

# **Substance Abuse Treatment in the Deaf Adolescent Population: The Challenge to Build a Better Future**



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# Purpose of Presentation

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Present the “big picture” of substance abuse among and treatment for Deaf adolescents

- Introduce the Deaf population in the U.S., cultural values, substance abuse situation
- Present the current status of treatment options for Deaf adolescents and a culturally appropriate model program
- Propose a needs assessment model necessary to document the extent of the problem in order to address the current treatment gap

# Cultural Variables and Substance Abuse in the Deaf Population



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Janet C. Titus, Ph.D.

Chestnut Health Systems  
Bloomington, IL

# Clinical vs. Cultural Definitions of Deafness



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- Clinical (deaf)

- |                    |          |
|--------------------|----------|
| ■ Up to 26 Db loss | Normal   |
| ■ 27 to 40 dB loss | Slight   |
| ■ 41 to 55 dB loss | Mild     |
| ■ 56 to 70 dB loss | Moderate |
| ■ 71 to 90 dB loss | Severe   |
| ■ 91+ dB loss      | Profound |

- Cultural (Deaf)

- People with hearing loss who identify as part of the Deaf socio-linguistic and cultural group
- Deaf culture does not perceive hearing loss and deafness as a disability, but as the basis of a distinct cultural group.



# D/HH Population in the USA

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- Size of D/HH population is based only on estimates
- Big problem – how do you define deafness for purposes of counting?
- 8.6% percent of US population 3 yrs+ who “have hearing problems”
- 2 million Americans are “profoundly deaf” (91+ decibel loss)



# Demographics

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- **Age** – most deaf are elderly (29%)
- **Gender** – at all age groups, more males; gap widens after age 18
- **Race** – Whites, Non-Hispanics far more likely

## **Focusing on severe/profound populations...**

- **Education** – high school graduates average 4<sup>th</sup> grade reading and 7<sup>th</sup> grade math levels; higher drop-out rate from high school and higher ed.
- **Employment** – limited employment opportunities; higher proportion Vo-Tech
- **Income** (median) - \$21,800 individual (1997)



# Hearing Loss and Oral Communication

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- Wide range of hearing losses – produce different effects on ability to process sound and understand speech
- Age of onset, degree of hearing loss, and frequency of hearing loss impact ability to produce intelligible speech
- Hearing aids may be beneficial for some people but do not “cure” a hearing loss.
- Lipreading ability varies and is generally ineffective since many words look alike on the lips.



# Deaf Children/Adolescents

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- 12 out of every 1,000 persons with a hearing loss is under 18 years of age
- 50% of D/HH students rely on communication other than spoken English
- 40% have additional conditions
- 93% have hearing mothers; 86% hearing fathers
- 13% have one or more deaf siblings
- 71% family members do not sign regularly
- Most White (53%), followed by Hispanic (23%)



# Deaf Cultural Values

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- Collectivism
- American Sign Language
- Deaf identity itself
- Group loyalty and solidarity
- Deaf leadership
- In-group marriage
- “Deaf of Deaf”



## Deaf Cultural Values, cont.

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- Knowledge and respect for the cultural norms of the Deaf community (e.g., attention-getting, eye contact, introductions and leave-takings, etc.)
- Social interaction (e.g., Deaf clubs, activities)
- Storytelling
- Residential schools
- Speech and thinking like a hearing person are negatively valued.



# Substance Use in the Deaf Community

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- At least as prevalent as that in general population
- Best data – Lipton & Goldstein, 1997 (D/HH vs. H)
  - Marijuana – 40% vs. 40%
  - Cocaine – 13% vs. 14%
  - Crack – 5% vs. 3%
  - Heroin – 2% vs. 14%
  - Pills – 7% vs. 20%
  - Hallucinogens – 6% vs. 14%
- Primary substance – Marijuana
- Greater overall prevalence of mental illness
- 1/4<sup>th</sup> to 1/3<sup>rd</sup> have comorbid conditions (1984)

# Deaf Adolescent Substance Use



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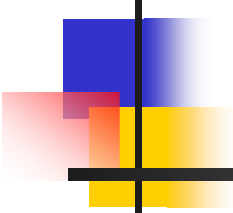
- Nothing definitive is known – no studies
- Risk factors –
  - Isolation – “the lonely disability”
  - Poor family communication
- Serious emotional disturbance in 8-22% deaf children (2-10% children in general population)
- Deaf children more vulnerable to neglect, emotional, physical, and sexual abuse than children in the general population.
  - Very high rates of sexual victimization
- Physical aggression and assault behaviors

# Deaf Adolescent Substance Abuse Treatment



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- Treatment exists, but is plagued by a variety of problems
- Treatment barriers are significant
- Culturally based treatment is not common
- Professional training in the field is lacking



# Identifying, Assessing and Treating Substance Abuse Problems with Deaf and Hard of Hearing Adolescents

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Debra Guthmann, Ed.D.

California School for the Deaf  
Fremont, CA / Minnesota Chemical  
Dependency Program for Deaf and  
Hard of Hearing Individuals



# Needs and Services

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- Based on the overall national population of Deaf individuals (2 million) and general estimates of at least one out of 10 hearing people are in need of treatment, estimates would indicate that thousands of Deaf people may be in need of treatment, and we aren't seeing them in programs.
- Treatment programs designed to meet the needs of D/HH individuals are very rare.
- Many people can only access services designed for hearing people.



# Increased Risk Factors for Deaf/Hard of Hearing Adolescents?

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- Communication with family often poor
- 90% of Deaf children born to hearing parents
- Lack of comprehensive education/ prevention programs in schools
- Higher levels of stress
- Difficulty with peer relationships
- Lack of knowledge and support in the Deaf community



# Treatment Barriers in the Deaf Community

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- Drug and alcohol use is strongly stigmatized
- Deaf community is small
  - Deaf “grapevine”, confidentiality
  - Lack of D/HH in recovery
- Wide geographic distribution
- Language and communication
- Lack of knowledge about alcohol and other drugs, AOD disorders, resources



# Treatment Barriers in the Deaf Community

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- Low problem recognition
- Enabling
- Lack of accessible, culturally appropriate programs (education/prevention, treatment, continuing care)
- Few skilled professionals
- Lack of assessment instruments
- Support in recovery is scarce
- Funding



# Assessment Issues

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- No substance abuse assessments designed and normed for deaf adolescents or adults
- Assessors often not knowledgeable about how to assess deaf people or work with interpreters
- Qualified interpreters are difficult to access
- Terminology is challenging



# How is Assessment Different?

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- Communication accommodations
- Third person present
- Knowledge of Deaf culture and customs (Deaf clubs, close-knit community, physical touching, etc.)
- Confidentiality issue, fear of community gossip
- Terminology black-out, withdrawal, tolerance, etc.
- Difficulty establishing relationship



# Current Treatment Options

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- Many programs don't have modified materials to meet needs of D/HH individuals.
- Many programs provide interpreter only part of the time.
- Most staff members are not knowledgeable about deafness and cultural issues.
- Interaction between deafness and adolescent development



# Additional Treatment Considerations for Deaf Adolescents and Adults

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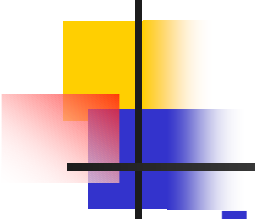
- Trust building may be hindered by experiences in the Deaf community where an active grapevine is an accepted cultural element.
- Individuals entering treatment lack basic information about drug/alcohol addiction and the possible consequences of their use.
- Individuals referred for treatment may have additional issues that need to be addressed.
- There are few trained CD counselors who are deaf or hearing, fluent in ASL, and in recovery.



# What does specialized treatment look like?

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- Therapeutic staff fluent in sign language
- Staff knowledgeable about communication and culture
- Reduced emphasis on reading, writing
- Use of drawing, role playing and other techniques
- Accessibility devices-TTY's, video conferencing unit, flashing lights, etc.



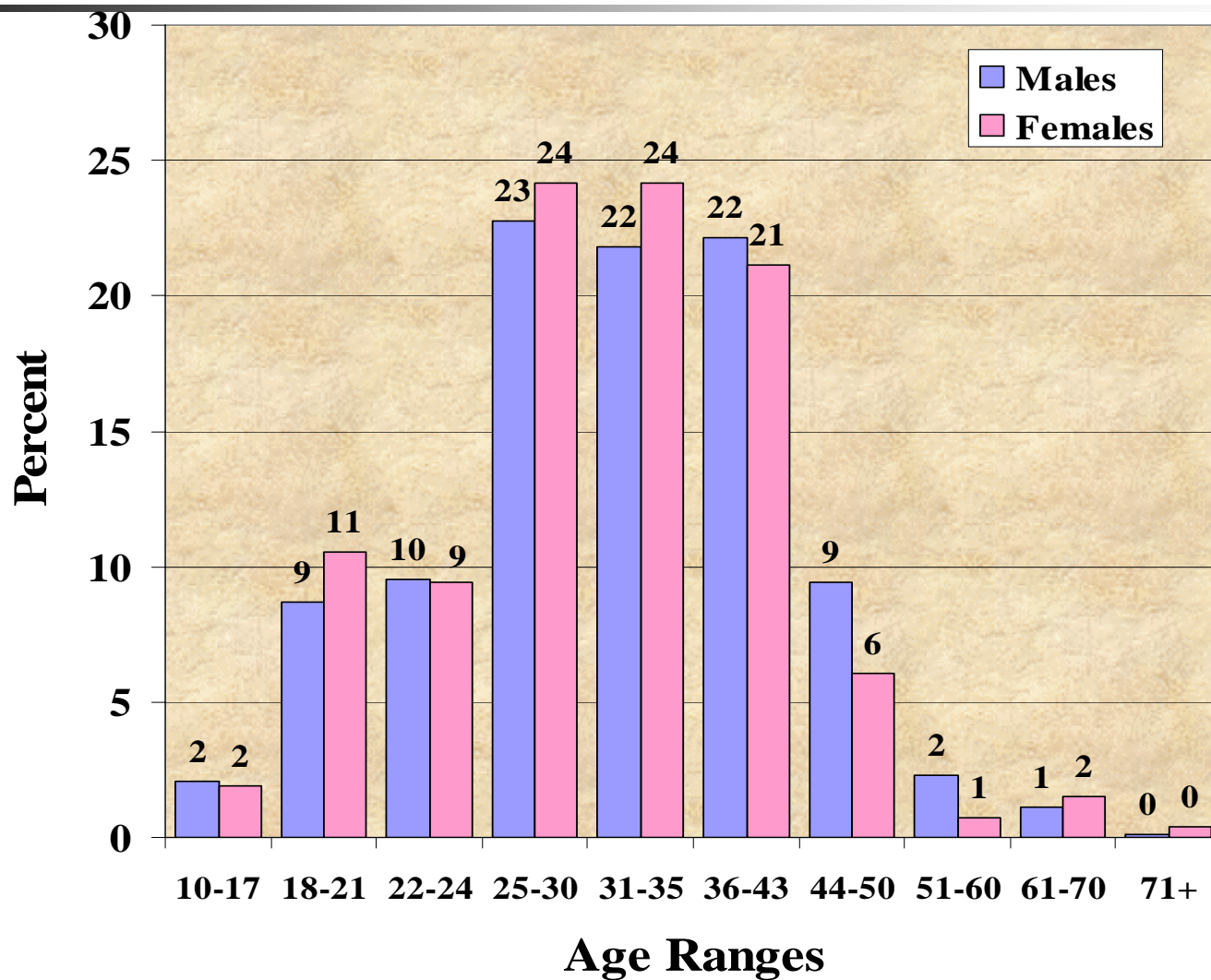
# Model Program for Treatment of Deaf Adolescents and Adults

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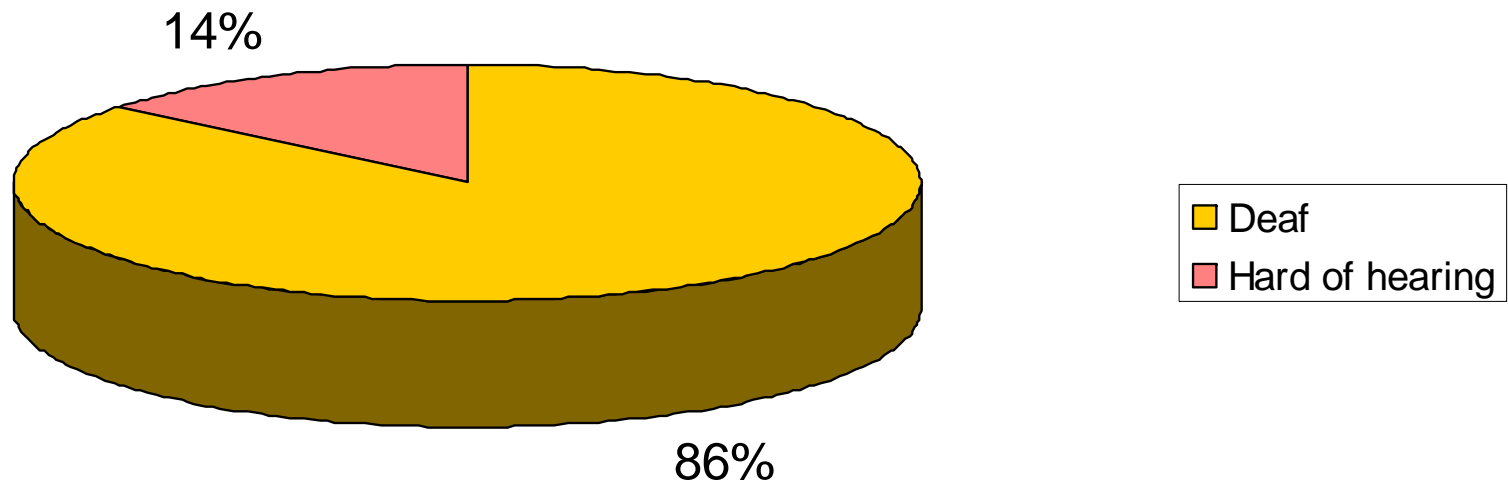
- Minnesota Chemical Dependency program for Deaf and Hard of Hearing Individuals (MCDPDHHI)
- Specialized Adolescent Treatment Program - 1989
- Funding >> OTI Critical Population Adolescent grant ('90-'95), RSA Long Term Training ('92-'00), CSAT KD Conference Grant ('99), State of Minnesota ('02 – present)
- Total number of inpatient treatment clients served from 1989 to 2005 = 1105 (U.S. clients = 1064, Canadian clients = 41)
- States served = 47, Provinces served = 5
- Currently serves clients age 16 and up

# Age and Gender of Clients

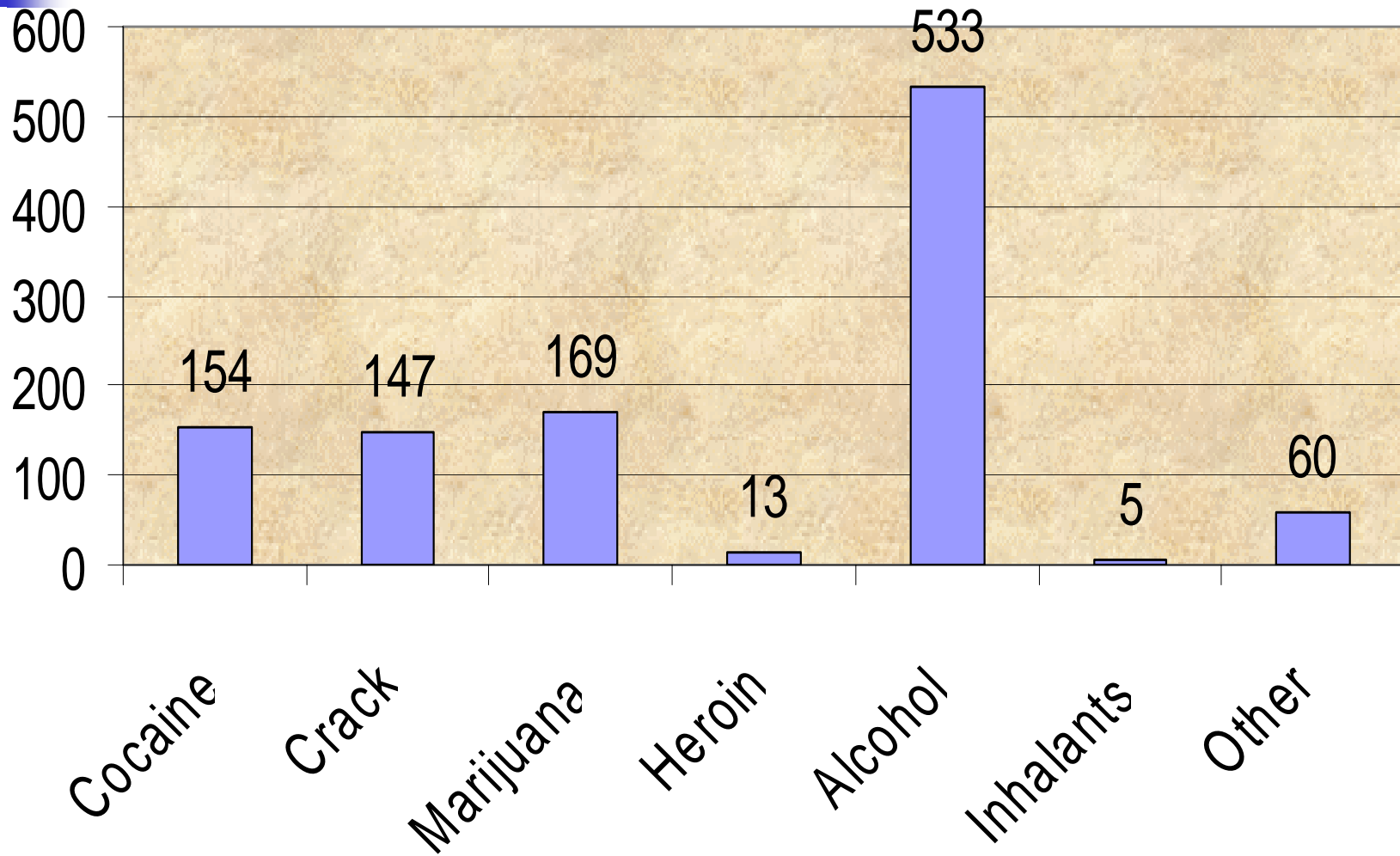
(N=1105, 76% males)



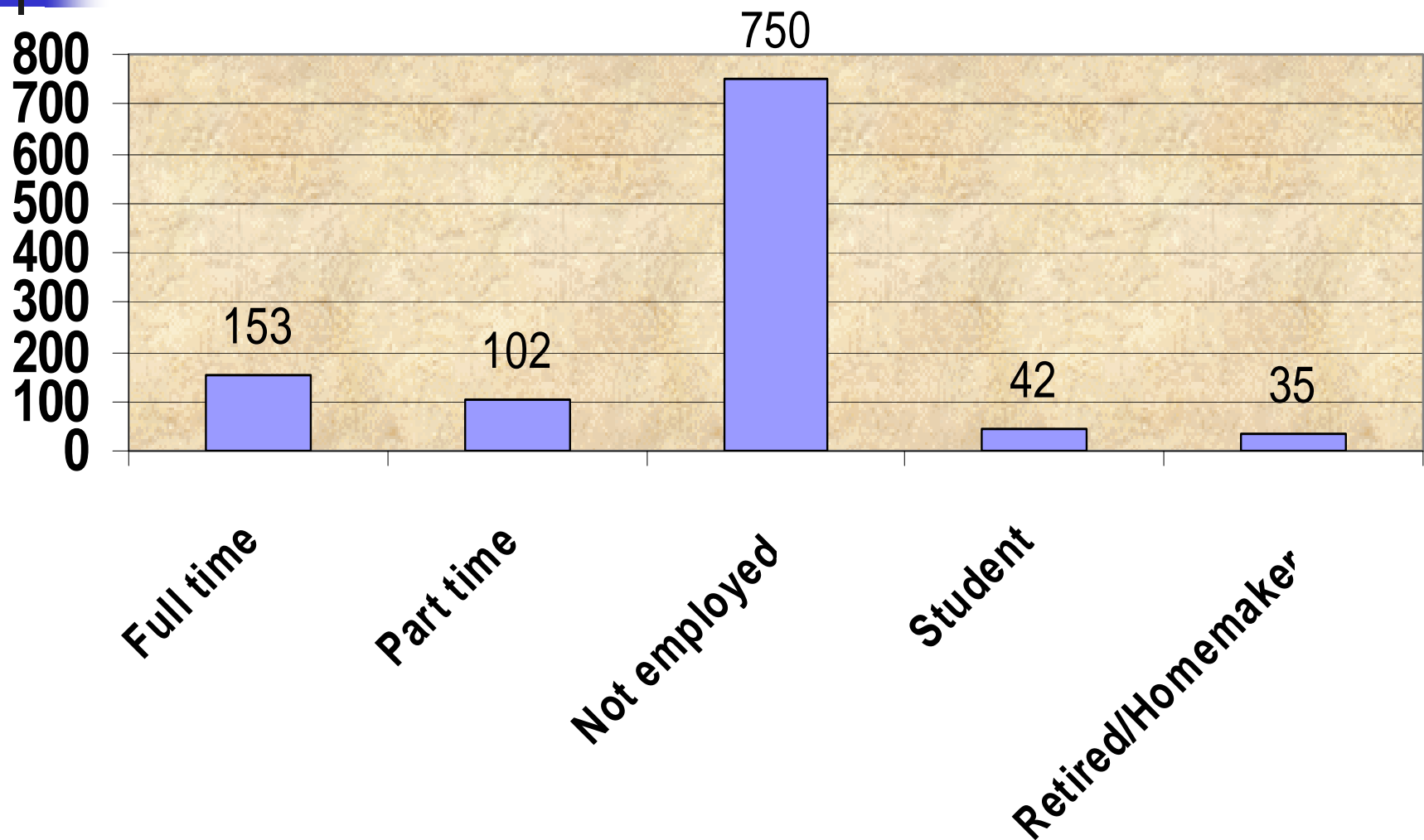
# Hearing Loss (N=1105)



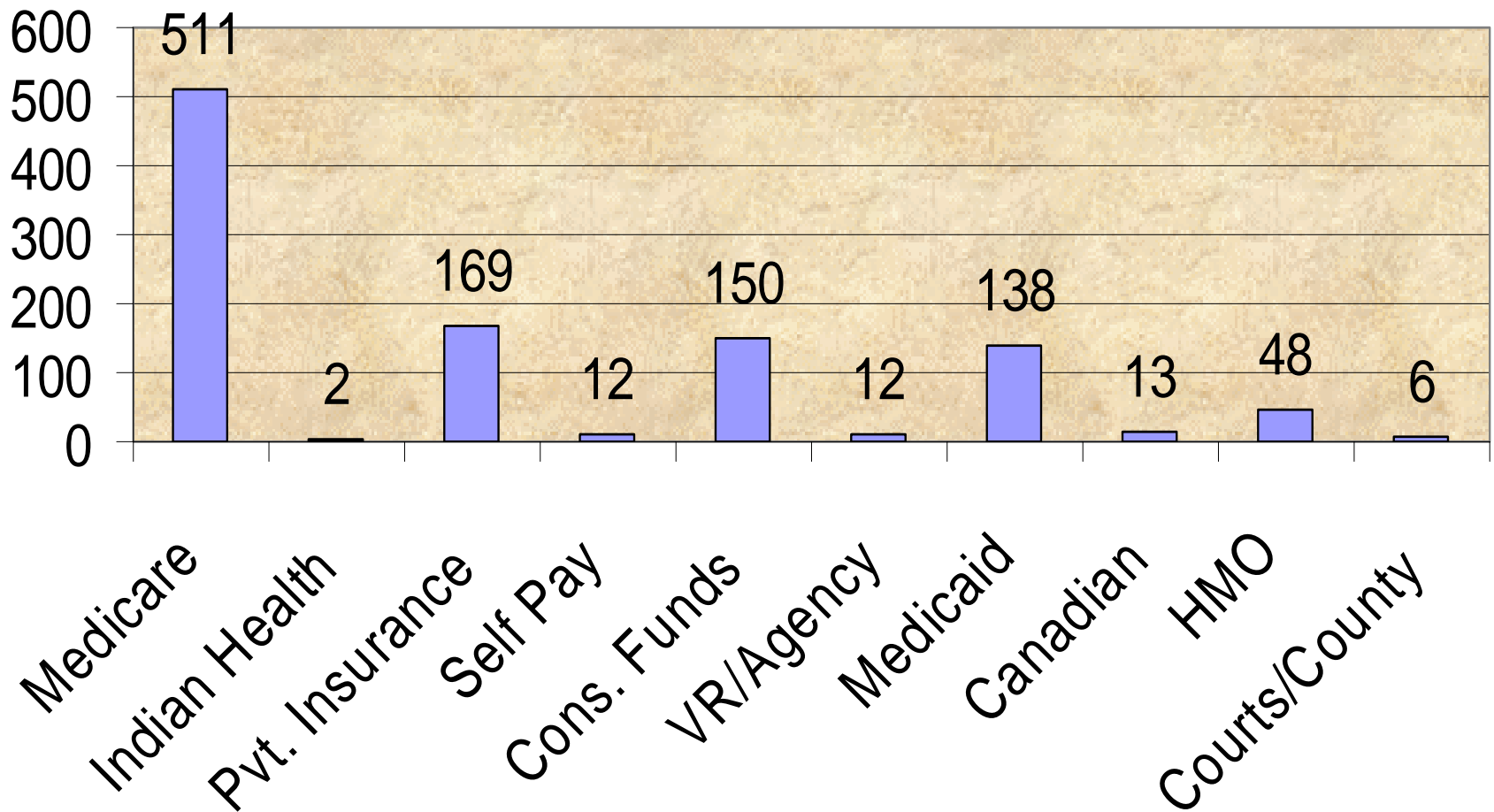
# Drug of Choice (N=1105)



# Employment Status (N=1105)



# Funding Sources (N=1105)





# MCDPDHHI Program Features

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- Communication Access
- Program Offerings
- Modified Approaches
  - Phase I – Evaluation
  - Step Work
  - Use of Drawing/Hands on Activities
  - Group
- Dually Trained Staff



# Outcomes Study

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- Conducted follow-up survey of 100 Deaf/HH clients who completed treatment at the MCDPDHHI (n= 600)
- Which of a variety of factors impacted treatment outcomes?"
- Demographics
  - 17-72 years of age
  - 77% - male, 39% under 30 years of age
  - 75% White, 13% African American, 6% Hispanic, 6% Native American
  - 60% reported alcohol preferred chemical



# Outcomes Study

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- **General Improvement & Abstinence**
  - Attendance at AA/NA meetings
  - Ability to talk to family or friends about sobriety
  - Employment status
- **Limitations of study**
  - Based on internal data
  - Small sample size
  - Language limitations



# Drug Chart Assignment

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- All drugs used
- Last use prior to treatment
- Consequences of use

# Drug Chart

Staff Initials \_\_\_\_\_

1. Name all drugs you have used.
2. Last time I used—what? when? how much?
3. When I am high or drunk, bad things happen to me. Things that happen are called **consequences**.

Draw \_\_\_\_\_ pictures of body consequences.

Draw \_\_\_\_\_ pictures of money consequences.

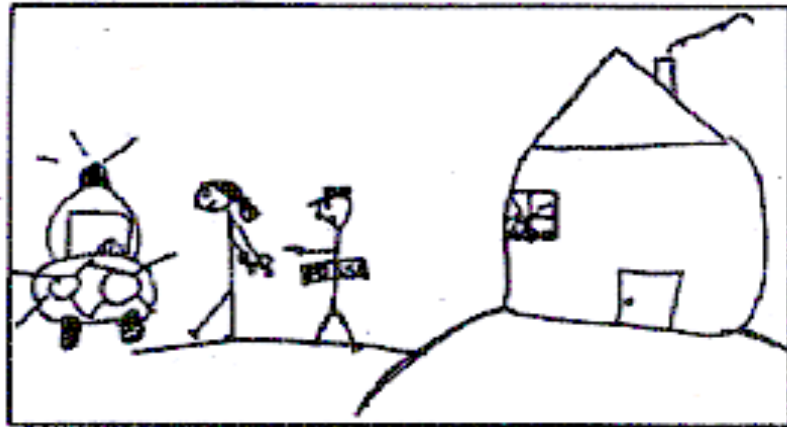
Draw \_\_\_\_\_ pictures of family consequences.

Draw \_\_\_\_\_ pictures of law consequences.

Draw \_\_\_\_\_ pictures of job/school consequences.

Draw \_\_\_\_\_ pictures of social consequences.

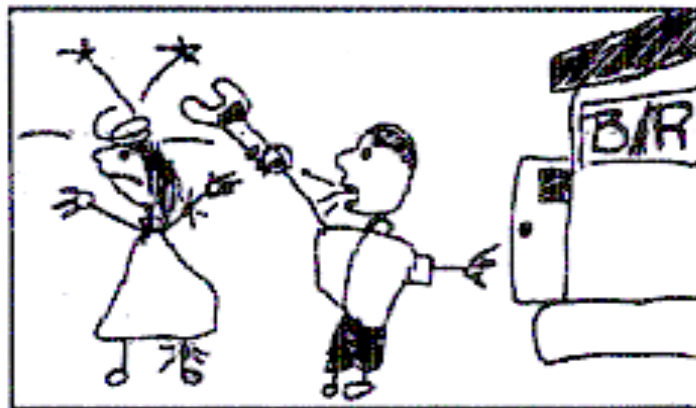
**Drug Chart is due on \_\_\_\_\_**



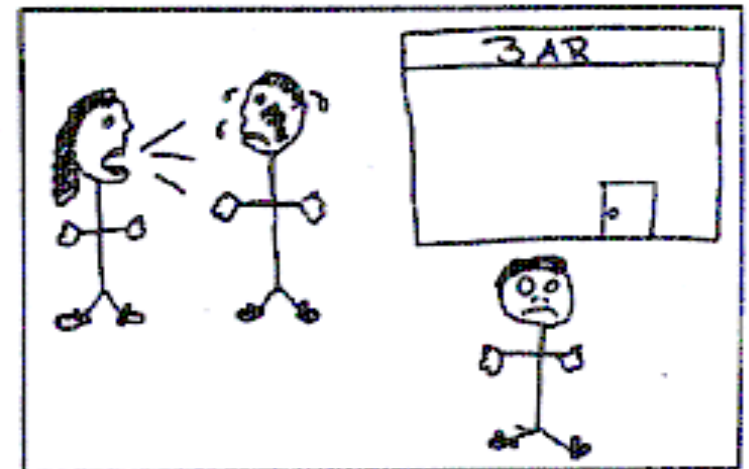
*"I got arrested by the police for breaking into a house."*—**LEGAL CONSEQUENCE**



*"I was high playing Card Poker I lost about \$300.00 or \$500.00. Waste"*  
—**FINANCIAL CONSEQUENCE**



*"Boyfriend and I went to the Bar. We got really drunk and he beat me up real bad with a wrench! . . . on my head."*  
—**PHYSICAL CONSEQUENCE**



*"Hurt my feelings because I embarrass them when I am drunk. Also I argue with my friends when I'm drunk."*  
—**SOCIAL CONSEQUENCE**

61-8938  
10/92

AT DEAF CLUB

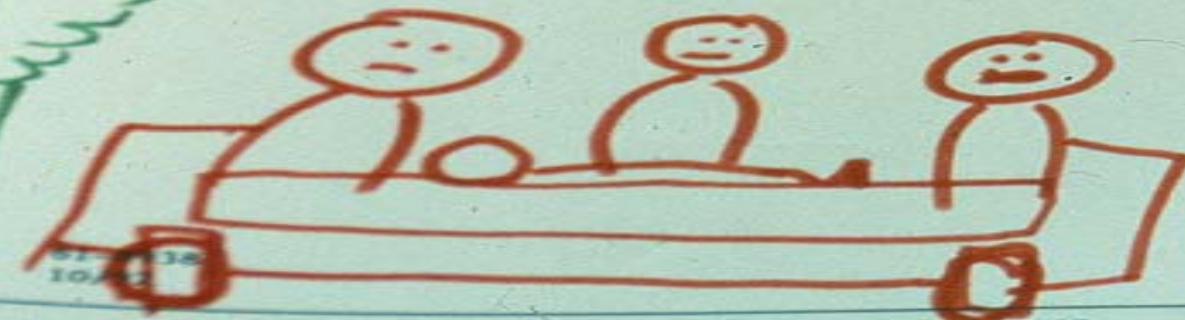
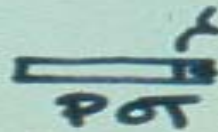
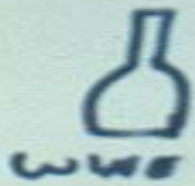


PATIENT WORKSHEET - HIP

PATIENT WORKSHEET - HIP

BODY

BLACKOUT



PATIENT WORKSHEET - HIP

PATIENT WORKSHEET - HIP

10/11



# Step Work Assignments

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- Step One - Powerless & Unmanageable
- Step Two - Help & Hope
- Step Three - Action Step
- Steps Four & Five - Inventory



# Step One Assignment

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- Pictures of unmanageable
- Picture of how unmanageable feels
- Pictures of powerless
- Picture of how powerless feels
- Caused problems for others
- Hurt myself

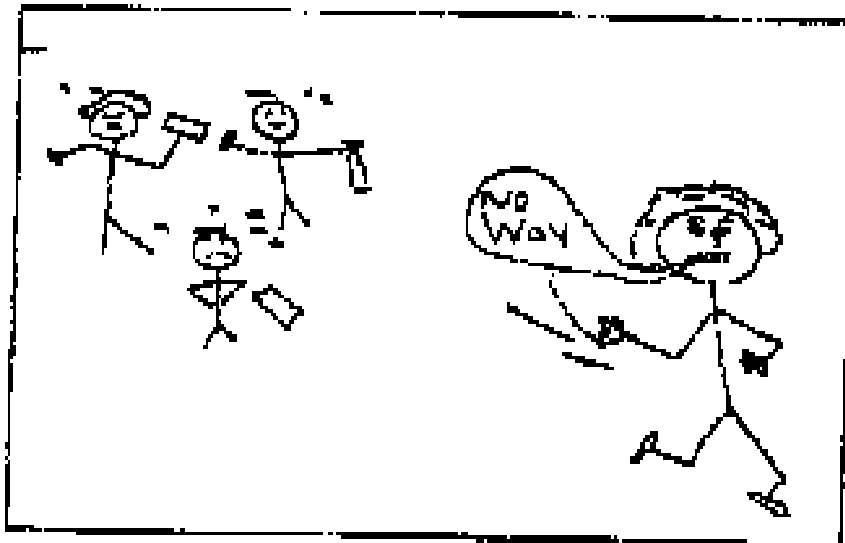
# Step One

Step One: Admitted we were powerless over drugs and alcohol  
and that our lives had become unmanageable

Staff Initials \_\_\_\_\_

1. Watch the ASL video on Step One. Tell 3 things you learned.
2. Draw \_\_\_\_ pictures of how life is **unmanageable** from alcohol/drug use.
3. Draw \_\_\_\_ pictures of **powerless** over alcohol and other drugs.
4. Draw \_\_\_\_ examples of how your drug/alcohol use causes problems **for other people**.
5. Draw \_\_\_\_ examples of how your drug/alcohol use causes problem **for you**.
6. Draw one picture how you feel about unmanageable, powerless & hurting people.
7. \_\_\_\_\_ 1:1's with peer(s). \_\_\_\_\_
8. \_\_\_\_\_ 1:1 's with staff. \_\_\_\_\_

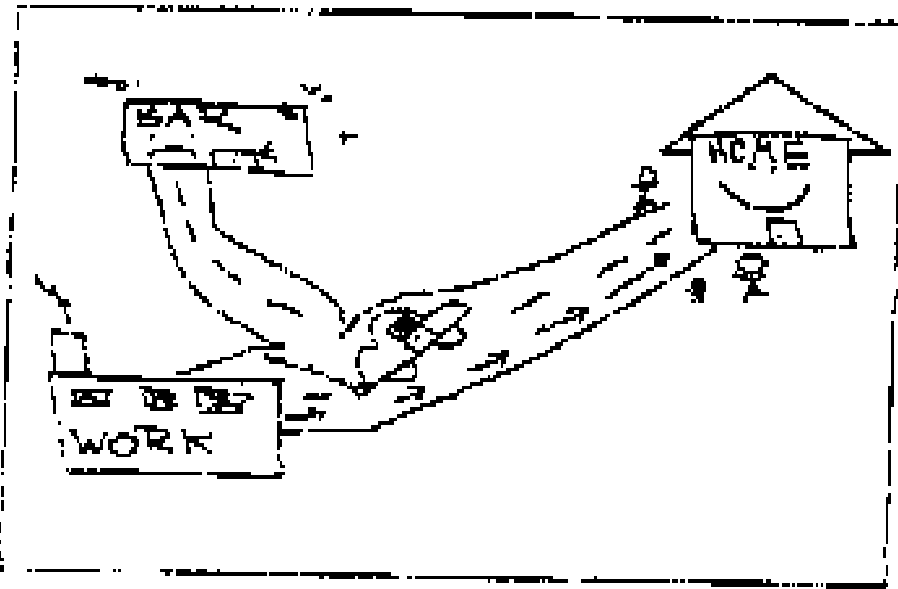
**Step One is due on \_\_\_\_\_.** You will present your work in group.



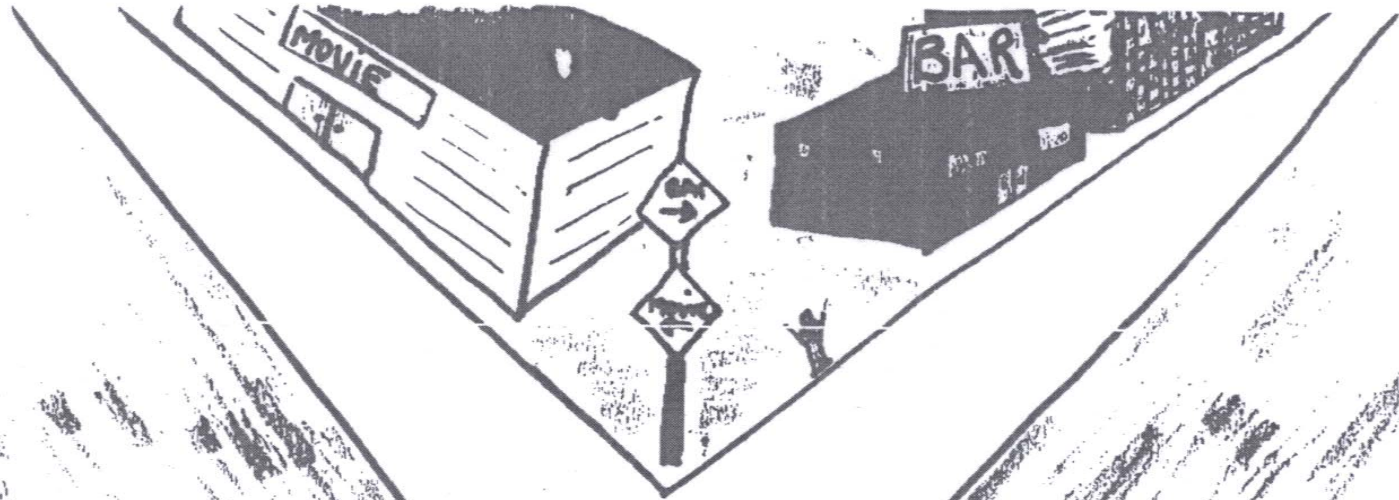
People I need to avoid



Where I feel safe



Places I need to avoid



SUPPOSE I MEET FRIEND  
 AT THE MOVIE, BUT I SAW  
 THE BAR THERE, FUCK FRIEND

GO BAR !!!  
 GET DRINK  
 GET DRUNK



FEELING:  
 DON'T CARE  
 NO FEELING ABOUT  
 FRIEND.

*[Handwritten signature]*

PULL ME OVER  
THERE FOR HIGH +  
DRINK, WITH  
FRIEND.

"POWERLESSNESS!"

?????



Guys

hee



# Step Two Assignment Options

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- Tasks selected from list below
- Staff members encouraged to work as a team to select best fitting tasks for individual
- Language adapted to fit the individual
  - Keep a daily feelings journal about how it feels to ask for help. Did it help you?
  - Daily 1:1's with peers asking for help and record feelings in journal.
  - \_\_\_\_\_ examples of times people have helped me. Draw a picture of how it feels to ask for help.
  - \_\_\_\_\_ examples of ways I am similar to my peers in treatment.

# Step Two Assignment

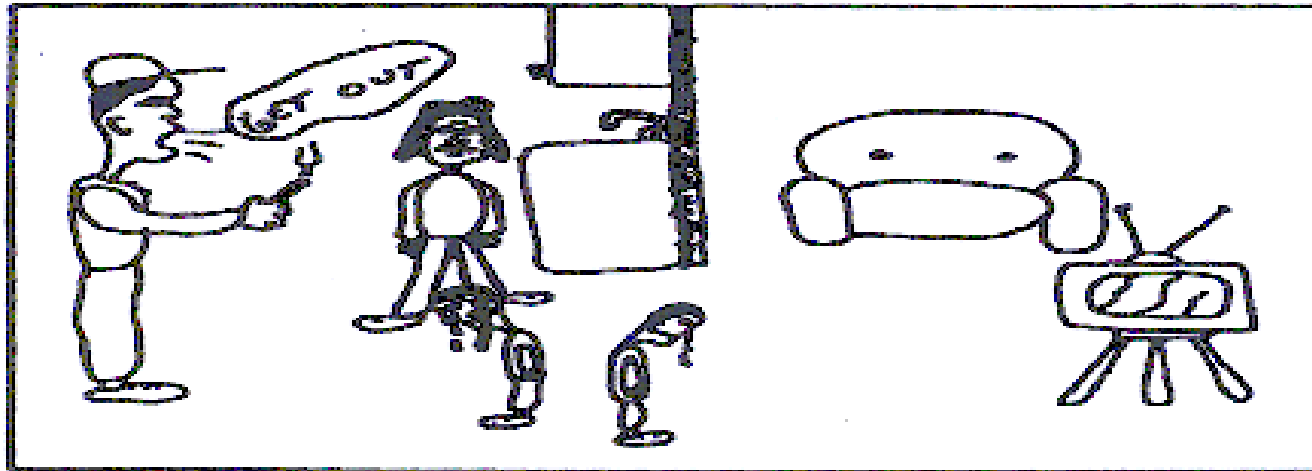
Step Two: Came to believe that a Power greater than  
Ourselves could restore us to sanity

Staff Initials

- |  |       |
|--|-------|
| 1. Meet with Chaplain for Step Two prep. | _____ |
| 2. View ASL videotape on Step Two.       | _____ |
| 3. _____                                 | _____ |
| 4. _____                                 | _____ |
| 5. _____                                 | _____ |
| 6. _____                                 | _____ |
| 7. _____                                 | _____ |
| 8. _____ 1:1's with peers                | _____ |
| 9. _____ 1:1's with staff                | _____ |
| 10. Present Step Two in group.           | _____ |

This work is due on \_\_\_\_\_

*"When we smoke pot in the kitchen, they playing around in the kitchen, I yelled them out of here,*



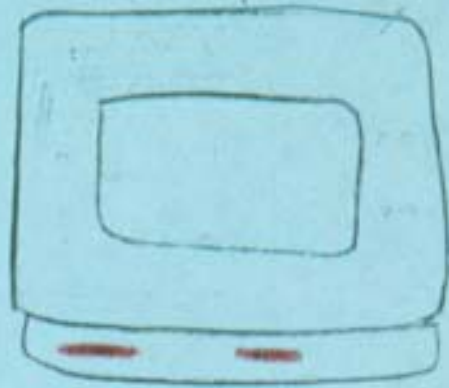
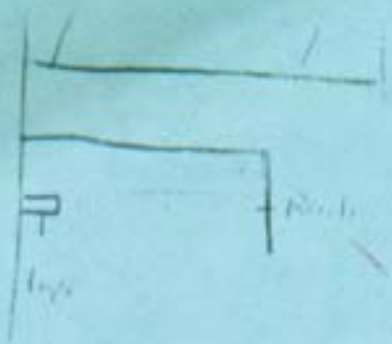
*they start crying, grief, feeling bad, we feeling so guilty."*

**WAYS I  
HURT  
OTHER  
PEOPLE**



**Life is unmanageable**





Safe places  
Safe places  
11 cnts



my parents place

# Step Three Assignment Options



- Tasks selected below to formulate individual plan
- Tasks selected on basis of client needs/abilities
  - Draw one picture of your Higher Power
  - Draw \_\_\_\_ pictures of how your Higher Power helps you
  - The Serenity Prayer says: "Courage to change the things I can". Where does courage come from? What can you change?
  - The Serenity Prayer says: "Serenity to accept the things I cannot change". Tell what you cannot change. How do you accept that?
  - Draw \_\_\_\_\_ what my Higher Power wants.
  - Draw \_\_\_\_\_ what drinking/using me want.
  - Draw \_\_\_\_\_ what sober me needs.
  - Write/Draw how I contact with my Higher Power.
  - Write/Draw how my Higher Power communicates with me.
  - Write/Draw what Higher Power means to me.

# Step Three Assignment

Step Three tells us: Made a decision to turn our will and our lives over to the care of God as we understood Him.

Do work in the order written. Get staff to sign before doing the next task.

Staff Initials/Date

1. Meet with Chaplain for Step Three prep. (If Chaplain is not available, staff may give permission to view the Step Three prep on videotape.)

\_\_\_\_\_

2. Watch ASL videotape on Step Three.

\_\_\_\_\_

#. \_\_\_\_\_

\_\_\_\_\_

#. \_\_\_\_\_

\_\_\_\_\_

#. \_\_\_\_\_

\_\_\_\_\_

#. \_\_\_\_\_

\_\_\_\_\_

#. \_\_\_\_\_ 1:1's with peers \_\_\_\_\_

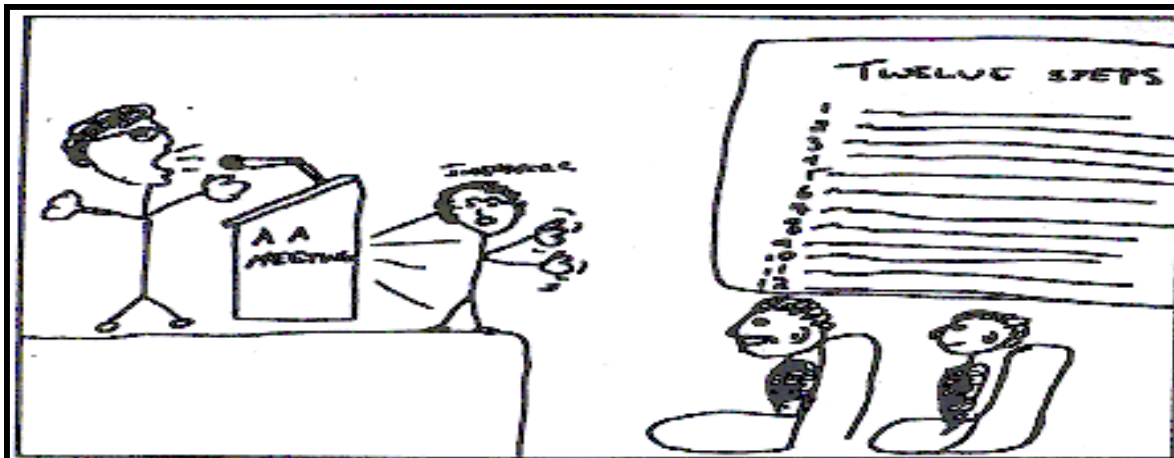
\_\_\_\_\_

#. \_\_\_\_\_ 1:1's with peers \_\_\_\_\_

\_\_\_\_\_

#. Present Step Three in group. \_\_\_\_\_

**This work is due on \_\_\_\_\_.**



**Places I can go to get support**



**My Higher Power**

# Step 3- Higher Power

Protected me from my Family, My  
H. P. Works thru other people.

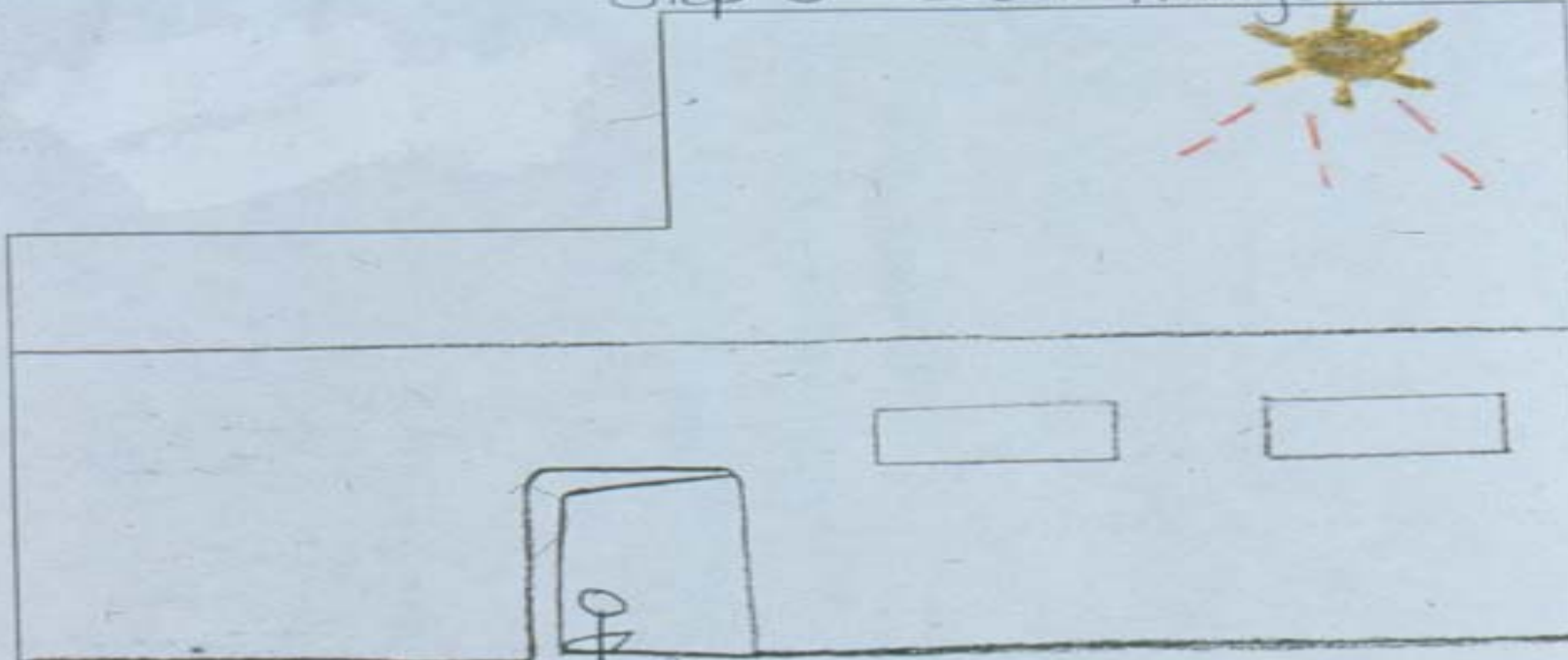


Learn to live a healthy and  
longer life with the program.

Steps

Traditions

# Step 3 - Sober things to do



PATIENT WORKSHEET - HIP



# Deaf Adolescent Substance Abuse Treatment

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- Should services provided for D/HH adolescents be separate/specialized or inclusion based?
- Due to the low incidence nature of the D/HH population, there should be a nationally coordinated effort related to prevention, treatment and aftercare service provision.
- There is a need to identify best practices and survey those used for Deaf/HH adolescents.



# **A Community Left Behind: A Road Map for Treatment Enhancement and Expansion for the Deaf Community**

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James Schiller, M.S.W., LCSW-C

Gallaudet University  
Washington, D.C.

**This Deaf youth is at risk for substance use. Who will be there to help?**





# Why is this road less traveled in the treatment community?

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Treatment communities are faced with these questions:

- Needs assessment?
- Separate services or inclusion based?
- Definition of “accessible treatment”?
- Cultural competence?
- Workforce development?
- Financial feasibility?



# Guiding Principles Toward Program Development

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- Deserve equal access to treatment held to the same standards as Hearing individuals
- Greatest advancement in practice at the least possible cost
- Feasibility is best achieved through coordinated efforts.
- Intervention needs to be data driven.
- A multidisciplinary approach
- Mainstream and Schools for the Deaf

# Nationally Coordinated Effort is Needed

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graph TD; A[Simultaneous Systemic Intervention] --- B[Research]; A --- C[Professional Development]; A --- D[Continuum of Care];
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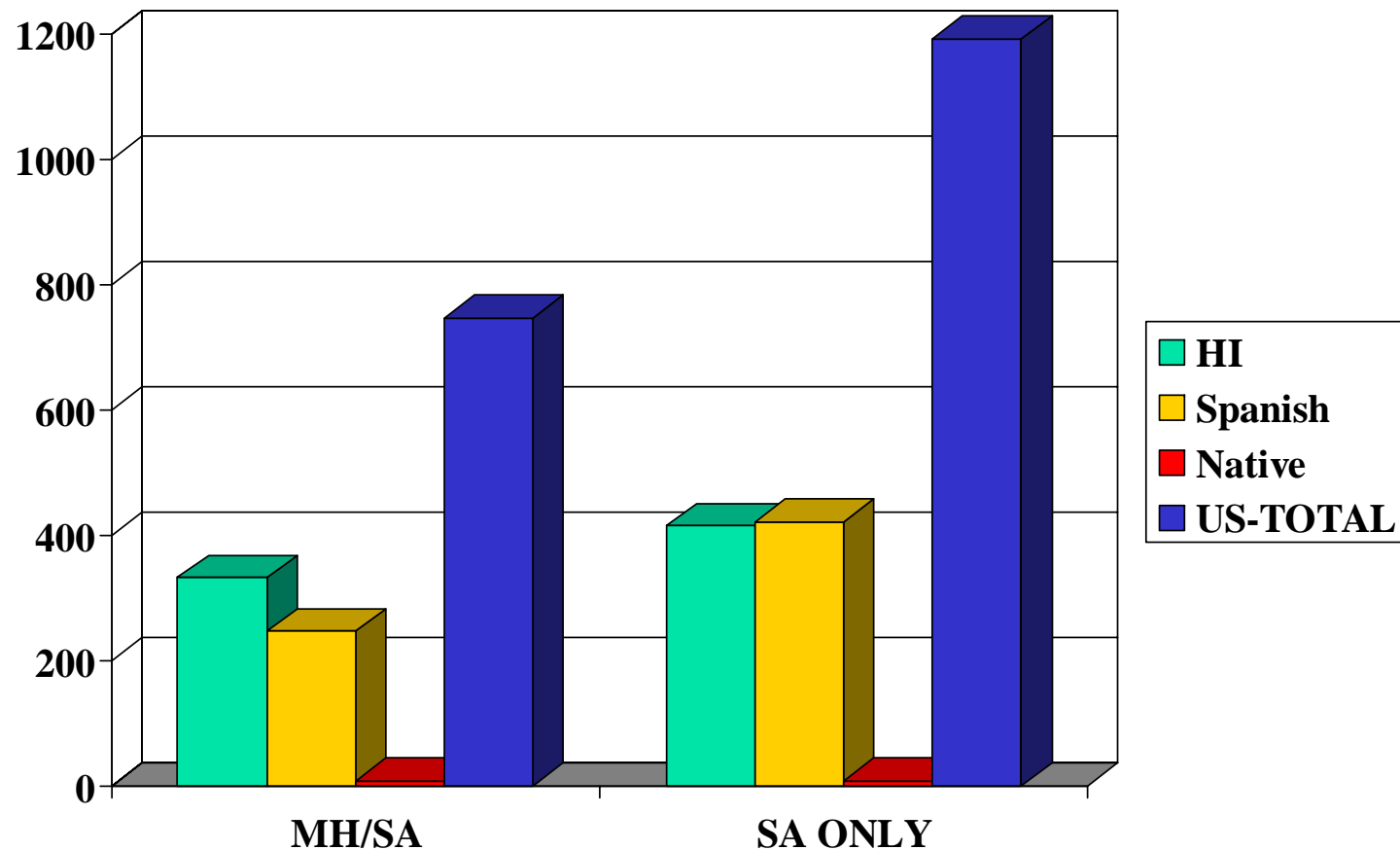
Simultaneous Systemic Intervention

Research

Professional  
Development

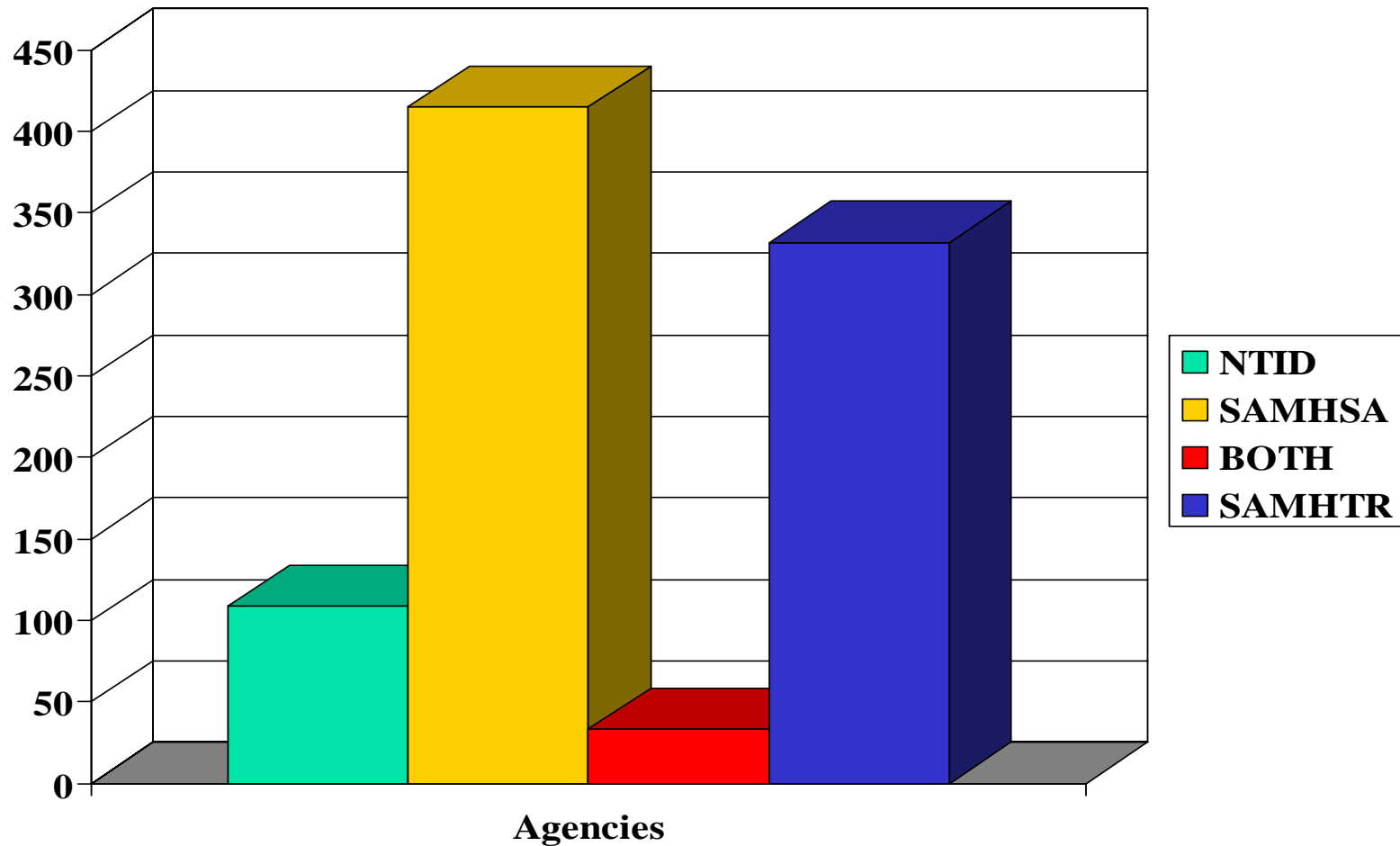
Continuum of Care

# What do we currently know? National Availability of Treatment by Language



Source: SAMHSA treatment facility locator 3/2006

# SAMHSA VS. NTID Data on Treatment Availability





# What We Do Not Know

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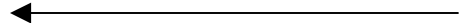
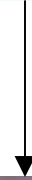
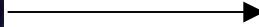
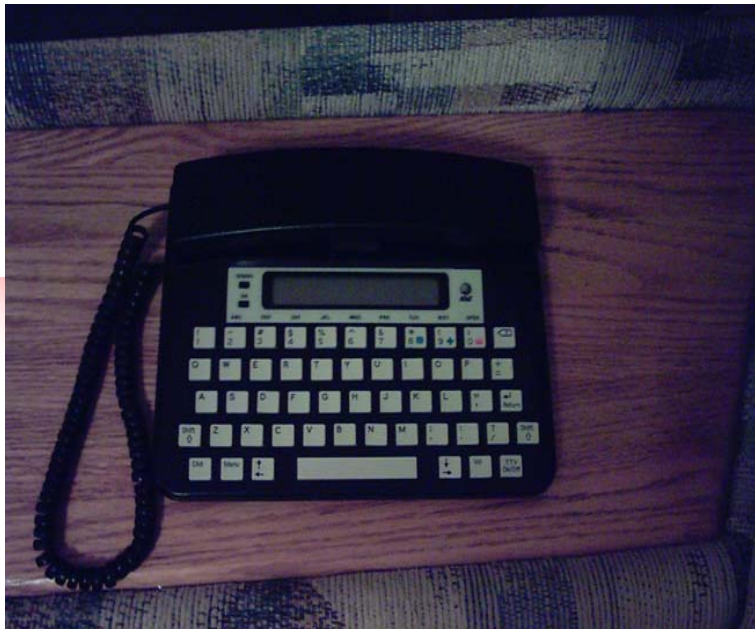
- What approaches are being used?
- Outcomes?
- Program type offering such approaches?
- Whether culture competence assured?
- Type of accommodations?
- Target of program adaptation i.e., model or accessibility?
- Impact of community campaign on referrals?



# Implications of Technology

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- As it advances, treatment must take note.
- Provides opportunity for training, employment, supervision, etc.
- Greater proactive and reactive measures toward engagement and retention
- Greater accountability for the client in treatment
- Greater accessibility for first contact
- Greater collaboration



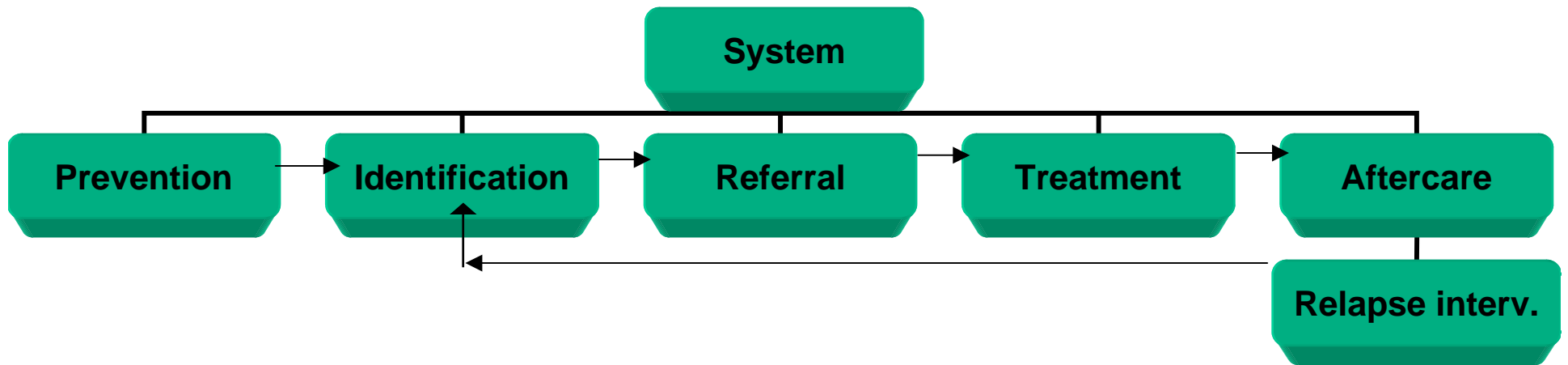


# Professional Development

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- Infuse substance abuse issues in Disability curriculums
- Form relations with Social Work, Counseling, Psychology masters programs for the Deaf/HOH
- Internships and Practicums
- Post degree specialized training, courses, and supervision (Distance Learning)
- Training DVD and Video captioned or 

# Continuum of Care: Research Needs to Focus on All Aspects





# Additional Treatment Considerations

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- Research to reflect current and emerging factors, i.e.:
  - International adoption
  - Mainstream education and ASL classes
  - ADHD, Learning Disabilities
  - Cultural Quagmire
  - Multiple stigmatization
- Best practice in community infiltration



# Identification

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- Need for a quick screen and evaluation tools (ASI, GAIN, SASSI)
  - Cultural relevancy
  - Linguistic relevancy
  - Standardization
- Avoid exclusion from drug testing and other school and community based measures



# Basic Program Development Partners

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- Schools for the Deaf
- Mainstream schools
- Treatment programs
- Community social service agencies for the Deaf



# Coordination of Resources

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- Efforts need to be coordinated instead of fragmented.
- All efforts should be based on agreed upon principles.
- Tap into existing resources as well as potential ones
- Develop more national partnerships to assist in both academic investigation and service delivery enhancement.



# Example: Tucson, AZ

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Factors to consider:

- Legislative opportunity: Jason K. lawsuit
- Partial interest in a common goal
- Shared responsibilities
- Shared funds
- Liaison
- Common interest to address underserved individuals
- Common interest to address individuals with disabilities

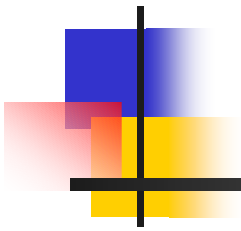


# Next Steps: Mirror Model

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- Create a coordinated mechanism for communication
- Outreach to build membership and resources
- Create mechanism to identify, disseminate, track call for papers
- Establish a presence in the Deaf community
- Create mechanism to collaborate on RFPs based on a "Strategic Plan"
- Develop accessible "data bank"
- Create an NTAC to facilitate all of the above

# The Bottom Line...



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Keven Poore, MA, CASAC  
F.E.G.S New York Society  
for the Deaf Services  
Manhattan



# Observations

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- Deaf individuals have certain characteristics warranting appropriate treatment/intervention approaches.
- Lack empathy, lack of insight into own issues
- Inability to obtain full continuum of care results in increased relapse episodes.



# What Now?

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- Address drug and alcohol issues openly and clearly with adolescents
- Make culturally and linguistically appropriate treatment a priority
  - Allocate funds regionally to allow for lesser distance from home to treatment and for family involvement
  - Increase training opportunities for ASL fluent counselors to join the field



# For Further Information

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- Visit our website at [www.chestnut.org/LI/GAIN](http://www.chestnut.org/LI/GAIN) for information and files to download (including the instrument)
- Contact Dr. Janet C. Titus at Chestnut Health Systems ([jtitus@chestnut.org](mailto:jtitus@chestnut.org))
- These slides are at [www.chestnut.org/LI/Posters](http://www.chestnut.org/LI/Posters)



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- The opinions expressed here belong to the authors and are not official positions of the government.