

## **Access to Treatment Services for Deaf and Hard of Hearing Individuals**

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### **Introduction**

As an alcohol and drug counselor, how many times have you provided services to persons who are Deaf or hard of hearing? For most counselors, the answer would be None. A small percentage of counselors may have seen one or two Deaf clients. Many of those counselors report feeling awkward and inadequate when providing services to a Deaf person. Whether you work in a large public treatment center, a small private agency or in private practice, most of us are ill-prepared to work with Deaf clients. Information about Deaf people, their culture and their language are rarely a part of counselor training programs. Although the Americans with Disabilities Act (A.D.A.) is a federal civil rights act, which guarantees access to treatment by Deaf people, few agencies actually comply with this legal mandate. Even programs that want to

serve Deaf individuals and are attempting to make programming accessible may not know how to accomplish this feat.

### Views of Deafness

Deafness is commonly considered from two different perspectives. One perspective identifies Deafness as a disability, this is commonly referred to as the medical model. The second perspective recognizes Deaf people as a cultural group with common language, experiences and values. Both perspectives offer a unique look at the Deaf population. Each viewpoint is important when considering the provision of substance abuse services for people who are Deaf.

Deafness is considered a disability with protections under the ADA of 1990. Within the bounds of what is considered reasonable accommodations, this act guarantees people with disabilities(which includes Deaf individuals), a number of rights that are often assumed to be universal. It provides some of the same basic rights to persons with disabilities as non-disabled individuals receive, such as access to buildings, employment, housing, etc. The ADA is a federal rights act which provides the same basic civil rights to persons with disabilities as all other non-disabled individuals. Title II of the ADA requires that public programs be made accessible to persons with disabilities. Title III of the ADA requires that public accommodations be accessible to people with disabilities. The interpretation of these two sections of the ADA means that alcohol and drug treatment programs are required to provide reasonable accommodations in order to make their services accessible to persons who are Deaf. This could include a variety of accommodations such as special telephone access, signal lights that are used to visually display fire alarms, door bells and close captioning services. Under the ADA,

persons who are Deaf have the right to communication access including interpreters and modification of written materials while in treatment in the same way that a person in a wheelchair has the right to an accessible entrance.

From the cultural perspective, Deaf people who enter treatment can benefit from the same cross cultural counseling principles that are being used with African American, Latino and Native American clients. The majority of Deaf people use American Sign Language (A.S.L.) as their primary means of communication. The Deaf community has a rich history of social, cultural and linguistic features similar to other minority populations. Social norms and values shape life in the Deaf Community and therefore impact how treatment services should be delivered.

People who are Deaf or hard of hearing are referred to as having a hidden disability. The disability does not become evident until the person begins to communicate. It is assumed by the hearing community, that if a person wears a hearing aid, then all listening and hearing problems are solved. Unfortunately, this is not true. Many Deaf and hard of hearing individuals are excluded from normal conversations because others do not realize that they cannot hear even with a hearing aid. Often hearing aids amplify and at the same time can distort sound.

### Some Facts About Deaf People

A collection of facts can help the person who is unfamiliar with Deaf people begin to understand the experience of being Deaf. The following are some key factors in the life of most Deaf people in the United States today.

\*At least 90% of Deaf children are born to hearing parents;

\*Deaf people have a wide range of hearing loss that may have very different effects

on a person's ability to process sound and, thus, to understand speech.

\*Hearing aids may be beneficial for some people but do not cure the hearing loss;

\*Deaf people have varying abilities to produce intelligible speech. This is related to the degree and frequency range of the hearing loss as well as the age of onset.

\*Lipreading/ speechreading ability varies from person to person (hearing and Deaf alike) and is generally ineffective for communicating since many spoken words look alike on the lips.

\*Many Deaf people, although intelligent, do not have a good command of written English.

\*Deaf people go to school, have jobs, drive cars, fall in love, get married, pay taxes and eat at McDonalds....just like hearing people.

### Cultural aspects of the Deaf community

A Deaf person can do anything that a hearing person can do except hear! However, there are some aspects of a Deaf person's life that may be different. Deaf people have access to TV programs only if they are captioned. Otherwise, they get what you do when you turn off the sound.....not much! Deaf people have telephones but use them in a different way. The phones are called TTY's or TDD's (telecommunication devices for the Deaf) and are devices which allow a person to type their message instead of speaking. The emergence of relay services in most states, allows a Deaf person with a TTY to contact hearing people through their regular phone by using an operator to "relay" the messages back and forth. When Deaf people go to public events, like a lecture, conference or a Twelve Step meeting, they need to request a sign language interpreter. Even a visit to the doctor requires advance planning to arrange for a sign

language interpreter to ensure clear and accurate communication. Many of the daily events and encounters we take for granted as hearing people, pose communication barriers for Deaf people.

The Deaf Community is a place rich with history and culture. □The Deaf community is comprised of Deaf and hard of hearing individuals who share a common language, common experiences and common values□(Padden and Humphries, 1988). Deaf people are part of a linguistic minority whose primary language is ASL, a visual language of hand shapes, hand and body motions and facial expression.

Among Deaf people, voices are rarely used, even by people who have intelligible speech. Deaf people have methods to get one another's attention by waving, tapping on the floor or table (which produces vibrations that can be felt) or even throwing things. These behaviors substitute for our □shout across the room□. Establishing, fostering and maintaining social ties with other Deaf people is of utmost value. It is common to have friendships with Deaf people in other towns, states and throughout the country. Deaf social events tend to attract Deaf people from hundreds or even thousands of miles away. Residential schools for the Deaf found in most states, have historically been the core of Deaf education and the center of the Deaf community. These and many other factors must be considered when providing substance abuse services to Deaf clients.

The Deaf community is a small close-knit group of people who have a strong grapevine through which information about each other is shared on a national basis. This grapevine can cause unique problems when a Deaf person enters a treatment program because of the issues that may arise. The idea of confidentiality is viewed differently among Deaf and hard of hearing individuals than it is among hearing people. Deaf people may have concerns about

confidentiality or may know other patients or staff at the program. Hearing people do not typically encounter this type of situation since there are so many more treatment options.

### Communicating with Deaf People

Many times Deaf people are put in situations where they are forced to communicate by writing back and forth. Some Deaf people may inappropriately undergo a chemical dependency assessment through this method. For most Deaf people, when communicating with a hearing person who is not fluent in ASL, the use of a sign language interpreter is the only method of accurate and reliable communication.

When communicating with most Deaf individuals, the use of lip reading alone is not adequate because of the large number of words that look alike on the lips. In tests, using simple sentences, Deaf people recognize perhaps three or four words in every sample. The majority of information that is conveyed in a conversation, is not understood, since only 20% of all speech is visible on the lips (Jeffers and Barley, 1971). Deaf individuals are faced with this frustration daily. Lipreading alone is not a feasible communication option for the majority of Deaf individuals!

It is important to remember that not all Deaf persons use the same mode of communication. You should always ask the Deaf person how he/she prefers to communicate. Sign language or oral interpreters are trained professionals who provide the necessary communication link between hearing people and Deaf or hard of hearing individuals. Interpreters facilitate communication for both parties involved with the conversation.

Interpreters are not simply individuals who know sign language. They are professionals who generally receive training from an interpreter training program and are certified by the

National Registry of Interpreters for the Deaf or other accrediting agencies. A "signer" is generally someone who has taken sign language classes. A "signer" may only have skills to communicate at a basic level and should not be thought of as an "interpreter". A family member who has attended sign language classes, but is not a certified interpreter is considered a "signer" and should not be used to interpret for a Deaf family member. Sign language interpreters change the signed message into spoken English for the hearing consumer. They also use sign language to relay the spoken message for the consumer who is Deaf or hard of hearing. Oral interpreters work with consumers who are Deaf or hard of hearing and rely solely on speechreading for communication. Oral interpreter enunciates, repeats and/or rephrases a speaker's remarks using natural lip movements and gestures. They carefully choose words that are more visible on the lips. Tactile interpreters use touch to communicate with Deaf or hard of hearing individuals who have a significant visual impairment.

When working with an interpreter, always ensure that the environment is conducive to visual communication, by making sure that the lighting is optimal and visual distractions are minimized. A neutral or dark background behind the interpreter is often a preferable setting. If you are meeting with a Deaf person in a room where there is poor lighting, it will be more difficult for you to ensure accessible and accurate communication. It is important to have the Deaf person's attention before speaking. To get a Deaf or hard of hearing person's attention, it is appropriate to tap on the shoulder or wave gently. Make sure to look directly at the Deaf person while speaking even though the natural tendency may be to look at the interpreter. Eye contact is important when communicating with Deaf people. Be aware that if you look away, it may be distracting for the Deaf person.

During conversation, treat the Deaf person with the same courtesy that you would to a hearing person. Do not place anything in your mouth while speaking to a Deaf person, and avoid covering your mouth with your hand or with papers. Enunciate each word clearly, but do not exaggerate or over-pronounce words. If asked repeatedly for clarification, it is best to rephrase a thought rather than repeating the same words. Use "check-back" strategies to ensure that both parties understand each other clearly. Remember, the presence of an interpreter does not guarantee clear communication. Make sure that your messages are being relayed accurately.

The interpreter and the counselor should sit next to each other so the Deaf person can see both of you. Speak directly to the Deaf person rather than saying "Ask him how he feels?" or "Tell her to explain again." Speak at a reasonable pace as the interpreter's signing usually lags about four seconds behind your speech. The interpreter will interpret everything that you say. If you do not want something interpreted, do not say it. Allow time for questions from the Deaf person and for the interpreter to finish signing your message and / or voicing the Deaf person's message. Most important of all, do not ask the interpreter for opinions.

Interpreters are bound by a code of ethics, which is similar to counselors and other professionals. They abide by standards of confidentiality and operate within the parameters of their training and skills. In the substance abuse setting, it is preferable to retain an interpreter who has some knowledge of the language and principles in the field of addictions. Keep in mind, that the presence of an interpreter, even a highly qualified, competent and ethical professional results in a change in the assessment or counseling session. The presence of a third person, even in the capacity of an interpreter changes the dynamics of the session. Be willing to talk about this as you would any other counseling issue.



Many agencies are not aware of how to secure an interpreter to facilitate their work with Deaf or hard of hearing clients. Most states have an agency that is responsible for the provision of information and services about Deaf and hard of hearing persons. Vocational Rehabilitation Services or State Commissions for the Deaf may be able to direct you to interpreter referral services. Interpreter fees vary and depend on the level of skill or experience of the individual interpreter.

Interpreters are used in some Alcoholics Anonymous (A.A.) and other twelve step meetings. Some "closed twelve step meetings" have been resistant to the idea of an interpreter because he/she may not be a recovering person. The biggest barrier when providing interpreters for Twelve Step meetings is the cost. Typically, these meetings have not taken monetary contributions from the outside. There is also the challenge of finding financial resources to pay for interpreters. At times, volunteer interpreters have been used to make AA meetings accessible. While this is sometimes a viable solution, quality control may be compromised in this arrangement. Also many interpreters cannot afford donating their professional services on an ongoing basis.

### Conclusion

Providing treatment and recovery options for persons who are Deaf or hard of hearing requires counselors to identify and remove attitudinal barriers and gain knowledge about their unique treatment needs. Counselors and agencies can enhance their ability to provide substance abuse services to this population by understanding hearing loss from different perspectives and recognizing the barriers to effective service. In closing, service providers are encouraged to become knowledgeable about resources for Deaf persons in their community or state. The

following national resources may also be of help.

## References

- Jeffers, J and Barley, M. (1971). *"Speechreading(lipreading)."* Springfield, Illinois: Charles C. Thomas.
- Moore, D. (Consensus Panel Chair). (1998). *Substance Use Disorder Treatment for People With Physical and Cognitive Disabilities, Treatment Improvement Protocol(TIP) Series #29,* U.S. Department of Health and Human Services(DHHS), Public Health Service, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment. DHHS Publication No. (SMA) 98-3249.
- Padden, C. A., and Humphries, T. (1988). *Deaf in America: Voices from a Culture.* Cambridge, MA: Harvard University Press.

## Resources

**National Association on Alcohol, Drugs and Disability, Inc.**  
**2165 Bunker Hill Drive**  
**San Mateo, CA 94402-3801**  
**(650) 578-8047 V/TTY**  
**e-mail: [www.naadd.org](http://www.naadd.org)**

**Minnesota Chemical Dependency Program for Deaf and Hard of Hearing Individuals**  
**2450 Riverside Avenue**  
**Minneapolis, MN 55454**  
**(612) 273-4402 V; (612) 273-4114 (TTY); 800-282-3323 V/TTY**  
**e-mail: [Deafhoh1@fairview.org](mailto:Deafhoh1@fairview.org)**  
**Home page <http://www.MNCDDEAF.ORG>**

**DeafSource (Internet Resource)**  
**<http://home.earthlink.net/~drblood>**

**National Information Center on Deafness**  
**Gallaudet University**  
**800 Florida Avenue NW**  
**Washington, DC 20002**  
**(202) 651-5051 (V/TTY)**

