

From: Najavits, LM, Schmitz, M, Johnson, KM, 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 *Men and Addictions*. Nova Science Publishers, Hauppauge, NY.

Evaluation project on young African-American men. Hamilton (2006) conducted a SAMHSA project titled the African-American Center of Excellence (AACE). It served two Florida county drug courts, offering residential treatment at Operation PAR in Florida. All participants in AACE (n=76) were African-American males between the ages of 18 and 25, all with lifetime criminal justice involvement. During the six-month residential program, all clients completed all of the assigned modules of Seeking Safety.

Overall, clients were high severity with significant substance abuse and mental health problems. In the year prior, 55% had drug-related charges; 29% interpersonal crimes; and 24% property crimes. A total of 80% met current criteria for substance abuse or dependence (marijuana and cocaine were the most common), with the remaining 20% reporting substance use. Other current diagnoses included 20% ADHD, and 17% each for major depression, PTSD, and conduct disorder. Also, 12% had current suicidal or homicidal thoughts; 76% had been victimized during their lifetime (60% prior to age 19); and 20% had been homeless during their lifetime.

Results indicated a notable drop in substance use, based on self-report. At baseline, the mean days clients reported using substances was 25.3 days; at six months (the ending of the residential program) there was 100% abstinence from substances; at 12 months post-intake, the mean numerous of substance use days was 2 days (twelve-month follow-up n=55). Significant reductions were also found from baseline to six months on various scales: the Anxiety subscale of the SCL-90 ($p<.05$); all five subscales of the Cognitive Distortions Scale at $p<.05$ (self-criticism; self-blame; helplessness; hopelessness; and preoccupation with danger); and seven subscales of the Trauma Symptom Inventory at $p<.05$ (anxious arousal; depression; anger/irritability; intrusive experiences; dysfunctional behavior; impaired self-reference; and tension reduction behavior). No data are available for those measures at 12 months, however. Finally, the rate of self-reported unprotected sex decreased from 22% at baseline to 5.9% at 6-month followup, but returned to baseline levels at 12-month followup.

Several conclusions were drawn from this project. First, the implementation of Seeking Safety made significant progress with AACE clients and their understanding of trauma and its relationship with substance abuse. Based on anecdotal information, the use of Seeking Safety provided a structured and safe environment where clients were enabled to express and address their behaviors and emotions without fear of reprisal or judgment. Second, the findings from the AACE data seem to indicate that clients do very well while they are in the residential phase of treatment. However, when they enter the aftercare phase after the six months of residential treatment, recidivism begins to increase and treatment compliance begins to decrease. Thus, it is suggested that future efforts should target the post-residential phase more intensively.

Hamilton, N. (2006). African-American Center for Excellence (AACE) Program; SAMHSA grant number TI14126; final report. Unpublished report, Operation PAR (Largo, Florida).