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Rational Alcoholism Services for Hearing Impaired People

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RATIONAL ALCOHOLISM SERVICES FOR HEARING IMPAIRED PEOPLE

Jack Gorey

The fields of alcoholism and of deafness have always been clouded with myths, and services often presented so as to disguise the nature of the services delivered. There is no question that some special education and talent is necessary, but any one individual would be old and grey before he or she could acquire all of the desirable qualifications needed to offer alcoholism treatment services to a special group such as deaf people, in a fashion acceptable to the specialists in both fields. The cost to build and staff such a specialized organization would be prohibitive and perhaps not all that productive. Most communities have reasonable alcohol services, and most have reasonable services for the needs of hearing impaired people; what is needed is to merge the services in some way and to cooperate in meeting the needs of the deaf drinker who wishes help.

About four years ago, the staff of the HEARING SOCIETY for the Bay Area approached a mutual friend regarding the problem of getting alcoholism services for a deaf client. Meetings of representatives of community agencies working in both fields were held and the result was the development of the Alcohol Project for the Deaf. I was a willing recovered alcoholic who had worked within the alcohol field for many years but had had no experience with deaf people. At first, there were grandiose suggestions for specialized recovery houses, and other special programs. It was my feeling then that we knew too little and that perhaps we should ask the people from Alcoholics Anonymous if they would start a meeting and we would offer whatever supportive services were necessary at the HEARING SOCIETY. Why A.A.? Alcoholics Anonymous is a very successful program and its only requirement for membership is a desire to stop drinking. We were attempting to get help for alcoholics who happened also to be deaf and felt that they needed to be part of an organization which *could help them without their being segregated.*

At first, the project was on a volunteer basis and I became the Coordinator, with space and supportive services provided by the HEARING SOCIETY. Being based in an agency that could supply such support is a big "plus". Many of our clients needed everything from hearing aids to language training. Having become sober, and accustomed to coming to the agency for alcoholism services, the clients could comfortably get the other things they needed. Alcoholics are poor risks as referrals and deaf people are perhaps the same. We had already eliminated some of the problems by providing certain basic services in a place in which they were comfortable. As time passed, I was becoming more and more part of the agency's regular staff and we could share information to resolve problems I was having in understanding deaf people, or problems other staff members were having understanding why some clients missed certain appointments or occasionally came in "smelling funny". It might have been possible for the project to have been developed independently in the community, but I could not have done it with-

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out agency affiliation and support. There is just too much to know, and too many frustrations to deal with in either field, let alone a combination of both.

I will interject here that I do not know if we could reverse the procedure and place someone from the field of deafness in a substance abuse program. In the first place, who would we send — an audiologist, social worker, teacher of the deaf, rehabilitation counselor, health education, administrator, or fund raiser?

With the information and experience gained during the volunteer pilot project, a proposal was developed and a private foundation funded a three-year demonstration project, renewable annually.

The advent of our project and the signing of the HEW "504 Regulations" have meant that more and more agencies in the San Francisco Bay Area are starting to serve disabled people. It is gratifying to get requests for assistance from various alcohol programs when they have a disabled client. I do not think we would have gotten to the point of opening up a full range of services for the deaf alcoholic and his family had we established a separate program offering a total range of segregated services. We now get calls from a variety of programs, requesting our assistance because they have a client whom they are not sure can hear the individual counseling nor can participate in a group. If we had not spent time educating all agencies serving the alcoholic, I doubt we would get such calls and, instead, we would probably still be working with the same six or seven people obvious to the whole community as being both deaf and drunk.

We started our funded program with the intent that we could dissolve it, knowing that we had brought about enough community and service provider awareness to assure that deaf people would be "mainstreamed" into the alcohol treatment delivery system. We still see that as very possible in three short years (one and a half remaining). I see more and more alcohol treatment agencies sending people to sign language classes, or accepting hearing-impaired people, and calling us for support. Understand that we cover five counties, with a total population of some three and a half million. That is a lot of educating and influencing, and I sincerely believe that such efforts cannot be realized unless there is a high degree of cooperation between the providers in both fields of service. Politically, from the community organization standpoint, this means that someone has to have "ins" with both groups.

I have avoided discussing specific statistics on client recovery rates. I had to recover myself, so I am very concerned about each individual getting a fair chance at rehabilitation. Our project has grown, and so have the A.A. meetings for the deaf in the Bay Area. There are now three meetings a week, plus one Al-Anon family group meeting — utilizing whatever forms of communication necessary for the participants. Clients are beginning to refer other clients, so we must be doing O.K. We need to develop some literature and films regarding substance use and abuse so that the deaf person can readily understand the problem and solutions. The area of outreach methods, I believe, is the most inadequate one in community services for the deaf. We need to develop methods of getting information to deaf people about health services and where such services are available.

In the beginning of the Alcohol Project for the Deaf, we found that little was known about serving hearing-impaired substance abusers. We set up a program based on proven principles for the non-handicapped population flexible enough to include whatever specific techniques which might be needed for the recovery of our deaf clients. The eight objectives which follow ensure that the needs of each client and/or agency are met in the best way. Adaptations can always be made; the need for flexibility is critical in any good program structure.

"ALCOHOL PROJECT FOR THE DEAF
Supportive Services for the Hearing-Impaired Alcoholic:

- Consultation services to any individual or agency regarding the specific needs of the hearing-impaired alcoholic . . .
- Interpreters for deaf people at no cost for interviews, counseling, or groups . . .

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- Sound amplification equipment to assist those with a hearing loss . . .
- Telephone equipment and information about amplifiers and teletypewriters (TTY) for hearing-impaired people . . .
- Information and referral assistance to court and diversion programs . . .
- Alcoholism education and community planning for the hearing-impaired and agencies serving, or potentially of service, to that community . . .
- Development of legal and program capability of existing alcohol treatment facilities to provide services to deaf alcoholics . . ."

Where are the half-way homes, the analytic techniques, in-depth counseling, peer counseling, and vocational rehabilitation plans? They all exist in the community. What we need to do is to put aside some of our own ego needs, our parochial attitudes about the "uniqueness" of our own programs, and our fear of losing our independence, and become willing to share information and to work cooperatively for the best interests of the clients normally unserved. We cannot continue to exclude deaf clients from the full range of community services nor should we continue to provide the traditionally paternalistic, but meaningless, services to them until they die. Rehabilitation is not a privilege for deaf substances abusers — it is their right.