



## **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 4<sup>th</sup> 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](http://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](http://www.rid.org/UserFiles/File/pdfs/Standard_Practice_Papers/Mental_Health_SPP.pdf)



# Minority Fellowship Program

The National Board for Certified Counselors

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](http://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 Bridgeport, 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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