

Interpreting in Substance Abuse Treatment Settings  
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The deaf alcoholic, the deaf drug addict: in a society where there is already a lack of services for deaf people, this population has almost none. Even in our field, the hearing-impaired person with an addiction is often unintentionally overlooked. There is a growing concern today about alcoholism and drug abuse among deaf people, and treatment is beginning to become available for these forgotten members of the community.

Deafness is often called an invisible handicap and the deaf alcoholic/abuser is, if conceivable, even more hidden. The deaf community seems to push these people aside, perhaps out of ignorance or shame or fear. The hearing community is often unable to recognize an addiction in a deaf person, or if they do, don't know where such a one would go for help. Both communities seem to feel helpless, and assume that it is the responsibility of the other to do something.

And where are the deaf alcoholics and abusers left? Usually, they are caught in a frustrating, frightening, even fatal cycle. Frequently, if they seek help at all, they bounce from one agency to another, because there is a scarcity of services designed for them. Often, they will end up being treated in a facility that is ill-equipped to handle the problem. Whatever help they manage to get, they will almost always require the services of a skilled interpreter. It is of utmost importance that an interpreter who serves in this capacity is prepared to work with substance abusers of all sorts.

It is generally considered to be true that about ten per cent of any population is alcoholic; so, to arrive at the number of clients that might be seen in the treatment setting, we need only extrapolate this ratio from the latest figures for the deaf population in any given area.

I have interpreted in alcohol and drug abuse treatment settings regularly now for two years, both in a residential halfway house setting, and in the main-stream; the latter involves deaf people receiving

treatment alongside hearing peers in residential treatment, out-patient counseling and Alcoholics Anonymous (A.A.) meetings. I consider such interpreting to be an area of specialization within our field. Because I have seen good results from "mainstreamed" services -- deaf people have the opportunity to realize that, when it comes to their addiction, being deaf doesn't mean they are different -- I generally opt for this approach. I must add, however, that it is also extremely beneficial for deaf alcoholics and abusers to recover in an environment in which there are other deaf people in the same boat; where a good program of this sort exists, it should be utilized.

The interpreter will be an essential element in the client's recovery, and therefore needs to develop a certain knowledge and understanding of the problem. I have been surprised at the reluctance I have met on the part of a number of professional interpreters to serve in this capacity. A major reason, I suspect, is the poor expectation of what alcoholics/abusers and their treatment are like. Perhaps if I discuss some of the major myths and the realities behind them and take a walk (on paper) through any ordinary recovery process, interpreters will feel more comfortable at the prospect of working in this setting and maybe even challenged and as excited by it as I am.

#### The myths

#1 -- The wino sleeping in the gutter, the dark alley junkie. This is the character I think many people imagine meeting when they think about treating alcoholics and abusers. In the early days of addiction treatment, this was more likely to be true. In ignorance, society did not previously recognize an addiction until a person was nearly at their last gasp. Since then, however, the efforts of the media and the treatment community have made the public more aware of alcoholism and drug abuse, so that intervention is occurring at much earlier stages, often before a lot of damage is done. The two founders of A.A. were a stockbroker and a doctor, both performing in their chosen fields and both chronic alcoholics. Many alcoholics and substance abusers, while practicing their addiction, do what A.A. calls "staggering up the ladder." That means that they are students, workers, professionals, community leaders, and clergy who are successful in their worldly endeavors, while nurturing an addiction

on the side. So that means the client you meet is very likely to be a relatively clean, well-dressed, functioning member of society, with normal values and aims in life, but who is battling a powerful foe: alcohol or drugs.

#2 -- The sordid, hair-raising tales that are torn out of these people at the meetings. Let's face it. You will hear stories that might shock or disgust you. But you will also hear accounts of the hope, the joy, and the newfound life that is experienced by people in recovery. And many of the stories told in treatment are quite amusing. Many of the recovering persons' adventures are comical and a harmless laugh can be had by all while heeding the significance of the lesson to be learned.

And by no means are people dragged up to the podium to tell tales of woe that they'd rather forget. Most alcoholics and abusers appreciate being asked to tell their stories and are eager for opportunities to share their experience with others, hoping that they are helping others to recognize a problem if they have one and to keep their own memories fresh.

#3 -- The gruesome drying-out ward, the drunk-tank, the homeless shelter. This is the kind of environment that many may think they will have to enter in order to interpret for the deaf alcoholic/abuser. Modern-day treatment facilities are not like that and few people will end up in the few that still exist. Most A.A. meetings are held in church basements, while others take place in offices, classrooms, conference rooms, and sometimes private homes. Residential and out-patient treatment occur in local hospitals or counseling centers. So put away your visions of the "Snake Pit;" the setting you will work in will probably be decent, comfortable, and sometimes even attractive.

#### The treatment process

Residential treatment. This is usually a 21- or 28-day program in a hospital or separate facility. Patients are safely withdrawn from alcohol and drugs while attending meetings, classes, and rap groups to receive education about the disease and recovery. There is often some type of one-on-one counseling also.

Out-patient counseling. A therapist will see the

client from one to several times a week while they live and work on the outside.

Detoxification unit (detox). This is similar to the residential treatment aspect, but usually only lasts five to seven days. The detox staff will see that a person is medically withdrawn and then encourage them to seek ongoing treatment. Counseling is often involved.

A.A. meetings. These are typically an hour to an hour and a half long. The basic types of meetings are those that: a) have one or more persons speaking, telling their addiction history to a group of members and interested persons; b) have a group discussion related to alcoholism and recovery; c) involve the reading and commenting on one of the A.A. books. In different areas of the country, one might find almost any variation and combination of the above themes. There are also offshoots of the A.A. program, like Narcotics Anonymous, for which an interpreter might be needed.

I hope that I have helped to dispel some of the fear of the unknown that an interpreter might feel at approaching a job in the treatment setting. What still disturbs me is those interpreters who have worked in this setting and are unwilling to return. Their collective impression seems to be that it is "a drag." Aren't we perhaps asking a little too much of our careers that we only work in the rosier surroundings? Aren't we shirking our responsibility by refusing to serve deaf people in foul weather as well as in fair? Could we be underestimating ourselves by thinking that we are incapable of facing the grimmer realities of life? How could these colleagues of ours have overlooked the miracle of recovery that we find here and does not that fulfillment balance the unpleasantness we see?

It appears also that some prejudice exists on the part of some of the personnel in the "helping professions" that alcoholics/abusers are persons not worth helping, because all their trouble is "self-inflicted," that they have brought it all on themselves. The American Medical Association has declared alcoholism a disease. Alcoholics and abusers are caught up in a destructive cycle that they cannot break without help. The addicting substance demands that they consume it as long as it remains in their system. Even if they have learned that total abstinence is the answer, it is still very difficult to fight a relapse of this disease.

Only a small percentage of the hearing population maintain sobriety, and at the cost of constant vigilance. If we would remember that alcoholism and drug addiction are fatal diseases, then we should be willing to respond to every call for help.

So how does an interpreter enter the treatment setting to work with deaf alcoholics/abusers? Very simply, a request may come from a referral office or agency serving deaf people. An interested interpreter could place a call to a local hospital's alcoholic treatment unit, vocational rehabilitation office, counseling center, or office of Alcoholics Anonymous to see if any services exist. The interpreter's name can be placed on a list to be called. If no services exist, then this is where a little public education could be put into effect. Suggest to them that, with your help, they could initiate some outreach and much-needed service for the deaf consumer.

There have been some stumbling blocks in providing interpreting services at A.A. meetings. A few of the principles which guide the organization, while usually wise and necessary, seem to prevent the presence of a professional interpreter, who is not a member, at the meetings. First of all, A.A. has decided not to pay any professionals to work for them. All help is to be the voluntary gift of its members. A.A. has also refused to accept outside contributions, including the donation of a professional's time, free of charge. There are also certain meetings from which non-members are barred. A.A., like many other organizations today, are attempting to enter the era of including disabled persons in their programs; so they are, at present, working on solutions to this dilemma. One A.A. group in Washington, D.C. is listed as a deaf meeting and have interpreters who are paid out of the collection basket passed around at each meeting. They also receive donations from other A.A. groups to pay for interpreters. Another group, which is the first deaf A.A. meeting in the Cambridge, Mass., area, asked the local R.I.D. to send out letters to their members requesting volunteers to interpret the meetings. They got several positive replies and the local A.A. office has not complained. And finally, one largely untapped resource is the vocational rehabilitation system. It is possible for a V.R. counselor to authorize funds to pay for an interpreter for A.A. meetings or other treatment for an alcoholic client.

So what do you do to prepare yourself if you are going to interpret in alcoholism/drug abuse treatment? If you call the local office of A.A. (found in the phone book under "A.A." or "Alcoholics Anonymous"), they will tell you the time and place of meetings to which non-alcoholics are welcomed (usually called "open"). A visit or two will give you a good idea of what to expect when you are to interpret. Another good idea is to get the book "Alcoholics Anonymous" or other A.A. literature. These can be purchased at cost from A.A. or found in the library. The book "Alcoholics Anonymous" (colloquially, "The Big Book") will help you to gain an understanding of the disease and its recovery and to get some familiarity with the terminology used by the members. The fifth chapter and the stories in the back of the book will give an idea of the things you will hear at an A.A. meeting.

This article was written in the hope of seeing the needs of the deaf alcoholic/abuser met more in the future with increasing services and capable, knowledgeable personnel. The story does not end here. Professionals in the field need to begin to discuss this issue and to expand their expertise and create greater awareness and concern.