

Deaf Individuals and Access to Mental Health Care for Trauma

RS
Research
Summarized

Summary of Cawthon et al., "Trauma and the Use of Formal and Informal Resources in the Deaf Population: Perspectives From Mental Health Service Providers"¹



Mental health professionals and researchers have worked to address the lack of evidence-based, culturally relevant, and accessible approaches to mental health services for deaf individuals. One such area in mental health service provision is trauma and how deaf individuals access care. Recovery from trauma requires a holistic approach, including both clinical treatment and resources in the community. Both formal and informal resources can support the mental health treatment process.

In this article, formal resources were described as official organizations and social services like 12-step programs, therapy groups, and government assistance programs. Informal resources were described as friends, advocates, family members, and other supportive individuals from the client's personal network.

Why was this work done?

Research indicates that deaf individuals, on average, experience traumatic events and are diagnosed with trauma at a much higher rate than hearing individuals. Causes of traumatic events can be attributed to cultural, educational, and language developmental contexts, such as family, school, and community.

Although evidence reveals the protective benefits of familial, peer, and formal supports in the treatment of trauma within the general hearing population, it is not known how these resources supplement and benefit the deaf population. Additionally, there has been limited research on how these resources are used in mental health treatment of the deaf population.

How was this work done?

Researchers recruited mental health therapists and counselors who work with deaf individuals. Recruitment techniques included using a national organization's list of providers who specialize in the deaf population and using recommendations from others, also known as a "snowball sampling" technique.

After recruitment, researchers interviewed a total of 19 mental health professionals who identified as culturally deaf (8), late-deafened (1), and hearing (10). The qualitative interview data were analyzed using the grounded theory approach.

¹Cawthon, S. W., Fink, B. W., Johnson, P., Schoffstall, S., & Wendel, E. (2017). Trauma and the use of formal and informal resources in the deaf population: Perspectives from mental health service providers. *JADARA*, 51(3), 25–43. Retrieved from <https://repository.wcsu.edu/jadara/vol51/iss3/2>

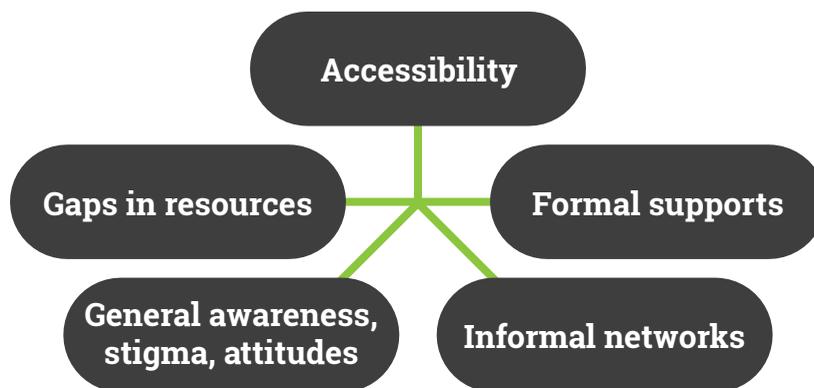


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What did researchers find?

From the qualitative interview data, five main factors emerged that affect the treatment of trauma for deaf individuals: (i) accessibility; (ii) formal supports; (iii) informal networks; (iv) general awareness, stigma, and attitudes; and (v) gaps in resources.

These five main factors interconnect. Lack of accommodations during sessions with formal mental health programs or practitioners can lead to a deaf person acknowledging and valuing informal networks in the deaf community. Also, the theme of general awareness, stigma, and attitudes was recognized as a perpetuating barrier (e.g., lack of cultural competence, diversity training) that contributes to the lack of accessibility and gaps in resources to benefit from formal mental health supports.



Budget-friendly strategies (e.g., providing interpreters for only one group) to serve multiple deaf clients at once **may increase accessibility while decreasing engagement** from deaf individuals. This is often due to confidentiality concerns when discussing private matters in front of others who are active in the same community network.

What are important next steps?

Mental health professionals who work with the deaf population must educate themselves and become aware of the complex relationships involved in trauma and the process of treating trauma for deaf individuals.

Securing safe spaces for deaf individuals to work through the trauma may include providing referrals to more linguistically competent therapists or seeking out educational resources that are accessible to deaf individuals.

For deaf individuals to engage more with formal mental health resources, a systematic approach to protect client privacy and confidentiality is necessary due to the interconnectedness of the deaf community.

Training programs for professionals and organizations providing mental health services may consider including additional diversity training to increase the accessibility and prevalence of culturally responsive practitioners.



This document was developed under a grant from the U.S. Department of Education, OSEP #HD326D160001. However, the contents do not necessarily represent the policy of the U.S. Department of Education, and you should not assume endorsement by the federal government.

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Additional resources can be found at www.nationaldeafcenter.org