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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

**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

**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

**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.**

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.

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