

Piloting *Signs of Safety*: A Deaf-Accessible Toolkit for Trauma and Addiction

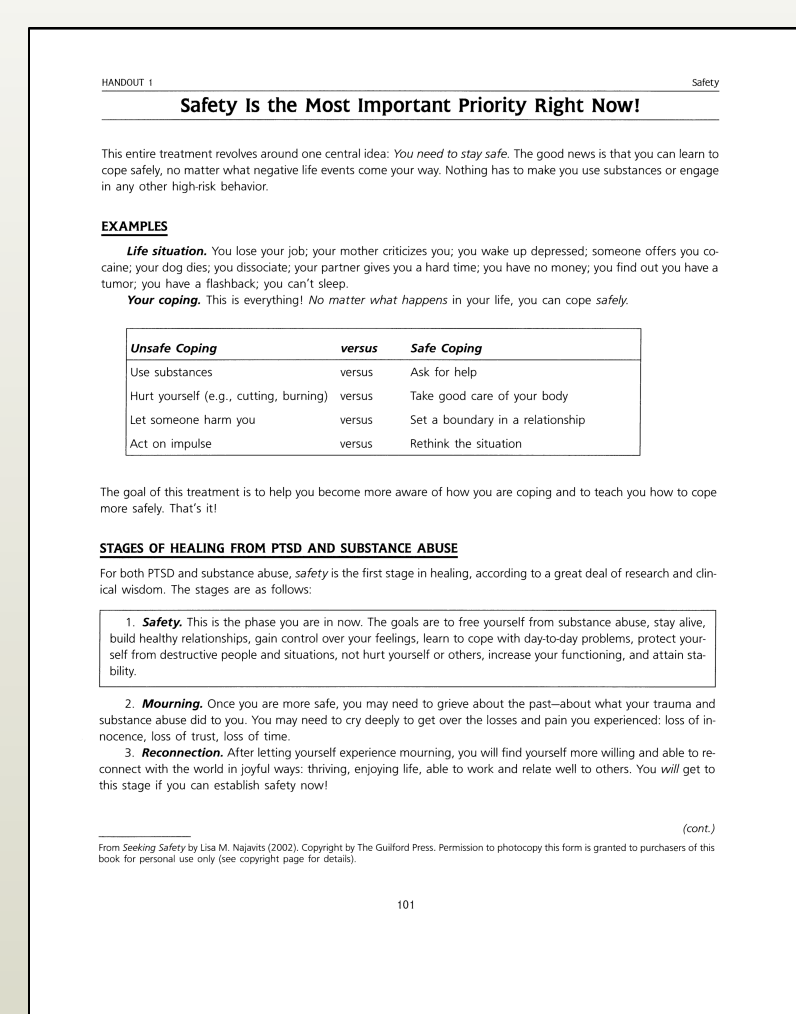
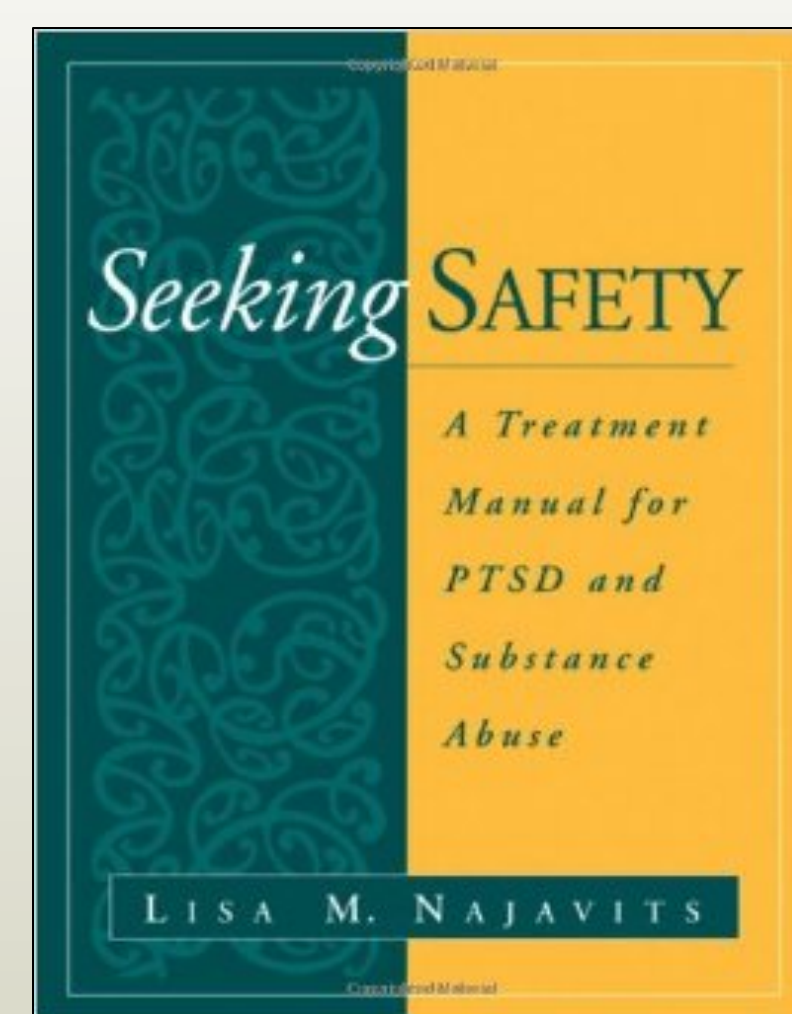
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The Deaf community - a minority group of 500,000 Americans who communicate using American Sign Language (ASL) - experiences trauma and addiction at rates double to the general population.

There are no evidence-based treatments that have been evaluated to treat trauma, addiction, or other behavioral health conditions among Deaf people.

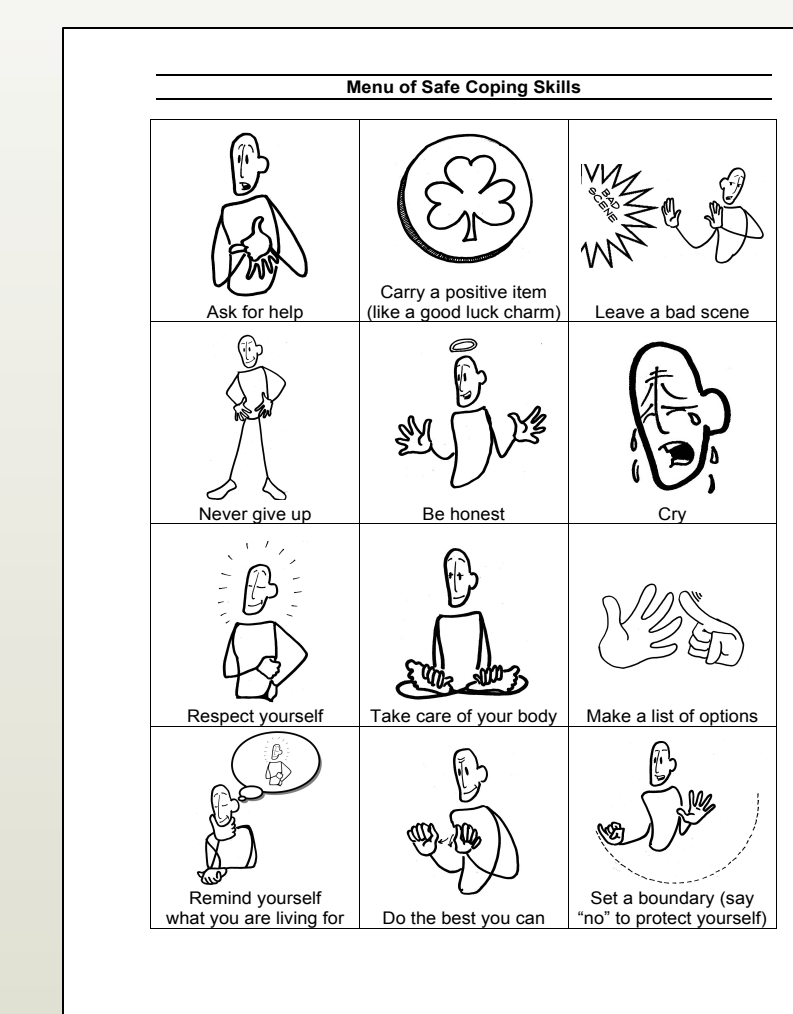
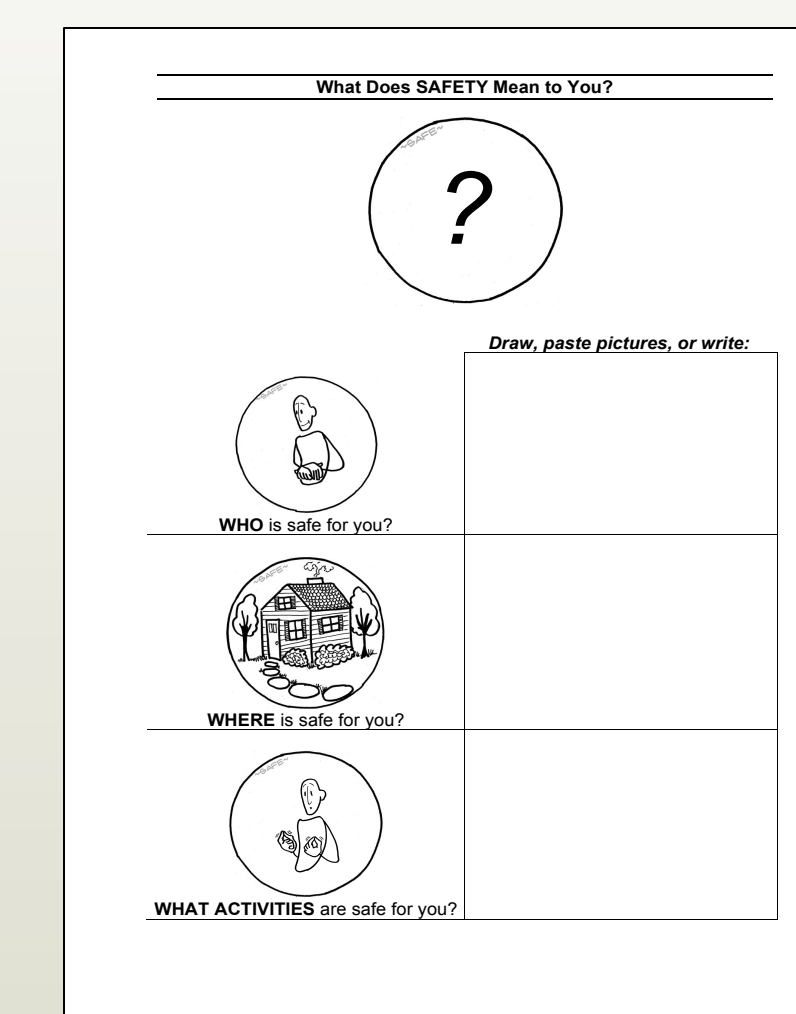
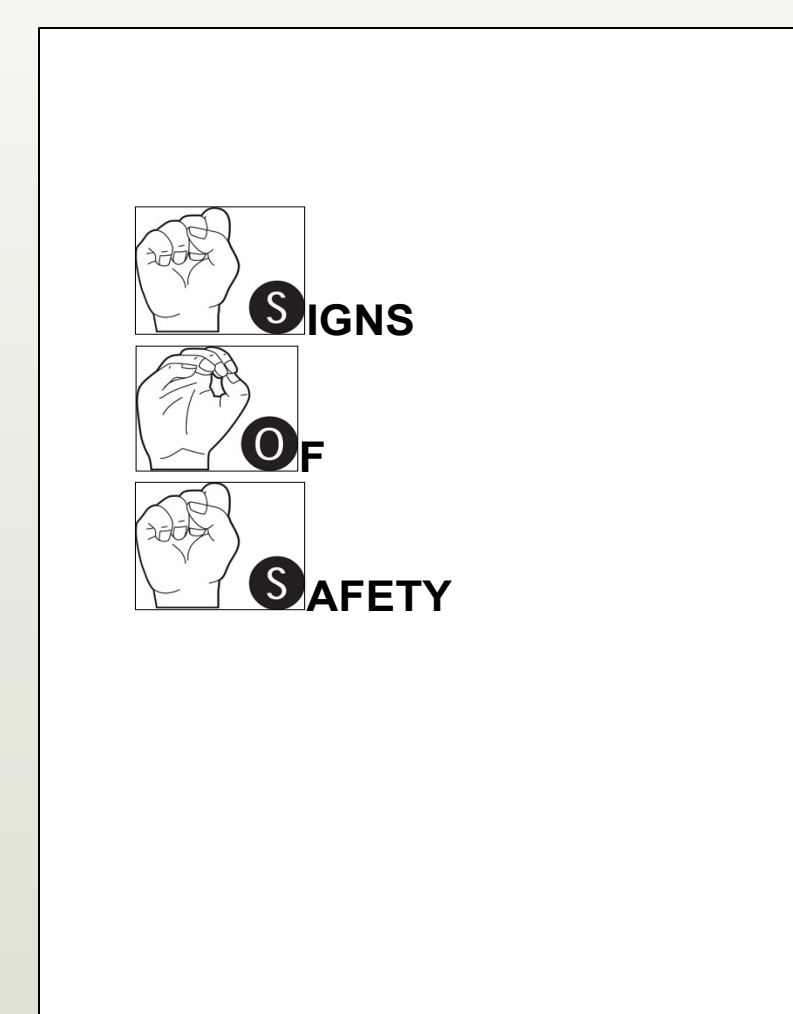
Current evidence-based trauma and addiction treatments developed for hearing populations fail to meet the needs of Deaf clients.

Seeking Safety



- Well-validated, NIDA-funded therapeutic intervention to treat people recovering from trauma and addiction
- Includes 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”)
- BARRIERS:**
 - Written English client materials
 - Not inclusive of Deaf culture, social norms, or history

Signs of Safety



- Team of Deaf and hearing researchers, clinicians, filmmakers, actors, artists, and Deaf people in recovery developed *Signs of Safety* – Deaf-accessible prototype materials to be used with *Seeking Safety*:
 - Client toolkit includes **visual handouts** and **ASL teaching stories**, which present key learning points via an “educational soap opera”
 - Therapist companion guide offers tips to adapt *Seeking Safety* for Deaf clients, including vocabulary for ASL translation and information about how the 25 topics in *Seeking Safety* interact with Deaf experience and culture
- FACILITATORS:**
 - Use of visual aids and simple English
 - Attention to gaps in health literacy
 - Reliance on storytelling and visual metaphors
 - Teaching concepts through examples
 - Use of active treatment strategies, like role playing
 - Creative uses of technology

We are currently conducting a pilot study of *Signs of Safety*, collecting data on feasibility (e.g., attendance, retention, enrollment, fidelity, assessment); participant satisfaction; and clinical outcomes (e.g., PTSD symptoms, substance use disorder symptoms).

Preliminary results show symptom reduction from baseline to follow-up and high levels of participant 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 about how to further improve *Signs of Safety* materials for a professional-quality second iteration.