

## **Assessing Substance Abuse Problems with Deaf and Hard of Hearing Individuals** **Debra Guthmann, Ed.D, and Kathy Sandberg, B.A., C.C.D.C.R.**

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### **Abstract**

Professionals who provide services to Deaf and hard of hearing individuals may encounter situations that could be related to the person's use of alcohol and/or other drugs. Accessing an agency that can provide an appropriate chemical dependency assessment for a Deaf or hard of hearing person is difficult since there are no formalized assessment tools normed or specifically designed to use with Deaf and hard of hearing individuals. Additionally, most assessors are unfamiliar with how to work with Deaf and hard of hearing people, less likely to be fluent in American Sign Language and unaware of appropriate treatment options. The purpose of this article is to provide an overview of chemical dependency, assessment issues and considerations unique to this population. A chemical dependency assessment tool developed by the Minnesota Chemical Dependency Program for Deaf and Hard of Hearing Individuals is described as well as a case study that will assist with the application of the assessment process.

### **Introduction**

According to the 1992 National Household Survey on Drug Abuse, more than 74 million Americans have used alcohol/drugs and this use can interfere with daily living, relationships, and the health of the user. Addiction to alcohol and or other drugs is found in every class and group of people in the United States including Deaf and hard of hearing people. How does one know if someone is an alcoholic and or drug addict? Can a person who only drinks beer be addicted? If someone only drinks on the weekend are they an alcoholic? It is imperative that professionals who work with Deaf and hard of hearing individuals be familiar with how to identify the basic signs and symptoms of alcohol and drug abuse. This article will provide a basic overview of chemical dependency, symptoms of substance abuse and a case study outlining assessment issues.

### **Chemical Use, Abuse and Dependency**

Chemical dependency can be defined as the continued use of mood altering chemicals, despite suffering harmful consequences and marked by the inability to stop using. It is a primary love and relationship with a mood altering chemical that systematically changes the way a person thinks, feels and behaves. Using drugs becomes more important than interpersonal relationships, performance at school or work, planning for the future, or anything else. Evans (1990), reminds us that Father Martin, a famous priest in the addictions field, describes the criteria for identifying alcoholism simply as, "What causes problems is a problem." If drinking and using drugs are causing problems in someone's life and the individual keeps drinking and using drugs in spite of the problems, then that person has a problem with drugs and alcohol.

There is substantial evidence that chemical dependency can be accurately described as a

disease. In fact, □The American Medical Association, American Psychiatric Association, American Public Health Association, American Hospital Association of Social Workers, World Health Organization, and the American College of Physicians have now each and all officially pronounced alcoholism as a disease (Valiant, 1983). In April of 1987, the American Medical Society on Alcoholism and other Drug Dependencies ( whose membership includes over 2,000 M.D.s certified as specialists in chemical dependency) officially declared that what is true for alcoholism is also true for addiction to other drugs (Schaefer, 1996).

Chemical Dependency is a *primary* disease meaning that it is not just a symptom of some other underlying physical or emotional disorder. Instead, it causes many such disorders. This means that many other problems a chemically dependent person may have - such as physical illness, disturbed family relationships, depression, unresolved grief issues and trouble at school or on the job - cannot be treated effectively until the person stops using chemicals. The dependency must be treated first.

Chemical Dependency is a *progressive* disease and once a person enters the addiction process, the disease follows a predictable progressive course of symptoms. Left untreated, it always gets worse. The progression typically starts with a person using chemicals with few consequences and moves to the use of chemicals with more serious consequences.

Chemical Dependency is a *chronic* disease. This means that there is no cure for this condition. In this respect, chemical dependency is similar to diabetes, another chronic disease. In both cases, an individual can have a healthy, happy, and productive life as long as he or she accepts the need for a program of recovery. For the chemically dependent person, this means no use of mood-altering chemicals and other changes in one's lifestyle. Chemical dependency is a lifelong disease with effective treatment, but no cure.

Chemical Dependency is a *fatal* disease. A chemically dependent person ultimately dies prematurely if he or she continues to use alcohol or other drugs. According to Schaefer (1996), the average lifespan of an alcoholic is 10 to 12 years shorter than that of a non alcoholic. He also states that alcoholics are 10 times more likely than non-alcoholics to die from fires, 5 to 13 times more likely to die from falls and 6 to 15 times more likely to commit suicide.

The four characteristics of chemical dependency just described( primary, progressive, chronic and fatal) can be discouraging for both the addicted person and others who want to help.

But, chemical dependency can be treated and arrested. Schaefer (1996), indicates that seven out of ten chemically dependent persons who accept treatment and use the knowledge and tools they are given there find sobriety.

### The Pattern of Alcohol/Drug Use

Addiction doesn't happen overnight and people start to use for a variety of reasons. Most of the time, people begin to drink or use other drugs to have a good time. The pattern of addiction consists of four different stages which include: Use, Misuse, Abuse and Dependency.

1.) *Stage One - Use* - A person uses alcohol and or other drugs in a way that does not cause problems in everyday life, for their family, for their friends or for society(community); 2.) *Stage Two - Misuse* - A person uses alcohol or other drugs and the alcohol and/or other drugs causes problems for them. These problems can happen at home, school or work and can involve the family, friends and/or the police; 3.) *Stage Three - Abuse* - A person thinks or feels that he/she

needs the alcohol and/or other drugs to feel good, to go to work or school, to solve problems, to socialize with friends, etc.; 3.) *Stage Four - Dependency(Addiction)* - A person needs to use alcohol and/or other drugs, just to feel normal. These individuals have many problems but don't see them. These individuals cannot stop their use of alcohol and/or other drugs without some level of intervention.

The Diagnostic criteria for chemical dependency may include several or all of the following items: continued use despite negative consequences, pathological use, loss of control, use to extreme intoxication, blackouts, increased tolerance, preoccupation with use, polydrug use, intoxication throughout the day, repeated attempts to quit/control use, binge use, solitary use, failure to meet obligations due to use, use to medicate feelings, unplanned use, protecting supply, changing friends, willingness to take increasing risk, morning use or tremors.

The American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* (DSM-IV) is widely used to "provide clear descriptions of diagnostic categories in order to enable clinicians and investigators to diagnose, communicate about, study and treat people with various mental disorders" (DSM-IV, 1994, p. xxvii). There is an entire section dealing with substance-related disorders which presents diagnostic options for various substances and for abuse or dependence. The DSM-IV criteria for alcohol dependence include a maladaptive pattern of alcohol use; increased tolerance; characteristic withdrawal symptoms; inability to cut down or stop; giving up or reducing social occupational or recreational activities because of drinking; time spent focused on drinking or obtaining alcohol; and continued drinking despite physical or psychological problems caused by the use of alcohol. Diagnosis or assessment of a substance abuse problem may happen in a variety of settings including a medical setting, a substance abuse treatment program, a funding agency or a mental health services provider.

### Assessment Issues

The purposes of chemical dependency assessment are to evaluate an individual's strengths, problems, needs and develop a treatment plan (CSAT-ASAM, 1995). While assessment has always been an important aspect of appropriately serving clients, the burgeoning of managed care systems, with conservative approaches to placing people in treatment, make accurate assessment even more crucial.

When assessing the extent of an individual's chemical use the quantity of chemicals used should not be the sole basis for a diagnosis. The quality of use also provides helpful indicators of dependency. The development of increased tolerance or the presence of withdrawal symptoms are considered indicators of dependence. The element of loss of control is also recognized as significant in assessing chemical dependency. The individual who uses more than planned or violates his/her own limits for use may be experiencing a loss of control. As previously mentioned, another factor considered to indicate dependency is the continued use of mood altering chemicals despite knowledge of negative consequences. Individuals who seek to resolve their problems through the use of alcohol and other drugs end up with even more problems because of their use.

For diagnostic purposes, most agencies that work with Deaf and hearing individuals have developed their own assessment protocols, which seek to eliminate the communication barriers

inherent in diagnostic tools developed for use with hearing people. The following elements, consistent with the biopsychosocial perspective, should be included in a model assessment: medical examination, alcohol and drug use history, psychosocial evaluation, psychiatric evaluation (where warranted), review of socioeconomic factors, review of eligibility for public health, welfare, employment and educational assistance programs" (CSAT, 1995, p. 66).

### Signs and Symptoms in Life Areas

One way of assessing the impact alcohol and other drugs have on a person's life is to consider the consequences of that use in various life areas. These life areas may include school/employment, family, social physical, legal, spiritual, financial and the impact that substance abuse has had on each area. Generally, the primary difference in assessing Deaf and hard of hearing individuals as compared to the assessment of hearing people relates to communication issues. Unfortunately, there are currently no formalized assessment tools specifically designed for use with Deaf persons. Programs serving Deaf people have tended to develop their own systems or have modified existing instruments normed on hearing people. The process typically incorporates a structured interview model focusing on major life areas. The following are some of the consequences commonly seen in the respective life areas:

#### Physical

frequent, unexplained illness  
sudden weight loss or gain  
injuries (from fight, accidents)  
generally unhealthy appearance  
unusual sinus or dental problems  
memory loss (blackouts)  
hangovers

#### Family

fights, disagreements (about use)  
neglect of responsibilities  
failure to attend family functions  
lack of trust  
separation/divorce  
loss of custody of children

#### Legal

DWI or DUI charges  
probation violations  
restraining orders  
legal fines  
court appearances

#### Financial

overdue bills  
banking problems  
borrowing/stealing money  
owing money to others  
gambling activity  
unexplained sources of income

#### Work/School

unexplained absences  
pattern of absences/tardiness  
inconsistent/declining performance  
under the influence of chemicals  
problems with boss/co-workers  
discipline in job/school

#### Social

isolation, lack of friends  
changing friends  
socialization centered on use  
friends are older or younger  
broken relationships

These signs can help to detect a problem with the use of alcohol or other drugs. One or even a few of these symptoms alone is probably not significant but in combination, they can point to difficulties. Changes in these life areas that are not attributable to other causes may be significant factors when considering whether or not a person has alcohol or other drug problem. These life areas help those attempting to assess for potential alcohol or other drug problems a more complete picture of how chemical use has impacted the individual's life as a whole.

It is important to reiterate that just because an individual meets some of the above criteria does not necessarily mean that the person is chemically dependent. An example of this would be a case where a Deaf high school student was coming to school late on a daily basis. Staff had also noticed that the student's grades were dropping and he was not as motivated in school. If you look at the above criteria, this kind of behavior might be an indication of potential alcohol and or drug use. In this example, as it turned out, the teenage boy's father was working nights and they had gotten a new big screen television with pay for view movies and other cable options. The student was staying up all night watching television and was not able to wake up on time to go to school or to complete his homework. Once the family was able to resolve the issue of no television access at night, the student's attendance at school and grades improved. This points out the importance of using the above information as a guide, but collateral information becomes critical when attempting to determine the need for chemical dependency treatment or other interventions.

### Communication Issues and Assessment

A common problem encountered when assessing Deaf people involves the use of chemical dependency language not familiar to the individual. For example, a typical question may deal with the experience of a "blackout" which is a significant diagnostic feature of chemical dependency. (Blackout refers to a period of time in which the person is awake and functioning but after which there is no recollection of some or all of the events.) In assessing a Deaf client, the interviewer may need to explain the phenomenon in addition to (or instead of) using the term "blackout". The interviewer who fails to explain concepts or vocabulary that may be unfamiliar risks compromising the validity of the assessment. Few clients will ask for an explanation or clarification of terminology, but instead may respond to the question without understanding it completely. Another common problem area is related to the use of an interpreter for an assessor who is not able to communicate directly with the Deaf client. The addition of a third party will most likely change the dynamics and possibly the validity of the interview session if the interpreter is not fully qualified. The limited availability of such interpreters is also a factor that continues to be a problem throughout the United States. There are very few interpreter training programs that focus on the specialized substance abuse vocabulary necessary when assessing Deaf individuals.

### Assessment of Problem Use

Knowing and recognizing potential signs of chemical abuse is an important step in helping individuals who may be experiencing problems. A significant aspect of chemical dependency is the denial exhibited by the individual requiring some kind of intervention. In the absence of outside feedback, many people are able to rationalize, minimize and in others ways

deny the problem. Chemical use becomes such an integral part of one's life that a person is unable to see the negative effects or to attribute them to the use of the alcohol or other drugs. While accusations about chemical use may lead to even stronger denial, sharing of genuine concerns can be an effective technique to help someone realize how their use is having a negative impact. The use of "I" statements and naming specific concerns or behaviors can be helpful. For example, a concerned person might say, "I notice you have been missing a lot of work.", or "I notice you have been missing a lot of school." "I care about you and am concerned that you might need some help." Such communication is less likely to raise the person's defenses and lets them know that someone cares about them.

The Minnesota Chemical Dependency Program for Deaf and Hard of Hearing Individuals (MCDPDHDI) has developed an assessment tool that is useful in recording the information, once the interview with the client has been completed (Appendix A). When talking with a client, it is essential to maintain eye contact and to elicit information from the person in a non-judgmental manner. The manner in which questions are asked can determine the effectiveness of the interview.

To assist in the application of the assessment process, a case study is presented below followed by the completion of an assessment questionnaire on Mary.

#### Case History - Mary

Presenting Problem: Mary has been sent to see the vocational rehabilitation counselor by the Employee Assistance Counselor at the Factory she works at due to problems with attendance, work performance and attitude. Several of her supervisors and co-workers had brought concerns to this EAP person about her isolating herself, mood swings, increased irritability on the job and increased absences. In the initial meeting she was nervous, shy and a little depressed in appearance.

Background: Mary is a 26 year old female who lives in a small town in Western Wisconsin. She has lived there all her life except for time spent at the school for the Deaf (where she received a high school diploma). Her family consists of her mom, step-dad, and two younger siblings. All are hearing and only mom can communicate adequately with her via sign language. Her father died when she was 8 years old and her step-dad married her mom when she was 10. Mary has never liked the step-dad and reports he is "abusive and awful" when he drinks (the extent of this abuse is unknown). Mary was married for two years to an older abusive alcoholic man who was Deaf. She divorced him after one of his beatings put her in the hospital; he went to jail for this incident. It was after this divorce that Mary came to D.V.R. for help finding a job and was placed in the factory she has been working at for the past 2 1/2 years.

In her initial interviews, Mary focuses on feeling very isolated, lonely, and depressed about living in a small town with no other Deaf people. Her social connections are with people she works with (Mainly through parties and going to ☐happy hour☐ after work), her mom whom she sees occasionally, and two Deaf friends in a town 30 miles away. Mary reports that her job bores her and that while she feels lonely, she is increasingly annoyed at her co-workers ☐meddling☐ in her personal business. She admits she has missed several days of work (mostly Mondays) and is often late for work.

Mary does understand why her co-workers are concerned because she knows she ☐s been more depressed and difficult to be around. She hopes that her vocational rehabilitation counselor can provide a training opportunity that would lead to a new work situation, or that she will just get the people at work to leave her alone. She is initially not open to counseling or allowing the counselor to get more data from her supervisor.

Interviews and collateral reports produce the following specific pieces of data:

Work:

Mary's attendance at work is a problem. She is missing several days of work a month, mostly Mondays and is late at least half the time. Often these missed days come after a night of drinking with friends.

Mary's performance is getting worse, with more mistakes, accidents and lost time. A job she initially did with ease she is now doing poorly.

Mary is isolating from people she used to hangout with at work and is very irritable with co-workers.

People report she is looking real rough on some mornings and that she spends long periods in the bathroom being sick.

Social:

Mary's friends at work are "the drinkers" and she likes going out with them because she fits in and can have a good time drinking.

The two Deaf friends Mary visits are "heavy party people" who take her to a Deaf club to drink or to a bar or they stay at their home. Whenever they get together and whatever they do, the focus is on getting loaded.

Mary is shy and sees drinking as the only way to relate to people, especially hearing people. Increasingly, she finds she is preferring to drink alone and avoid all the hassles involved in socializing.

Legal:

Mary drinks and drives a great deal even though she hates it and is scared. She has been pulled over 3 times by police and let go each time after playing her "poor little Deaf girl" act.

Mary has had two accidents while drinking, one resulting in a bruised forehead and a concussion.

Financial:

Mary is in financial trouble because of the money she spends on alcohol, the time off of work that she is not paid for and being irresponsible about personal financial affairs (i.e. "forgetting" to pay bills).

Family:

Mary is so financially strapped she is considering moving home again, despite how much she dislikes her step-dad and how it will complicate her drinking.

Mary gets in fights with her mom whenever mom brings up a concern about her use or appearance. Mary knows she's "dumping" her anger on her mom and feels badly about it.

Personal:

Mary feels increasingly hopeless about ever feeling happy again. Drinking used to make her sadness go away, but more and more it is just making her feel more depressed.

Mary's personal appearance and hygiene have been deteriorating lately.

Mary has been abused a lot by men and does not trust men accordingly. She gets so angry whenever she thinks about her ex-husband beating her that she feels like killing someone. This anger scares her a lot and she tends to drink heavily at these times to make the anger go away. This has worked pretty well, so well

in fact, that she even feels attracted to men when drunk. This paradox also makes her feel angry!

Mary is terrified that her drinking and driving will kill her someday, so she is trying to change her drinking behavior to be safer.

Chemical use:

Mary is drinking alcohol every day (5-6 drinks) and her weekend use is almost constant (binge-like).

Mary has had at least 3 black-outs where she cannot remember what happened to her over a significant time period. One time, she woke up in a strange car alone in a suburb of Minneapolis.

Drinking has become the central focus of Mary's life and she can't wait for the work day to end so she can go to happy hour or go home.

Mary is increasingly doing her drinking alone at home out of fear of a car accident or D.W.I.

Mary is having to drink more and more to achieve the same effect - this is expensive and troubling to her.

Mary's substance abuse assessment

The assessment questionnaire that the MCDPDHHI developed, can be used when meeting with a Deaf or hard of hearing client that may have a drug and/or alcohol problem. It is important to remember that this form should only be used as a guide. When interviewing a Deaf or hard of hearing person, eye contact is critical to the assessment process. It is essential for the interviewer to become familiar with the assessment questionnaire so that the person is not looking down at the form and completing it while talking with the client. While the intake or interview with the client is in process, write down notes that can be later transferred to the assessment form.

**Substance Abuse Assessment - Mary  
Minnesota Chemical Dependency Program for  
Deaf and Hard of Hearing Individuals**

Client Name:     Mary     Date:   5-1-97  

Assessor:   Ann Jones  

Referred by:   Employer   Agency:   Employer   Phone:   555-3333  

Reason for Referral:     Employee Assistance    

**Background Information**

Date of Birth:   4-28-71   Age:   26   Gender:   Female  

Marital Status:   Single/divorced   Living Arrangement:   Lives alone  

School Status:   Graduated from H.S.   Employment Status:   Employed  

Communication Preference:     Sign language    

Family Incidence of Hearing Loss? YES / NO If yes, identify members:   Family is hearing  

Family Incidence of alcohol/drug problems? YES If yes, identify members:     Yes

Stepfather drinks (extent unknown); ex-husband is alcoholic

Other background information: Biological father died when Mary was 8; mother

remarried when she was 10; Mary's ex-husband was abusive

### Treatment History

Admissions for Detox: Place None reported Dates \_\_\_\_\_

Place \_\_\_\_\_ Dates \_\_\_\_\_

Admissions for Treatment:

Place None reported Inpatient / Outpatient Dates \_\_\_\_\_

Place \_\_\_\_\_ Inpatient / Outpatient Dates \_\_\_\_\_

Place \_\_\_\_\_ Inpatient / Outpatient Dates \_\_\_\_\_

Longest period of sobriety after treatment: NA

Most recent period of sobriety: NA

### Problems Related to Chemical Use

#### Physical Problems

<input checked="" type="checkbox"/>	Hangovers	<input checked="" type="checkbox"/>	Tolerance	<input type="checkbox"/>	Withdrawal
<input checked="" type="checkbox"/>	Blackouts	<input type="checkbox"/>	Accidents/Injuries	<input type="checkbox"/>	Passing out
<input type="checkbox"/>	Fights	<input type="checkbox"/>	Injecting drugs	<input type="checkbox"/>	Medicating pain

#### Comments:

Drinking has become the central focus of her life.

#### Financial Problems

<input checked="" type="checkbox"/>	Unpaid Bills	<input type="checkbox"/>	Borrowing money	<input type="checkbox"/>	Outstanding loans
<input type="checkbox"/>	Legal fines	<input type="checkbox"/>	Stealing	<input type="checkbox"/>	Dealing
<input type="checkbox"/>	Lifestyle change	<input checked="" type="checkbox"/>	Insufficient income	<input type="checkbox"/>	Pawning items

Comments:

Anticipated move home appears to be financially motivated.

**Family Problems**

<u>X</u>	Arguments/fights	<u>X</u>	Abuse	___	Broken promises
___	Absence from home	___	Loss of trust	<u>X</u>	Concerns about use
<u>X</u>	Use by other members	___	Hiding drugs in home	___	Custody issues

Comments:**Legal Problems**

___	Arrests	<u>X</u>	Near arrests	___	DWI/DUI
___	Gang Involvement	___	Court Appearances	___	Parole
___	Restraining order	___	Domestic violence	___	Probation

Comments:

Mary has been pulled over three times after drinking and driving. She has gotten off each time. She has also had two accidents.

**Job / School Problems**

<u>X</u>	Poor performance	<u>X</u>	Lateness	<u>X</u>	
	Absences				
___	Problems with supervisor	___	Fired/Suspended	___	Disciplined
<u>X</u>	Problems with peers	___	Using at work/school		

Comments:

Pattern of absences/lateness at work--Mondays. Declining performance.

**Social Problems**

use

<input type="checkbox"/>	Loss of friends	<input checked="" type="checkbox"/>	Change of friends	<input checked="" type="checkbox"/>	Friends
<input checked="" type="checkbox"/>	Socialization around use	<input type="checkbox"/>	Negative reputation	<input type="checkbox"/>	Gambling
<input type="checkbox"/>	Friends older / younger				

Comments:

Uses alcohol to feel more comfortable socializing. Increasing tendency to isolate.

**Emotional Problems**

<input checked="" type="checkbox"/>	Use to feel normal	<input type="checkbox"/>	Mood swings	<input type="checkbox"/>	Self harm
<input type="checkbox"/>	Suicidal thoughts/behavior	<input checked="" type="checkbox"/>	Anger problems	<input checked="" type="checkbox"/>	
	Depression				
<input type="checkbox"/>	Use to medicate emotional pain				

Comments:**Chemical Use Information**

<input type="checkbox"/>	Unplanned use	<input checked="" type="checkbox"/>	Binge Use	<input type="checkbox"/>	Hidden use
<input type="checkbox"/>	Using more than planned	<input checked="" type="checkbox"/>	Solo Use	<input checked="" type="checkbox"/>	Daily use
<input type="checkbox"/>	Attempts to control use	<input type="checkbox"/>	Relapse	<input checked="" type="checkbox"/>	Preoccupation
<input type="checkbox"/>	Protecting Supply	<input type="checkbox"/>	Poly drug use		

Comments:

Mary is concerned about her use and has started using along to avoid the risk of a car accident or DWI.

Identify chemicals used. For each chemical, identify age of first use & present pattern of use.

<input checked="" type="checkbox"/>	Alcohol	<input type="checkbox"/>	Marijuana	<input type="checkbox"/>	Cocaine
<input type="checkbox"/>	Crack	<input type="checkbox"/>	Inhalants	<input type="checkbox"/>	
	Sedatives				
<input type="checkbox"/>	Hallucinogens	<input type="checkbox"/>	Amphetamines	<input type="checkbox"/>	Opiates



\*Without treatment, consequences of one's use become increasingly serious, leading ultimately to death.

For person's who are Deaf or hard of hearing, like Mary, the principles of addiction and assessment are the same as they are for hearing people. The process, however, must take into account the communication factors mentioned above including lack of familiarity with vocabulary, lack of assessors who are skilled communicators with Deaf and hard of hearing individuals and a lack of qualified interpreters able to facilitate communication for a valid assessment.

The process of recovery begins by discovering the problem. Only through appropriate and accurate assessments can Deaf and hard of hearing people get the help they need to recover from alcohol and other drug addiction.

#### An Overview of a Model Program

The Minnesota Chemical Dependency Program for Deaf and Hard of Hearing Individuals (MCDPDHHI) currently provides assessment, treatment and aftercare services to Deaf and hard of hearing persons. As a national model the program offers a staff of professionals trained and experienced in substance abuse and deafness. Unique materials and approaches developed and utilized by the Program help to provide individuals with the opportunity for a quality treatment experience.

The (MCDPDHHI) was established in 1989 to meet the chemical dependency treatment needs of Deaf and hard of hearing individuals in an environment that was able to meet the communication and cultural needs of this population. Initially designed with an adolescent focus, the Program expanded to serve persons aged sixteen years and above. In 1990, the Program was the recipient of a grant from the Center for Substance Abuse Treatment to serve as a model program for substance abuse treatment of Deaf and hard of hearing persons. The grant, initially funded for 3 years and later renewed for an additional 2 years, provided the development of an assessment tool, the program's clinical approaches, specialized treatment materials, outreach and training services and dissemination of materials and information. In addition, the Program also received two grants from the Office of Special Education and Rehabilitation Services. One grant provided intensive four day professional Development Forums focused on training professionals who work with Deaf and hard of hearing clients who may be chemically dependent. The other grant provides a certificate in Chemical Dependency and Deafness through the University of Minnesota.

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**Appendix A**  
**Substance Abuse Assessment**

**Minnesota Chemical Dependency Program for  
Deaf and Hard of Hearing Individuals**

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

Assessor: \_\_\_\_\_

Referred by: \_\_\_\_\_ Agency: \_\_\_\_\_ Phone: \_\_\_\_\_

Reason for Referral: \_\_\_\_\_

**Background Information**

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M / F

Marital Status: \_\_\_\_\_ Living Arrangement: \_\_\_\_\_

School Status: \_\_\_\_\_ Employment Status: \_\_\_\_\_

Communication Preference: \_\_\_\_\_

Family Incidence of Hearing Loss? YES / NO If yes, identify members: \_\_\_\_\_

Family Incidence of alcohol/drug problems? YES / NO If yes, identify members: \_\_\_\_\_

\_\_\_\_\_

Other background information: \_\_\_\_\_

### Treatment History

Admissions for Detox: Place \_\_\_\_\_ Dates \_\_\_\_\_

Place \_\_\_\_\_ Dates \_\_\_\_\_

Admissions for Treatment:

Place \_\_\_\_\_ Inpatient / Outpatient Dates \_\_\_\_\_

Place \_\_\_\_\_ Inpatient / Outpatient Dates \_\_\_\_\_

Place \_\_\_\_\_ Inpatient / Outpatient Dates \_\_\_\_\_

Longest period of sobriety after treatment: \_\_\_\_\_

Most recent period of sobriety: \_\_\_\_\_

### Problems Related to Chemical Use

#### Physical Problems

_____ Hangovers	_____ Tolerance	_____ Withdrawal
_____ Blackouts	_____ Accidents/Injuries	_____ Passing out
_____ Fights	_____ Injecting drugs	_____ Medicating pain

Comments:

#### Financial Problems

_____ Unpaid Bills	_____ Borrowing money	_____ Outstanding loans
_____ Legal fines	_____ Stealing	_____ Dealing
_____ Lifestyle change	_____ Insufficient income	_____ Pawning items

Comments:

#### Family Problems

_____ Arguments/fights	_____ Abuse	_____ Broken promises
_____ Absence from home	_____ Loss of trust	_____ Concerns about use
_____ Use by other members	_____ Hiding drugs in home	_____ Custody issues

Comments:**Legal Problems**

<input type="checkbox"/>	Arrests	<input type="checkbox"/>	Near arrests	<input type="checkbox"/>	DWI/DUI
<input type="checkbox"/>	Gang Involvement	<input type="checkbox"/>	Court Appearances	<input type="checkbox"/>	Parole
<input type="checkbox"/>	Restraining order	<input type="checkbox"/>	Domestic violence	<input type="checkbox"/>	Probation

Comments:**Job / School Problems**

<input type="checkbox"/>	Poor performance	<input type="checkbox"/>	Lateness	<input type="checkbox"/>	Absences
<input type="checkbox"/>	Problems with supervisor	<input type="checkbox"/>	Fired/Suspended	<input type="checkbox"/>	Disciplined
<input type="checkbox"/>	Problems with peers	<input type="checkbox"/>	Using at work/school		

Comments:**Social Problems**

<input type="checkbox"/>	Loss of friends	<input type="checkbox"/>	Change of friends	<input type="checkbox"/>	Friends use
<input type="checkbox"/>	Socialization around use	<input type="checkbox"/>	Negative reputation	<input type="checkbox"/>	Gambling
<input type="checkbox"/>	Friends older / younger				

Comments:**Emotional Problems**

<input type="checkbox"/>	Use to feel normal	<input type="checkbox"/>	Mood swings	<input type="checkbox"/>	Self harm
<input type="checkbox"/>	Suicidal thoughts/behavior	<input type="checkbox"/>	Anger problems	<input type="checkbox"/>	Depression
<input type="checkbox"/>	Use to medicate emotional pain				

Comments:**Chemical Use Information**

<input type="checkbox"/>	Unplanned use	<input type="checkbox"/>	Binge Use	<input type="checkbox"/>	Hidden use
<input type="checkbox"/>	Using more than planned	<input type="checkbox"/>	Solo Use	<input type="checkbox"/>	Daily use
<input type="checkbox"/>	Attempts to control use	<input type="checkbox"/>	Relapse	<input type="checkbox"/>	Preoccupation

\_\_\_\_\_ Protecting Supply

\_\_\_\_\_ Poly drug use

Comments:

Identify chemicals used. For each chemical, identify age of first use & present pattern of use.

\_\_\_\_\_ Alcohol

\_\_\_\_\_ Marijuana

\_\_\_\_\_ Cocaine

\_\_\_\_\_ Crack

\_\_\_\_\_ Inhalants

\_\_\_\_\_ Sedatives

\_\_\_\_\_ Hallucinogens

\_\_\_\_\_ Amphetamines

\_\_\_\_\_ Opiates

\_\_\_\_\_ Others:

\_\_\_\_\_ Others:

\_\_\_\_\_ Others:

Use information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Diagnostic Features:** Please check all that apply.

\_\_\_\_\_ TOLERANCE need for increase amounts of substance to achieve intoxication or markedly diminished effect with continued use of the same amount.

\_\_\_\_\_ WITHDRAWAL characteristic syndrome or same or closely related substance taken to relieve or avoid withdrawal symptoms.

\_\_\_\_\_ SUBSTANCE taken in larger amounts or over longer period than intended.

\_\_\_\_\_ PERSISTENT desire or unsuccessful efforts to cut down or control use.

\_\_\_\_\_ TIME spent in activities necessary to obtain substance or recover from its use.

\_\_\_\_\_ SOCIAL, OCCUPATIONAL , RECREATIONAL activities given up or reduced because of use.

\_\_\_\_\_ CONTINUED use despite knowledge of physical or psychological problems caused or exacerbated by the use.

**Interview Findings and Comments:**

