

Substance Abuse and the Deaf/HH Community

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Communication barriers. Isolation. Unemployment. Inadequate support from family and friends. Inaccessible meetings and events. Insufficient services. Frustrating, isn't it? These are examples of what many deaf and hard of hearing people may experience in their lives. Unfortunately, deaf and hard of hearing people are at risk for many things and alcohol and drug addiction is one of them.

The deaf and hard of hearing community is at a greater risk for alcohol and drug abuse than the general population. Consider Paul, who is deaf and a drug addict. He does not get support from his family or friends and he has trouble communicating with his co-workers, because they do not know sign language. He experiences great frustration and quits his job. All he wants is to be accepted by his family and have a job where he is not frustrated. Paul sees a group of people using marijuana and is invited to join them. He feels accepted by the group and eventually becomes addicted to marijuana. Getting high on pot helps him forget about his problems with his family and job. Paul is caught by the police for drinking and driving and he is charged with a D.U.I. (Drinking Under the Influence) and possession of marijuana. The judge orders him to go to substance abuse treatment.

Where can Paul go for substance abuse treatment? There are few specialized or accessible treatment programs in the United States where deaf and hard of hearing drug addicts can go to get help. Although it is required by law under the Americans with Disabilities Act (A.D.A.), many substance abuse treatment programs do not have a budget to pay for accommodations that make substance abuse treatment accessible for deaf and hard of hearing persons, such as sign language interpreters. Some mainstreamed substance abuse treatment programs claim to be accessible, but only provide a few hours of interpreting services per day.

During treatment, the majority of the therapeutic benefit comes from being involved with the counselor on a 1:1 basis, with peers in group and the interactions that occur during non-structured periods of the day. Without the availability of communication during all waking hours, a deaf person does not benefit from substance abuse treatment in the same way and to the same extent as their hearing peers.

If Paul goes to substance abuse treatment he wonders if the counselor will know sign language. Will an interpreter be present for the session? If an interpreter is not present, will the counselor try to write back and forth or assume Paul can lipread everything that is said? Paul knows that if there isn't an interpreter and the counselor can't sign that he will not understand the questions being asked and the counselor will not understand him. Will the counselor understand Paul's frustration with his family and work? Will there be a TTY available so Paul can make phone calls? Will the T.V. have

closed captioning so Paul can watch TV and videotapes while in treatment? Will there be an interpreter at the program for lectures and group sessions?

Paul decides he needs to go to a program that serves deaf and hard of hearing persons, but there is not a program like this available near his home. He has to pay for his own transportation – bus, train or plane to get to the substance abuse treatment program. After struggling to get his health insurance to pay for treatment out of state, Paul goes to a specialized substance abuse treatment program that serves deaf and hard of hearing people.

Upon arriving at the Minnesota Chemical Dependency Program for Deaf and Hard of Hearing Individuals in Minneapolis, Minnesota, Paul realizes he made the right choice. The counselors at the program use sign language and understand Paul's struggles and his addiction. Treatment approaches are modified to respect the linguistic and cultural needs of those in treatment. For example, Paul is encouraged to use drawing, role-play and communication in sign language as opposed to only written work to complete Twelve Step assignments. Written materials used in the Program are modified and video materials are presented with sign, voice and captions. Paul works with other deaf and hard of hearing clients on various projects and finds it is easier to communicate with them than if he was mainstreamed with hearing clients with limited communication access. He learns about the Twelve Steps and receives assignments that help him understand them better. The counselors use ASL to give lectures and Paul understands the work that is given to him. Paul also participates in individual and group counseling with other deaf and hard of hearing clients and benefits because there are no communication barriers. Paul watches videos on the TV with closed captions. Paul can talk to a counselor any time because the counselor is fluent in ASL and he does not need to schedule an interpreter. While he is in treatment, Paul attends frequent Alcoholic Anonymous (A.A.) meetings. Some of the A.A. meetings have only deaf and hard of hearing people attending while other meetings have an interpreter provided.

Paul stayed in treatment for 28 days and is motivated to stop using alcohol and drugs. As Paul is getting ready to leave treatment, he realizes how little he knew about substance abuse and addiction before he came to treatment. Because he experienced a treatment program that met his needs, he has a better understanding about substance abuse and addiction. Paul wished there had been more education about drugs and alcohol when he was in school. Many deaf and hard of hearing school children miss out on information related to the seriousness of drug and alcohol use.

When Paul is finished with treatment, he needs support in his recovery and learns that Alcoholic Anonymous (A.A.) meetings are held around the world for people who are in recovery. He knows that he needs to attend A.A. meetings, but since A.A. is a voluntary organization A.A. is not funded to provide an interpreter for the meetings. Paul wonders who will pay for him to have an interpreter at the A.A. meeting. Paul also wonders if there are A.A. meetings with deaf and hard of hearing members that are done totally in sign language. Paul has heard that it is difficult to find A.A. meetings that are run by and for deaf and hard of hearing members especially in small cities and towns. Paul

also learns that in order to help him stay sober, he will need to attend aftercare sessions with a counselor or a social worker knowledgeable about substance abuse when he arrives home. Will this counselor sign? Will this counselor be familiar with deaf culture and related issues? Will Paul need to "educate" the counselor about obtaining interpreter services? Life for recovering deaf and hard of hearing drug addicts is not easy.

How can we advocate for deaf and hard of hearing people who are addicted to alcohol and drugs who are in recovery? In order for deaf and hard of hearing individuals to have a reasonable chance of being successful in a recovery program, a number of things must occur: 1.) accessible Twelve Step groups; 2.) support from family and friends, and 3.) employment. Generally, information about drugs and alcohol in relation to deaf and hard of hearing persons is scarce. Prevention and education services should be provided to deaf and hard of hearing persons of all ages. Services for outpatient, inpatient and aftercare should be accessible. Training about specialized treatment considerations should be offered to professionals working in the field of chemical dependency. There is a need for interpreter training programs to offer specialized training in the area of chemical dependency. Additional research is needed in the area of chemical dependency and the prevalence within the deaf and hard of hearing community. Vocational counselors need to be aware about chemical dependency issues and treatment programs to better serve their deaf and hard of hearing clients.

For persons who are deaf or hard of hearing, the principles of addiction are the same as they are for hearing people, yet these individuals are currently unable to fully access the resources available to hearing individuals. Deaf and hard of hearing individuals are at a severe disadvantage in receiving and realizing long-term benefits from treatment for substance abuse, since treatment efforts are typically not focused on culturally specific information. Ideally, individuals who successfully complete an alcohol/drug treatment program should be able to return to the environment that they lived in prior to entering a treatment program. However, that environment must include a sober living option, family/friend support, professionals trained to work with clients on aftercare issues and accessible Twelve Step/AA meetings. This kind of environment is unavailable for the majority of deaf and hard of hearing individuals. Professionals and the recovering community need to work together on a state, regional and national basis to make sure that accessible services are being provided for deaf and hard of hearing individuals.

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Gallaudet University in Washington DC.

Debra Guthmann, Ed.D is the Director of Pupil Personnel Services at the California School for the Deaf, Fremont where she oversees all clinical services. In addition, Dr. Guthmann is involved with a grant that was received by the Minnesota Chemical Dependency Program for Deaf and Hard of Hearing Individuals(MCDPDHHI) from the state of Minnesota and focuses on treatment and aftercare. From 1989-1995, Debra was the Program Director for the MCDPDHHI, which is one of the first inpatient programs for Deaf and Hard of Hearing Individuals in the country. Dr. Guthmann has given over 100 national and international presentations and authored a number of articles and book chapters focusing on chemical dependency, mental health and ethics as they relate to Deaf and Hard of Hearing individuals. Dr. Guthmann is the President for the National Association on Alcohol, Drugs and Disability (NAADD) and the Past President and current Treasurer of the American Deafness and Rehabilitation Association (ADARA).

Resources

If you want to read articles and get additional information on the subject of substance abuse related to the Deaf and hard of hearing community, go to the following web site: www.mncddeaf.org. You may also contact the Program at 800-282-3323 V/TTY.

Minnesota Chemical Dependency Program for Deaf and Hard of Hearing Individuals. (1994). Clinical Approaches: A Model for Treating Chemically Dependent Deaf and Hard of Hearing Individuals. Fairview Recovery Services, Minneapolis, MN.

Minnesota Chemical Dependency Program for Deaf and Hard of Hearing Individuals. Relapse Prevention Guide (1994). Fairview Recovery Services, Minneapolis, MN.

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