

BRSS TACS

Bringing Recovery Supports to Scale

TECHNICAL ASSISTANCE CENTER STRATEGY

Increasing Access to Treatment and Recovery Supports for People Who are Deaf or Have Hearing Loss

This content is part of a set of informational sheets about improving access to recovery supports. Related topics include mobility limitations; disabilities affecting reasoning, memory or learning; deafness or hearing loss; and blindness or vision loss.

According to the National Institute on Deafness and Other Communication Disorders (NIDCD) more than 15 percent of U.S. adults report some difficulty hearing.¹ Your program may use the following four general groups to differentiate between degrees of hearing loss.

Deaf: individuals with very little or no functional hearing

Hard of Hearing: individuals who have some mild to moderate hearing loss and may or may not use a hearing aid to improve communication

Cochlear Implant: individuals who are deaf and have cochlear implant devices installed that allow some hearing

Late Deafened: individuals who previously had full hearing and are now experiencing severe or total hearing loss due to illness, injury, or aging

Providing recovery services for people who experience mild to moderate hearing loss is quite different from targeting those who are profoundly deaf and those who communicate with American Sign Language (ASL). Program development, building modifications, and staff training will vary.

Accommodations for People with Hearing Loss

Using a combination of technology and sensitivity, it is possible to create an environment in which people who are hard of hearing or who use cochlear implants are comfortable and able to participate fully in discussions, trainings, and other recovery-oriented activities. Even with environmental accommodations, some people who are deaf or who have cochlear implants still might need an interpreter.

Assistive technology is relatively low-cost and widely available. For example, the following items are available from online retailers:

- telephone handset amplifiers
- telephones compatible with hearing aids
- closed caption decoders
- open and closed captioning devices

Staff and volunteers of recovery organizations can impact participation by learning to speak clearly and articulately.

Facilitators can reduce or minimize the **background noise** and **cross-talk** that can be barriers to full understanding and check frequently to make sure people can hear one other.

For people with total hearing loss, it's important to understand that people born deaf have very different needs from those whose deafness develops after the acquisition of spoken language (late deafened). People who became deaf after they developed language will typically have acquired spoken language, whereas not all people who are born deaf have spoken language. Likewise, because of the gradual onset of the former group's deafness, they likely will have had the time to learn ASL and speech-reading, or consider a cochlear implant or hearing aids. ASL has its own grammatical structure, and its rules differ from those of written and spoken English. As a result, sign language interpreters are necessary for communication between native users of ASL and both non-deaf and English language speakers.

Local governments often have funds available for interpretation services needed in courts, hospitals, and other publicly funded institutions. Local deaf service agencies can assist in locating these resources.

Working with Sign Language Interpreters

The National Institutes of Health has a number of suggestions for working with sign language interpreters.²

1. Look at and speak directly to the person who is deaf. Face the person, and don't look at the interpreter.
2. Be yourself; use your ordinary language and speaking style. Speak in the first person, just like you are having a normal voice-to-voice conversation with a person.
3. You may be used to watching an interpreter stand in front, facing the audience. Interpreting conversations is different. The interpreter will be positioned next to you, so that the person who is deaf can glance at you both, picking up your non-verbal cues.
4. Speak in your normal tone, at your normal pace. The interpreter will tell you if you need to pause or slow down.
5. If you are using written notes or speaking from a presentation, it is helpful to offer one copy to the person who is deaf and one to the interpreter.

6. Give the interpreter a copy of the presentations and any other materials ahead of time, including a list of acronyms. When distributing agendas, minutes, or other written materials, offer one to the interpreter as well.
7. If you lower the lights during part of the presentation, maintain enough light so that the interpreter can still be seen. Use a small directional spotlight if you can.
8. Be aware that the interpreter must interpret everything that is said. Don't ask the interpreter to refrain from interpreting some of what you say.
9. Try to avoid personal conversations with the interpreter during the professional situation.
10. Relax. If you are unsure of the appropriate way to proceed in a particular situation, just ask.

Communicating via Telephone

When communicating with an individual with limited hearing, your staff would want to follow the same guidelines for in-person communication—speak clearly and minimize background noise. When deaf and non-deaf people want to communicate via phone, they may use written messaging or relayed services.

A teletypewriter, sometimes known as a TDD telecommunications device for the deaf, or TTY is a keyed device that allows the deaf person to type in messages that can be read by someone with a TTY. In recent years, this communication has been eclipsed by smartphone text messaging. It is imperative that program staff avoid sharing or discussing personal health information during these types of exchanges and delete past TTY or text conversations if they might be viewable by others unless an encrypted messaging application is used. All communication is subject to routine confidentiality guidelines.

The national Telecommunications Relay Service (TRS) is free and available 24 hours a day, seven days a week to handle voice-to-TTY and TTY-to-voice calls. Various relay providers offer services in each state. Here's how the TRS works:

1. The person placing the call accesses TRS from any TTY or standard phone by dialing 7-1-1.
2. The caller is connected to a communications assistant who relays communication between the caller and the recipient. A hearing caller, for example, speaks the message to the assistant, who types and relays it to the deaf recipient, who reads it on his TTY display screen. The caller must know the phone number of the person they wish to reach.
3. The recipient responds with a typed message, which the assistant reads to the hearing caller.

People who wish to use TRS do not need to pre-register and can simply dial 711 in any state to get started. For more information, please review the [Federal Communication Commission's Consumer Guide for using 711](#).³

Video relay service (VRS) is also available to people who own video phones or have access to a computer with webcam and Internet service. For more information, please review the [Federal Communication Commission's Consumer Guide for Video Relay Services](#).⁴

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Notes

1. "Quick Statistics About Hearing," National Institute on Deafness and Other Communication Disorders, last updated December 15, 2016, <https://www.nidcd.nih.gov/health/statistics/quick-statistics-hearing>.
2. Kimberly Kirkpatrick, "10 Tips for Using a Sign Language Interpreter," *Communities* (blog), NIH Office of Equity, Diversity, and Inclusion, February 16, 2016, <https://www.edi.nih.gov/blog/communities/10-tips-using-sign-language-interpreter>.
3. "Consumer Guide: 711 for Telecommunications Relay Service," *Federal Communication Commission/Consumer and Governmental Affairs Bureau*, last reviewed November 7, 2015, <http://transition.fcc.gov/cgb/consumerfacts/711.pdf>.
4. "Consumer Guide: Video Relay Services," *Federal Communication Commission/Consumer and Governmental Affairs Bureau*, last reviewed October 2, 2017, <http://transition.fcc.gov/cgb/consumerfacts/videorelay.pdf>.
5. "The National Coalition on Mental Health and Deaf Individuals," National Association of State Mental Health Program Directors, n.d., <https://www.nasmhpd.org/content/national-coalition-mental-health-and-deaf-individuals-0>.
6. Deborah Delman, Marnie Fougere, and Meighan Haupt, *Being Seen!: Establishing Deaf to Deaf Peer Support Services and Training: Successes and Lessons Learned from the Massachusetts Experience*, Virginia: National Association of State Mental Health Program Directors, last updated February 12, 2016, https://www.nasmhpd.org/sites/default/files/Assessment-5_Deaf-and-Hard-of-Hearing-Peer-Support.pdf.

NASMHPD Provides Research and Technical Assistance for People with Hearing Loss

The National Association of State Mental Health Program Directors (NASMHPD) established the [National Coalition on Mental Health and Deaf Individuals](#)⁵ to increase culturally and linguistically relevant services for people with hearing loss and mental or substance use disorders. In 2015, the coalition published an assessment of national services called [Being Seen!: Establishing Deaf-to-Deaf Peer Support Services and Training](#).⁶