporate elements of Seeking Safety into their everyday work outside of the pilot project.
- **Session length**: A common theme in facilitator feedback was that 90-minute sessions felt too short for meaningful discussion. Facilitators recommended extending groups to 2 hours, or even longer, in some contexts. As one facilitator explained:

  > when you start opening the conversation, that could go literally wide and it's hard to kind of contain … I really like the format, I think that just allowed conversations to be on track, on the topic.

Several also suggested intensive block models such as 'Tuesday to Friday from 9 till 12:30' to reduce dropout and deepen engagement. Importantly, this flexibility is consistent with the Seeking Safety manual, which does not prescribe a fixed session length (Najavits, 2002) and is already reflected in the wider literature. For example, randomised and quasi-experimental studies in correctional settings have delivered Seeking Safety in extended formats, including 90-minute sessions 3 times per week for 6 to 8 weeks (Zlotnick et al., 2009) and 2-hour sessions twice weekly over 12 weeks (Lynch et al., 2012), both of which demonstrated feasibility and clinical benefit. Thus, the facilitators' suggestions align with established delivery options that retain fidelity to the model.

- **Intensive block delivery**: Full-day or multiday formats (e.g. over 2 to 3 consecutive days). This approach has typically been used for exposure-based PTSD treatments (Hendriks et al., 2018); however, it could be used with Seeking Safety as well. It may be useful for veterans with significant time constraints or for those who prefer to engage deeply over a shorter period rather than attending weekly sessions. Such a format might help reduce dropout, sustain momentum and allow deeper immersion in the material while still aligning with Seeking Safety's flexible structure. However, spaced learning – such as weekly or twice-weekly sessions – is often recommended as a better method because it allows for new skills to be truly internalised and for promoting time between sessions to complete Seeking Safety commitments.

Taken together, these findings highlight that Seeking Safety embodies a high degree of flexibility and relevant content that allows for its delivery in the Australian veteran context. Facilitators are encouraged to make use of this flexibility by choosing delivery aspects that align well with their setting to optimise engagement and effectiveness for veteran populations, while also maintaining fidelity (see the resources in Section 7).

5. Getting started

5.1. Facilitator preparation

5.1.1. How to start conducting Seeking Safety in relation to the veteran population

For facilitators working with Australian veterans, the process of getting started with Seeking Safety is largely the same as with any population. The Seeking Safety manual (Najavits, 2002) provides information needed to begin: no specialised veteran-specific startup procedures are required. However, certain aspects of facilitator preparation may warrant additional consideration in the veteran context (e.g. awareness of military culture, co-facilitation with peers and clinicians, and attention to confidentiality and trust).

A practical approach is to follow the 4 steps below, which are described in the book and implementation articles on the model:

1. **Read the Seeking Safety manual.**[1]
    a. Begin with Chapter 1 for an overview of the treatment.
    b. Read Chapter 2 for detailed guidance on how to conduct sessions.
2. **Select and try one topic.**
    a. Choose a topic that feels engaging and relevant for your veteran group. A common starting point is the topic 'Safety', as it introduces the structure and philosophy of the program. Alternatively, some facilitators choose to start with 'Asking for help', which is one of the shortest topics.
    b. Print the relevant client handouts (the publisher permits photocopying for client use, provided each facilitator has their own copy of the book).
3. **Conduct the session.**
    a. Use the structured format of check-in, quotation, topic discussion and check-out.
    b. Allow space for group dynamics and client-led discussion (facilitators in the Australian pilot project described this as a 'great blend of flexibility within structure').
4. **Repeat with additional topics.**
    a. Continue by choosing other topics in any order. Topics do not need to be delivered sequentially: the modular design supports flexibility and rolling entry without loss of fidelity (Najavits, 2002).

Finally, facilitators are encouraged to 'make it their own' by bringing their personal style to the work (e.g. warmth, humour and authenticity) and try to use the safe coping skills in their own life. As Najavits and colleagues (2013) emphasise, the program is intended to be empowering not only for clients but also for those delivering it.

5.1.2. Experiential practice and additional supports

In the Australian pilot, facilitators were offered supplementary supports to strengthen their confidence and readiness in delivering Seeking Safety, in recognition that they had varying levels of experience in group facilitation, manualised treatments and conducting trauma-specific care. Thus, in addition to the standard training, these supports included opportunities to experience the model from the perspective

1 The Seeking Safety manual can be purchased from the Treatment Innovations website (https://www.treatment-innovations.org/books.html). Note: You do not need to read the entire manual before starting.

of a veteran client and the provision of structured tools to consolidate learning. Such supports may be useful in future implementations of Seeking Safety, depending on the facilitators' skills and experience.

Professor Lisa Najavits, in collaboration with Gallipoli Medical Research, designed the following package of supplementary supports for Open Arms staff:

- **Experiential practice sessions**: 4 sessions (2.5 hours each) were delivered online by a Treatment Innovations trainer; facilitators participated as themselves (or the 'client') so that they could experience what it feels like to be part of Seeking Safety group sessions. Four Seeking Safety topics were selected for this purpose: 'Safety', 'Grounding', 'Compassion' and 'Asking for help'. At the end of each session, there was a structured debriefing to discuss experiences, focused on facilitation skills, cultural relevance and group dynamics. These experiential practice sessions allowed the facilitators to experience the model from the veteran clients' perspective and reflect on its delivery in a veteran context.
- ***Learning guide checklist***: Building on the experiential sessions, a structured checklist of self-directed learning activities was developed to reinforce skills and confidence (Najavits, 2024; see Section 5.1.3).
- **Staff information sessions**: Optional briefings (four, 1 hour each) provided facilitators with practical orientation on processes, facilitator roles and the use of fidelity and feedback measures.
- **Booster training**: Immediately before the pilot program launch, staff were offered 4 optional 1-hour online booster sessions delivered by Treatment Innovations. These covered deepening trauma focus, adapting Seeking Safety while maintaining fidelity, making sessions engaging and managing challenging cases.

Together, these supports reflected the recognition that peer workers in the Australian context benefit from tailored, layered preparation – beyond initial training – to ensure comfort, role clarity and fidelity in delivering Seeking Safety with veterans.

5.1.3. *Learning guide checklist* adapted

As part of the experiential practice phase, the *Learning guide checklist* (see the Appendix) was developed and designed with the learning preferences of the peers from the Australian Defence Force community in mind. The checklist provides a structured pathway to consolidate skills, reinforce training content and support confidence-building ahead of group delivery.

The checklist includes 3 types of learning activities:

- **manual readings**: focused readings from the Seeking Safety manual to reinforce understanding of the model
- **practical assignments**: tasks designed to apply knowledge, such as preparing handouts or planning session flow
- **independent and group role-plays**: experiential exercises to practise facilitation skills, strengthen confidence and receive structured feedback. Practice was emphasised as especially important for peer facilitators, who often found that confidence grew quickly once they had 'learned by doing'.

For example, in Week 1 of the experiential practice, facilitators were asked to read the 'Safety' topic (pages 94 to 109 of the manual) and to then try conducting the session – with either their practice group, colleagues, clients or even friends and family – for at least 1 to 1.5 hours. They were then encouraged to use the *Session format checklist* to review whether they had completed all key elements of the session. This approach ensured that facilitators were not only familiar with the material but had opportunities to embed learning through practice and reflection.

The checklist was provided to staff following their Seeking Safety training. Facilitators were encouraged to complete as much of it as possible before conducting Seeking Safety with clients. While most activities could be completed flexibly and were not mandatory, they were designed to build familiarity and comfort with the program's structured format, supporting readiness to begin group delivery.

6. Implementation

6.1. Tailoring content for veteran contexts

6.1.1. Language

The Seeking Safety manual (Najavits, 2002) and training emphasise the importance of adjusting language and examples to suit the population being served. Just as such tailoring has occurred for adolescents and other populations, facilitators working with veterans should consider terms and scenarios that reflect military culture.

- **Program title**: An alternative title, 'Seeking strength', was created by the model developer for military and veteran populations (Najavits, 2006), as 'safety' may feel less relevant to those who are trained to go into harm's way.
- **Key terms**: 'Safe coping skills' has been widely used in military contexts and resonates as a clear way of distinguishing effective versus harmful coping. For example, drinking to escape PTSD is unsafe coping. In adapting Seeking Safety, alternative phrasing can be considered, but it is essential that terms remain clear, trauma-informed and faithful to the model's aim of teaching concrete, safe strategies. Language that is overly abstract or ambiguous risks diluting this message and reducing its usefulness for participants.
- **Role terminology**: In the first US study of peer-led Seeking Safety (Najavits et al., 2014), the facilitator role was termed 'guide'. This shift aimed to reduce the sense of formality or hierarchy, which can feel distancing in some contexts. Using 'guide' may also resonate in military settings, where peers supporting peers can be seen as walking alongside rather than providing formal therapy. This illustrates how role terminology can be thoughtfully considered in different contexts to preserve authenticity, reduce barriers and strengthen engagement.

Cautions: While it is appropriate to use alternative terms that fit the peer delivery context or resonate with veterans, language must remain consistent with trauma-informed care principles. Facilitators should avoid terms that could be perceived as aggressive, alienating or dismissive, as these may undermine safety and engagement.

6.1.2. Examples

Facilitators emphasised the importance of using examples that felt authentic and meaningful, rather than generic, to veterans. As one peer said, 'when I shared my story, you could see the shoulders in the room drop'. This veteran-to-veteran connection illustrates how lived experience and relevant examples can immediately build trust and safety in groups.

To support facilitators, here are some illustrative scenarios that can be used to relate Seeking Safety topics to military experience:

- **Healing from anger**: 'When my buddy died in friendly fire, I stopped caring about anything; I was filled with rage, drank all the time' (rage and substance use).
- **Compassion**: 'It wasn't the combat that broke me – it was what happened on base. I didn't tell anyone for years. Carrying that silence felt heavier than the uniform' (military sexual trauma).
- **PTSD: taking back your power**: 'I can't sit in a café with my back to the door. I'm always scanning. If someone drops something behind me, my body reacts before my brain does' (hypervigilance).
- **Coping with triggers**: 'The fireworks on Anzac Day – everyone else was cheering, but all I heard was incoming [fire]. I had to leave' (loud-noise triggers). Additional military-specific triggers include sudden noises and hypervigilance.

These composite vignettes illustrate how Seeking Safety topics can be tailored to veteran experiences while maintaining fidelity to the model.

6.1.3. Themes

An implementation article on the use of Seeking Safety (Najavits et al., 2009) with men highlights themes that are relevant to veterans of any gender:

- **Warrior bonding**: Military experience emphasises teams and group loyalty, which can run very deep and, at times, reflects life-and-death survival. One US combat veteran, who conducted the model in a veteran's centre for many years, said:

  > when [the Seeking Safety group] goes well, they 'bond like a symbolic combat unit; they are supportive of each other, and connect almost like a fire team [a group on a military mission]. The recovery of these men is like a different version of combat; it's a real love for their comrades and they get to re-live it here. A lot of Seeking Safety groups directly express that notion of being combat veterans on a mission to recover. (p. 41)

- **Difficulty with feelings**: Military experience inculcates strength and resilience, with more vulnerable feelings, such as sadness and shame, typically pushed away. It may feel weak to express feelings at all, with stoicism, self-sacrifice and action valued over emotionality. In a treatment setting, however, these priorities are flipped, which can be a significant adjustment for veterans. In Seeking Safety, there is emphasis on expression of feelings but within a tolerable moderate range of intensity, with topics such as 'Detaching from emotional pain (grounding)' and 'Coping with triggers' helping to manage overly intense feelings. One clinician on the Australian pilot said, for example:

  > The triggers session really clicked – they could name what set them off and think through options.

  So too might topics like 'Compassion' and 'Asking for help' initially appear to evoke vulnerabilities, but if reframed as relating to values such as loyalty, honour, accountability or teamwork, the content was received more openly.

- **Anger**: Military training often normalises and channels anger and aggression, which can be central to combat and other military missions. Anger can also help reinforce a sense of personal power. But in civilian life, anger may become a liability and needs to be substantially modulated. The Seeking Safety topic, 'Healing from anger', addresses anger directly. A peer worker in the Australian pilot said:

  > It gave us something to fall back on, especially with difficult conversations like anger.

- **Issues with authority and control**: Military experience is fully hierarchical, with a clear chain of command and the need to obey orders. In civilian life, veterans may be uncertain about how to respond to power, both within themselves and others. They may end up at unhealthy extremes – either becoming very passive, having difficulty taking control over their lives, or the opposite, continually getting into power struggles, unable to relinquish control. In Seeking Safety, the goal is personal empowerment – helping participants choose coping methods that work for them on their own recovery path.

In the Australian pilot, an additional theme also emerged:

- **Relational and service values**: Veterans resonated strongly with the idea of protecting friends and family or taking care of others, reflecting the salience of service and relational values.

One facilitator captured this perspective, noting that a veteran might not ask for help themselves: 'I don't ask for help – but I'd back a mate any day'. This is consistent with prior research showing that

military cultural values such as loyalty, teamwork and responsibility shape attitudes towards help-seeking and that framing treatment in these terms may reduce resistance and enhance engagement (Hoge et al., 2006). Veterans engage more strongly when help-seeking is presented not as personal weakness but as a responsibility to one's unit, peers or family.

6.2. Process aspects

In addition to the content of Seeking Safety, it's important to attend to its process – the group dynamics, the feeling of safety in the room and the balancing of participants' needs. Facilitators in our pilot project offered the following process suggestions:

- **Manage silence**: One peer facilitator reported that some groups would 'go quiet' when a sensitive topic (e.g. 'Compassion') was introduced. In these moments, the facilitator paused and gently redirected, allowing participants to write reflections instead of speaking aloud, which kept the group engaged without breaking safety. For example:

  > Some topics can make the room really quiet … giving them a chance to write or reflect instead of pushing them to talk worked better.

- **Redirect away from trauma narratives**: A key principle in Seeking Safety, to promote safety for both facilitators and clients, is to eschew detailed trauma disclosure. The phrase 'headlines, not details' summarises the goal – brief mention of trauma is fine, but not delving into narratives. If a client sometimes drifted into detailed trauma narratives, the facilitators – following the manual's guidance – respectfully redirected discussion back to coping strategies, emphasising the present-focused nature of the model. This reinforced fidelity to Seeking Safety while validating veterans' need to be heard. As reflected in feedback:

  > It was easy for them to start sharing their whole trauma story, but the manual gave us tools to bring it back to coping, which kept things safe.

- **Don't force participation**: When a participant resisted completing the check-in, the facilitator normalised their choice by saying 'it's okay to just listen today', which helped reduce anxiety and maintain group cohesion. One peer worker facilitator noted:

  > Not everyone wanted to check in every time, and that was okay – they still got something out of it just by listening.

- **Stay aware of gender composition**: Facilitators noted that gender dynamics could affect perceived safety. At one site, a peer worker observed:

  > We did notice that when the female wasn't here, it did turn into a boys' club.

  Consideration of single-gender groups or explicit acknowledgement of gender issues can support inclusivity.

- **Allow participation without pressure**: Check-ins were experienced differently across participants – while one client described the process as 'a useful optional tool', another called it 'anxiety-provoking'. This highlights the importance of flexibility: facilitators can normalise silence, offer opt-outs and provide alternative forms of engagement (e.g. writing) to ensure safety and inclusivity.

- **Emphasise peer authenticity**: Veterans consistently responded well when peers shared elements of their lived experience. As one facilitator noted earlier, the physical tension in the room visibly eased when the facilitator shared part of their own story. This illustrates the unique capacity of peers to foster trust and connection through authenticity and shared identity. Importantly, however, such disclosure must remain within the principles of trauma-informed care: sharing should be purposeful, measured and never cross personal or professional boundaries. Trust-building through peer authenticity can thus be achieved without detailed trauma disclosure, ensuring that safety is preserved for both facilitators and clients.

- **Delivery style**: Avoid lecturing. As one facilitator reflected:

  > Engagement increased when I stopped reading and started speaking.

- **Choose topics based on the needs of the group**: The manual offers 25 topics, and some of these are likely useful to prioritise, such as 'Safety', 'PTSD: taking back your power, and Detaching from emotional pain (grounding)'. These are central to Seeking Safety, and many facilitators like to start with these. However, the choice and order of topics is entirely up to the facilitator, and research generally shows that all 25 of the Seeking Safety topics receive positive ratings (e.g. Brown et al., 2007). In our pilot project, only 9 topics were implemented, but facilitators expressed interest in various others as well. Facilitators should feel empowered to select topics based on their own judgement.

7. Resources

- The only requirement to conduct Seeking Safety is the manual itself. The website has additional materials, however, which may be helpful. (https://www.treatment-innovations.org/seeking-safety.html)
- The 'Frequently asked questions' section of the website (https://www.treatment-innovations.org/faqs.html) provides important implementation updates that have arisen in the years since the manual was first published.
- The *Brief adherence scale* (Najavits et al., 2000) can be used for self-reflection or supervision (https://www.treatment-innovations.org/assessment.html). It is one page and was used in the Australian pilot study to evaluate self-reported Seeking Safety fidelity. A longer *Seeking Safety adherence scale* is also freely downloadable from the same webpage and can be helpful for more formal fidelity assessment and as a teaching tool, as well as for research purposes.
- The *Session format checklist* (Najavits, 2003) is freely available on the website (https://www.treatment-innovations.org/assessment.html) and is useful for assessing fidelity to the Seeking Safety model. Facilitators (or an observing colleague) can complete the *Session format checklist* after delivering a Seeking Safety session to ensure all elements of a session have been included (e.g. the check-in, quotation, handouts and check-out).

References

Anderson, M. L., Glickman, N. S., Wolf Craig, K. S., Sortwell Crane, A. K., Wilkins, A. M., & Najavits, L. M. (2021). Developing Signs of Safety: A Deaf-accessible counselling toolkit for trauma and addiction. *Clinical Psychology & Psychotherapy*, *28*(6), 1562–1573. https://doi.org/10.1002/cpp.2596

Australian Institute of Health and Welfare. (2023). *Health of veterans 2023*. Australian Government. https://www.aihw.gov.au/getmedia/44c58b09-5753-4919-b4fd-f44d404727f2/aihw-phe-304-health-of-veterans-2023.pdf

Bennett, S. D., & Shafran, R. (2023). Adaptation, personalization and capacity in mental health treatments: A balancing act. *Current Opinion in Psychiatry*, *36*(1), 28–33. https://doi.org/10.1097/YCO.0000000000000834

Boden, M. T., Kimerling, R., Jacobs-Lentz, J., Bowman, D., Weaver, C., Carney, D., Walser, R., & Trafton, J. A. (2012). Seeking safety treatment for male veterans with a substance use disorder and post-traumatic stress disorder symptomatology. *Addiction*, *107*(3), 578–586. https://doi.org/10.1111/j.1360-0443.2011.03658.x

Bremner, J. D., Southwick, S. M., Johnson, D. R., Yehuda, R., & Charney, D. S. (1993). Childhood physical abuse and combat-related posttraumatic stress disorder in Vietnam veterans. *American Journal of Psychiatry*, *150*(2), 235–239. https://doi.org/10.1176/ajp.150.2.235

Brown, V. B., Najavits, L. M., Cadiz, S., Finkelstein, N., Heckman, J. P., Rechberger, E., & Seeking Safety Group. (2007). Implementing an evidence-based practice: Seeking Safety group. *Journal of Psychoactive Drugs*, *39*(3), 231–240. https://doi.org/10.1080/02791072.2007.10400609

Campbell, G. M., Williamson, V., & Murphy, D. (2025). 'A hidden community': The experiences of help-seeking and receiving mental health treatment in UK women Veterans. A qualitative study. *Armed Forces & Society*, *51*(1), 22–45. https://doi.org/10.1177/0095327X231182140

Chinman, M., George, P., Dougherty, R. H., Daniels, A. S., Ghose, S. S., Swift, A., & Delphin-Rittmon, M. E. (2014). Peer support services for individuals with serious mental illnesses: Assessing the evidence. *Psychiatric Services*, *65*(4), 429–441. https://doi.org/10.1176/appi.ps.201300244

Creamer, M., Burgess, P., & McFarlane, A. C. (2002). Post-traumatic stress disorder: Findings from the Australian National Survey of Mental Health and Well-Being. *Psychological Medicine*, *31*(7), 1237–1247. https://doi.org/10.1017/s0033291701004287

Crisanti, A. S., Murray-Krezan, C., Reno, J., & Killough, C. (2019). Effectiveness of peer-delivered trauma treatment in a rural community: A randomized non-inferiority trial. *Community Mental Health Journal*, 55*(7)*, 1125–1134. https://doi.org/10.1007/s10597-019-00443-3

DeafYES!. (n.d.). *Signs of safety*. https://deafyes.org/signs-of-safety/

Department of Veterans' Affairs. (2017). *Mental health and wellbeing strategy 2018–2023*. Australian Government. https://www.defence.gov.au/about/strategic-planning/defence-mental-health-wellbeing-strategy-2018-2023

Desai, R. A., Harpaz-Rotem, I., Najavits, L. M., & Rosenheck, R. A. (2008). Impact of the Seeking Safety program on clinical outcomes among homeless female veterans with psychiatric disorders. *Psychiatric Services*, *59*(9), 996–1003. https://doi.org/10.1176/ps.2008.59.9.996

Forbes, D., & Metcalf, O. (2014). Veteran and military mental health: The Australian experience. *International Psychiatry*, *11*(2), 83–85. https://pubmed.ncbi.nlm.nih.gov/31507773/

Greene-Shortridge, T. M., Britt, T. W., & Castro, C. A. (2007). The stigma of mental health problems in the military. *Military Medicine*, *172*(2), 157–161. https://doi.org/10.7205/milmed.172.2.157

Hall, L. K. (2011). The importance of understanding military culture. *Social Work in Health Care*, *50*(1), 4–18. https://doi.org/10.1080/00981389.2010.513914

Hendriks, L., Kleine, R. A. D., Broekman, T. G., Hendriks, G. J., & Minnen, A. V. (2018). Intensive prolonged exposure therapy for chronic PTSD patients following multiple trauma and multiple treatment attempts. *European Journal of Psychotraumatology*, *9*(1), Article 1425574. https://doi.org/10.1080/20008198.2018.1425574

Hien, D. A., Wells, E. A., Jiang, H., Suarez-Morales, L., Campbell, A. N., Cohen, L. R., Miele, G. M., Killeen, T., Brigham, G. S., Zhang, Y., Hansen, C., Hodgkins, C., Hatch-Maillette, M., Brown, C., Kulaga, A., Kristman-Valente, A., Chu, M., Sage, R., Robinson, J. A., … Nunes, E. V. (2009). Multisite randomized trial of behavioral interventions for women with co-occurring PTSD and substance use disorders. *Journal of Consulting and Clinical Psychology*, *77*(4), 607–619. https://doi.org/10.1037/a0016227

Hoge, C. W., Auchterlonie, J. L., & Milliken, C. S. (2006). Mental health problems, use of mental health services, and attrition from military service after returning from deployment to Iraq or Afghanistan. *JAMA*, *295*(9), 1023–1032. https://doi.org/10.1001/jama.295.9.1023

Litt, L., Cohen, L. R., & Hien D. (2019). Seeking Safety: A present-focused integrated treatment for PTSD and substance use disorders. In A. Vujanovic & S. E. Back (Eds.), *Posttraumatic stress and substance use disorders* (pp. 183–207). Routledge.

Lynch, S. M., Heath, N. M., Matthews, K. C., & Cepeda, G. J. (2012). Seeking Safety: An intervention for trauma-exposed incarcerated women? *Journal of Trauma and Dissociation*, *13*(1), 88–101. https://doi.org/10.1080/15299732.2011.608780

Mittal, D., Drummond, K. L., Blevins, D., Curran, G., Corrigan, P., & Sullivan, G. (2013). Stigma associated with PTSD: Perceptions of treatment seeking combat veterans. *Psychiatric Rehabilitation Journal*, *36*(2), 86–92. https://doi.org/10.1037/h0094976

Najavits, L. M. (2002). *Seeking Safety: A treatment manual for PTSD and substance abuse*. Guilford Publications.

Najavits, L. M. (2003). *Seeking Safety format worksheet*. Treatment Innovations. https://www.treatment-innovations.org/uploads/2/5/5/5/25555853/ss_format_checklist.pdf

Najavits, L. M. (2006). *Seeking Safety in VA*. [Unpublished lecture]. Department of Veterans Affairs.

Najavits, L. M. (2024). *Learning guide checklist* [Unpublished document prepared in collaboration with Gallipoli Medical Research, Brisbane, Australia].

Najavits, L. M., Hamilton, N., Miller, N., Griffin, J., Welsh, T., & Vargo, M. (2014). Peer-led Seeking Safety: Results of a pilot outcome study with relevance to public health. *Journal of Psychoactive Drugs*, *46*(4), 295–302. https://doi.org/10.1080/02791072.2014.922227

Najavits, L. M., & Hien, D. (2013). Helping vulnerable populations: A comprehensive review of the treatment outcome literature on substance use disorder and PTSD. *Journal of Clinical Psychology*, *69*(5), 433–479. https://doi.org/10.1002/jclp.21980

Najavits, L. M., & Liese, B. S. (2000). *Seeking Safety adherence scale (revised)* [Unpublished measure]. Harvard Medical School / McLean Hospital.

Najavits, L. M., Schmitz, M., Johnson, K. M., Smith, C., North, T., Hamilton, N., Walser, R., Reeder, K., Norman, S., & Wilkins, K. (2009). Seeking Safety therapy for men: Clinical and research experiences. In Z. D. Buchholz & S. K. Boyce (Eds.), *Masculinity* (pp. 37–58). Nova Science Publishers.

Nowotny, K. M., Estes, D. L., Culbertson, K. N., & Ladies Empowerment and Action Program. (2025). Implementation of peer-led Seeking Safety for women in jail. *Social Sciences*, *14*(1), Article 38. https://doi.org/10.3390/socsci14010038

Poerio, L. (2024, 13 December). Let's talk about… post-traumatic stress disorder. *Vetaffairs*, *40*(3). https://www.dva.gov.au/newsroom/vetaffairs/vetaffairs-vol-40-no3-december-2024/lets-talk-about-post-traumatic-stress-disorder

Resnick, S. G., & Rosenheck, R. A. (2008). Integrating peer-provided services: A quasi-experimental study of recovery orientation, confidence, and empowerment. *Psychiatric Services*, *59*(11), 1307– 1314. https://doi.org/10.1176/ps.2008.59.11.1307

Sareen, J., Henriksen, C. A., Bolton, S. L., Afifi, T. O., Stein, M. B., & Asmundson, G. J. (2013). Adverse childhood experiences in relation to mood and anxiety disorders in a population-based sample of active military personnel. *Psychological Medicine*, *43*(1), 73–84. https://doi.org/10.1017/s003329171200102x

Weaver, C. M., Trafton, J. A., Walser, R. D., & Kimerling, R. E. (2007). Pilot test of seeking safety treatment with male veterans. *Psychiatric Services*, *58*(7), 1012–1013. https://doi.org/10.1176/ps.2007.58.7.1012

Wisco, B. E., Marx, B. P., Miller, M. W., Wolf, E. J., Mota, N. P., Krystal, J. H., & Pietrzak, R. H. (2016). Probable posttraumatic stress disorder in the US veteran population according to DSM-5: Results from the National Health and Resilience in Veterans Study. *Journal of Clinical Psychiatry*, *77*(11), 1503–1510. https://doi.org/10.4088/jcp.15m10188

Zlotnick, C., Johnson, J., & Najavits, L. M. (2009). Randomized controlled pilot study of cognitive-behavioral therapy in a sample of incarcerated women with substance use disorder and PTSD. *Behavior Therapy*, *40*(4), 325–336. https://doi.org/10.1016/j.beth.2008.09.004

Appendix: Learning guide checklist

Seeking Safety is a widely used model that many people find easy to implement once they become familiar with it. This checklist[1] includes a series of activities to increase your confidence in delivering Seeking Safety via self-paced practical exercises, readings and online resources.

You will see below relevant page numbers from the Seeking Safety manual.[2] Additionally, the Seeking Safety training videos are accessible in either electronic or DVD format via the Treatment Innovations website (https://www.treatment-innovations.org/store/c8/Training_items.html).

Suggestions for using this learning guide checklist

1. A key aspect is to try out the model directly. *Learn by doing* is one of the most powerful methods of growth. Many practitioners find that it takes just a few sessions to feel comfortable with Seeking Safety. We encourage you to try conducting a session with actual clients (or role-play one with a colleague or even friends and family) and obtain feedback by asking them to complete the *End of session questionnaire*[3] from Chapter 2 (p. 60) of the manual.
2. You may also want to seek feedback by conducting a role-play with a colleague, and ask them to fill out the *Session format checklist* (https://www.treatment-innovations.org/uploads/2/5/5/5/25555853/seeking_safety_session_format_worksheet.pdf)[4] to identify if you did each of the session elements.
3. Revisit tasks as needed to build confidence and familiarity with the Seeking Safety model.

Below are each of the additional Seeking Safety topics that were included in the Australian pilot project. Each section below encourages you to read the topic and try it out, and suggests an additional activity to help expand your growth. You may choose to try out a session with a real client, a colleague of your choosing or a friend. This choice is yours depending on what makes you feel most comfortable to practise and become familiar with delivering Seeking Safety.

☐ Read manual treatment topic 'Introduction to treatment / Case management' (pp. 65–93).

☐ If possible, practise using this topic with a real client.

☐ Identify 3 favourite resources to refer clients to. If possible, share these with other colleagues so you can create a list to give to clients.

[1] Najavits, L. M. (2024). *Seeking Safety: Learning guide checklist*. For further information, contact info@seekingsafety.org. Cannot be adapted without written permission.
[2] Najavits, L. M. (2002). *Seeking Safety: A treatment manual for PTSD and substance abuse*. Guilford Press. https://www.treatment-innovations.org/books.html
[3] Najavits, L. M. (2002). End-of-session questionnaire. In *Seeking Safety: A treatment manual for PTSD and substance abuse* (p. 60). Guildford Press.
[4] Najavits. L. M. (2015). Seeking *Safety session format worksheet* [Unpublished measure]. Treatment Innovations. www.treatment-innovations.org ('Training/Materials' section).

Seeking Safety: Learning Guide Checklist

Safety

- ☐ Read manual treatment topic 'Safety' (pp. 94–109).
- ☐ On the *Safe coping skills* list[5] (pp. 103–108), make a note of the skills you use most in your own life.

- ☐ Read manual treatment topic 'Detaching from emotional pain (grounding)' (pp. 125–136).
- ☐ Watch Seeking Safety Training Video #3, Part 2: *Teaching grounding* (16 minutes).

- ☐ Read manual treatment topic: 'Compassion' (pp. 182–188).
- ☐ Fill out the *Self-compassion scale*[6] about yourself. It's brief, and you'll get immediate feedback on your own level of self-compassion. You don't need to share the results. The scale can be completed online (https://self-compassion.org/self-compassion-test/).

- ☐ Read manual treatment topic 'Asking for help' (pp. 164–173).
- ☐ Watch Seeking Safety Training Video #2: *Example of a group session: asking for help* (1 hour).

- ☐ Read manual treatment topic 'PTSD: taking back your power' (pp. 110–124).
- ☐ If possible, practise using this topic with a real client.
- ☐ Watch Seeking Safety Training Video #3, Part 1: *A client's story* (20 minutes).

- ☐ Read manual treatment topic 'Healthy relationships' (pp. 328–336).
- ☐ If possible, practise using this topic with a real client.
- ☐ Watch Seeking Safety Training Video #4: *Fidelity rating session: healthy Relationships* (1 hour). Notice your reactions: what do you think the counsellor did well? Did poorly?
- ☐ Download the 'gold standard' expert rating (https://www.treatment-innovations.org/uploads/2/5/5/5/25555853/ss_adherence_expert_rating_-version_2.docx[DOCX 26KB])[7] of this video and read through it. Notice how your observations compare with the expert rating.

---

[5] Najavits, L. M. (2002). Safe coping skills. In *Seeking Safety: A treatment manual for PTSD and substance abuse* (pp. 103–108). Guildford Press.
[6] Neff, K. D. (2003). Development and validation of a scale to measure self-compassion. *Self and Identity*, *3*(2), 223–250. https://doi.org/10.1080/15298860309027
[7] Najavits, L. M., Liese, B. S., & Heath, N. (2007). *Seeking Safety adherence scale – brief version*. https://www.treatment-innovations.org/assessment.html

Seeking Safety

Seeking Safety: Learning Guide Checklist

Healing from anger

☐ Read manual treatment topic 'Healing from anger' (pp. 345–361).

☐ If possible, practise using this topic with a real client.

☐ Read manual treatment topic 'Coping with triggers' (pp. 308–316).

☐ Make a list of 3 of your most common triggers and notice how you cope with them. You don't have to share it with anyone if you choose not to.

☐ If possible, practise using this topic with a real client.

Additional optional learning

Do these in any order you choose:

☐ Read manual Chapter 1: '*Overview*' (pp. 1–22).

☐ Read manual Chapter 2: '*Conducting the treatment*' (pp. 23–60).

☐ Watch Seeking Safety Video #1: *Seeking Safety* (2 hours).

☐ Go to the Seeking Safety website (https://www.treatment-innovations.org/seeking-safety.html) and browse the FAQ section (https://www.treatment-innovations.org/faqs.html) and any other sections that interest you. You also may want to view the brief videos (https://www.treatment-innovations.org/ss-videos.html).

☐ Download the *brief Seeking Safety adherence scale* (https://www.treatment-innovations.org/trg-handouts.html)[8] and rate yourself on at least one session you conduct. You don't have to show it to anyone unless you want to.

☐ Complete the *Session format checklist* (https://www.treatment-innovations.org/trg-handouts.html)[9] to identify if you did each of the session elements.

[8] Najavits, L. M, Schmitz, M., & Underill, B. (2009). *Seeking Safety adherence scale – expert rating* [Unpublished manuscript]. Treatment Innovations. Only for personal or clinical use; cannot be reposted to any website nor sold.
[9] Najavits. L. M. (2015). *Seeking Safety session format worksheet* [Unpublished measure]. Treatment Innovations. www.treatment-innovations.org ('Training/Materials' section).