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Overview of Creating Change

The farther back you can look, the farther forward you are likely to see.
~WINSTON CHURCHILL, 20th-century British leader

Talking about the past can create a better future. This idea has been at the core of counseling since its formal beginnings in the 19th century. Long before this—throughout history and across cultures—exploring the past has been a way to overcome emotional pain, using methods such as storytelling, folk customs, and religious confession (Jackson, 1994; Nichols & Zax, 1977).

Creating Change was developed to address trauma and/or addiction, which are some of the most common and devastating current mental health issues. The goal is to help clients come to terms with what they experienced by exploring it in detail, sometimes called *processing*. The model can be conducted in individual or group treatment.

In the words of a client: "Not only is the work freeing, but as you do it, you start to understand why you did what you did and come to see yourself as someone who was trying but didn't have many options. What holds you back now, such as inability to speak up for yourself, was perhaps a wise choice in a violent childhood home. What was once helpful may now be holding you back. You also uncover strengths you never gave yourself credit for and learn ways to build on those strengths."

In the words of a counselor: "Creating Change is a gentle, past-focused approach that's helpful for discussing the past without getting swallowed up by it. It feels really different from other past-focused models I'm trained in—unique, with a different, empowering, softer approach. It's also intriguing to have a past-focused model that incorporates the addiction element."

This chapter has the following sections:

- Getting started
- Seeking Safety and Creating Change
- The link between trauma and addiction
- Three types of recovery models (past, present, future)
- Creating Change content
- Implementation aspects
- Key principles
- Why a new model?
- Convergence with Seeking Safety
- Why is it called Creating Change?
- The development of Creating Change
- Evidence base
- Overall

Subsequent chapters describe how to conduct the model and provide understanding of Creating Change in relation to the history of past-focused therapies. Looking back as a way to move forward is relevant to clients and also to the field broadly.

After these initial chapters, there are 23 session topics with handouts that can be shared with clients.

GETTING STARTED

Glance through the book to get a feel for it. You can read the chapters in any order and don't have to read the whole book before trying it with clients, but be sure to see Chapter 3 for guidance on how to conduct Creating Change. Definitions of terms (*trauma*, *addiction*, and others) are in Appendix A, "Key Terms," which is online at *www.guilford.com/najavits3-materials*. The website *www.creating-change.org* has additional information on the model, including training options. Note that training is available but is not required unless it's a research study.

SEEKING SAFETY AND CREATING CHANGE

Some counselors are already familiar with the author's book *Seeking Safety* (Najavits, 2002c), which is a widely used *present-focused* coping skills model for trauma and/or addiction. Creating Change and Seeking Safety are "twins": They're identical in format and style, but their focus is different (the *past* vs. the *present*). They're completely separate models; thus, a counselor implementing Creating Change doesn't need to know Seeking Safety. However, the two models can be used together, if desired, and counselors who are familiar with Seeking Safety will find that Creating Change capitalizes on their existing knowledge and skills. For more, see the section "Convergence with Seeking Safety" later in this chapter; see also Appendix C (online at *www.guilford.com/najavits3-materials*), which compares the models. Both models are evidence-based (Lenz, Henesy, & Callender, 2016; Najavits, Krinsley, Waring, Gallagher, & Skidmore, 2018; Sherman et al., 2023).

THE LINK BETWEEN TRAUMA AND ADDICTION

The wish to escape emotional pain through addictive behavior is universal (Lowinson, Ruiz, Millman, & Langrod, 1997). Trauma and substances thus represent a natural pairing: "[T]he child of an active, violent alcoholic parent receives modeling that life is dangerous, parentscan be dangerous and cannot be relied upon, and that addictive processes somehow might make life more manageable. One of my clients with this background made a conscious decision by age twelve to become alcoholic" (Potter-Efron, 2006, p. 78). As Blume notes, it's remarkable that all trauma survivors don't turn to substances for the illusion of control it offers (Sterman, 2006, p. 265).

In Creating Change, the goal is to address any addiction the person has, but substance addiction is emphasized as it's one of the most common and the most studied in relation to trauma. Nonsubstance *behavioral addictions* are also important, including problem gambling, shopping, pornography, gaming, eating, sex, exercise, and social media. The extra topic "Understanding Trauma and Addiction" offers a scale to assess these, which often go undetected in treatment programs.

Reasons for Using

It's key to also explore the meanings addiction holds for clients. It serves many functions and often opposites that speak to the extremes of their experience. The goal is to listen closely to each client's reasons:

- To forget or to remember
- To connect or to detach
- To conform or to rebel
- To slow down or to speed up
- To escape the past or to repeat it
- To nurture or to punish
- To survive or to give up
- To avoid or to approach
- To feel more or to feel less

In clients' own words: "It's how I get energy and feel alive." . . . "Meth is my way of saying f_ you to the world; I do what I want." . . . "My uncle would give me a drink before abusing me." . . . "There's no way to relate to this world without using." . . . "Different sides of me use for different reasons." . . . "I drank to stay with my abuser, so when he hit me, I wouldn't feel it."

Pathways

One of the benefits in exploring the past is helping clients understand, if they have both trauma and addiction, how each arose in their life history and how each impacted the other. There are various pathways. The most common, for two-thirds of clients, is that *trauma leads to addiction*; known as "self-medication," it's using to numb out, escape, or cope (Briere, 2019; Najavits, Weiss, & Shaw, 1997). But it's also true that *addiction leads to trauma* (unsafe people, places, and situations make clients vulnerable to trauma). It's also sadly common that *trauma and addiction can arise together*, such as when a child grows up in a home where both are present. Once the client has both trauma and addiction, moreover, each tends to worsen the other in a *downward spiral*.

Rates

Posttraumatic stress disorder (PTSD), the psychiatric disorder most associated with trauma, co-occurs at high rates with substance use disorder (SUD). For example, among people seeking SUD treatment, about 40% have current PTSD. And among people who develop PTSD during their lifetime, the majority (58%) also develop SUD at some point (Simpson et al., 2021). Some subgroups have especially high rates of co-occurring PTSD/SUD, including women, adolescents, military and veterans, sex workers, emergency room patients, the incarcerated, and the homeless (Najavits & Hien, 2013; Ouimette & Read, 2014). Repeated trauma is also common, with one study finding an average of nine traumas among clients with PTSD and cocaine use disorder (Najavits et al., 2003).

Serious Needs

In Creating Change, the goal is to address all unsafe behavior, as well as to offer referral to as much additional care as possible. Treating "the whole person" is key. Clients with PTSD and SUD, for example, have elevated rates of all sorts of problems compared to those with just one of these

disorders. The list goes on and on: They have more suicide attempts; inpatient admissions; criminal behavior; HIV risk; drug overdose; interpersonal, medical, and employment problems; cognitive distortions; worse treatment outcomes; more positive views of substances; lower functioning; less compliance with aftercare; less motivation for treatment; quicker relapse; greater use of hard drugs; more substance use in relation to stress; more additional psychiatric disorder; and greater vulnerability to further trauma. For some, the disorders are chronic for many years; many experience marginalization and stigma as well. Certainly, PTSD or addiction alone creates significant issues, but the combination is sometimes called "double trouble" because of the heightened impact of both together.

Commonalities

Trauma and addiction have much in common, further underscoring how their combination can be so devastating.

- *Both represent a loss of control.* Addiction is the inability to control one's behavior, and trauma is an uncontrollable external event.
- *Both are often kept secret* out of deep shame.
- *Both have been labeled a personality defect* or "weak character."
- *Both carry across generations.* Family history is one of their biggest predictors, due to genetic and social factors.
- *Both lead to turning against the self:* self-hatred, self-harm, self-neglect.
- *Both can become a person's identity*, the focal point of their lives.
- *Both create internal splits:* lack of connection between sides of the self, resulting in ambivalence and dissociation.
- *Both are minimized or denied.* It often takes a while to become fully aware of them, to "own" them.
- *Both are triggering.* More than many other disorders, reminders can trigger intense reactions.
- *Both require exposure to an external event:* to a substance, to a trauma.

Yet their most important commonality is optimistic: *Both are highly treatable.*

THREE TYPES OF RECOVERY MODELS (PAST, PRESENT, FUTURE)

Creating Change fits into a major recovery framework: the *stage-based approach*, which originated in the trauma field but applies to addiction as well. From the earliest writing on trauma treatment in the 19th century through to the present era, stages of recovery have been repeatedly identified, especially for complex clients (Herman, 1992; van der Hart, Brown, & van der Kolk, 1989). The stage-based approach has sometimes been called a *consensus model*, as a majority of trauma experts have endorsed it (Cloitre et al., 2011; Courtois, 2004). In recent years, however, there's less focus on moving through the stages in sequence; instead, they're now understood as different types of work. Some clients do just one and don't ever need another; others do a mix or move back and forth between them.

One of the most well-known frameworks is from Herman (1992), consisting of three parts: *safety*, *mourning and remembrance*, and *reconnection*.[1] The terms *present*, *past*, and *future* are added below

[1] Herman (2023) recently identified a possible fourth stage, *justice*, with emphasis on repair through societal validation and related processes such as apology, rehabilitation, and restitution. In Creating Change, these are addressed in various topics; see, for example, the section in "Broad Social and Historical Context Beyond the Individual."

for clarity but are not originally from Herman. (Appendix A, online at *www.guilford.com/najavits3-materials*, has additional terms for the three types.) Seeking Safety fits the first type, *present-focused*; Creating Change fits the second, *past-focused*. Chapter 2 provides an extensive list of different models within each category as well.

1. Present-Focused (Safety)

This type of counseling is about stabilization in the present. It offers education on the basics of trauma and addiction and increases clients' ability to cope safely with current life challenges—such as how to gain control over negative feelings, improve self-care, build healthy relationships, and respond to problems in a responsible way. There's strong emphasis on learning to protect oneself from the many destructive aspects of trauma and addiction, both external (unsafe people and situations) and internal (self-harm, impulsivity). Seeking Safety is an example of this type of model.

2. Past-Focused (Remembrance)

Here, clients come to terms with their life history—what happened and why. They explore how trauma and addiction developed over time and take pride in having survived. They share what they were up against and who was or wasn't there for them, gaining insight into long-standing relationship patterns. They grieve losses, pain, and regrets. Creating Change is an example of this type of treatment.

3. Future-Focused (Connection)

This work is usually part of the prior two types (present- and past-focused), rather than a specific model. The goal is to build a better future by connecting with the world in healthy ways: finding meaning and purpose in life and relating well to others. Clients are able to maintain and even thrive in their roles at work and in their family and community, and sometimes embark on "giving back" to help others who struggle with trauma or addiction.

Past-Focused Treatment Specifically for Trauma and Addiction

Until recently, clients with addiction were consistently excluded from past-focused trauma treatment and research (Leeman et al., 2017; Watts et al., 2014). The idea was that clients already out of control in their behavior, as demonstrated by their addiction, would become even more unsafe if intense memories and emotions were stirred up—there'd be increased substance use, harm to self or others, treatment dropout, and impaired functioning (Foa, 2000; Keane, 1995; Pitman et al., 1991; Solomon, Gerrity, & Muff, 1992). These concerns were accurate as there were reports of worsening when clients with addiction were guided to tell their trauma story (Pitman et al., 1991; Solomon et al., 1992). Foa (2000), the developer of Prolonged Exposure (PE) therapy, stated that it wasn't a first-choice treatment for clients with addiction. Coffey, Dansky, and Brady (2002) identified PE as inappropriate for clients with addiction if they had repeated childhood trauma, a high level of anger or dissociation, or other vulnerabilities. Thus, most studies of past-focused trauma treatment excluded clients with addiction or at most allowed for only mild problems. In treatment settings, clients were routinely told to "get sober first" and given ultimatums ("Attend AA or I won't treat you"), before they could get help for trauma. Some clients lied and hid their addiction to get help.

It's now known, however, that some clients with trauma and addiction want past-focused

treatment and can benefit from it (Back et al., 2019; Najavits et al., 2018). Yet treatment needs to be substantially modified to be safe and effective for them. As mentioned earlier, they have greater impairment and worse outcomes than those with just trauma or just addiction (Najavits et al., 1997; Ouimette & Read, 2014). The principle "first, do no harm" is key.

Creating Change was developed specifically to address the need for a past-focused treatment that would be feasible and appealing for both trauma and addiction.

CREATING CHANGE CONTENT

Treatment Topics

There are 23 treatment topics, as listed on page 7. Each offers a way to explore some important aspect of the past. If clients respond less to one topic, the next gives them another angle to try.

You can conduct as few or many topics as time allows. The term *topics* is used rather than *sessions* as each can be conducted over more than one session. They can also be conducted in any order as each is independent of the others. The goal is maximum flexibility to increase client engagement and respect counselors' clinical judgment.

Three of the topics are labeled *extra topics* as they provide options for clients who need additional support and education. They can be conducted at any point in treatment.

All topics address trauma and addiction at the same time if clients have both, helping them understand the relationship between the two. They can also be used with clients who have problems with just one or the other.

The list on the facing page offers brief descriptions. You can share it with clients to let them choose the session topic, if desired, and you can use it to track the topics you've covered.

Chapter 3 provides additional guidance on how to implement the model.

Beyond the Narrative

The narrative—the linear story of trauma and addiction—has a place in Creating Change, particularly in the topic "Tell Your Story." But rather than being the centerpiece of treatment, which is the case for many past-focused models, in Creating Change it's just one of many ways to heal the past. Offering different methods is convergent with lessons from the history of past-focused models (see Chapter 2 for more). It's also consistent with research indicating that clients with PTSD and addiction are typically less likely to benefit from narrative-based approaches than clients with PTSD alone (e.g., Foa et al., 2013). Some trauma experts, such as Peter Levine, assert that narrative approaches aren't necessary for healing at all (Levine, 2010). From clinicians' standpoint, some clients benefit from sharing their story, but for others it's not appealing or not helpful (Becker, Zayfert, & Anderson, 2004), and major research trials are increasingly showing the limitations of purely narrative approaches (Steenkamp, Litz, & Marmar, 2020). Moreover, clients may have too many painful life events to process. One client with complex PTSD and chronic addiction said, "There's no 'me' before trauma. It was the fabric of my life from the start. I can't just peek behind the curtain and be done with it."

IMPLEMENTATION ASPECTS

Creating Change was developed for a **broad range of clients**. They can be any gender, with any type of trauma or addiction, in any setting. It's been evaluated with adults but may be helpful for older adolescents as well. Clients don't have to be abstinent from substances or even committed to

List of the 23 Creating Change Topics

Introduction
Overview and practical information

Create Change
A list of over 70 skills for exploring your past

Trust versus Doubt
Trusting the process, plus a list of support helplines

Honor Your Survival
Taking stock of what you lived through

Relationship Patterns
How you relate (past and present)

Why Addiction?
Explore your addiction story (and links to trauma)

Respect Your Defenses
Self-protection methods you developed

Break the Silence
Silencing versus feeling heard

Darkness and Light
Shifting between extremes

Emotions and Healing
What you learned about dealing with feelings

Tell Your Story
Share about your past

Influences: Family, Community, Culture
The big picture—how larger forces impact trauma and addiction

Knowing and Not Knowing
Gaining awareness

Your Personal Truth
A new look at your past

What You Want People to Understand
Real-life and imaginary conversations that help you heal

Listen to Your Body
Your relationship with your body

Memory
Coping with memory issues in trauma and addiction

Power Dynamics
Feeling powerful versus powerless

Deepen Your Story
30 ways to share about your past

Growth
Look back on how far you've come

***Extra Topic*: Understanding Trauma and Addiction**
Brief information and the message that recovery is possible

***Extra Topic*: Recovery Strengths and Challenges**
Strengthen your ability to participate in Creating Change

***Extra Topic*: Your Relationships**
Improve relationships to support your recovery

reducing their use before starting Creating Change. Sometimes motivation is the result of treatment rather than the start of it. However, they can't be intoxicated during the session, which is a general rule in addiction counseling. If there are concerns about a client's fit for Creating Change, there are several extra topics at the end of the book that offer ways to evaluate and strengthen clients in relation to participation in Creating Change. It's also highly recommended to engage clients in additional treatments and supports as needed throughout the treatment. It can be conducted at the same time as any other modalities, including present-focused therapy. In general, the more treatment options, the better for this population.

Who can facilitate Creating Change? That, too, is broad. There are **no specific degree, experience, training, or licensure requirements for counselors**. This is based on research showing that such variables don't predict success in counseling (e.g., Najavits & Weiss, 1994; van de Ven, Ritter, & Roche, 2020). The term *counselor* is used throughout the book as it fits many settings, but this doesn't imply that a particular type of degree is necessary. What matters are the counselor's genuine interest in helping people with addiction and trauma problems; commitment to carrying out the work responsibly; and willingness to learn the model. Chapter 4 offers guidance for deciding if Creating Change is a good fit for you; you can also simply try it out.

Creating Change can be conducted as a **stand-alone treatment or along with any other treatment**. There's no model that's at odds with Creating Change.

The **session length and pacing are flexible**. Creating Change was designed to fit a wide range of settings, understanding that clients with trauma and addiction enter treatment through many doors, including mental health and addiction agencies, criminal justice, hospitals, and private practice. Typically, session length is 45–50 minutes for individual sessions and 60–90 for groups, held weekly or twice weekly. But whatever length or pacing you choose, you can adjust the amount of material you cover in the session based on time available and can repeat a topic over two or more sessions, if desired.

Creating Change has a **structured session format** that encourages good use of time and offers a predictable sequence, which can feel reassuring amid clients' chaotic lives. The session format is the same whether conducted in individual or group modality. There's a *check-in*, *quotation*, *handouts*, and *check-out*, as described in Chapter 3.

KEY PRINCIPLES

Creating Change is based on six principles: (1) skill development, (2) balancing positive and negative life experiences, (3) broad social and historical context beyond the individual, (4) choice, (5) safeguards, and (6) inspiring hope.

1. Skill Development

In Creating Change, overcoming the past means clients develop skills they may never have learned growing up or may have lost along the way due to trauma and addiction. Each treatment topic is a skill relevant to both, and the topic "Create Change" also offers a list of over 70 skills they can return to at any time. The more clients work on skills, the better they'll be at responding to adversities in the future, much as physical exercise develops strong muscles. The skills framework also recognizes that clients may have experienced so many painful events that it's not realistic to process all of them—rather, it's about learning *how* to process them. By the end of treatment, they may not be done working on trauma and addiction (although they'll likely show significant symptom reduction). But they'll have the skills to continue the work safely on their own, outside of counseling. Especially for long-standing trauma and addiction, recovery is more a marathon

than a sprint. The framework of skill development conveys that clients can learn new ways to heal their past, that it's within them to do this when provided with guidance and the emotional space for it.

2. Balancing Positive and Negative Life Experiences

Creating Change explores the full range of human experience—what's beautiful and moving and what's horrifying and ugly. It's challenging to hold on to both sides. There may be an impulse to gloss over the "dark side": to retreat from difficult memories or say things were better than they were. Or some clients do the opposite, staying stuck in negative memories, believing those define them ("I'm damaged," "I failed"). They lose touch with what *is* going right, who *is* there for them, the power they *do* have.

Many past-focused trauma treatments focus almost entirely on processing negative events. But that approach can reinforce distress rather than relieving it (Jemmer, 2006; Schauer, Robjant, Elbert, & Neuner, 2020; van der Kolk, 2014). In addiction treatment, research shows that focusing on positive experiences helps offset the negatives that are so discouraging for clients (Hoeppner et al., 2019; McKay, 2017). Of course, "positive" and "negative" may not always be straightforward; with recovery what seemed negative may become a positive, and vice versa (e.g., hitting bottom may ultimately save them).

Creating Change offers various ways to explore the full range of experiences. In the topic "Break the Silence," clients share about an important event; for some, positive aspects, such as what they're proud of, are more vulnerable than negatives. The topic "Darkness and Light" encourages clients to practice shifting between positive and negative. In "What You Want People to Understand," clients can create a conversation with people in their life about all sorts of experiences, including positive ones.

Throughout, they're encouraged to attend to all feelings, including those that are typically socially acceptable, such as sadness, and those that typically aren't, such as desire for revenge. Any feeling can be put into words. There's also an understanding that clients experienced harm but, in some cases, may also have caused harm. They may be both survivors and perpetrators of trauma or, as part of addiction or criminality, may have done things they now regret.

Ultimately, the goal is integration: The story becomes more cohesive rather than fragmented. Clients can relate more fully to themselves and others. They come to feel more whole.

3. Broad Social and Historical Context Beyond the Individual

Many clients feel abandoned or betrayed by society, whether by family, peers, authority figures, or societal oppression or neglect. These wider circles can cause trauma and addiction but also help heal them.

The goal is to help clients become conscious of larger forces. The topic "Influences: Family, Community, Culture" explores this theme in detail. "Break the Silence" discusses institutional silencing. "What You Want People to Understand" lets clients voice their perspective to others. "Honor Your Survival" identifies many types of adversity, including intergenerational and historical traumas, community-wide disasters, family mental illness, and genocide. Some clients are so burdened by generations of family violence and addiction that it feels like a script they can't escape.

Addressing societal issues helps clients understand their problems as not simply personal "failures" but embedded within larger spheres of influence. The puzzle pieces of culture, society, and history help clients make sense of their story and can be a source of repair. As Herman writes, recovery "must take place in community . . . [it] cannot be simply a private, individual matter" (2023, pp. 2–3).

4. Choice

Creating Change emphasizes *choice* to honor clients' (and counselors') individuality and personal path in life. It's clear that there's no one right way to heal, but many. Thus, Creating Change prioritizes respect for clients' preferences, as long as these choices are reasonably safe. The goal is autonomy: to encourage clients, with a sense that they'll open up and let go of defenses at their own pace.

Unfortunately, horror stories abound in which clients have been forced, subtly and not so subtly, into past-focused treatment or elements of it. In one program, all clients were required to tell their story, including their trauma history, at a community meeting prior to leaving the program; it was viewed as "essential to healing." In another program, a counselor instructed an incest survivor to write a letter forgiving her father for the incest or she would "never recover." More benign versions of coercion include extreme messages such as "all secrets are bad," overselling past-focused models (Morris, 2015), and assessments probing too much trauma detail (by assessors unaware that minimal trauma details are recommended on treatment entry) (Najavits, 2004). Some counselors convey inaccurate messages, implicit or explicit, that clients *must* tell their story to recover or that the only *real* treatment requires focusing on the past. (An extreme version of this is the study by Imel et al. that identifies trauma treatments that don't focus on the past as "trauma avoidant" [Imel, Laska, Jakupcak, & Simpson, 2013].)

In Creating Change, choice is offered in various ways, such as the following:

- ***Many options rather than "one size fits all."*** Each topic has multiple handouts that can be shared and worked on in any order, and counselors can use as few or as many as desired for a given client and setting (just as with the topics themselves). This flexibility allows you to focus on what's most relevant for the client and fluidly move between handouts during a session as it evolves. So too, the list of skills in the topic "Create Change" also offers many options; clients can choose what works for them and let go of the rest.
- ***Ability to shift between past- and present-focused sessions.*** This is straightforward in individual treatment but also possible in group modality. Sessions of Creating Change can be alternated with Seeking Safety, Relapse Prevention (RP; Marlatt & Gordon, 1985), or other present-focused models.
- ***Implementation flexibility.*** Creating Change was designed from a public health perspective to be as accessible as possible—for a wide range of staff, and without automatic exclusions for particular types of clients or settings. It's also adjustable in dosage, modality (group or individual), and other clinical parameters. In short, there's wide latitude for counselors to make implementation choices that will best serve their clients.

5. Safeguards

Various elements in Creating Change help keep the session safe, such as:

- A structured session format so clients know what to expect
- Client-centered sharing (there's no expectation of having to share the full trauma or addiction narrative)
- Session homework (called *commitments*) are a mix of present- and past-focused options so that clients can choose what they feel able to do
- Optional grounding at the end of sessions
- Extra topics for use, as needed, to strengthen clients' ability to participate in Creating Change

- A focus on best practices in trauma and addiction
- Strong attention to the counselor role to promote positive treatment dynamics
- A written plan for after hours and emergencies

6. Inspiring Hope

Beyond techniques, inspiration is one of the most powerful ways to create change. People "move mountains" when inspired. Throughout Creating Change, clients' greatest effort is encouraged through the use of uplifting quotations, humanistic rather than scientific language, and a pervasive optimism that life can be better. Creating Change, like Seeking Safety, is not overtly spiritual, but is strongly idealistic.

There's emphasis on possibilities. The book title and all of the treatment topics are imbued with a sense of what *can* be achieved despite the losses of the past. Clients with trauma and addiction have a great need for inspiration, given their often profound demoralization. As one client said, "It's essential to believe that we can 'make it' . . . whatever that means in our own terms" (Jennings & Ralph, 1997, p. 45).

Creating Change asks clients to explore difficult parts of their past but offers the counterbalance of a better future. For example, the topic "Trust versus Doubt" offers optimistic responses to doubts that arise about exploring the past (e.g., "I'm too far gone," "If I start to cry, I'll never stop"). In the topic "Create Change," the list of skills includes many hopeful ones such as "be the hero of your story" and "recognize growth." Ultimately, clients can transform their experience (Najavits, 2019):

- From victim to survivor
- From silence to finding their voice
- From powerlessness to a sense of control
- From isolation to connection
- From hidden to known
- From fragmented to whole

The language in Creating Change speaks to the heart: *transform*, *evoke*, *encourage*, *honor*, *heal*, *choose*, *discover*, *deepen*, *find peace*. The goal is simple human language, minimizing jargon and technical words. Terms that could be perceived as judgmental are reframed in client-centric ways: *Avoidance* becomes *self-protection*, which can be healthy or unhealthy depending on the scenario. Instead of *cognitive distortions*, it's *beliefs*.

WHY A NEW MODEL?

Various models have been developed for addiction, trauma, or both. (For a comprehensive list, see online Appendix B, "Comparison of All Models Studied for PTSD/SUD," and Appendix C, "Comparison of Models by the Author"; both at *www.guilford.com/najavits3-materials*.)

With so many models available, is there need for another? Creating Change was developed to address the following gaps in the field.

Past-Focused for Both Trauma and Addiction

Creating Change is the first *fully past-focused model for both trauma and addiction*. All other models for both take solely a present-focused approach to addiction, even if some take a past-focused approach

to trauma (see Chapter 2). The advantage of a fully past-focused approach is that it encourages clients to come to terms in a deep way with their addiction history too, which is often just as impactful as their trauma history.

Creating Change shines a spotlight across clients' lives to explore how trauma arose, how addiction arose, and if both occurred, how they influenced each other over time. In regular addiction treatment, there are sometimes past-focused assignments about addiction, such as having clients write an autobiography of addiction or identifying a family history of addiction. In Creating Change, there's much more extensive material (23 topics) to explore addiction history in detail and, when applicable, connect it to trauma. There are some powerful moments when clients take the long view of both.

Emphasizes Engagement Strategies

Evidence on past-focused models indicates notable engagement issues. Counselors show low adoption of many past-focused models even after receiving training in them (Cook, Dinnen, Thompson, Simiola, & Schnurr, 2014; Watts et al., 2014), and they find some models significantly more appealing than others (Najavits, Kivlahan, & Kosten, 2011). Client dropout is also a persistent problem (Hundt et al., 2020; Lewis, Roberts, Gibson, & Bisson, 2020; Najavits, 2015). Moreover, dropout "is magnified among racial/ethnic minorities and other vulnerable subgroups . . . for various reasons including stigma [and] discomfort with asking for or receiving mental health services" (Hien, Litt, Lopez-Castro, & Ruglass, 2020, p. 490). It is also higher for military and veteran samples (Varker et al., 2021).

Creating Change strives to engage clients via multiple pathways: heart, mind, body, and spirit. The quotation that opens each session draws clients in emotionally. There's emphasis on interactive, imaginative exercises (e.g., bringing in a photo or meaningful object to discuss; "opening the door" to revisit a scene from the past; creating an imaginary conversation). Topics are written to aim for fresh language and concepts to spark clients' interest, such as "Darkness and Light," "Power Dynamics," "Knowing and Not Knowing."

Other features of Creating Change described earlier are also central to the engagement strategy, such as the emphasis on *choice*, and the use of *inspiration* and *safeguards* to maintain a positive connection with the work. *Empowerment* is key as well. Both trauma and addiction represent a loss of control, so Creating Change strives to restore personal power. The focus on empowerment also serves the practical function of eliciting clients' buy-in to make attendance and successful outcomes more likely. There's a belief in the inherent power of the individual to grow when exposed to the right conditions for growth. One counselor who conducted Creating Change described it as a "kinder, gentler approach" to facing the past.

In subsequent chapters, additional engagement methods are described, including a *three-session try-out* for clients to experience Creating Change, and adapting the model based on culture. Throughout, the goal is to forge a strong bond between the client, the counselor, and the work (and among group members when conducted in groups).

Feasible in Addiction Treatment

Clients with trauma and addiction are typically routed to addiction treatment rather than mental health treatment, so from a public health standpoint it's important to offer methods that can work in either environment.

Creating Change was designed for both addiction and mental health settings. All other evidence-based past-focused models originated in the trauma field and were adapted or studied after the fact for addiction treatment (per Chapter 2). They require counselors with advanced degrees

and/or extensive training and supervision, and are individual rather than group modality.[2] (In contrast, Creating Change does not have any such requirements.) Such aspects make those models challenging to implement in addiction programs, which generally have had lower funding than mental health programs, resulting in a less trained workforce with large caseloads and low salaries, high staff turnover, and greater reliance on group treatment (Najavits et al., 2020; Sherman, Lynch, Greeno, & Hoeffel, 2017). See online Appendix B for a detailed comparison of models at *www.guilford.com/najavits3-materials*.

There are three major ways that past-focused trauma models have been incorporated into addiction treatment thus far (as studied in research trials). All three of these ways can work, and study results were positive on at least some outcomes, but these approaches generally reduce feasibility in addiction settings.

- *Conduct the past-focused model as is, but in the context of high-level addiction care such as inpatient, residential, or intensive outpatient.* Eye Movement Desensitization and Reprocessing (EMDR) and Modified PE therapy are examples of this approach (Coffey et al., 2016; Perez-Dandieu & Tapia, 2014).
- *Select easier-to-treat addiction clients.* For example, a PE study excluded clients with recent opioid use (Foa et al., 2013); an EMDR study excluded clients for ongoing use of heroin or cocaine (Perez-Dandieu & Tapia, 2014); and a CPT study required clients to have a stated desire to abstain from alcohol or reduce use, and also to comply with daily assessments (Simpson et al., 2022).
- *Merge two existing models, one for trauma and one for addiction, while retaining the requirements of the trauma model.* For example, Concurrent Treatment of PTSD and Substance Use Disorders Using Prolonged Exposure (COPE; Back et al., 2015) combines PE with RP; it is solely an individual treatment model, not group, just like PE.

Creating Change takes a different approach than any of those three ways. Because it was designed from the start for both addiction and mental health/trauma programs, it was developed with the feasibility elements described earlier: group or individual modality, a broad range of counselors and clients, and no formal training requirements (unless publishable research is being conducted). It's also low-cost, requiring only the book. These characteristics make it especially relevant for addiction programs and publicly funded and nonprofit programs generally.

Increasingly, evidence-based treatment reviews are focusing more and more not just on research findings, but on relevance to practice. The review of PTSD treatments by the U.S. government Agency for Healthcare Research and Quality, for example, states, "Our findings suggest that clinicians might need to consider other factors [than research results] in selecting a treatment for PTSD: patient preference of treatment, whether the patient has care available to them, whether they can afford the treatment, whether they have tried any treatments already, or whether the patient has other co-occurring problems like substance use or depression" (Forman-Hoffman et al., 2018, p. ES-8). The Roberts et al. meta-analysis on PTSD/SUD treatments in particular draws similar conclusions, noting the early state of research in this area (Roberts, Lotzin, & Schäfer, 2022).

A Broad Approach to Client Eligibility

Offering past-focused treatment to addicted trauma survivors is quite recent. They were routinely told to "get sober" before starting trauma treatment and were consistently excluded from trauma studies, as described earlier.

[2]CPT can be done in group modality only if it omits the trauma narrative.

Creating Change, in contrast, takes a neutral stance toward client eligibility: Any client whom you think may benefit can be invited to begin treatment. There are no exclusions for particular types of clients or settings, but if there are concerns about a client, it's recommended to conduct some of the extra topics at the end of the book and/or the three-session try-out (see Chapter 3). This flexibility moves away from the extremes that have typically guided past-focused treatment for trauma and addiction: Either none should do it ("They're too fragile") or all should do it ("It's helpful for everyone"). In Creating Change, the decision is tailored to each client.

Other models have significant restrictions. COPE, for example, is the only other evidence-based published model for trauma and addiction with a past-focused component. Its therapist manual states that it's not recommended for clients who (1) have repeated self-injury, (2) have current domestic violence, (3) lack clear memories of their trauma, (4) don't want to stop or significantly reduce substance use, or (5) have strong urges or have made recent attempts to harm themselves or others (Back et al., 2015, pp. 10–11). The model is derived from PE and thus has restrictions based on that.

Creating Change takes a broader stance as it was designed from the start specifically for co-occurring trauma and addiction, and thus assumes that a high level of client complexity may be present.

An Evidence Base of Realistic, Complex Clients

In keeping with the point above, Creating Change was not only developed clinically for a broad range of clients, but also studied with them. The section "Evidence Base" on pages 16–18 describes the samples in detail, which is notable for *including* those who have been excluded from other studies of clients with trauma and addiction (Leeman et al., 2017; Najavits et al., 2020).

For example, studies of past-focused models in clients with trauma and addiction have excluded clients for suicidal ideation or borderline personality disorder; self-harm in the past 6 months; psychiatric hospitalization in the past month; or assault by a current intimate partner. Some even excluded for SUDs that are difficult to treat (which is quite remarkable as the goals of these programs were to treat SUD)—such as opioid use, benzodiazepine use, intravenous drug use, continuous use of heroin or cocaine, and severe substance dependence (Najavits et al., 2020).

A few studies had fewer exclusions but added elements that aren't replicable in real-world settings, such as a study that paid clients $50 per week for completing a brief assessment; held 90-minute individual sessions; and provided additional treatments and transportation for free (Back et al., 2019).

In short, a major challenge in implementing evidence-based models is that the evidence often relies on client samples that are healthier or more highly incentivized than front-line programs.

CONVERGENCE WITH SEEKING SAFETY

Creating Change is highly compatible with, yet separate from, the author's model Seeking Safety (Najavits, 2002c), which is the most evidence-based and widely implemented model for trauma and addiction. Seeking Safety is used across settings and levels of care and is translated into 16 languages. It offers 25 topics, each a safe coping skill, to help clients build greater safety in their relationships, thinking, and behavior. Examples of topics are "Asking for Help," "Compassion," "Taking Good Care of Yourself," "Coping with Triggers," and "Creating Meaning." See *www.seekingsafety.org* for a detailed description.

Commonalities

Although their focus differs—Seeking Safety addresses the present while Creating Change addresses the past—they're highly complementary. Both are optimistic, emphasizing learning new *skills* as a way to heal. Both are cognitive-behavioral therapy (CBT) approaches, but with strong awareness of psychodynamic principles (per Chapter 4). They use the same *format* (check-in, quotation, handouts, and check-out). Both are designed for a *broad range of providers and settings*, with no specific counselor license or degree required and no specific client exclusions. Both are *integrated* models, which means they address trauma and addiction at the same time for clients who have both, or can be conducted for just one or the other. Both are *flexible*: Topics and handouts can be done in any order, and the number of sessions can vary based on available time. Both *encourage adaptation* for diverse populations and emphasize client empowerment and choice. Both are *evidence based* (e.g., Lenz et al., 2016; Najavits et al., 2018; Sherman et al., 2023).

Differences

Where Seeking Safety teaches clients how to cope with their current daily lives, Creating Change helps them process events from the past. Where Seeking Safety teaches them how to gain control over negative feelings, Creating Change teaches them how to explore and move through them. Where Seeking Safety emphasizes stabilization, Creating Change emphasizes deep change. Although there's some overlap between these opposites, they're nonetheless different paths to emotional growth, consistent with differences between present-focused and past-focused models in general.

For guidance on implementing the models together, see the section "Conducting Creating Change with Other Models" in Chapter 3. Also a comparison of the models is available in Appendix C, which can be found online at *www.guilford.com/najavits3-materials*. For further understanding of present- versus past-focused models in trauma and addiction, see Chapter 2.

WHY IS IT CALLED CREATING CHANGE?

Change is the goal of all treatments,[3] but in this model *change* means, specifically, gaining a greater sense of peace with the past. Clients with trauma and addiction often have deep loss and regret about wasted years and an altered life course. They're described as "frozen in time," with impaired development after trauma and addiction began (Seidel, Gusman, & Abueg, 1994). They may feel out of step with peers, missing milestones such as an intimate partnership, children, and careers. In severe cases, change means saving their own life ("Change or die," it's said).

When successful, clients are able to experience memories and feelings without turning to substances or other unsafe behavior. The goal is captured by the phrase "mind like water" from martial arts: clear, in balanced connection to the self, neither over- nor underreacting, feeling neither too much nor too little. The nature of trauma and addiction is the opposite: chaotic, impulsive, reactive, confused, distressed.

Past-focused treatments are often described as *processing*, and physical processes are used as metaphors: to "digest," "cleanse," and "purge" (Jackson, 1994). There's a sense of unburdening and emotional relief. Some clients experience this as a deeper level of change than present-focused

[3]Several key mechanisms lead to change: *learning new coping*, *grieving*, *quantum change (conversion)*, *relationship-based change*, *physically based change*, *coercion*, *consequences*, and *creativity* (Najavits, 2017). See also the classic framework by Prochaska, DiClemente, and Norcross (1992).

treatment, which is about improving current functioning. However, both are useful and produce positive results in research (as discussed in Chapter 2).

The word *creating* in the book title is also meaningful. Creativity and healing emotional pain are interconnected (Rogers, 1993). Both require imagination—steering into new territory, with a willingness to entertain new ways of seeing and the courage to experiment. They're also active processes; they can't be done *to* or *for* someone but must be created by the individual. Finally, Creating Change includes specific creative methods as one of many channels for growth, including art, storytelling, and metaphor.

In the end, change is mysterious and humbling. Some clients who seem the least likely to change are able to, while others who seem more likely to, don't. Often, it's a matter of timing—a spark of the right moment, treatment, and counselor combined in a way that clients respond to even if they weren't able to before. Witnessing this is profoundly gratifying.

THE DEVELOPMENT OF CREATING CHANGE

The model was developed based on clinical experience, feedback from clients and counselors, research studies, and various literatures, including a deep dive into the history of past-focused models. It draws wisdom from all of these, maintaining respect for what's come before but also offering unique features not present in other models.

Creating Change was the first past-focused model ever developed for trauma and addiction, starting in 2005 with an exploratory version and pilot study (Najavits, Schmitz, Gotthardt, & Weiss, 2005), followed by a summary of the model and larger pilot study in 2014 (Najavits, 2014; Najavits & Johnson, 2014); a randomized controlled trial (RCT) in 2018 (Najavits et al., 2018); and several clinical implementation projects. All are described in the next section, "Evidence Base." Lessons learned along the way led to various refinements, including the following:

- There was originally a three-part sequence: *before* (preparation), *during* (the main topics), and *after* (wrap-up). The "before" segment had seven topics to help prepare clients for the upcoming emotional work. But most clients didn't need preparation and for those who did, seven topics was too many. It also had the unintended effect of creating anticipatory anxiety, with some clients becoming concerned about why they had to do so much preparation, creating a "falling off the cliff" feeling. Now there are just three optional preparation topics. The "after" segment also became condensed into the topic "Growth" as that was sufficient.
- The initial exploratory version in 2005 was heavily influenced by Exposure Therapy, which was the predominant past-focused trauma model at the time. Indeed, the initial version was called Exposure Therapy Revised (Najavits et al., 2005). But with increasing clinical experience and subsequent studies, it became apparent that broader themes relevant to trauma and addiction were more compelling and allowed the model to be conducted in group treatment. Various topics, such as "Tell Your Story" and "Deepen Your Story," still offer a narrative emphasis, but the model goes beyond the narrative as well.
- The handouts were edited to be shorter, and more exercises were added to promote interaction and engagement.

EVIDENCE BASE

Summary of Evidence

Creating Change is an evidence-based model with three published studies and several clinical implementation projects. It has shown significant positive results in all of the studies, and feedback

from the implementation projects was also highly enthusiastic. Creating Change was conducted in 1-hour individual sessions in the studies and group or individual modality in the implementation projects.

Study clients had current, severe, and chronic PTSD and SUD; recent active substance use; and additional psychiatric problems. To obtain clients who were typical of front-line settings, clients were outpatients, were not required to be in any additional treatment, and could participate even if they had current suicidality, self-harm, personality disorder, drug use disorder, homelessness, or severe dissociation. (In contrast, most prior past-focused studies of PTSD/SUD had multiple such exclusions and/or required clients to be in concurrent stabilizing treatments [Najavits et al., 2020].) Samples included varied populations (military veterans, crime victims, and child abuse survivors), and two of the three studies had very strong minority representation.

Results indicated improvement in multiple domains, and attendance and satisfaction were high across the studies, with no safety concerns. The 2018 RCT (Najavits et al., 2018), moreover, indicated that Creating Change achieved gains at a level equal to Seeking Safety, which is already established as an effective, evidence-based, cost-effective model (e.g., Lenz et al., 2016; Litt, Cohen, & Hien, 2019; Sherman et al., 2023; Washington State Institute for Public Policy, 2018), and gains were sustained at 3-month follow-up. Each study and its results are described in the sections that follow.

Randomized Controlled Trial (2018)

A RCT is the gold standard of scientific testing. Creating Change was compared to Seeking Safety in a sample of 52 outpatient male and female military veterans with current PTSD and current SUD (Najavits et al., 2018).

The majority of the sample was severe and chronic in both PTSD and substance dependence. A third had two or more SUD diagnoses, and there was a substantial rate of drug use disorders, with cocaine dependence the most common. The rate of lifetime traumas was very high: an average of 10 out of 23 trauma types. Despite the focus on veterans and the majority being male, sexual trauma was more common than combat trauma. Most of the veterans met criteria for additional mental health disorders (62%), and 37% met criteria for one or more personality disorders. The sample had strong (40%) minority representation, primarily Black.

Half of the veterans received Creating Change and the other half received Seeking Safety, delivered in 17 individual 1-hour sessions. They were assessed at baseline, end-of-treatment, and 3-month follow-up. Results were highly positive: Both treatments showed improvement at the end of treatment, with no difference between them, indicating that Creating Change did as well as the established evidence-based model Seeking Safety (in statistical terms, "no worse than" Seeking Safety). Significant improvements were found on PTSD, alcohol use, and drug use (the primary outcomes) as well as mental health symptoms, quality of life, beliefs related to SUD, and self-efficacy. The amount of change, known as effect size, was large for alcohol use and medium for the other measures. Improvements were sustained at 3-month follow-up after the end of treatment, and on alcohol they even continued to improve during that time. Both treatments were found to be safe; attendance, treatment satisfaction, and alliance with the counselors were also very strong.

The data also indicated that both treatments were safe. There was no increase in self-harm or suicidal ideation or actions, no pattern of worsening, and no adverse events related to either treatment. Attendance was very strong at 67% of Creating Change sessions and 68% Seeking Safety sessions. This attendance rate is especially noteworthy as clients generally reported very low attendance at other professional therapies and 12-step groups throughout the study.

Pilot Study (2014)

A pilot is a first step to see how well a treatment does in a small sample. Creating Change was conducted with seven men and women outpatients in a crime victims program. The sample was current and chronic in both PTSD and SUD and was predominantly minority (71%) and low-income (Najavits & Johnson, 2014). Creating Change was conducted as 17 individual weekly 1-hour sessions. Assessments occurred at pre- and posttreatment. Significant improvements were found in multiple domains including some PTSD and trauma-related symptoms (e.g., dissociation, anxiety, depression, and sexual problems); other mental health symptoms (e.g., paranoia, psychotic symptoms, obsessive symptoms, and interpersonal sensitivity); daily life functioning; beliefs related to PTSD; coping strategies; and suicidal ideation. The amount of change (effect sizes) was consistently large, including for both alcohol and drug problems. Attendance and satisfaction were strong, and no adverse events were reported.

Pilot Study (2005)

This first pilot study was conducted with five men (Najavits et al., 2005). The treatment model was called Exposure Therapy Revised (a precursor to Creating Change) and emphasized adaptation of classic Exposure Therapy to make it relevant for comorbid PTSD and SUD, including enhanced safeguards and attention to painful memories of both trauma and addiction. The clients (all White) had current, chronic, and highly severe PTSD and SUD, all with childhood-based PTSD. The study had fewer exclusionary criteria than any prior exposure study of PTSD/SUD. For example, suicidal ideation was not an exclusionary criterion (80% had suicidal ideation; 60% had a suicide plan). The five men were offered 30 individual sessions in 5 months and were invited to select, at each session, whether they wanted to focus on the present (Seeking Safety) or the past (Exposure Therapy Revised). Results showed 100% attendance, and significant positive outcomes in numerous domains, including trauma and SUD symptoms, as well as excellent treatment attendance and satisfaction. On average, the participants chose 21 Seeking Safety sessions and nine sessions of Exposure Therapy Revised. Notably, clients were assessed at the start of treatment on their preference for present- versus past-focused methods. They rated present-focused as more appealing than past-focused before starting treatment, but by the end, expressed strong satisfaction with both. They also reported that the exposure sessions helped equally with both their PTSD and SUD. Treatment satisfaction was high, and there were no safety concerns.

Implementation Projects

In eight different treatment programs, teams implemented Creating Change and offered feedback, questions, and some session recordings, all of which helped refine the model. The list of programs appears in the Preface to this book and represents various populations, including veterans, crime victims, clients with childhood trauma, addiction program clients, mental health program clients, all genders, and highly diverse ethnicities. Five teams were independent of the author, and three (the studies described above) were by led the author.

OVERALL

In brief, Creating Change offers the following features:

- Designed for clients with addiction and trauma or either alone.
- Highly interactive learning with extensive handouts and exercises.

- The first fully past-focused model for trauma and addiction (explores difficult addiction memories as well as trauma memories, and the impact of each over time).
- Conveys a warm, compassionate tone rather than a highly technical one.
- Public health–oriented: for a broad range of clients, counselors, and settings; all types of trauma and addiction; and group or individual modality.
- Skill building: teaches clients how to face the past in a wide variety of ways.
- Flexible: Counselors choose session length and dose as well as the order and number of topics and handouts (all are independent of the others).
- Combines easily with Seeking Safety and other models.
- Each topic is a unique theme relevant to trauma and addiction.
- Optional extra topics enhance clients' ability to benefit from past-focused counseling and can be done at any point in treatment.
- Designed to be easier to tolerate than models focused on repeated retelling of the trauma narrative. Numerous safeguards help anchor the work.
- Evidence-based for PTSD and SUD, including with severe, chronic, complex clients (e.g., active current substance use, drug disorders, suicidal thoughts, self-harm, recent hospitalization, personality disorders), and with strong minority representation.
- Addresses harm the clients may have done to others, in addition to harm done to them.
- Builds engagement via inspiring quotations; real-life examples; creative exercises; and poignant language.
- Draws wisdom from the history of past-focused therapies.
- Empowers clients to choose what, when, and how they want to share.
- Reframes *avoidance* as *self-protection* that is healthy or unhealthy depending on the situation.
- For any provider (advanced degree or license not required) but emphasizes best practices in trauma and addiction per Chapter 4.
- Low cost, requiring only the book (counselors each need a book and then can share handouts with their clients).
- Training is available but not required, except for formal research.
- A freely downloadable fidelity measure and other resources are available at *www.creating-change.org.*

One client who participated in the treatment wrote: "My ability to speak about past trauma was one way to get over the guilt I felt about being a 'drug addict.' By admitting what happened and talking about it, we gain understanding of our behavior—not just the substance abuse, but the poor relationship choices and the vast array of other issues we've dragged along behind us all our lives. Talking about sexual abuse (which filled me with shame) has been a crucial part of my recovery."

The book title *Creating Change* conveys, in two words, the optimistic perspective that clients with trauma and addiction can come to terms with their past. In doing so, they can reclaim a better present and future.

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