Research in the Works

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SPARC
Improving Mental and Behavioral Health Services for Better Lives and Stronger Communities

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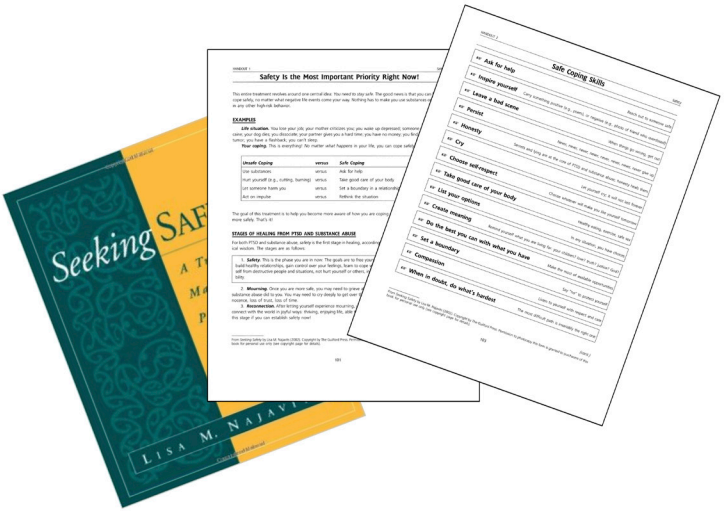
SIGNS OF SAFETY: A DEAF-ACCESSIBLE TOOLKIT FOR TRAUMA AND ADDICTION

The Deaf community - a minority group of 500,000 Americans who communicate using American Sign Language (ASL)[1] - experiences trauma and addiction at rates *double* to the general population.[2-9] Although there are validated treatments for this common comorbidity in hearing populations,[10] there are no evidence-based treatments that have been evaluated to treat trauma, addiction, or other behavioral health conditions among Deaf people.[11, 12]

Current evidence-based trauma and addiction treatments developed for hearing populations fail to meet the needs of Deaf clients.[11] One example is *Seeking Safety*, a well-validated, NIDA-funded therapeutic intervention used to treat people recovering from trauma and addiction.[13, 14] *Seeking Safety* is a counseling model that addresses a client's trauma and addiction issues without causing retraumatization.[14] It is a safe and effective intervention that includes a therapist guide and client handouts for 25 individual or group sessions, each teaching clients a safe coping skill (e.g., "*Asking for Help,*" "*Coping with Triggers*").[13] For additional information about *Seeking Safety*, please visit www.seekingsafety.org

Attempts to use *Seeking Safety* with Deaf clients exposed unique barriers that resulted in less effective treatment in this population. One barrier is the use of written English materials instead of materials presented in ASL. Deaf people often have lower English literacy levels than hearing people;[15] therefore, an intervention heavily based on the written word presents a challenge to Deaf clients. Another barrier is the use of treatment materials that are not inclusive of Deaf culture and social norms, nor sensitive to Deaf people's history of oppression by hearing people.[16-18] For example, most hearing



Seeking Safety therapist guide & client handouts from Session 2: "Safety"

individuals view deafness as an *impairment* that needs to be *fixed.* Conversely, most Deaf people do not view themselves as impaired, but as members of a rich culture with shared experience, history, art, and literature.[18-20]

To address these barriers, researchers at the University of Massachusetts Medical School's Systems and Psychosocial Advances Research Center (SPARC) assembled a team of Deaf and hearing researchers, clinicians, filmmakers, actors, artists, and Deaf people in recovery to develop *Signs of Safety* – a population-specific client toolkit and therapist companion guide that supplements *Seeking Safety*. The client toolkit includes visual handouts, which present information using plain text and visual aids created by a Deaf artist. It also contains ASL teaching stories on digital video using Deaf actors, which present key learning points via an *educational soap opera*. The therapist companion guide offers tips to adapt *Seeking Safety* for Deaf clients, including vocabulary for ASL translation and helpful tips for working with Deaf clients. It also educates the therapist about how the 25 safe coping skill topics in *Seeking Safety* interact with Deaf experience and culture.

Signs of Safety therapist guide, visual handouts and screenshot of ASL teaching story from Session 2: "Safety"

Signs of Safety is built on recommended principles for creating Deaf-accessible interventions that include:[21]

1. Adaptations for language, including the simplification and avoidance of English-based materials, and the use of visual and pictorial aids;
2. Attention to gaps in health literacy;
3. Reliance upon storytelling and visual metaphors;
4. Teaching concepts through examples;
5. The use of active treatment strategies, like role playing and therapeutic activities, as a basis for generating discussions and insights; and
6. Creative uses of technology.

SPARC researchers are currently leading a pilot study of *Signs of Safety*, in which participants receive a proven therapy (*Seeking Safety*) supplemented by the experimental *Signs of Safety*. Data are being collected on key aspects of feasibility (e.g., attendance, retention, rate of enrollment, fidelity, and assessment procedures); participant satisfaction; and clinical outcomes (e.g., PTSD symptoms, substance use disorder symptoms, and coping efficacy). Preliminary findings show that participants are reporting symptom reduction from baseline to follow-up and high levels of satisfaction with the model. These encouraging results suggest that further exploration of this line of research is warranted. Future research efforts, which include a goal of randomized clinical trials, will be informed by the rich participant feedback received on strategies to further improve *Signs of Safety* materials for a professional-quality second iteration.

The contents of this document are also available in video using American Sign Language (ASL) at https://www.youtube.com/watch?v=IYslZHtHbhU

Study/project Team: Melissa L. Anderson, PhD (PI); Kelly S. Wolf Craig, PhD (Co-I); Allison Sones (RA); **Grants/Funder:** Research reported in this publication was supported by the National Center for Advancing Translational Sciences of the National Institutes of Health under awards number KL2-TR000160 and KL2-TR001455. The content is solely the responsibility of the authors and does not necessarily represent the official views of the NIH.
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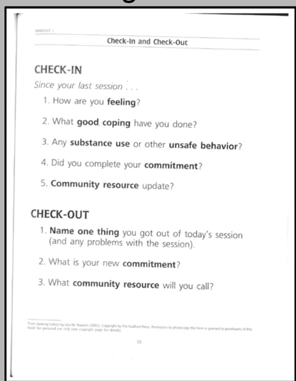
SEEKING SAFETY SESSION		SIGNS OF SAFETY SESSION

Written English Handouts


Check-In and Check-Out

CHECK-IN

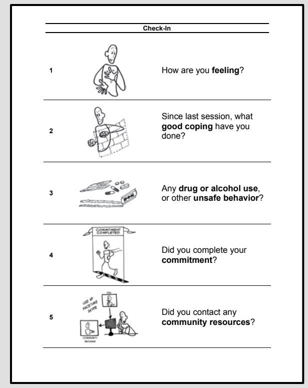
Since your last session . . .

1. How are you **feeling**?
2. What **good coping** have you done?
3. Any **substance use** or other **unsafe behavior**?
4. Did you complete your **commitment**?
5. **Community resource** update?

CHECK-OUT

1. **Name one thing** you got out of today's session (and any problems with the session).
2. What is your new **commitment**?
3. What **community resource** will you call?

Visual Handouts


Check-In

1 How are you **feeling**?

2 Since last session, what **good coping** have you done?

3 Any **drug or alcohol use**, or other **unsafe behavior**?

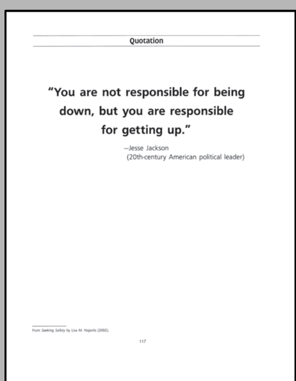
4 Did you complete your **commitment**?

5 Did you contact any **community resources**?

1. Check-In

(5 min.)

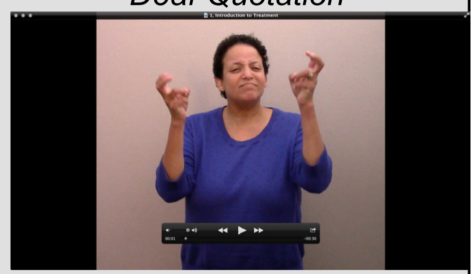
Clients report on five questions about how they are doing since the last session.


Quotation

"You are not responsible for being down, but you are responsible for getting up."

—Jesse Jackson (20th-century American political leader)

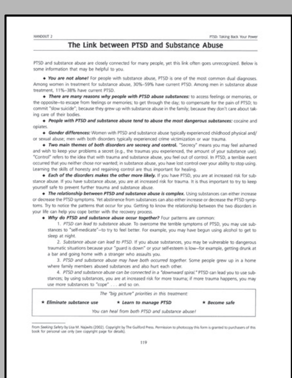
Deaf Quotation



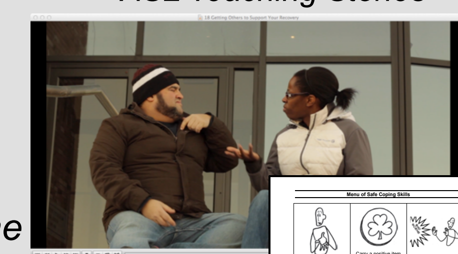
2. The Quotation

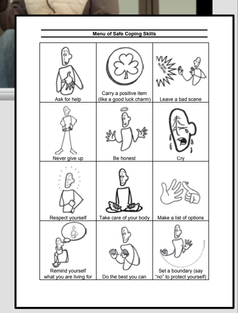
(2 min.)

Clients identify the main point of an inspirational quotation. The therapist links it to the session topic.


The Link between PTSD and Substance Abuse

ASL Teaching Stories




Menu of Safe Coping Skills

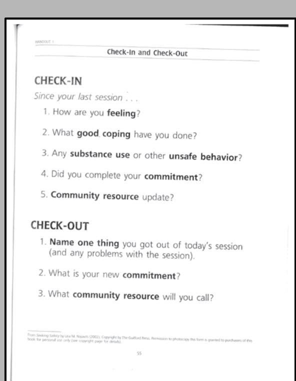
Ask for help	Carry a positive item (like a good luck charm)	Leave a bad scene
Never give up	Be honest	Cry
Respect yourself	Take care of your body	Make a list of options
Remind yourself what you are living for	Do the best you can	Set a boundary (say "no" to protect yourself)

3. Relate the Topic to Clients' Lives

(30-40 min.)

Clients read through the session handouts, or watch the 5-minute ASL Teaching Story. The therapist and client then relate the material to current and specific problems in clients' lives and offer intensive rehearsal of the material.

Visual Handouts


Check-In and Check-Out

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CHECK-OUT

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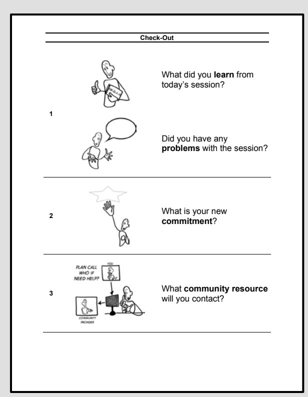
Check-Out

1 What did you **learn** from today's session?

Did you have any **problems** with the session?

2 What is your new **commitment**?

3 What **community resource** will you contact?

4. Check Out

(5 min.)

Clients answer three questions to reinforce their progress and give the therapist feedback.

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