Signs of Safety:

A Deaf-Accessible Therapy Toolkit for Co-occurring Trauma and Addiction

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UMass Chan MEDICAL SCHOOL

Implementation Science & Practice Advances Research Center
iSPARC
Improving Mental and Behavioral Health Services for Better Lives and Stronger Communities

Disclosures

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Agenda

1. U.S. Deaf Community
2. Common Barriers to Behavioral Healthcare
3. Development and Evaluation of *Signs of Safety*
4. Questions and Discussion

U.S. Deaf Community

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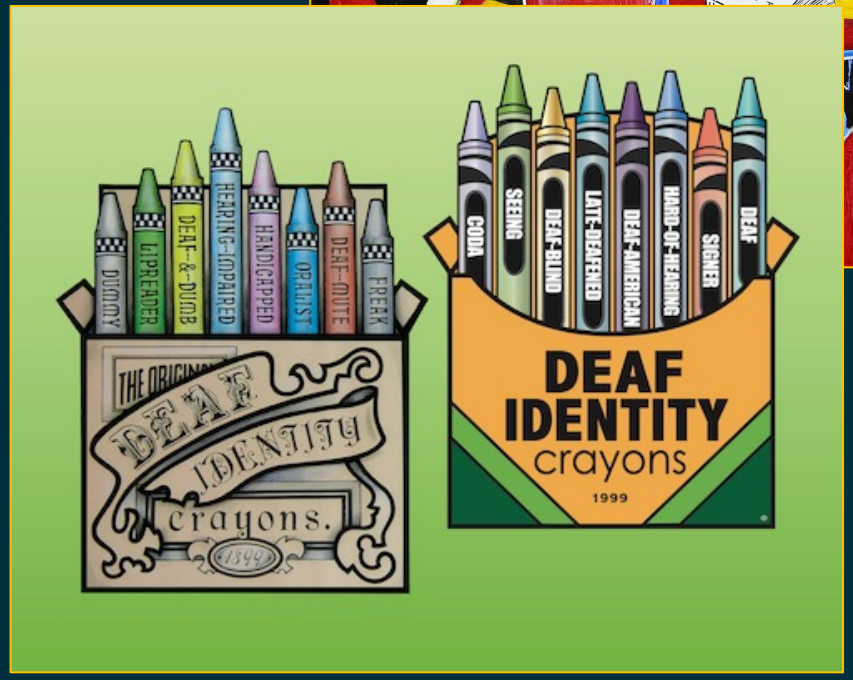
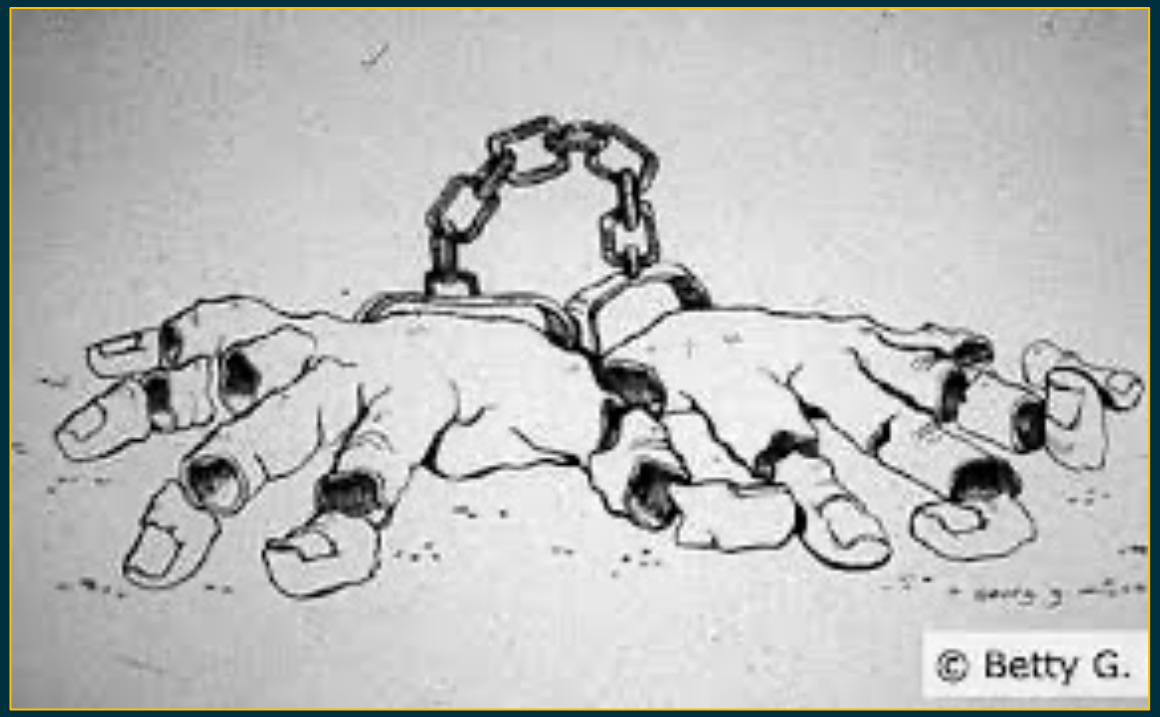
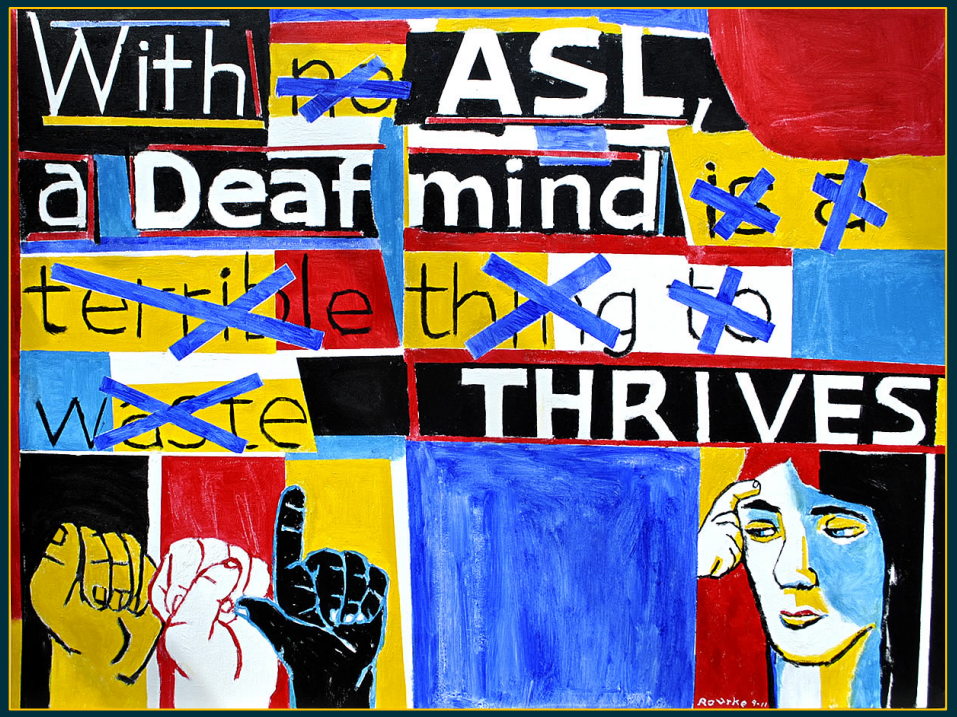
- 1 million individuals who communicate using American Sign Language (ASL)
- Cultural view of embracing Deafhood versus medical view of curing/fixing deafness



U.S. Deaf Community

- History of oppression within majority hearing world, especially around freedom to use ASL





Social Determinants of Health

- Compared to hearing populations, Deaf people experience higher rates of:
  - Adverse childhood experiences (ACEs)
  - Limited educational attainment
  - Under- and unemployment
  - Public insurance or lack of insurance

Behavioral Health Disparities

- Increased rates of mental health conditions and substance use disorder. Examples:
  - Mood and anxiety disorders = 2 - 2.5x the general population
  - Attempted suicide = 5x the general population
  - Trauma exposure = 2x the general population
  - Problem drinking = 3x the general population

Common Barriers to Behavioral Healthcare

Language

- Deaf clients' primary language = ASL
  - Limited number of ASL-fluent professionals
  - Limited access to, willingness to provide, or funds to support certified ASL interpreters
  - English (written) is often acquired as a second language

Health Literacy

- Many Deaf clients also present with fund of information deficits and low health literacy
- Health-related vocabulary among Deaf ASL users parallels non-English-speaking U.S. immigrants
- "*Many adults deaf since birth or early childhood do not know their own family medical history, having never overheard their hearing parents discussing this with their doctor*" (Barnett et al., 2011)

Mistrust

- Most healthcare providers are hearing and, therefore, represent the majority oppressor group
- History of medical oppression has led to:
  - Increased mistrust and fear
  - Reduced cooperation and collaboration with hearing healthcare providers
  - Complete avoidance of the healthcare system

DEAF YE

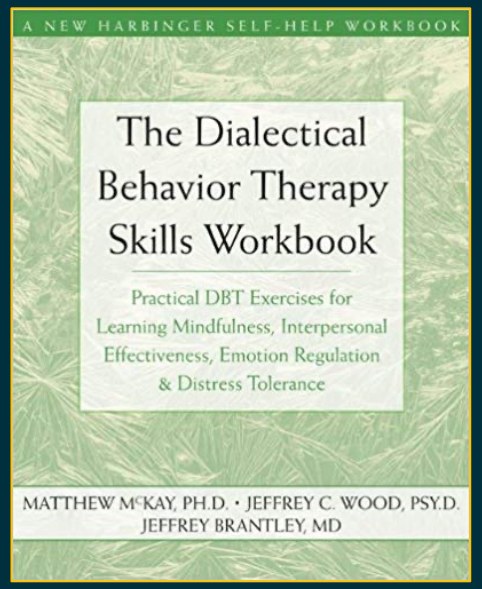
Center for Deaf Empowerment and Recovery

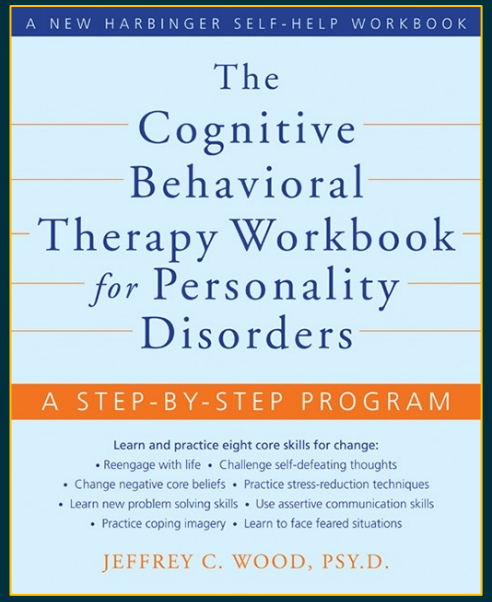
Our mission is
to partner with the Deaf community
to develop innovative
addiction and mental health resources
that are uniquely and expertly tailored
for Deaf signing people.

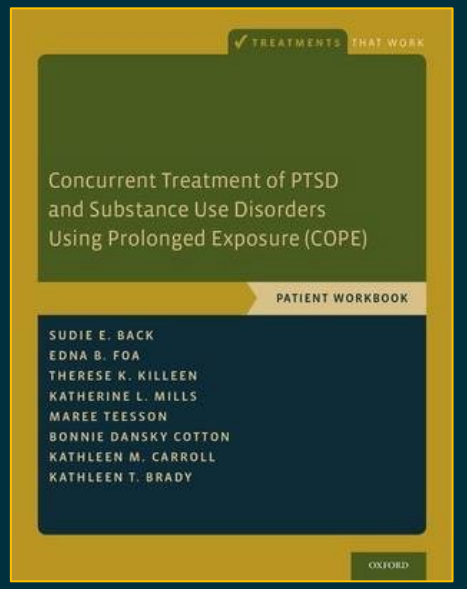
Development and Evaluation of *Signs of Safety*

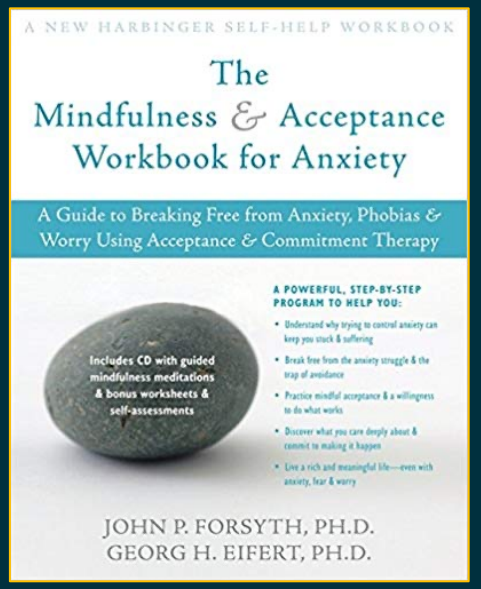
Pop Quiz!

How many evidence-based therapies have been *developed for* or *evaluated with* Deaf individuals?









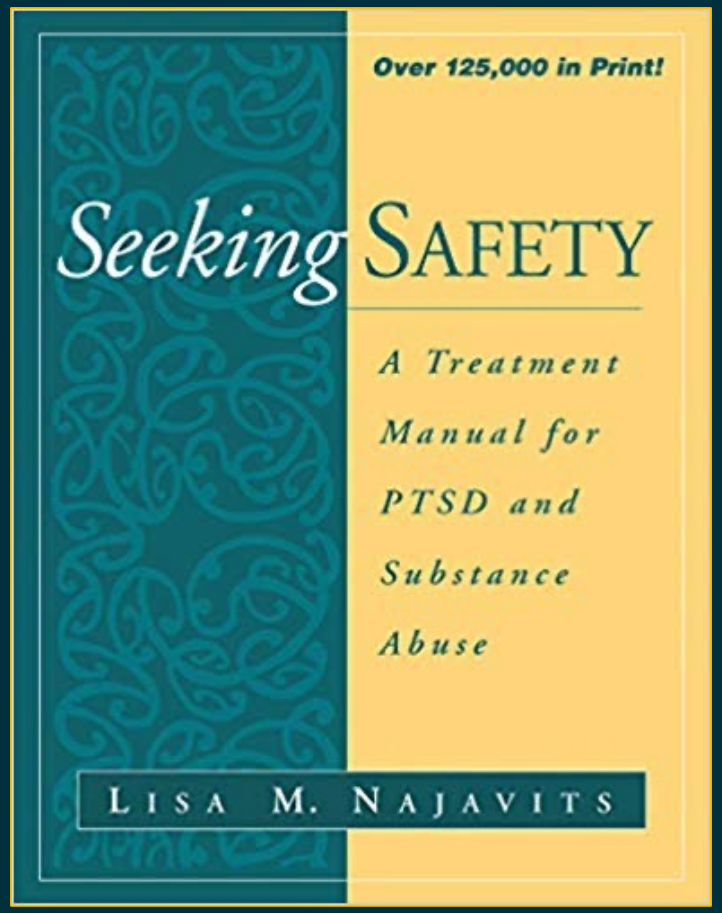
Background

- Available EBTs fail to meet Deaf clients' linguistic, cognitive, and cultural needs
- Client materials usually include:
  - Sophisticated strategies for tracking mood, behavior, and thoughts
  - Psychological jargon
  - Assumptions based on hearing people's experience and social norms

Background

- Most EBTs rely on the client's ability to formulate a detailed narrative
  - Problem-solving
  - Identifying repeating patterns
  - Trauma exposure techniques
- Early language deprivation can interfere with the concept of time, sequencing, cause/effect, and therefore, the ability to form a narrative

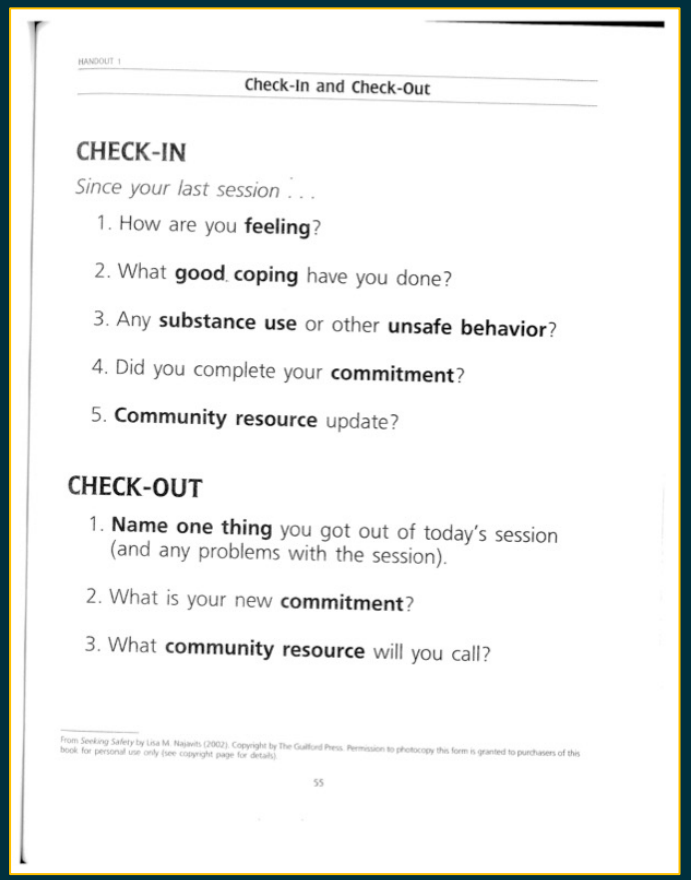
Potential Solution?



Seeking Safety

- Manualized CBT for trauma and/or addiction
- First-stage of trauma treatment
  - Focus on coping skills to achieve safety, stability, and sobriety
  - 25 present-focused topics - *no need to retell the trauma narrative*

Seeking Safety Materials



HANDOUT 1

Check-In and Check-Out

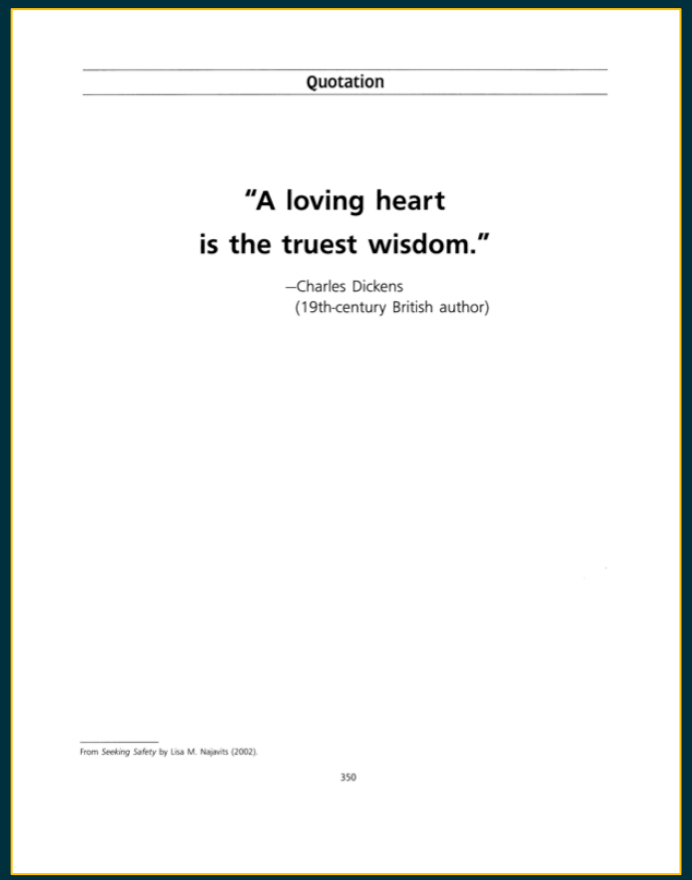
CHECK-IN

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

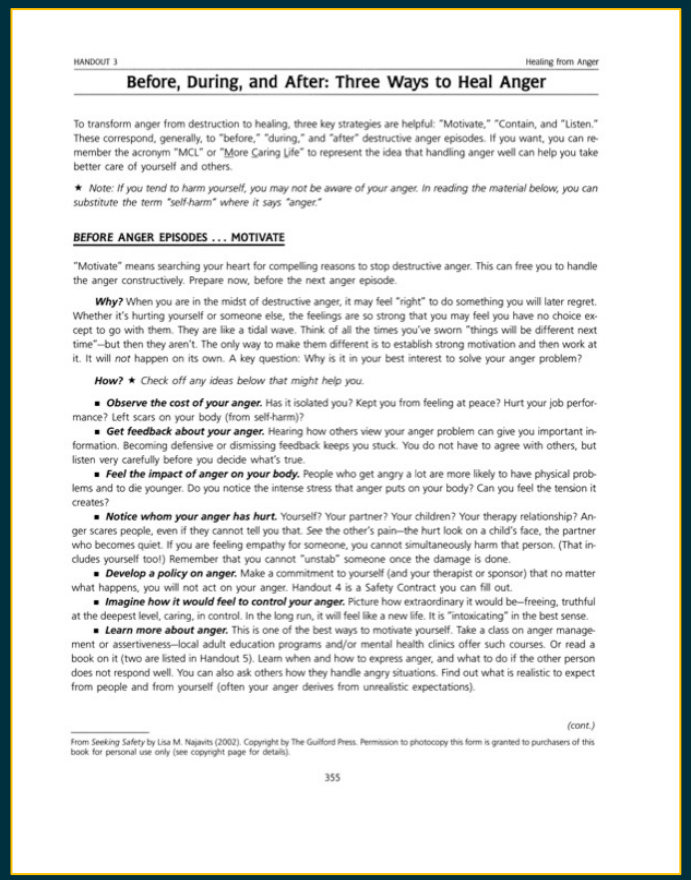
1. **Name one thing** you got out of today's session (and any problems with the session).
2. What is your new **commitment**?
3. What **community resource** will you call?



Quotation

"A loving heart
is the truest wisdom."

—Charles Dickens
(19th-century British author)



Before, During, and After: Three Ways to Heal Anger

To transform anger from destruction to healing, three key strategies are helpful: "Motivate," "Contain, and "Listen." These correspond, generally, to "before," "during," and "after" destructive anger episodes. If you want, you can remember the acronym "MCL" or "More Caring Life" to represent the idea that handling anger well can help you take better care of yourself and others.

★ *Note: If you tend to harm yourself, you may not be aware of your anger. In reading the material below, you can substitute the term "self-harm" where it says "anger."*

BEFORE ANGER EPISODES . . . MOTIVATE

"Motivate" means searching your heart for compelling reasons to stop destructive anger. This can free you to handle the anger constructively. Prepare now, before the next anger episode.

Why? When you are in the midst of destructive anger, it may feel "right" to do something you will later regret. Whether it's hurting yourself or someone else, the feelings are so strong that you may feel you have no choice except to go with them. They are like a tidal wave. Think of all the times you've sworn "things will be different next time"—but then they aren't. The only way to make them different is to establish strong motivation and then work at it. It will *not* happen on its own. A key question: Why is it in your best interest to solve your anger problem?

How? ★ *Check off any ideas below that might help you.*

- ***Observe the cost of your anger.*** Has it isolated you? Kept you from feeling at peace? Hurt your job performance? Left scars on your body (from self-harm)?
- ***Get feedback about your anger.*** Hearing how others view your anger problem can give you important information. Becoming defensive or dismissing feedback keeps you stuck. You do not have to agree with others, but listen very carefully before you decide what's true.
- ***Feel the impact of anger on your body.*** People who get angry a lot are more likely to have physical problems and to die younger. Do you notice the intense stress that anger puts on your body? Can you feel the tension it creates?
- ***Notice whom your anger has hurt.*** Yourself? Your partner? Your children? Your therapy relationship? Anger scares people, even if they cannot tell you that. See the other's pain—the hurt look on a child's face, the partner who becomes quiet. If you are feeling empathy for someone, you cannot simultaneously harm that person. (That includes yourself too!) Remember that you cannot "unstab" someone once the damage is done.
- ***Develop a policy on anger.*** Make a commitment to yourself (and your therapist or sponsor) that no matter what happens, you will not act on your anger. Handout 4 is a Safety Contract you can fill out.
- ***Imagine how it would feel to control your anger.*** Picture how extraordinary it would be—freeing, truthful at the deepest level, caring, in control. In the long run, it will feel like a new life. It is "intoxicating" in the best sense.
- ***Learn more about anger.*** This is one of the best ways to motivate yourself. Take a class on anger management or assertiveness—local adult education programs and/or mental health clinics offer such courses. Or read a book on it (two are listed in Handout 5). Learn when and how to express anger, and what to do if the other person does not respond well. You can also ask others how they handle angry situations. Find out what is realistic to expect from people and from yourself (often your anger derives from unrealistic expectations).

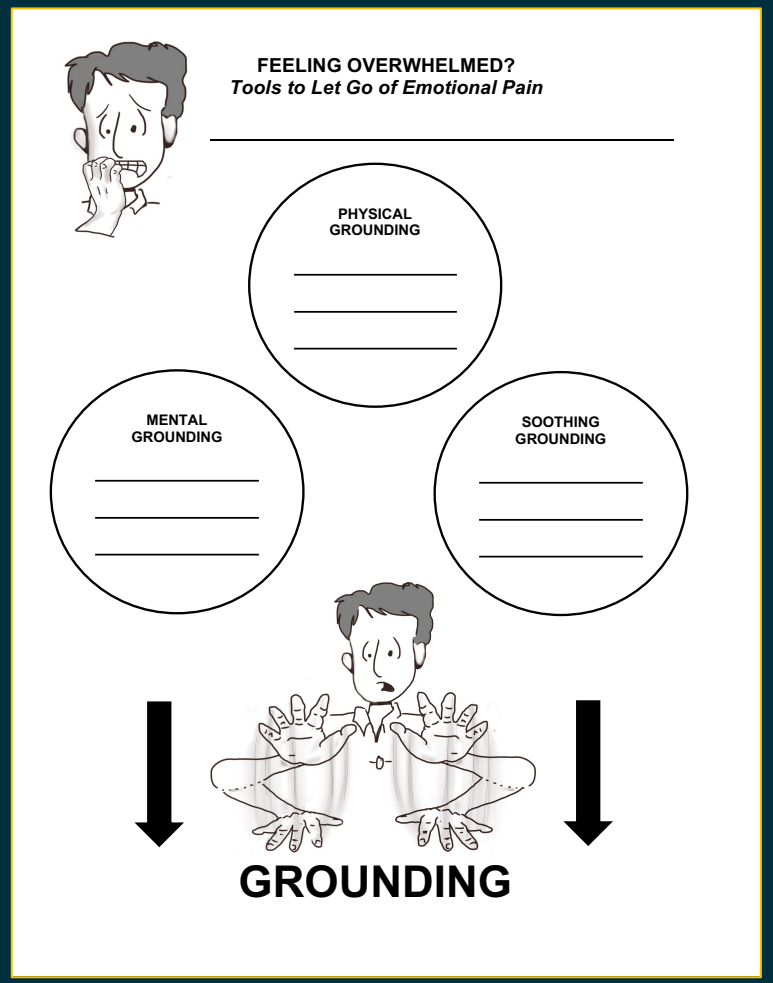
(cont.)

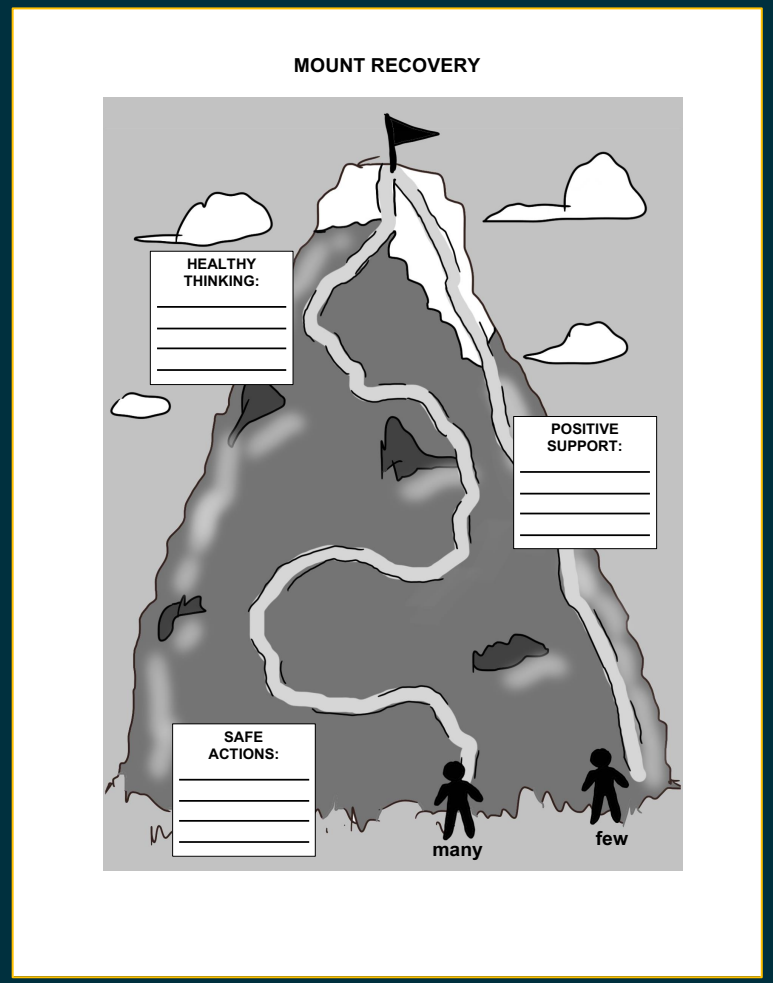
Signs of Safety is a Deaf-friendly "toolkit"
of videos and visual handouts
to be used with *Seeking Safety.*

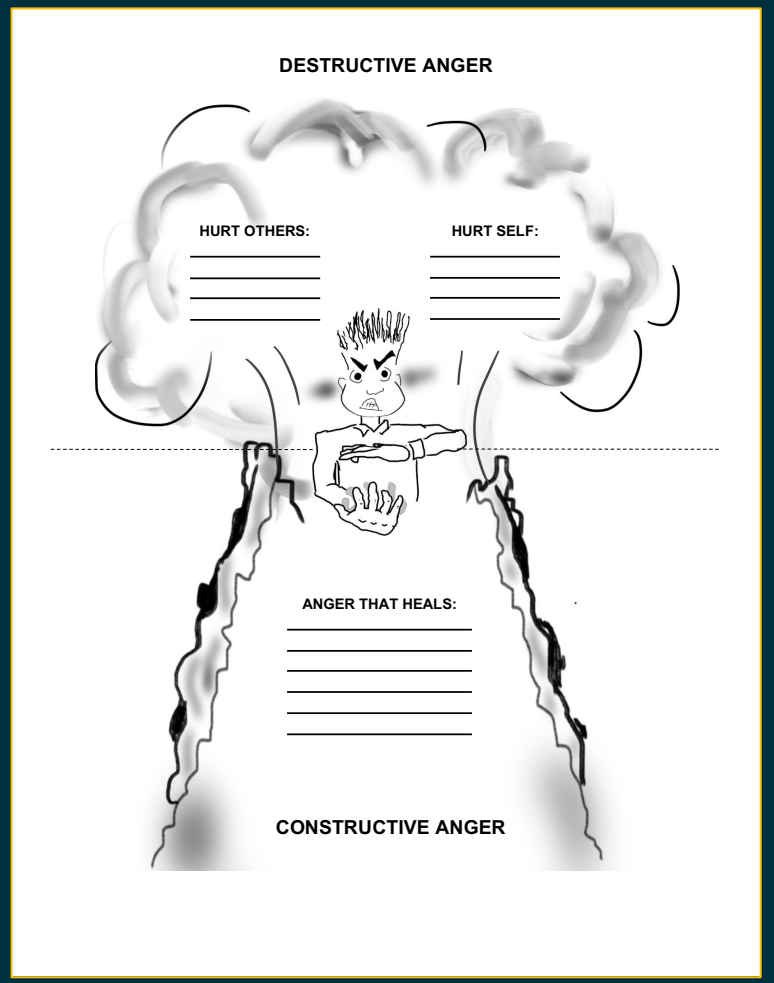
The basic format of *Seeking Safety*
remains the same.

Sample Video Clip

Sample Handouts

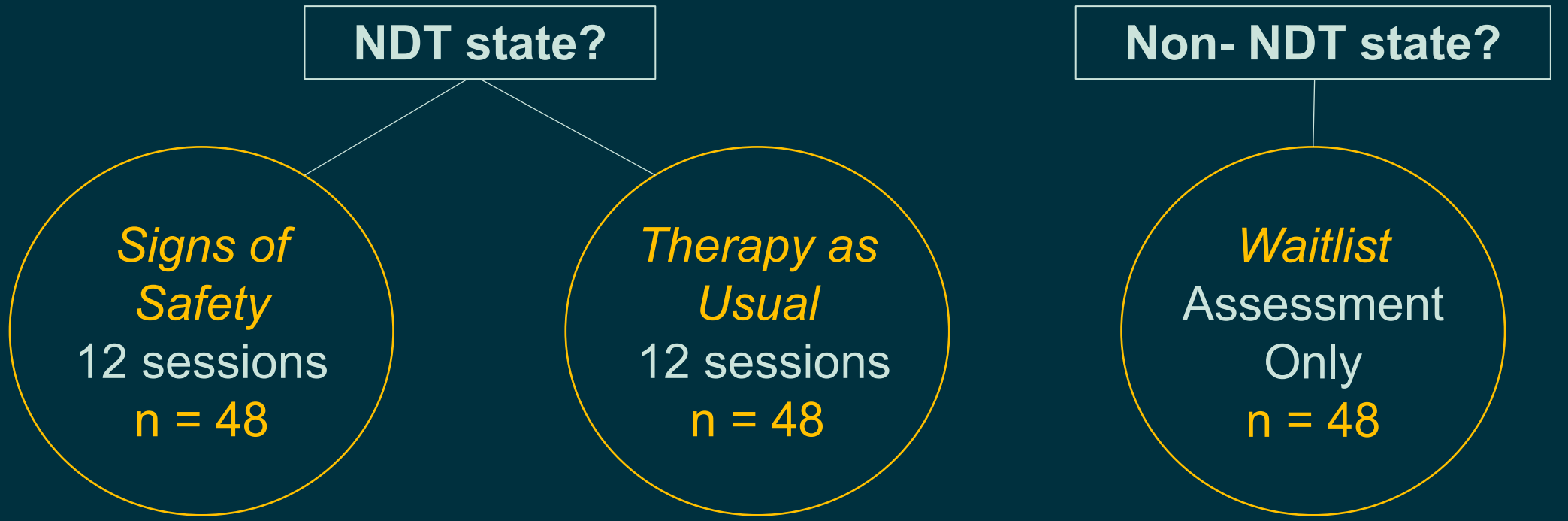






Study Methods

- Five-year, nationwide virtual clinical trial
- 144 Deaf adults with PTSD and problem drinking



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Update

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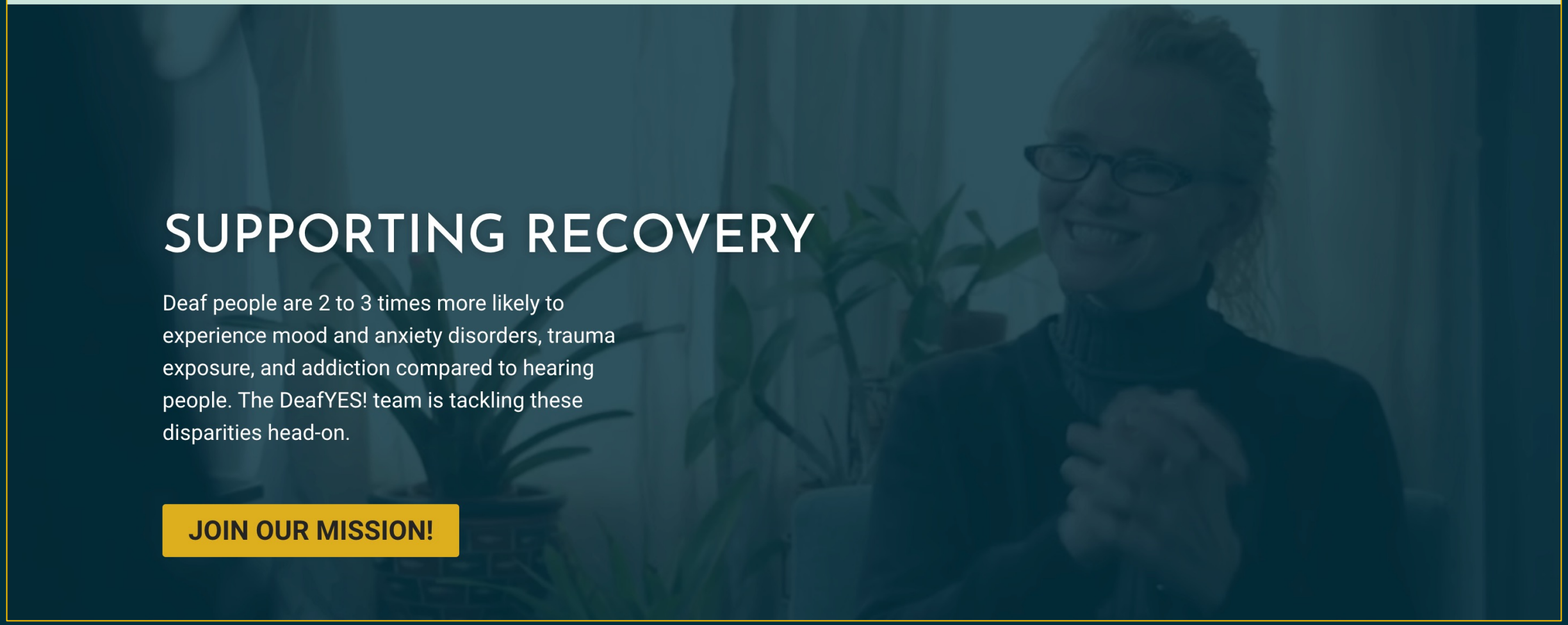

SUPPORTING RECOVERY

Deaf people are 2 to 3 times more likely to experience mood and anxiety disorders, trauma exposure, and addiction compared to hearing people. The DeafYES! team is tackling these disparities head-on.

JOIN OUR MISSION!