Personal and professional perspectives on alcohol use disorder recovery in deaf and hard of hearing individuals



- The U.S. Deaf community experiences 3x the rate of problem drinking compared to the general population.

- Disparities are driven by a number of disability-related factors and Deaf-specific factors

Deaf clients have unique language access needs:

- 4th grade median English literacy
- Health literacy parallels non-English speaking U.S. immigrants

Currently available AUD treatments were designed for hearing populations and fail to meet the unique linguistic, developmental, and cultural needs of Deaf clients.

METHOD

- Semi structured interviews with Deaf adults in recovery and service providers

- Queried history of alcohol use and treatment, facilitators and barriers to treatment, role of other Deaf individuals

- Queried education & job experience, interventions used, barriers to intervention effectiveness, treatment adaptation, and supporting client motivation and resilience.



PARTICIPANTS

- 14 Deaf adults in varying stages of recovery
 - Mean: 49.07 years old
 - S.D.: 11.8 years
 - Range: 31-70 years old
 - Between 1 week 34 years sober
 - Various treatment types
- 10 service professionals
 - Various backgrounds and positions
 - 5 also in recovery

EMERGENT THEMES

- Pervasive lack of accessibility for treatment (e.g., providing appropriate accommodations or treatments available in ASL)
- Negative effects of this lack of access, additional burden of having to advocate for accommodations
- Mixed feelings about online AA/NA groups
- Desire for more connections with other DHH in recovery
- Difficulty understanding materials presented in treatment.

This work is supported by the National Institute On Alcohol Abuse and Alcoholism (NIAAA) of the National Institutes of Health (NIH) under Award Number K23AA029466. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health (NIH).