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| **Initial coding (n=113)**  | **Sub-categories (n=11)** | **Overarching themes (n=5)** |
| Baseline to 6-month and 9-month follow-up | Content of sessionsNumber of sessionsStandardisation | Seeking Safety as a treatment          |
| Baseline to end of treatment |
| Baseline to three month follow up  |
| Incentives |
| Integrative treatments as a potential mediator towards an endpoint vs. mechanism of action |
| Modelling group membership turnover |
| Novel methods for mediation analysis |
| Present focused coping skills approach |
| Seeking safety check-in |
| Seeking safety manualized therapy |
| Sequential process effect |
| Session components  |
| Session length  |
| Standard protocol for 25 topics/ sessions  |
| Standardisation |
| Trauma informed |
| Trauma narration not required |
| Hard to reach and under-represented groups | Ideal group composition  | Meeting the needs of a diverse patient population group      |
| Men only |
| Mixed gender |
| Seeking safety – females vs. males |
| Transgender |
| Women only |
| Clinician competence | Interplay between PTSD and SUDTreatment fidelity - sessions and attendance  | Factors impacting success                            |
| Continued gains end of treatment to follow up |
| Delayed emergence effect |
| Depressive symptoms |
| Differences between high – moderate – low attenders |
| Discordance with substance abuse |
| Duration of sessions |
| Flexibility in the number of sessions attended |
| Group facilitator as safety conductor |
| Helpfulness – first to last – topic, therapist, handout and quotation |
| Impediments to recovery |
| Improvement, implementation and treatment fidelity measures |
| Improvements over time |
| Interplay between PTSD and SUD |
| Length of stay |
| Low literacy levels – impact effectiveness |
| Minimum dose required |
| One-on-one exit interviews |
| Peer led Seeking Safety groups |
| Preparedness and capacity to commit |
| Present focused coping skills approach |
| Readiness to commit to the group |
| Social support and solidarity |
| Timing/ context of intervention |
| Treatment adherence  |
| Treatment satisfaction |
| Treatment services review |
| Usefulness of treatments |
| Not discussing the trauma | Agency over self Group - social support & validation  | Empowerment of self and agency over life                                 |
| Action to prevent drug use and control PTSD |
| Attending to needs of SUD disorder first |
| Avoidance of discussion past trauma |
| Awareness building - insight/ reflection |
| Basic education on PTSD and SUD |
| Better understanding of self and the role of substances |
| Challenges to safety and feeling unsafe in a group |
| Chronic painful life histories |
| Cognitive restructuring – maladaptive thoughts associated with substance use and trauma |
| Concurrent treatment |
| Connection with group as a source of support and validation |
| Detaching from emotional pain |
| Developing and strengthening foundations of self |
| Developing effective communication skills to build a healthy support network |
| Different view on life |
| Discussing the trauma |
| Drug use disorder (i.e. nicotine, cocaine, marijuana) |
| Evidence based past-focused vs. present focused  |
| Evoking emotions |
| Feeling empowered to exert agency over life |
| Focus on relationship issues |
| Focus on the present |
| Goals of reducing substance abuse |
| Guilt not being a central focus |
| Honesty and community resources |
| Lifetime traumas |
| Maladaptive coping |
| Negative impact of trauma |
| Safety and feeling validated |
| Seeking safety is not an island |
| Substance dependence |
| Taking good care of yourself |
| Among those who do improve as a function of treatment, do different treatment pathways lead to subsequent improvement and remission of symptoms? | What are the mechanisms of action and what leads to sustained remission?What training is required to successfully deliver the treatment?What, how, when, and who would benefit from Seeking safety treatment?     | Knowledge gaps around Seeking Safety treatment                              |
| Are differences in outcomes due to sociodemographic or clinical characteristics? |
| Are Peer-Led Seeking Safety groups effective? |
| Are Peer-Led Seeking Safety groups sustainable? |
| Are there particular patient and clinician characteristics that predict who does best with seeking safety? |
| Are treatment topics essential? |
| Calls to advance in the methodology used to evaluate treatment interventions for comorbid PTSD and SUD? |
| Calls to examination of mechanisms of action in the treatment of co-morbid PTSD and SUD |
| Do all patient subgroups benefit equally? |
| Does participant evaluation of therapist alongside treatment retention, outcome and satisfaction date influence treatment outcomes? |
| How can we understand the finding that relapse prevention, a standard substance abuse treatment, equally reduces PTSD symptoms? |
| How do the two treatments compare in the emotional intensity? |
| How does it fare in group versus individual modality? |
| How is Seeking Safety different from regular treatments? |
| Is it possible to track symptom changes are each group to provide precise information about the minimum effective dose? |
| Is the reduction in PTSD symptoms due to effects of the integrative treatment in mediating an intermediate endpoint or as a mechanism of treatment action? |
| Is there an added benefit in conducting Seeking Safety first and then Creating Change? |
| What are the changes to SUD over time? |
| What are the characteristics of therapist and settings might promote successful Creating Change outcomes? |
| What are the mechanisms of action of each treatment? |
| What are the most effective group mixed-groups or split-gender groups? |
| What is the causal ordering of the relationship between PTSD and SUD? |
| What is the dose required, number of sessions and topics? |
| What is the ideal follow up time-period? |
| What models of treatment appeal and is feasible to patients, therapists, and treatment programmes? |
| What training is necessary?  |
| Which clients are most likely to benefit for each treatment? |
| Which symptoms are quicker to change? |
| Would simultaneous treatment of trauma related disorders be beneficial for SUD or a sequential model? |