

ONE COMMUNITY'S RESPONSE TO ALCOHOL PROBLEMS AMONG THE DEAF COMMUNITY

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The problems of the deaf alcohol abuser have been cited in recent literature (e.g., Andrews and Conley, 1977; Boros, 1978, 1979, 1981; Boros and Sanders, 1977; Gorey, 1979; Grant, Kramer, and Nash, 1982; Hetherington, 1979; Hooten, 1978; Isaacs, Buckley, and Martin, 1979; Johnson and Lock, 1978; Jorgensen and Russert, 1982; McCrone, 1982; Rothfeld, 1981; Stewart, 1983; Watson, Boros, and Zrimec, 1979).

The literature presents a fairly consistent view of deaf individuals with alcohol-related problems. The consensus is that deaf alcoholics appear at the same rate as hearing alcoholics. Isaacs, Buckley, and Martin (1979) found patterns of alcohol abuse among deaf people to be similar to comparable hearing samples. Boros (1981) believes that alcohol and drug abuse is at least as prevalent among the deaf population as in the general population. Using population statistics, deaf population statistics, and National Institute of Alcohol Abuse and Alcoholism statistics, McCrone (1982) suggests there may be 73,000 deaf alcoholics in the United States.

Although the statistics and research for alcohol-related problems among deaf people are few, the inaccessibility of alcohol treatment programs is evident, Watson, et al. (1979) state that alcohol agencies are designed for hearing clients, with counselors who do not understand deafness and can't use sign language. Experts on deafness shirk working with deaf alcoholics on the grounds that they don't have expertise in alcoholism (Boros, 1979).

Stewart (1983) provides a good summary of the problems of deaf alcoholics. In describing the unique pressures faced by deaf substance abusers, Stewart reports that deaf persons suffer social isolation and loneliness, difficulties in personal relations, lack of education, and an inability to hold a job. He states, "Deafness

creates severe communication problems for the individual. Unfortunately, when the deaf substance abuser seeks diagnosis and treatment, it is rare that a hospital or clinic can be found where personnel are aware of the problems of deafness and skilled in communicating with these patients," In short, say Watson, et al. (1979), the deaf alcoholic faces a bleak situation.

Despite the problems and difficulties cited in the literature, the community of Tucson, Arizona has made a continuing, concerted effort to serve the deaf alcohol abuser. Jorgensen and Russert (1982) describe a co-counseling arrangement between the Community Outreach Program for the Deaf (COPD) and alcoholism experts in the Tucson area. They describe the positives and negatives of this arrangement, and state that community education and support are essential elements of a successful alcohol treatment program. From the initial co-counseling efforts grew a need to involve the deaf community, as well as public and private service providers, in developing an educational and treatment array of services for deaf alcohol abusers.

Tucson is the home of the Community Outreach Program for the Deaf (COPD), the Arizona State School for the Deaf and the Blind (ASDB), the University of Arizona Rehabilitation Counseling with the Deaf and Deaf Education programs, state rehabilitation counselors for the deaf, several rehabilitation workshops serving deaf clients, and the Greater Tucson Advisory Council for the Deaf. In addition to the programs involved with deafness, Tucson has a number of agencies serving alcohol-related problems. These include an umbrella organization, Association for Drug Abuse and Alcoholism Prevention and Treatment, Inc., (ADAPT), Alcoholism Council of Tucson (ACT), and several inpatient treatment programs.

Largely through the efforts of COPD and

ADAPT, a committee was formed in 1982 to begin planning a concerted effort to serve deaf Tucsonans with alcohol-related problems. Membership on the committee was representative of deafness educators and rehabilitation specialists, psychologists, lawyers, probation officers, alcoholism counselors, and community mental health specialists.

The first joint effort of committee members was a training effort for ASDB residential and medical staff. Attempts were made to acquaint staff with alcohol abuse symptoms and give them basic information with which they could respond to student questions about alcohol use and abuse.

From the initial efforts of the committee, and the small ASDB co-training effort, it became evident that the alcohol treatment system was unaware of the unique characteristics of deafness. It also became evident that service providers in deafness knew little about alcohol abuse.

The steering committee began planning an educational workshop to address the problems of deaf alcohol abusers. Local and national contacts were made to investigate available resources and expertise in the field. A "Schools of the Future" project staff member from Gallaudet College met with the committee and agreed to provide technical and financial assistance.

Once the committee secured the financial and technical assistance to conduct a workshop, their attention turned to the next major decision. Should the workshop focus on alcohol information for the deaf community or deafness information for the alcohol treatment community? After some deliberation, the committee decided to focus on alcohol information presented to professionals working in deaf education and rehabilitation. The feeling of the committee was that professionals working in deafness rehabilitation and education already have the knowledge and communication skills to interact with deaf people. Giving such professionals information about alcohol abuse would require less time than to train alcohol treatment professionals in manual communication, thus giving deaf persons with alcohol problems quicker access to treatment services. Other efforts are continuing to make sure the alcohol treatment professionals continue to learn more about deafness.

A statewide needs assessment surveyed areas of interest and needs among professionals in

in the field of deafness. Areas that warranted the most focus were:

- General information and education on alcohol and alcoholism;
- Identification of alcohol-related problems;
- Effects of alcohol on the family;
- Curriculum development on alcoholism for hearing-impaired students; and
- Specific counseling techniques and strategies for the deaf alcohol abuser.

In the developmental stages of the workshop, the target populations were ASDB teachers and counselors. Although the workshop was attended by professionals statewide in the field of deafness, including VR counselors, mental health workers, interpreters, and administrators, the workshop was developed with the idea of alcoholism prevention in mind and therefore focused on the educational setting.

The workshop was designed to consist of two full days of meetings. Day One focused on general alcohol information provided by local resources. Utilizing local resources in this way allowed the establishment of contacts between alcoholism and deafness professionals as well as sensitizing alcohol treatment professionals to the unique problems of the hearing impaired population. Topics such as alcohol-related problem identification, the effects of alcoholism on the family, and a simulated family intervention roleplay allowed the audience to integrate basic alcohol information with their own personal knowledge of hearing impairment. The outcome was an informational sharing interaction between the audience and the presenters with both parties receiving new information.

Day Two of the workshop allowed the participants to discuss how the information learned the previous day could be used with the hearing impaired population, both in the community and the school setting. To find presenters skilled in both areas of deafness and alcoholism required a national search. With the help of Schools of the Future, two experts in the field were located. One of the presenters had a strong background in the educational setting and the other was experienced in community mental health settings. As a result of this, the conference planners were able to divide the larger group into two sub-groups (school and community) and focus on developing skills appropriate for the area of interest of each specific group.

Ways to impact on the deaf individual in the school and community setting were discussed

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as well as counseling skills and curriculum materials needed to develop programs.

Paralleling this workshop for professionals in the field of deafness was a day of activities focusing on alcohol education for ASDB students. The high school students were excused from regular classes for the day and attended several captioned movies regarding alcohol and substance abuse, met with the Tucson Police Department to discuss the legal implications of alcohol abuse, talked with young teenage alcoholics about their personal experiences, and met with a local cultural peer group that focused on the area of developing personal autonomy within the constraints of a strong peer group. The students were able to explore the police department equipment for detecting blood alcohol levels, visually confront the long-term effects of alcohol on the body, and talk one-on-one to other students experiencing problems directly related to alcohol abuse.

The workshops attended by the students, on a more experiential level, paralleled the ones attended by the professionals in terms of information and integration. Interactions that happened informally during breaks and lunch hours were extremely productive. Discussion groups formed with students and professionals, participants and presenters, school and community professionals. This informal interaction developed a sense of unity that carried through the course of the workshop.

As a result of this cohesiveness, the workshop closed with a strong group of students and adults who were willing to continue to participate in the development of a program designed to focus on alcohol and the hearing impaired individual. An additional task force was established to carry

out the next step of program development, that of educating the Tucson hearing impaired community.

Feedback regarding the workshop was positive. The majority of the evaluations stated that the information was new and relevant. A few useful comments suggested the need for more role-play situations, additional time for interaction between the students and professionals, and the possibility of including junior high and elementary students. The local presenters were highly praised, which indicates a level of trust within the hearing impaired community towards the alcohol services that Tucson has to offer. A system of networking between these two groups has already begun. Additional follow-up training was requested by some participants, specifically in the area of family intervention and counseling techniques.

CONCLUSION:

Tucson continues its commitment to quality services to deaf citizens. Leaders of the deaf community and professionals in deafness rehabilitation and education in the Tucson community have realized that the hearing impaired alcohol abuser requires a comprehensive, coordinated treatment plan involving several professionals. Realizing, further, that much of the required expertise is outside the field of deafness, Tucson's deaf community has begun to work with alcohol treatment professionals. The alcohol treatment community is willing and eager to cooperate and co-serve. Perhaps, in contrast to the statement by Watson, et. al. (1979), the future for the deaf alcohol abuser (in Tucson) is not so bleak.

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