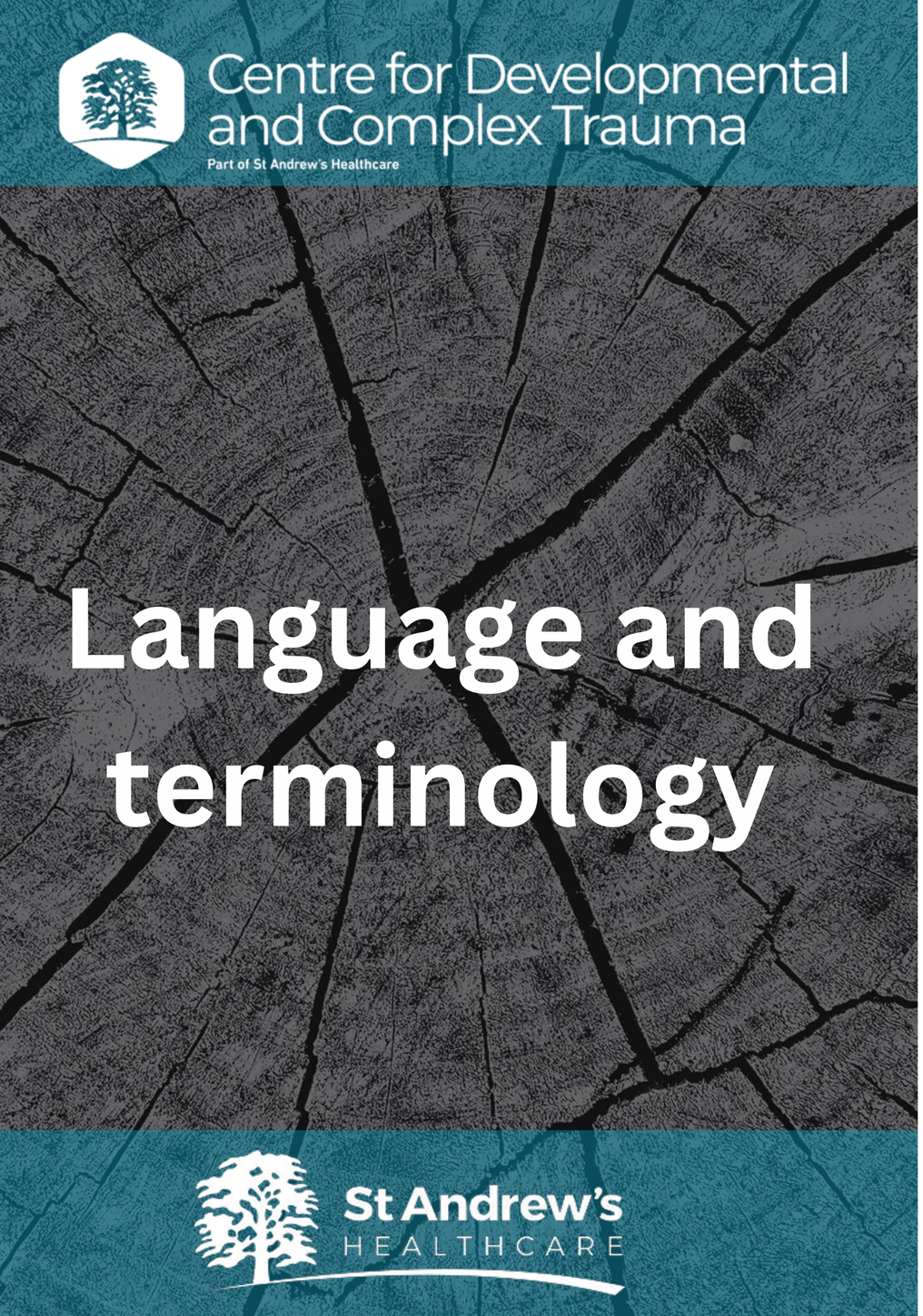
Centre for Developmental and Complex Trauma
Part of St Andrew's Healthcare

St Andrew's HEALTHCARE

THE UNIVERSITY OF BUCKINGHAM

International consensus guidance for meeting the trauma needs of deaf people

Morris D., Hamilton, A., Webb., E. L., & Baker (2024) International consensus guidance for meeting the trauma needs of deaf people, [oral presentation]. 1st International Meeting trauma needs in secure settings Conference, Centre for Developmental and Complex Trauma & Crisis, Disaster & Trauma Section of the British Psychological Society, March, United Kingdom.



- In these slides we use little ‘d’ in deaf to refer to all deaf people.

- This includes people who are culturally Deaf and those who are not.

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Background

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- Deaf people are
  - more likely to be exposed to childhood adversity than the general population
  - over represented in secure services
  - may also present with greater levels of pervasive exposure to trauma in childhood than other forensic / prison populations
- Deaf people are invisible in trauma discussions, including in secure care services (Prison and Forensic services)
- Implications for services and pathways for deaf people
  - The role of trauma in contributing to deaf people entering secure care is not understood
  - Our understanding of the trauma related treatment needs of deaf people are not well understood
  - Specialist deaf secure services need to plan around the trauma load of our service users

Why study trauma in deaf people?

Challenges	Developing solutions
1. Recognition of trauma needs	
• Trauma impact on deaf people is often overlooked • Trauma needs of deaf people are not adequately addressed, programmes typically prioritise communication and mental disorder	• Determine the frequency and consequences of unmet trauma needs among the deaf community as a whole, and, especially in secure services
2. Language to facilitate treatment	
• Limited signs in BSL to express trauma experiences, hindering communication, developing an understanding of trauma for the deaf person and facilitating healing	Compile a detailed vocabulary list essential for discussing trauma with deaf individuals. • Co-produce new British Sign Language signs
3. Evidence base and practice guidance for deaf people	
• Therapies effective for hearing populations are often not suitable for deaf people. • Current trauma practice guidance does not consider the specific needs of deaf people despite their high exposure levels.	• Create guidelines for effectively supporting and addressing the requirements of deaf individuals within different clinical settings, including secure care facilities. • Establish research & clinical development priorities to drive policy and practice

The current study

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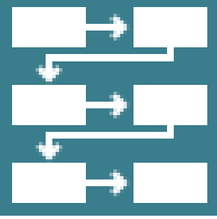
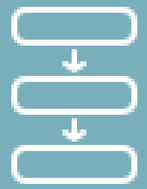


- First, in a planned series of studies, focused on improving communication, recognition and response to the trauma needs of deaf people



- Given the limited nature of evidence, a Delphi method study was used to develop recommendations for setting direction and identifying priorities for practice and development priorities

- Recruited an international group of experts in deaf mental health, drawn from deaf mental health professionals and scholars in the expert panel

International Delphi Study: Method

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Design

- A purposive sample of experts with academic or clinical knowledge of trauma in deaf populations
- Delphi design - 80% consensus cut-off Moderately or highly agree

Participants

- **Across rounds, 50% of experts were deaf**
- 42 experts at R1
- 39 experts at R2 (93.0% of R1)
- 41 experts R3 (107% of R2; increase from hearing experts)

Permissions

- Permission from StAH
- Anonymous
- Consent embedded into recruitment email

Materials

R1: 37 questions (derived from the literature, practice guidance and expert interviews)

- **Part 1**: Identifying new visual signs that may be needed for this area of practice (relevant/non-relevant and free text);
- **Part 2**: Identifying deaf specific traumas (free text);
- **Part 3**: Recommendations for assessment and treatment, and qualifications of and support for professionals (rating and free text);
- **Part 4**: Quantifying the impacts of unmet trauma needs (free text);
- **Part 5:** Establishing clinical, research and policy priorities (free-text)

R2: 27 questions developed from experts responses at R1 covering the 5 parts in R1. Items rated on 4-point Likert scales (e.g., strongly disagree - strongly agree)

R3: Round 2 survey re-presented. Percentage of experts who endorsed each recommendation (e.g., rated it as relevant for inclusion in guidance) displayed to experts at this round. Items rated on same 4-point Likert scales to confirm or amend their opinion.

Scoping the problem: What is the clinical impact of unmet trauma needs in deaf populations?

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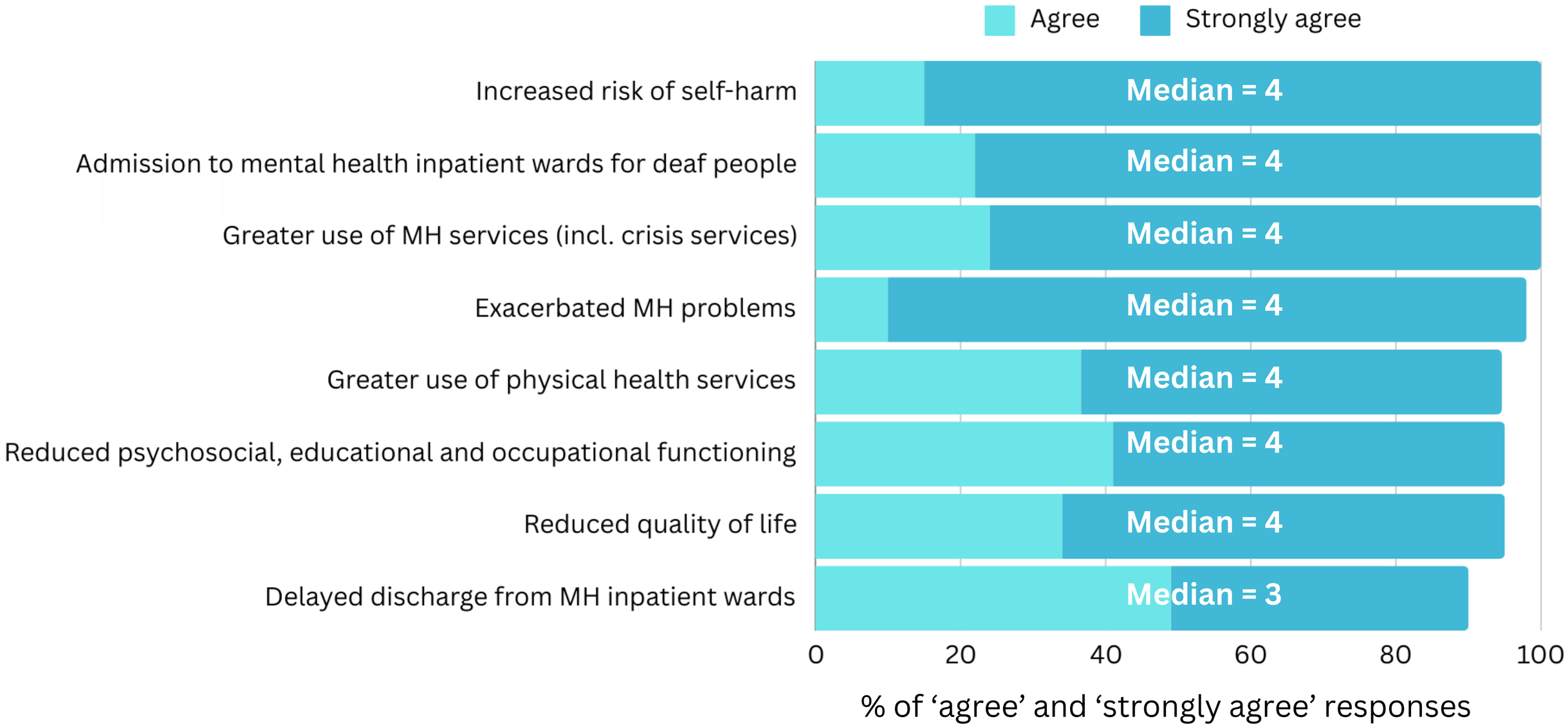

What is the social impact of unmet trauma needs

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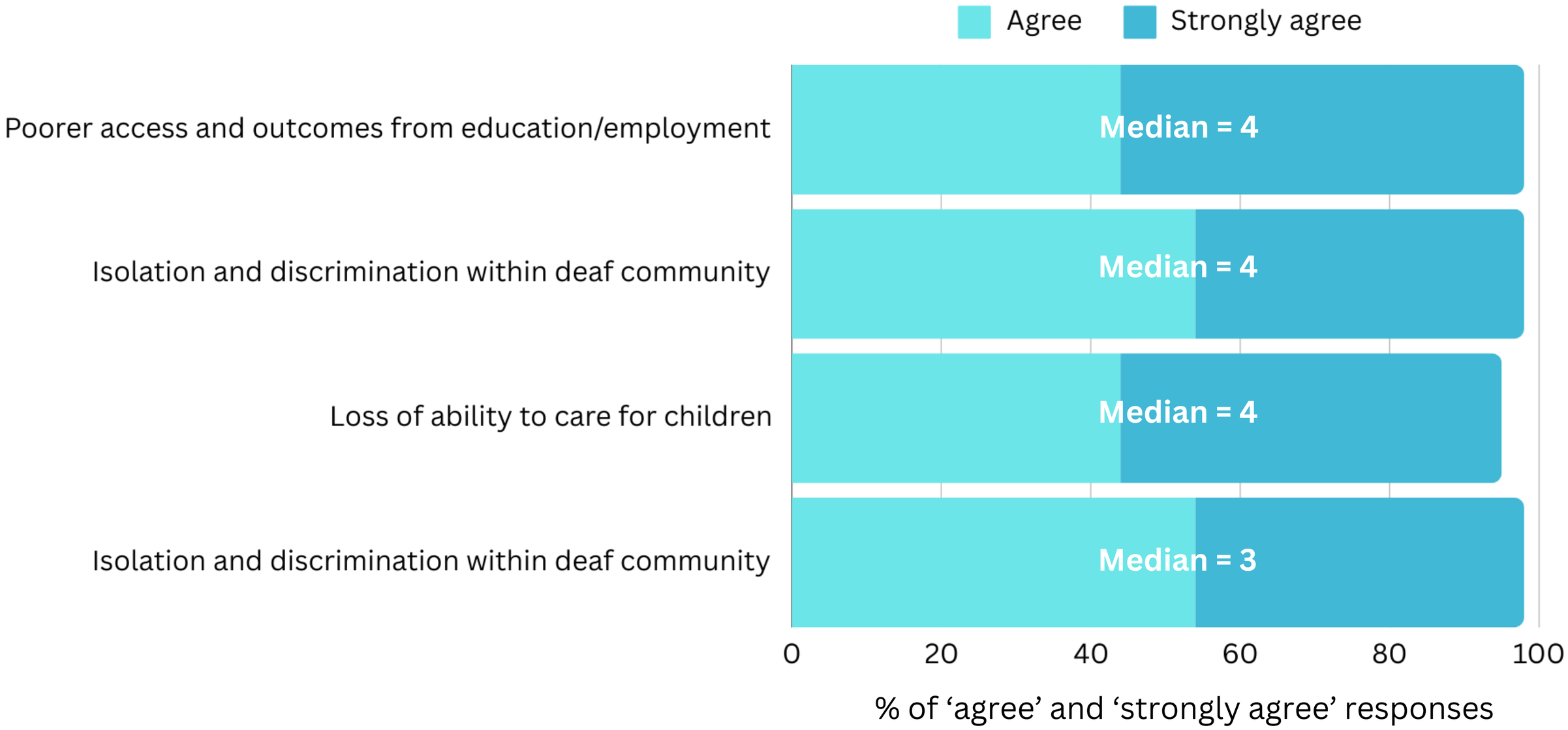
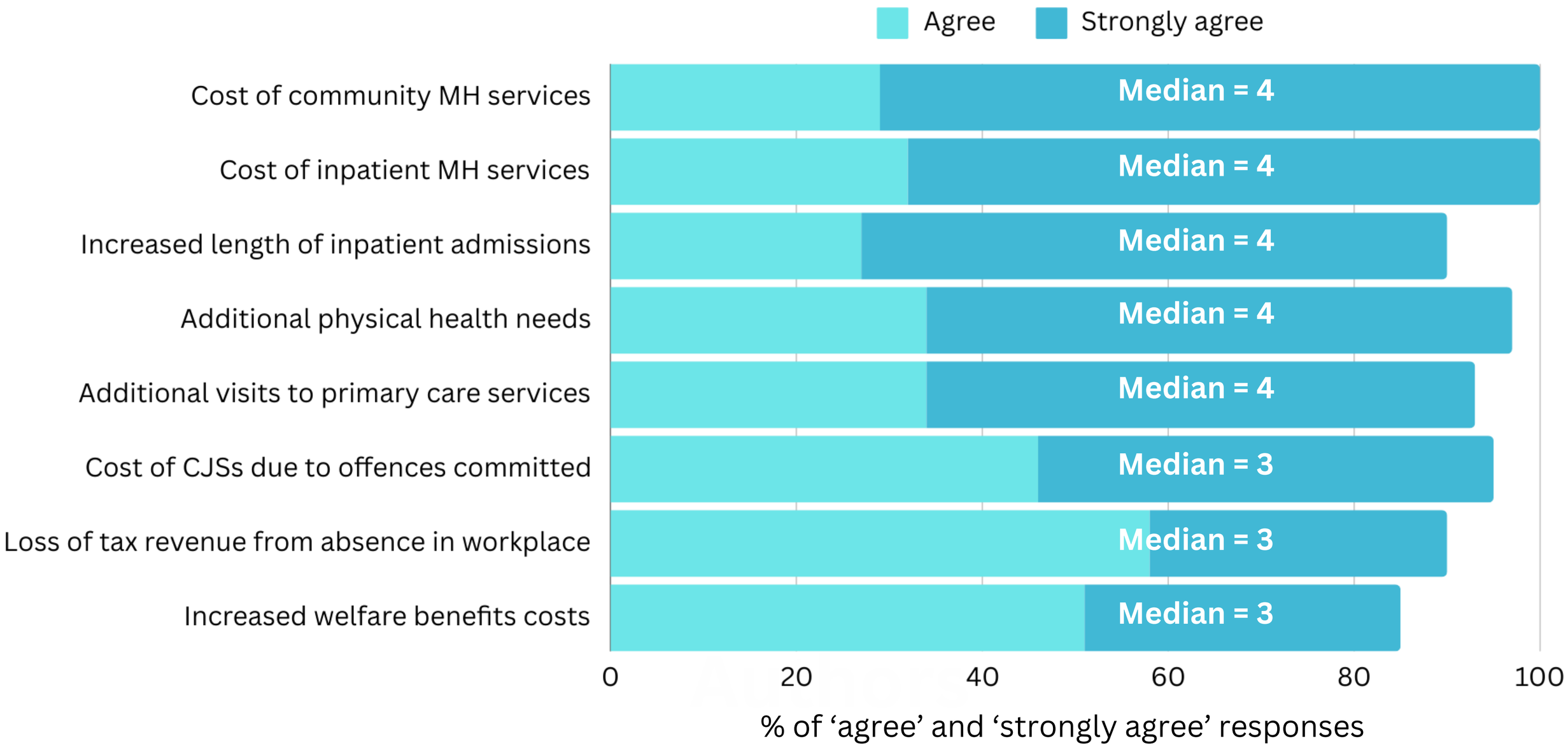
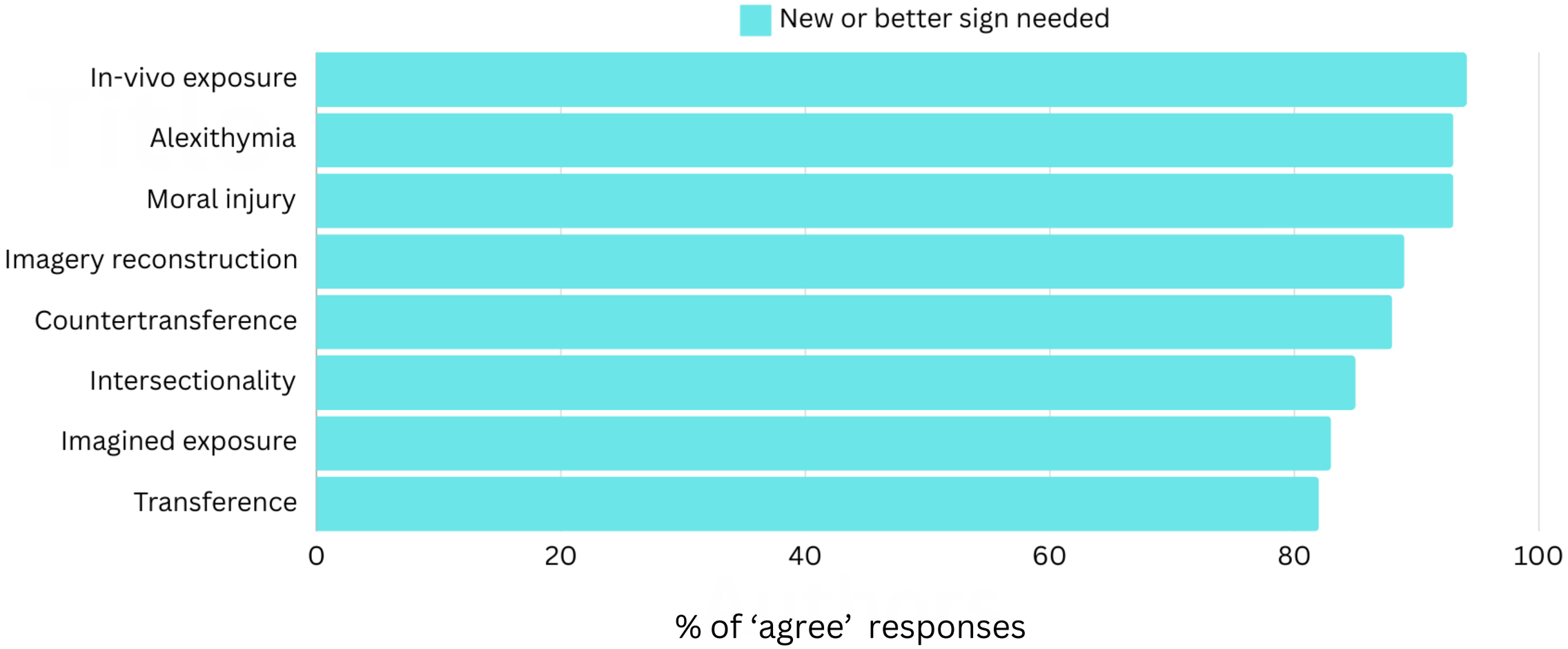


What is the economic impact of unmet trauma needs?



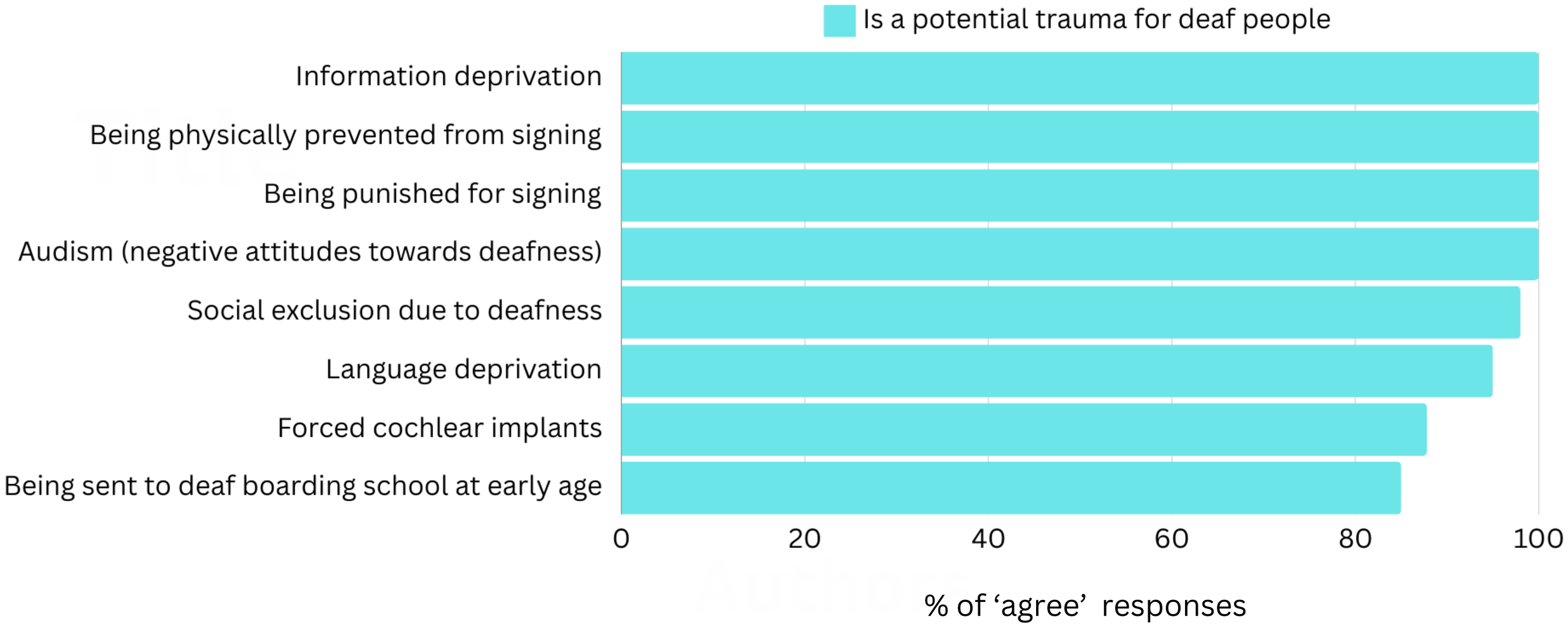
New signs identified to support communication and clinical work

- At least 80% of (BSL) experts agreed that a new sign was needed for 8 of the 75 terms presented
- Agreement consensus was not obtained on the remaining 67 items (89.3%)



What are the potentially traumatic events experienced by deaf people that need to be consdered in assessments of ned?

- Consensus was reached on 8 potentially traumatic experiences unique to deaf people:



Assessment recommendations: Assessment preparation and process

Pre-assessment phase

100% - moderately or highly relevant

- Establish the communication needs
- Provide information about the assessment process
- Give choice about use of interpreter
- Signpost support resources
- Outline and address common concerns about the assessment
- Provide information about the service

94.7% - moderately or highly relevant

- Assure the SU the assessment will be conducted matching their communication needs

Assessment process as a whole

100% - moderately or highly relevant

- Explore and address worries SU has about the assessment
- Reassure that trauma can be a treatable condition
- Prioritise establishing safety and building trust
- Conduct in line with the principles of trauma informed care
- Establish a confidentiality and the boundaries of this
- Clarity about each stage of the assessment
- Assess linguistic, cognitive and communication abilities
- Consider the social support available to the person

94.7% - moderately or highly relevant

- Uphold the persons' right to refuse the use of an interpreter and to have the assessment conducted using their preferred method of communication

Assessment recommendations: Assessing core trauma needs

Core trauma needs
100% - moderately or highly relevant • Gain basic description of key trauma incident and persons understanding of the event • Establish the presence and impact of symptoms and link with trauma incident • Ensure a shared language for key trauma terms • ***Include the use of culturally appropriate/adapted questionnaires to assess trauma*** • Assess emotional stability, cognitive abilities and motivation to engage in trauma work • Explore expectations and hopes for outcomes of therapy • Assess coping strategies • Explore preferences for type of trauma therapy • Identify previous trauma support/treatment received and their experiences
94.7% - moderately or highly relevant • Where appropriate, provide an overview of the different trauma therapies available

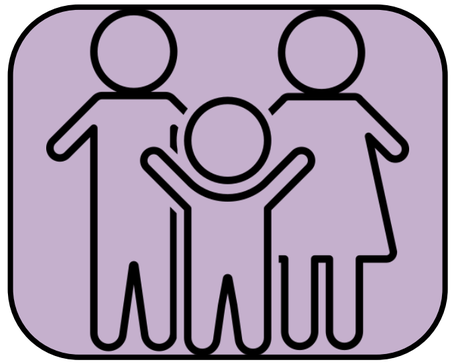
Assessment recommendations: What to consider in assessing core trauma needs

Wider mental health & psychosocial needs
100% - moderately or highly relevant Assess: • Substance use (alcohol and drugs), panic attacks, anger issues • Wider vocational needs (e.g., employment or education) • Strengths and protective factors • Access to formal and informal support and social needs • Current MH support being received • Experiences and outcomes of previous MH treatments
94.7% - moderately or highly relevant • Assess for depression, generalised and social anxiety, OCD • Explore how the person spends their day • Explore the person's skills, hobbies and interests

General guidance recommendations

Risk assessment & Management (100% agreement)

- Active risks to self (e.g., self-harm and suicide ideation)
- Other risks to self (e.g., self-neglect)
- From others (e.g., exploitation)
- Assess risks to others (harming others)



Role and inclusion of family members and carers in trauma assessment:

- With consent, offer support and guidance to family members to better support the deaf person (94.7%)
- Offer a carers assessment for the carers own needs (89.5%)
- Involve, where appropriate, family or carers in the assessment process (84.2%)

Assessment recommendations: Reporting Assessment outcomes

What should be reported (100% agreement)

- The persons', professionals', interpreters' and stakeholders' involvement in the assessment
- Describe the assessment process
- The current presentation, including trauma symptoms and wider needs
- Impact of the trauma for the person
- Whether primary current needs are trauma-focused
- The persons' ability to recognize signs of deterioration in wellbeing
- Access to and ability to seek support when needed
- Coping mechanisms and protective factors
- Additional assessments and service referrals needed
- Historical and current risks (including risk to self, to others and from others) and risk management plan
- Whether a trauma diagnosis is indicated (e.g., PTSD or CPTSD)
- Treatment recommendations and plan

How?

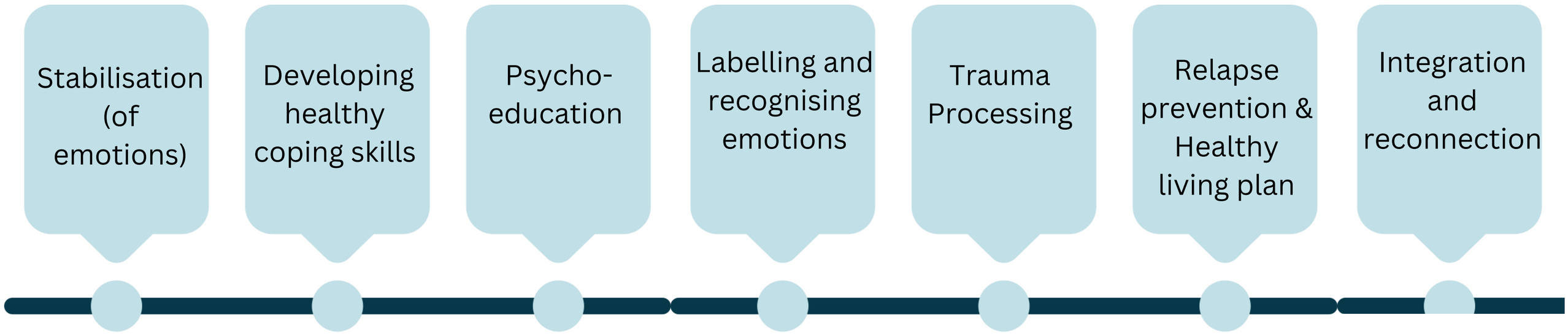
- Inclusion of a psychological formulation of trauma & wider needs
- Written with consideration of the cultural context of the SU
- ***Communicated in a mode that suits the persons' communication method***
- ***Accessible language and consideration of the potential impact on the person***

- Summary of the persons trauma history
- Whether current presentation is linked to the trauma experiences

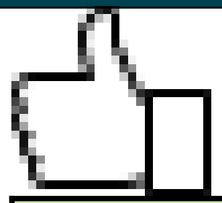
- Report clinical assessment tool outcomes
- SU 's reflections on experience of the assessment, including understanding of measures and treatment expectations

Intervention recommendations: Stages of therapy

100% agreement on moderately or highly relevent - median score of 4



Intervention recommendations: What impacts on the success of therapy



Contributes to success of therapy

- **Use of visual communication language** by therapist **/ communication matching**
- Therapy by a **competent therapist.grounded in deaf culture**
- Sense of **safety and validation** of deaf persons' experiences
- Good **access to support networks** for the deaf person
- **Checking of understanding** throughout treatment
- **Positive therapeutic relationship**
- Adoption of a **trauma informed approach** by the therapist
- Having a **psychological formulation**
- **Integrated, adapted and personalised approaches** to therapy
- **Time, space and resources** to complete the work

- **Competent interpreter** in therapy sessions

- **Availability of psychiatric medication** in addition to therapy

- **Visualising therapy**

Contributes to failure of therapy

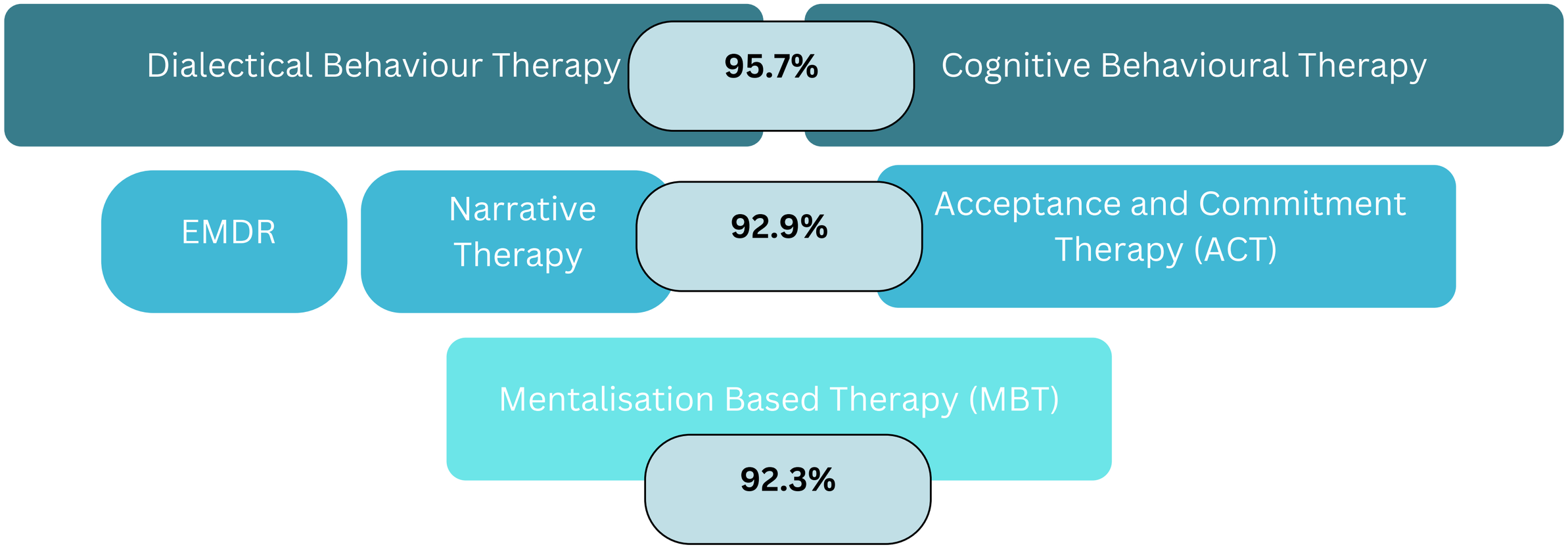
- **Inability to meet communication needs**
- **Inappropriately trained, skilled and supervised healthcare professionals**
- **Psychosocial stressors** faced by the SU(e.g., housing, financial)
- **Lack of:**
  - **trust** in services and clinicians by the deaf person
  - **appropriate therapeutic approaches** for deaf people
  - **time and resources** to provide therapy to deaf people
  - **provision of appropriate services** to provide therapy
  - **engagement with, readiness to engage or understanding** of therapy by the deaf person

- Lack of **family support/involvement**

- Lack of, or delayed **recognition of trauma needs**

- **Additional dynamics** in therapy **due to the inclusion of an interpreter** in therapeutic work

Therapeutic modalities endorsed by Experts for deaf populations



Expert consensus recommendations: Components of trauma therapy and techniques suitable for deaf people

Median rating for all was 4

*= 90% agreement (moderately / highly relevant)

Accountability Pie Charts	Behavioural Experiements	Therapeutic Surveys	Life Story Work*
Imagined Exposure*	Behavioural Exposure	Safe place Imagery *	Cognitive restructuring *
Emotional regulation*	Grounding techniques	Sensory Integration	Sleep and nightmare management*
Mindfulness*	Interpersonal Skills*	Compassion	Narrative story telling

Necessary qualifications & Support

Professional qualifications of healthcare professionals necessary to undertake trauma work with deaf people

- Training in specific therapeutic modalities (90.2%)
- Professional healthcare registration (82.9%)
- MINIMUM BSL level 6 or native sign language user

Support needed for HCPs working with deaf people with trauma needs:

97.6% agreement

- Access to regular clinical supervision
- Provision of regular debriefs, reflective practice and consultation sessions, including in sign language
- Provision of opportunities to network with others working in deaf mental health (e.g., peer support groups)
- Provision of specialist training on working with deaf people exposed to trauma

95.2%

- Supervision provided by deaf professionals and trauma practitioners

Clinical priorities for meeting trauma needs

100% - Agreement (moderate to highly agree) for clinical priorities

- Provision of trauma support in same language as the deaf person
- Access to HCPs who are culturally & linguistically competent to work with deaf people
- Establishing specialist culturally competent deaf trauma services
- Reducing suicide rates in deaf people
- Increasing understanding of and the importance of trauma within deaf communities
- Ensuring that deaf trauma services are inclusive across the age span
- Adopting a coproduction approach to service development
- Improving provision of and links between primary and specialist health services

97.5%

- Developing new or adapting existing trauma treatments for deaf people
- Ensuring prompt access to appropriate trauma assessments and treatments

Priorities for meeting trauma needs

Priorities for **research:**

(100%)

- Evaluating current trauma interventions completed with deaf people, including long term outcomes
- Exploring deaf peoples experiences of completing trauma therapies
- Understanding the impact of deaf specific traumas
- Conducting research through an intersectional lens

(97.6%)

- Understanding the holistic impact of trauma on deaf people
- Development of trauma assessment tools suitable for deaf people

(95.1%)

- Understanding the impact of working with trauma needs on HCPs and interpreters

Priorities for **policy development:**

100% agreement

- Mandating accessible communication standards in MH service documents
- Acknowledging the needs of deaf people in trauma policies and guidance
- Equality for sign language and written communication in trauma policies and guidance
- Ensuring equity in access to specialist trauma services
- Improving access to sign language training

90.2%

- Mandating the use of deaf relay interpreters

Unexpected findings ....

- **Level of engagement from deaf academics and clinicians exceeds levels of representation in the field**
  - 50% of respondents are deaf, where as deaf people represent >10% of workforce in deaf specialist services

- **High levels of inconsistency were observed regarding experts awareness of visual signs for a wide range of trauma terms.**
  - Suggests that there is a lack of standardised and communicated signs for terms key to completing trauma work, clinicians and service users develop their own (non standardised signs)

- **High degree of emphasis placed on professional qualifications and experience to ensure quality of care**
  - Result might an artefact of the population we recruited (although the sample did include unregistered support workers), however, could also reflect that deaf populations have experienced many years, in different contexts, sub standard care, often by those who are not professionally qualified.

  - Informal training in deaf mental health and trauma and lived experience of trauma and/or deafness were not considered essential

- **Non-deaf community may be surprised by lack of prominence and importance given to families in the guidance**
  - However, it is not uncommon for the families of deaf people to not be able to sign or engage in deaf culture / persons needs and high levels of removal of deaf children to boarding school at a young age.

Guidance: the next steps

- Working group on developing new trauma related BSL signs
- Focus groups with deaf people with a history of trauma exposure (integrating with Delphi findings to produce practice guidance)
- Review of specialist deaf mental health (including secure services) service specifications.
- Interim clinical advice for deaf secure mental health services
  - Circulate guidance - and give feedback to support best practice

Summary

- All experts agreed that unmet trauma needs were associated with significant, social, mental health and economic impacts for deaf people.
- New BSL signs are needed, however, lack of consensus around many suggestions for new signs and work is needed to unpack and understand this finding.
- High levels of consensus relating to deaf specific trauma experiences, including in childhood, that need to be taken into account when assessing for trauma exposure. More work is needed to understand the lived experience and contribution of these events.
- High levels of agreement between experts for guidance relating to the assessment and treatment of trauma. Whilst many recommendations mirror existing professional guidance for trauma, considerations for communication, choice and expectations for experience and expertise of therapists are in addition to current guidance focused on hearing populations.
- Experts also identified, and agreed, on the research, clinical and policy priorities, going forward.
- A comprehensive programme of clinically driven research is needed to reduce the impacts of trauma in this population and to shape government policy, going forward.

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Contact Details

Centre for Developmental and Complex Trauma
Part of St Andrew's Healthcare

cdct@stah.org

ahamilton@stah.org

www.stah.org/cdct

@CDCT_Updates