**About *Seeking Safety***

Seeking Safety (SS) is a coping skills approach to help people attain safety from trauma and/or addiction. It is present-focused and designed to be safe, optimistic, and engaging. The treatment is highly flexible. It can be conducted in group or individual format; open or closed groups; with any gender; adults and adolescents; any length of time available (using all 25 topics or fewer); any treatment setting (e.g., outpatient, inpatient, residential); and any type of trauma and/or addiction. It can be used from the start of treatment as it is stabilization-oriented. It can be used with clients who have trauma and/or addiction problems (they do not have to have both). Seeking Safety has been implemented for over 25 years in diverse types of programs, including community-based, mental health, addiction, criminal justice, veteran/military, adolescent, school, and medical settings. The Seeking Safety book has been translated into 14 languages.

**Seeking Safety topics**

Seeking Safety offers 25 topics, each representing a safe coping skill relevant to trauma and substance problems*.* Topics can be done in any order, in any session length, and as few or many as desired (not all 25 have to be done). They address cognitive, behavioral, interpersonal, and case management domains:

• Interpersonal topics: *Honesty, Asking for Help, Setting Boundaries in Relationships, Getting Others to Support Your Recovery, Healthy Relationships, Community Resources*

• Cognitive topics: *PTSD: Taking Back Your Power, Compassion, When Substances Control You, Creating Meaning, Discovery, Integrating the Split Self, Recovery Thinking*

• Behavioral topics: *Taking Good Care of Yourself, Commitment, Respecting Your Time, Coping with Triggers, Self-Nurturing, Red and Green Flags, Detaching from Emotional Pain (Grounding)*

• Combination topics: *Introduction/Case Management, Safety, Life Choices, Termination*

**Five key principles of Seeking Safety**

(1) *Safety as the overarching goal*-- helping clients attain safety in their relationships, thinking, behavior, and emotions);

(2) *Integrated treatment* that addresses trauma and addiction at the same time if clients have both;

(3) *A focus on ideals* to inspire hope;

(4) *Four content areas*: cognitive, behavioral, interpersonal, and case management; and

(5) *Attention to clinician processes* (helping clinicians work on self-care, emotional responses, and other issues).

**Additional features:**

1. *Traumas are not described in detail*. Clients do not have to tell or listen to intense trauma details. We focus on trauma as it impacts the client in the present.
2. *Allows for harm reduction or abstinence* approaches.
3. *Encourages but does not require 12-step* and other self-help groups
4. *Focuses on empowerment* and choice
5. *Is written in everyday language* to be accessible to all
6. *"Meets clients where they are at" in terms of addiction*, not requiring abstinence or motivation to quit; these often develop as they do Seeking Safety over time.
7. *Anyone can participate*. No one is excluded from Seeking Safety. Anyone receiving services of any kind can participate in Seeking Safety. It has been successfully conducted with people who are psychotic, illiterate, homeless, severely mentally ill, suicidal, and have histories of violence.
8. *Anyone can conduct it.* It has been implemented by all types of professionals and also be peers and paraprofessionals. No specific license, degree, or education is required. Training is available and recommended but only required only if a formal publishable clinical trials is being conducted for research purposes.

**Evidence base**

 Seeking Safety is an *evidence-based model, with over 45 published research articles* and consistently positive results and high satisfaction. It has been studied in a broad range of populations in terms of ethnic diversity, setting, and severity of trauma history and addiction.

 Seeking Safety is *one of the most cost-effective models*, especially for addiction. A government-based analysis, for example, indicates that it has 88% likelihood of benefit relevant to cost, which was the third highest of all 23 SUD models (higher than motivational interviewing, 63%; motivational enhancement therapy, 61%, and relapse prevention, 56%) (Washington State Institute for Public Policy, 2018).

For all studies, go to [www.seekingsafety.org](http://www.seekingsafety.org), section *Evidence*. Studies include numerous pilots, randomized controlled trials, and multi-site trials.

**Learn more**

See [www.seekingsafety.org](http://www.seekingsafety.org).

**Citations**

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