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Mentorship in Sobriety: An Alternative to Twelve Step Support for Deaf People

Ron Lybarger & Katherine A. Sandberg

Abstract

For individuals seeking recovery from alcohol and other drug addiction/dependence, the most common source of support is Twelve Step programs. Some people who experience problems as the result of alcohol or other drug use seek help directly from these programs. Others turn to Twelve Step programs as a source of ongoing support after having completed chemical dependency treatment. For years, deaf recovering people, like their hearing counterparts have been referred to Twelve Step meetings. Frequently, Twelve Step meetings, related literature, and sponsorship are not accessible to Deaf individuals pursuing recovery. The authors suggest there may be alternatives to traditional Twelve Step groups that would provide Deaf recovering people with fellowship, information, and support. This paper proposes an alternative model of support for deaf people using mentors who are members of the Deaf community.

Background Information

Twelve Step programs such as Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) have effectively helped millions of individuals establish and maintain lifestyles that are free of the use of mood altering chemicals. Many addicts who were once hopeless have been given a new life as a result of the information and ongoing support offered by these fellowships. Twelve Step programs operate on the premise that addicts cannot control their use of alcohol or other mood altering drugs, and they are unable to stop using on their own. The Twelve Steps teach that the addict needs the help and support of other recovering people to maintain sobriety. Two of the main components of Twelve Step recovery programs are regular attendance at meetings and frequent contact with a sponsor. These two activities are the foundation of ongoing support for many recovering people.

Regular attendance at meetings allows individuals to maintain their sobriety through sharing common experiences with others who suffer from the same problem. The only requirement for membership in AA or other Twelve Step groups is a desire to stop using alcohol or other drugs. Although meetings have many different formats, the general concept is to offer the participant support while educating them as to how to apply effectively the principles of the program to their individual lives. Open

meetings can be attended by anyone who has an interest. Open meetings usually involve talks by a facilitator and two or three speakers who share their experiences of addiction and recovery. Closed meetings are designed to include only the recovering alcoholic or addict and typically involve a small group discussion format.

Alcoholics and drug addicts seeking support from Twelve Step meetings are encouraged to get a sponsor. A sponsor, an individual with experience in recovery, serves as a mentor and tutor to the less experienced person. The sponsor relationship is one that is meant to be continuous and occurs on a one-to-one basis. The newly recovering person seeks out an experienced group member with whom he/she feels comfortable to talk freely and confidentially. The relationship is designed to strengthen the sobriety of both individuals. Although sponsorship responsibility is unwritten and informal, it is viewed as an essential component of recovery through the Twelve Steps.

Just as the sponsor arrangement is informal, so is the process of matching sponsor and newcomer. Often, the new member will seek out an experienced member with whom he/she feels comfortable and asks that person to be his/her sponsor. A sponsor can help the new member to meet other recovering people.

Though this paradigm of recovery has been largely successful for groups of individuals who share a common culture and language, it can be very difficult to access for those who are culturally or linguistically different. For example, consider the case of a Deaf person who does not have available interpreting services to regularly attend meetings and who may not be able to find a sponsor who is deaf or even one who is hearing and fluent in sign language. Deaf people in this situation are, in effect, cut off from the opportunity to access Twelve Step groups as a source of support in recovery.

Twelve Step groups are a well-established resource for many recovering individuals and should be utilized whenever possible. In the author's combined experience, which includes nearly 20 years of providing chemical dependency services to deaf individuals, we have consistently found that culturally and linguistically accessible Twelve Step meetings are frequently nonexistent for deaf people seeking recovery from addiction. Even when sign language interpreters are provided for Twelve Step meetings, many deaf people feel cut off culturally from hearing members of the Twelve Step group.

Many chemical dependency treatment programs rely on the principles of Twelve Step programs for their therapeutic orientation, and frequently they emphasize attending Twelve Step meetings and finding a sponsor as a part of aftercare. It is common for the overt message offered by many programs to be that ongoing sobriety is unlikely or impossible if Twelve Step attendance and sponsorship is not a part of the individual's aftercare plans.

Research supports the importance of Twelve Step participation. In a recent issue of NIDA Notes (a publication of the National Institute on Drug Abuse), Robert Mathias (1999) reported on a study conducted by Dr. Robert Fiorentine showing that patients who attend Twelve Step meetings regularly before entering treatment stayed in treatment longer and were more likely to complete treatment. Further, the study's findings suggest that Twelve Step programs can serve as a useful and inexpensive aftercare resource that can assist patients in maintaining abstinence.

In a study conducted with former clients of the Minnesota Chemical Dependency Program for Deaf and Hard of Hearing Individuals, Guthmann (1996) found attendance at AA/NA meetings was a factor in overall improvement in the person's life.

Although participation in Twelve Step meetings has been documented to be effective, it is not the only way to obtain social support in the pursuit of recovery. In a recent study, Beattie and Longabaugh (1999) examined the role of general versus specific social support in those attempting to remain abstinent from alcohol use following treatment. They found that both alcohol specific and general social support improved outcomes. Alcohol specific support was superior to general support in short-term outcomes, but both forms of support were beneficial in determining long-term abstinence. These authors recommended that treatment programs should attend to building both general and alcohol specific support systems as a part of the treatment and aftercare process.

Accessibility Issues

In the case of the deaf individual who does not have access to meetings or potential sponsors, the message is often clear. The road to recovery is blocked by the lack of accessibility. We suggest that this problem is one of the main barriers to ongoing recovery for deaf alcoholics and drug addicts. In her book, *Deaf and sober: Journeys through recovery*, Betty Miller (1998) emphasized the problem of a lack of role models within the Deaf recovering community. Miller also

commented that some recovering deaf people find support for their recovery in their involvement in various activities of the Deaf community.

In many communities, a solution that has been attempted has involved trying to provide interpreters for several meetings a week, thus creating an opportunity for deaf recovering people to access Twelve Step meetings. Sometimes, this issue is addressed by securing funding for interpreters from state alcohol and drug agencies. Other times, large Twelve Step meetings generate sufficient funding by "passing the hat" thereby financially supporting accessibility from among those (deaf and hearing) who attend the meeting. Occasionally, vocational rehabilitation or other agencies handle the cost of an interpreter so that a client can attend the meeting thus allowing other deaf people to access the meeting, too. Funding for interpreters is not the only issue related to accessibility. Even when funding is available, sign language interpreters who are qualified to interpret in these settings are frequently difficult to find. Though an interpreter may be fully trained and certified, he or she may be not qualified to interpret in a Twelve Step setting if he or she is not familiar with the terminology and concepts of addiction.

We believe the solution to this problem may lie within the Deaf community. It is our opinion that the Deaf community has been a tremendously underused resource in the recovery of alcoholics and drug addicts who themselves are Deaf. We propose establishing a mentorship program within the Deaf community in which non-recovering Deaf role-models would receive training and support to help them co-facilitate ongoing recovery for Deaf addicts.

Given the lack of access to traditional avenues of support for many Deaf individuals and the importance of support for ongoing recovery, perhaps it is time to explore other solutions. Social support in the form of mentorship is suggested as an alternative to Twelve Step involvement in situations where deaf individuals find themselves excluded from currently established paradigms of recovery or when they would prefer an option to available recovery related resources. Mentorship may also serve as an adjunct to support gained through traditional Twelve Step programs.

Community Partnerships

Rendon (1992) pointed to the fact that the problem of alcohol and substance abuse in the deaf community is a reality. She suggests that the culture (of deaf people) often provides a shelter and a barrier to recovery by facilitating isolation and denial. However, as information and education has come into the community, the situation is improving. Rendon emphasized that "this breaking down of the isolation and denial barriers requires continued efforts on behalf of a community already stretched to its limits. The deaf alcohol or drug-addicted individuals can achieve recovery only when advocacy promoting and achieving accessibility is the reality and not the rarity...."

The concept of this approach to post-treatment support would involve a partnership between the professional community and the Deaf community. Professionals in the field of chemical dependency and deafness would reach out to the Deaf community and request assistance in the process of supporting those who are attempting to maintain sobriety and pursue recovery. The professionals would offer education about addiction, training related to the needs of newly recovering individuals, as well as information and skills development necessary to provide ongoing support to recovering addicts. Simultaneously, this interaction would offer the Deaf community a more active role in treatment issues specific to Deaf individuals. Professionals would benefit from the opportunity to tap into the vast resources available within the Deaf community.

The Deaf mentor would function as a guide, support, and role model for the recovering alcoholic or drug addict in a similar fashion as a sponsor might if one were available and accessible. The role of the sponsor in a Twelve Step group involves sharing experience, strength, and hope with sponsees. Deaf mentors could also share experience, strength, and hope although it might not include shared experience with addiction. Mentor candidates would be expected to meet certain criteria that include such things as stable mental health, good boundaries, appropriate coping skills, fluency in communication, ability to make the necessary time commitment and the willingness to learn about and work with recovering addicts.

One of the things that greatly contributes to the success of Twelve Step programs is the fact that the sponsor and the sponsee have their addiction in common. Under usual circumstances, this approach is preferred because it addresses one of the hallmarks of

addiction, the feeling of being unique or alone. Again, we remind the reader that the circumstances with persons who are deaf often involve individuals who are excluded from the opportunity to participate in mainstream recovery groups as a result of linguistic and cultural barriers. Furthermore, deaf people have no control over these situations, and as indicated before, attempts to remove these obstacles have often been ineffective.

Though a Deaf mentors may not share the common experience of addiction and recovery from addiction with their mentoree, they could communicate effectively and could relate on the basis of the cultural needs of the recovering individual. Deaf mentors would be in a unique position to understand the needs of the mentoree in a way that no hearing person could. In addition, Deaf mentors would be able to share their skills and abilities with regard to handling the problems of daily living, such as relationships, work issues, family matters, economic concerns and dealing with stress. Though these issues are not specifically related to drug addiction or alcoholism, they are often the unresolved problems that lead addicts back to drinking or drug use. With the professional community and the Deaf community working together in partnership, the road to recovery could be opened to many more Deaf alcoholics and addicts who so desperately want to find their way into recovery.

Though in theory this approach seems to hold much promise for improving the recovery environment for Deaf people, it remains largely untested. For example, the success of the project depends on the ability to recruit members of the Deaf Community who are willing and able to participate. Until recruiting is attempted, the problems with getting appropriate volunteers is not known. Another example is related to the training of mentors. Until mentors have actually been trained and put their training into practice, the adequacy of the training curriculum will not be known. The effectiveness of this mentorship idea can be better measured only when communities try it and see if it results in the anticipated benefits.

Recommendations

The creation of a training curriculum would be an essential component for preparing mentors for this project. Following are some of the concepts to be included. Training for mentors would focus on education specific to the principles of addiction and the behaviors

commonly associated with chemical dependency. Professionals in the fields of chemical dependency and mental health would be able to supply this information, hopefully with the assistance of recovering people who can share their stories.

Mentors will also be provided information describing the treatment process and the nature of support that would be most helpful to a newly recovering Deaf person. Mentors would be provided with detailed information about the process of relapse, and they would be given training regarding effective interventions that could be used to interrupt the relapse process before the recovering person returns to his/her use of mood altering chemicals.

Mentors would be given information about where to seek help if they are struggling in their relationship with the recovering person. They would also be taught to recognize when they need help. A support group for mentors, facilitated by professionals, could be developed to address some of these issues.

In addition to the concepts mentioned above, mentors would be provided with a general overview of issues that Deaf addicts who also experience mental illness may encounter. Education related to the unique needs of individuals with chemical dependency and co-occurring mental illness will be provided including the role of psychotropic medication in recovery.

Although some of the material incorporated in the curriculum would be generic regardless of the location of the community, some other information such as available resources and specifics of the treatment process will vary by location.

As we work to continue the development of this project and prepare to implement pilot trials based on this model in communities, we are interested in opinions, concerns, and feedback regarding how we might expand on the ideas presented and improve on the concept. All feedback will be seriously considered and greatly appreciated.

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