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ADDICTION INTERVENTION AND MANAGEMENT IN DEAF PERSONS USING CONTINGENCY MANAGEMENT, CBT, REST, ACT, AND FAMILY THERAPY

*[1]Albert Ulutorti Green, [2]Gozie Grace Green, [3]Madubuike, Gilbert Okwuchukwu

[1]Special Education, St. Paul's Theological College Awka.

[2]Education Psychology, Peaceland University of Education, Enugu.

3Department of Psychology Paul University Awka.

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***Corresponding Author: Albert Ulutorti Green**

Special Education, St. Paul's Theological College Awka.

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ABSTRACT

Communication hurdles, cultural disparities, and limited access to specialised treatment approaches make addiction management difficult for deaf people. This study examines how to treat deaf addiction with evidence-based therapies such family therapy, CBT, REBT, ACT, and contingency management. Deaf people who respond strongly to visual stimuli and organised incentives may benefit from CM's material rewards for abstinence. CBT and REBT target dysfunctional thought processes and help patients manage emotional distress, triggers, and addictions. ACT promotes emotional acceptance and value-based action to increase psychological flexibility. These therapies are adjusted for deaf people using sign language interpreters, visual aids, and culturally acceptable procedures. Family therapy is prioritised to address structural difficulties, improve family support, and educate families about addiction and deafness. Family involvement improves communication and healing. The study emphasises the need for linguistically and culturally appropriate interventions to achieve efficacy and equality. Integrating several treatment modalities targets addiction and psychological aspects to make recovery more comprehensive. The findings highlight the need for deaf cultural and communication training for mental health professionals and more deaf addiction treatment options. This paradigm integrates multiple treatment frameworks to reduce relapse rates and improve deaf addiction recovery quality of life. This study stresses the need for greater research and legislation changes to create more inclusive addiction management programs that meet deaf requirements.

KEYWORDS: Addiction, Intervention, Management, Deaf Persons, Contingency Management, CBT, REST, ACT, Family Therapy.

INTRODUCTION

This is a significant problem that has received less attention from experts, despite the fact that addiction is prevalent among the deaf population. People who have impairments face a wide variety of challenges, some of which include but are not limited to social isolation, prejudice, and inadequate access to resources that are culturally appropriate. There are a number of obstacles that they need to overcome, including those that were listed above. It is possible that the existence of these characteristics is associated with an increased likelihood of developing substance use disorders (SUDs), which are more frequently known as substance abuse disorders. According to the findings of research conducted by Anderson et al. (2023), those who have hearing impairments are also at a greater risk for experiencing psychological difficulties such as anxiety and depression. There is a considerable correlation between the increased usage of drugs and the emergence of symptoms associated with these diseases. In addition, the ideas that society holds about the Deaf community are a factor that contributes to the stigmatisation that frequently leads to maladaptive coping techniques, such as substance misuse (Smith & Johnson, 2022).

As a result of the inherent limitations that are present in the communication process, individuals who are deaf confront additional difficulties when it comes to managing their addiction. Within the standard addiction treatment choices that are easily accessible to the general public, this group does not have access to translation services or visual help. Furthermore, the inability of treatment techniques to take into consideration the cultural nuances that are specific to the Deaf population becomes a significant barrier to the process of obtaining therapy. The inclination of the Deaf community for visual communication and the utilisation of sign language are two examples that illustrate these qualities (Perez & Martinez, 2023). When it comes to providing effective treatment for addiction, it is absolutely necessary to make use of individualised approaches that take into account the linguistic and cultural requirements of this population.

Prevalence and Contributing Factors

The estimation of addiction incidence within the Deaf community is hindered by little research and persistent underreporting. Current evidence suggests that substance use rates are either higher or comparable to those of the hearing population (Kvam & Loeb, 2023).

Insufficient mental health services, prolonged unemployment, and an increased incidence of adverse childhood experiences such as abuse or neglect that disproportionately affect Deaf individuals are prevalent contributing factors (Garcia et al., 2021). Moreover, numerous Deaf individuals are inadequately treated due to obstacles in accessing social support networks and healthcare, hence increasing their susceptibility to addiction.

Environmental stressors, such as social exclusion and workplace discrimination, significantly contribute to the onset of addiction. Studies demonstrate that marginalised groups, including Deaf individuals, often resort to substance usage as a kind of self-medication to cope with their challenges (Clark & Thomas, 2023). Creating effective solutions that both address addiction and mitigate its root causes necessitates tackling these fundamental issues.

Unique Barriers in Treatment Accessibility

Deaf individuals encounter numerous challenges in addiction treatment. The lack of visual aids and interpreters in rehabilitation institutions is a major issue, since it severely limits their ability to engage in group counselling and treatment sessions (Anderson et al., 2023). Moreover, many treatment professionals lack adequate training to engage with Deaf clients, leading to miscommunications and inferior care. The absence of closed captioning or sign language interpreters often hinders Deaf individuals from engaging in group therapy, a common component of addiction recovery (Perez & Martinez, 2023).

The stigma among the Deaf community exacerbates treatment avoidance. When addiction is perceived as a moral deficiency instead of a medical condition, numerous Deaf individuals fear societal and peer judgement for pursuing therapy (Smith & Johnson, 2022). A significant concern is geographic accessibility; there are limited specialised treatment facilities for the Deaf, compelling many to travel considerable distances or skip therapy altogether. These barriers underscore the pressing necessity for accessible, inclusive, and culturally attuned addiction treatments.

Importance of a Tailored Intervention

Customised therapies are vital for treating addiction in the Deaf community. Ensuring that programs are customised to the specific needs of this group, culturally sensitive methods that integrate sign language, visual aids, and Deaf counsellors can significantly improve treatment outcomes (Clark & Thomas, 2023). Utilising visual-based therapies such as Deaf-specific Cognitive Behavioural Therapy (CBT) and Acceptance and Commitment Therapy (ACT) may enhance their understanding of coping mechanisms and addiction triggers. The cultural

identity of deaf individuals, intrinsically connected to their sense of belonging and collective experiences, should be considered in interventions (Kvam & Loeb, 2023).

In the development of effective interventions, communication elements are equally significant. Instruments such as video-based tutorials, real-time captioning, and accessible mobile applications for addiction management may assist deaf individuals, who often depend on visual communication (Garcia et al., 2021). Ensuring that treatment environments are linguistically inclusive fosters a sense of community and reduces barriers to participation. Furthermore, instructing medical staff on how to engage with Deaf patients will enhance communication and deepen understanding of their experiences, thereby elevating the quality of care delivered.

1. Contingency Management (CM)

Structure and Application: Contingency Management (CM) is an experimentally validated behavioural therapy that utilises incentives to encourage positive behaviours, such as abstaining from drug use. A system of immediate incentives for preferred behaviours, encompassing activities such as attending treatment sessions and successfully passing drug tests, constitutes the foundation of contingency management programs (Petry et al., 2023). Implementing CM for Deaf individuals requires consideration of their preferred communication techniques and the integration of culturally pertinent incentives. Physical rewards such as certificates, vouchers, or access to preferred activities, along with visual trackers, can serve as potent motivators.

Daily check-ins conducted by interpreters or by video-based platforms with real-time captioning may constitute an effective component of a structured case management program for Deaf individuals. Transparency and accessibility can be achieved by utilising charts or applications specifically intended for Deaf users to graphically depict routine progress evaluations (Higgins & Silverman, 2022). These adjustments enhance engagement while fostering a sense of accomplishment and accountability.

Utilisation of Visual Incentives and Monitoring Instruments: In communication methods for Deaf individuals, visual reinforcement exerts a significant influence. Digital badges, success certificates, and progress charts serve as prominently displayed instruments that offer tangible evidence of accomplishment (Miltenberger et al., 2022). Milestone tracking and prompt feedback can be achieved with Deaf-specific mobile applications that integrate visual elements and sign language. By rendering achievement evident and attainable, these

technologies empower participants and foster sustained motivation and dedication to treatment goals.

2. Cognitive Behavioral Therapy (CBT)

Addressing Negative Thought Patterns: A fundamental aspect of addiction treatment is Cognitive Behavioural Therapy (CBT), which emphasises the identification and modification of detrimental thought patterns that contribute to substance misuse. Anderson et al. (2023) assert that social isolation, prejudice, and internalised stigma often precipitate negative thoughts among Deaf individuals. To address these specific challenges, therapists working with Deaf clients must adapt cognitive behavioural therapy (CBT) by utilising accessible communication methods and culturally relevant illustrations.

Therapists can aid clients in recognising and substituting detrimental beliefs, such as "I am not capable because I am Deaf," with more affirmative and empowering concepts. Cognitive alterations can be enhanced by scenario simulations and role-playing exercises, enabling clients to apply their newly developed skills in real-world contexts (Beck & Haigh, 2023). Cognitive Behavioural Therapy for Deaf people predominantly employs visual and experiential learning modalities. Therapists can utilise visual aids such as textual prompts, films, and diagrams to facilitate clients' comprehension of complex topics (Pérez & Martinez, 2023). Clients might engage in the therapeutic process through interactive exercises such as role-playing scenarios or illustrating emotions. Real-time captioning and sign language interpreters enhance communication and fortify the relationship between the client and the therapist.

3. Radically Open Dialectical Behavior Therapy (REST)

Promoting Emotional Regulation: REST, or Radically Open Dialectical Behaviour Therapy, is a therapeutic approach that emphasises flexibility, emotional regulation, and openness—skills often impaired in individuals struggling with addiction. REST can assist Deaf individuals who experience difficulty managing intense emotions resulting from social exclusion and insufficient social support (Linehan et al., 2023). Therapists mitigate impulsive behaviours linked to substance use by instructing clients in techniques for identifying and regulating their emotional responses during structured sessions.

Tailoring Mindfulness Practices for Individuals with Hearing Impairments: Mindfulness practices are an essential component of REST, aiding clients in reducing stress and fostering present-moment awareness. These activities must be adapted to accommodate the verbal and sensory preferences of Deaf individuals. Visual-based techniques, such as guided imagery or viewing calming videos, may offer more advantages than traditional audio-based mindfulness

practices (Clark & Thomas, 2023). Incorporating descriptions of mindfulness practices in sign language ensures that clients may fully engage in the exercises and derive maximum benefit from them.

4. Acceptance and Commitment Therapy (ACT)

Facilitating Acceptance and Value-Centric Living: ACT aims to help individuals embrace their challenges and commit to actions aligned with their personal beliefs. This strategy is particularly effective for Deaf individuals who may encounter feelings of social rejection or inadequacy (Hayes et al., 2022). Therapists aid clients in identifying their fundamental values, such as community, family, or personal growth, and in formulating achievable goals that align with these principles. ACT reduces the reliance on drugs as a coping mechanism by fostering a sense of direction and purpose.

Utilisation of Visual Aids and Metaphors for Enhanced Clarity: In Acceptance and Commitment Therapy, visual aids and metaphors serve as particularly useful instruments for Deaf individuals. Individuals that excel in visual learning are attracted to visual metaphors, such as depicting challenges as a burdensome sack that can be relinquished. Therapists can employ videos, pictures, and other visual aids to render complex concepts more accessible and comprehensible (Pérez & Martinez, 2023). These tools aid clients in internalising and effectively using the principles of ACT in their daily lives.

5. Family Therapy

Enhancing Family Support and Communication: Addressing relational variables that may contribute to or exacerbate substance use, family therapy is crucial in addiction treatment. Facilitating effective communication within the family is particularly vital for Deaf individuals. To ensure that all family members can participate actively, therapists may employ real-time captioning, sign language interpreters, or other accessible methods to enhance family sessions (Anderson et al., 2023). The primary objectives of these sessions are to cultivate empathy, resolve conflicts, and establish a restorative atmosphere.

Addressing Systemic Factors Factors Contributing to Addiction: Addiction among Deaf individuals is sometimes attributed to systemic issues, such cultural misunderstandings, economic hardships, or familial strain. Family therapy provides a platform for addressing these concerns, allowing families to cultivate more constructive connections and coping strategies. To enhance comprehension and collaboration throughout the treatment process, therapists ought to educate family members on Deaf culture and addiction (Higgins & Silverman, 2022).

Implementation Framework

1. Assessment Phase

Tailored Assessment of Addiction Severity: A critical phase in formulating interventions for Deaf individuals experiencing addiction is the assessment step. It involves a comprehensive evaluation of the severity of substance usage and its consequent impacts on physical, mental, and social well-being. To ensure precision, standardised tools, such as the Substance Use Disorder Diagnostic Schedule or the Addiction Severity Index (ASI), may be adapted by modifications in language and visual accessibility (Smith et al., 2023). The assessment process for Deaf individuals must additionally account for specific cultural and socioeconomic factors, such as communication barriers or experiences of marginalisation, that may influence substance use.

Effective communication during evaluations is facilitated by employing sign language interpreters or therapists skilled in the language. This approach minimises miscommunications and fosters a more comfortable environment for clients to disclose confidential information. Moreover, the integration of visual aids, such as charts or image-laden questionnaires, may enhance the client's understanding of the evaluation process and result in more precise and reliable conclusions (Pérez & Martinez, 2023).

Assessment of Communication Preferences: Formulating an effective treatment strategy necessitates comprehension of each patient's communication preferences. Individuals who are deaf employ diverse communication modalities, including textual communication, lipreading, American Sign Language (ASL), and Signed Exact English (SEE). An evaluation of these preferences facilitates the establishment of effective and transparent communication throughout the treatment process (Anderson et al., 2023).

This information can be acquired by direct client interviews or by employing tools such as communication preference inventories. This stage involves assessing the integration and accessibility of assistive technologies, such as video relay services and captioning tools, to facilitate remote communication as necessary. Clients can engage fully in the therapeutic process when the method is tailored to their preferences, hence reducing the likelihood of misunderstandings.

2. Treatment Planning

Upon completion of the assessment phase, a personalised treatment plan is established. This plan incorporates various treatment modalities, including Contingency Management (CM), Cognitive Behavioural Therapy (CBT), Acceptance and Commitment Therapy (ACT), and family therapy, tailored to the client's distinct requirements and objectives. Deaf individuals

frequently get advantages from a multi-modal strategy that integrates evidence-based methodologies with cultural and language factors (Higgins & Silverman, 2022).

A client with difficulties in emotional regulation may find Radically Open Dialectical Behaviour Therapy (REST) advantageous in conjunction with Cognitive Behavioural Therapy (CBT), utilising visual aids and experiential activities to enhance skill acquisition. Clients with robust familial connections may prioritise family therapy sessions to reconstruct support networks and improve communication. Treatment plans must incorporate quantifiable targets, including the reduction of substance use frequency, the enhancement of coping skills, and the improvement of interpersonal connections, with progress monitored using accessible visual aids (Clark & Thomas, 2023).

3. Collaborative Care Approach

A collaborative care model is essential for guaranteeing that treatment is culturally and linguistically accessible. Engaging Deaf counsellors or therapists proficient in sign language provides clients the chance to connect with specialists who comprehend their life experiences, so cultivating trust and relatability (Smith et al., 2023). These counsellors can offer distinctive perspectives on the issues encountered by Deaf individuals, enhancing the therapeutic experience.

Interpreters are essential for enabling communication in the absence of Deaf counsellors. Interpreters must be proficient in addiction-related vocabulary and attuned to the subtleties of mental health care to prevent potential misinterpretations. Collaboration with multidisciplinary teams, comprising medical professionals, social workers, and community activists, ensures the comprehensive requirements of the client are met (Pérez & Martinez, 2023). This method fosters continuity of treatment and empowers clients by offering a support network customised to their specific situations.

Monitoring and Evaluation

1. Tracking Progress with Visual Aids and Digital Tools

It is necessary to use approaches that are easily accessible and acceptable to clients in order to monitor the progress of addiction intervention in Deaf individuals. In this particular setting, the use of visual aids, such as charts, graphs, and graphical representations, is particularly helpful. Clients are able to better visualise their milestones with the assistance of these tools, which in turn fosters a sense of accomplishment and motivates continuous participation. One example of a chart that might provide quick and concrete evidence of progress is a colour-coded chart that displays reductions in the frequency of substance use usage. Additionally,

digital tools such as mobile applications that have been created with accessibility features for the deaf, such as visual notifications, American Sign Language films, and interactive aspects, are able to monitor daily routines and provide feedback in real time (Jones et al., 2022).

There is also the possibility that the incorporation of wearable technologies, such as fitness trackers, can contribute to the tracking of progress. The physical health indicators that are monitored by these devices include sleep patterns and exercise levels, both of which are frequently associated with the healing process. This data can be utilised by therapists during sessions in order to address regions that require extra support or to recognise areas that have improved. These methods, when paired with routine self-assessments, make it possible to conduct an all-encompassing, data-driven evaluation of progress over time. This helps to ensure that interventions continue to be effective and may be adapted to meet the ever-changing requirements of the client (Martinez et al., 2023; Clark & Nelson, 2023).

2. Incorporating Feedback from Participants and Families

For the purpose of determining whether or not the intervention was successful and making any required revisions, it is essential to receive feedback from the participants and their families. The use of specialised approaches, such as focus groups with sign language interpreters, video feedback submissions, or digital surveys in American Sign Language, ensures inclusivity (Smith et al., 2023). Deaf individuals frequently experience specific obstacles when attempting to convey their opinions during typical feedback processes. Providing clients with feedback on a regular basis enables therapists to recognise potential obstacles to growth, such as misunderstandings of therapeutic procedures or environmental stressors, and to swiftly address these issues.

Considering that family members frequently play a big part in the healing process, it is equally crucial to receive input from family members. The client's family dynamics and the client's wider support network can be studied through the use of structured family sessions or anonymous surveys, which can provide valuable insights into the impact of the intervention. This collaborative approach not only helps to develop relationships within the family, but it also emphasises the significance of shared accountability in the process of recovery. The overall success of the treatment plan is improved when family problems are addressed, such as impediments to communication or the family members' own emotional well-being (Anderson et al., 2023; Higgins & Thomas, 2022).

CONCLUSION

It is necessary to take a diverse and culturally sensitive approach while working with Deaf people who are struggling with addiction. In order to achieve good recovery results, it is essential to address the specific problems that are presented by barriers to communication, stigma, and restricted access to services that are personalised to the individual. The incorporation of various therapeutic approaches, including but not limited to Contingency Management (CM), Cognitive Behavioural Therapy (CBT), Radically Open Dialectical Behaviour Therapy (REST), Acceptance and Commitment Therapy (ACT), and Family Therapy, results in the development of an all-encompassing framework that makes provisions for the linguistic and cultural requirements of individuals who are deaf. Anderson et al. (2023) and Smith et al. (2023) found that visual aids and experiential learning approaches were particularly successful in improving both the level of understanding and the level of participation in treatment treatment.

The successful execution of these interventions is contingent upon the utilisation of comprehensive evaluation and planning procedures that place an emphasis on individualised care. It is possible for clients to obtain access to specialists who understand their specific experiences by adding Deaf counsellors and interpreters into the care team. This helps to create trust and rapport between the parties involved. Providing clients with the ability to actively participate in their recovery path through the utilisation of visual and digital tools for measuring progress is highly recommended. Additionally, periodic feedback from participants as well as their families permits continual modification of the intervention, which guarantees that it will continue to be effective and relevant (Higgins & Thomas, 2022; Martinez et al., 2023).

Systemic adjustments in addiction treatment are ultimately required in order to create a recovery environment that is welcoming and supportive of all individuals. It is absolutely necessary for healthcare providers, advocacy groups, and lawmakers to work together in order to eliminate the barriers that now exist and to make services more accessible than they were before. It is possible for addiction interventions to better serve the requirements of Deaf individuals by placing an emphasis on cultural competence and making use of new tools (Taylor & Simmons, 2023; Wilson & Green, 2023). This will allow Deaf individuals to achieve sustainable recovery and an enhanced quality of life.

RECOMMENDATIONS

1. Various proposalsInitially, governments and healthcare organisations must create accessible and specialised addiction treatment services for Deaf individuals. This entails establishing treatment centers designed to accommodate the communication requirements of Deaf clients, educating healthcare personnel in sign language and Deaf culture, and guaranteeing that treatment programs are administered in manners that foster effective communication, trust, and cultural sensitivity. These approaches will diminish obstacles to therapy and enhance recovery results.

2. Addiction prevention, intervention, and recovery programs must integrate accessible communication technologies and resources. Information regarding substance misuse and recovery ought to be disseminated using sign languages, visual formats, digital platforms, and other accessible media.

3. Politicians, researchers, families, and organisations within the Deaf community should collaborate to enhance long-term support systems for Deaf individuals facing addiction. This entails augmenting financial resources for research on addiction interventions tailored for the Deaf community, advocating for community-based support groups, engaging Deaf leaders in program development, and offering continuous education for families to facilitate recovery.

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