Innovations in Counseling: Working with Minority Populations - Part 1
Session 1: Culturally Informed Substance Abuse Counseling

Webinar Follow-up Question and Answer Session with Dr. Philip Clarke of Wake Forest University in Winston-Salem, North Carolina

Question 1 from Shannon Reese of Montgomery, AL
What do we do about deaf and hard of hearing clients who are substance abusers and unable to get providers to provide interpreting?

Answer from Philip Clarke - Presenter
Finding ways to advocate for all of our clients is critical. One possibility is to explore the client’s resources and do some problem-solving. For example, can you meet with the client individually rather than in group counseling settings and then have your client accompanied by a friend, family member, or partner that can provide interpreting until formal interpreting services can be provided? Or can you utilize writing, typing, or other options? These options should be co-constructed with the client. I also suggest consulting with resources for deaf and hard of hearing clients such as the Alabama Department of Rehabilitation Services at http://www.rehab.alabama.gov/individuals-and-families/vocational-rehabilitation-service-blind-deaf/deaf-and-hard-of-hearing-services and the Alabama Department of Mental Health (Office of Deaf Services) at http://www.mh.alabama.gov/MIDS/ that may be able to provide interpreting services and treatment or referral options. The Rochester Institute of Technology (RIT) Substance and Alcohol Intervention Services for the Deaf (SAISD) http://www.rit.edu/ntid/saisd/info/nationaldirectory website has a national directory of substance abuse treatment centers for deaf and hard of hearing individuals including at least one facility located in Alabama.

Response from Shannon Reese of Montgomery, AL
To prevent miscommunication, it is always ideal to have professional interpreting services. The issue of confidentiality can also become problematic when attempting to include friends and family members. Many deaf people’s first language is not English—it’s American Sign Language and some of them do not read English nor write beyond 4th grade level. Writing is not always a good option for this type of treatment. So it’s very important to get certified interpreters and this can be done through Registry Interpreters for the Deaf (www.rid.org) and look at their standard practice paper on mental health-
http://www.rid.org/UserFiles/File/pdfs/Standard_Practice_Papers/Mental_Health_SPP.pdf
This standard practice paper gives you a better idea of how to work with deaf and mentally ill people as well as deaf/hard of hearing addicts. In addition to that—they can check our website: www.mhit.org and http://mh.alabama.gov/MIDS/ where we have been working to provide culturally and linguistically services to deaf and hard of hearing consumers.

In addition to that—ADRS doesn’t provide interpreters for SA or NA or AA. We here do not have enough interpreters to do 28 days for some providers and RIT has great resources because in Rochester—there’s a larger deaf community than here in Montgomery, AL. I would also suggest adding DODA (Deaf off Drugs and Alcohol): http://www.med.wright.edu/citar/sardi/doda

Question 2 from Melody Thergood of Bridggeport, CT
Should we always focus in on the person or things that are important to the client to facilitate change? For example, if the children are the primary concern of the parent, should we look at the impact the substance abuse has on the children in order to facilitate the change in the parent?

Answer from Philip Clarke- Presenter
Factors that are important to the client are a part of the client. Thus, in substance abuse counseling, any values that come into dissonance with the client’s substance use can be explored in order to increase the client’s motivation to address their substance use problem. In your example, I think it might be helpful to focus on the client’s child if that is a motivator for the client in addressing substance use. Then as you continue your work, you can shift to additional reasons the client seeks to reduce or quit substances (ex. personal goals, self-care, etc.).

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