

Is There a Substance Abuse Problem Among Deaf and Hard of Hearing Individuals? **Debra S. Guthmann, M.A., Ed. D**

Introduction

The issue of substance abuse continues to be a problem within the Deaf community. Chemical dependency needs to receive more attention from the community itself as well as financial support from agencies that provide services to this population. I remember in the mid 1980's when I was working in a University setting as a counselor, working with a student that you would never suspect had a substance abuse problem. The student came to me asking for help, and I realized how limited the resources were on a national basis. It is sad to say that 13 years later, little has changed. Professionals who work with Deaf and hard of hearing individuals and members of the Deaf community, need to get involved if we are going to resolve the fact that there is a lack of resources for individuals who have substance abuse problems. Demographic information indicate that 6% of the general population is considered to be hard of hearing with one out of every 14 individuals identifying themselves as having difficulty hearing (Schein, 1974). If Deaf people represent one half of one percent of the U.S. population, there should be 4,000 Deaf people in drug or alcohol treatment on any given day (McCrone, 1994). There appears to be no evidence of this occurring.

Communication Obstacles

Communication difficulties may exist in family systems, since 90% of all parents of Deaf children are hearing (Schein, 1974) and may not be able to communicate with their children. This lack of communication may put a Deaf child at a higher risk for potential substance abuse problems. As the child grows up, the family may overlook classic symptoms of chemical

dependency and attribute them to the fact that the person is Deaf or hard of hearing.

ASL is a visually and spatially grounded language that does not provide a direct □translation□ of English forms and the concepts represented by English vocabulary and syntax. Thus, knowledge about chemical dependency is not communicated very well in the Deaf community. For example, some key concepts and terms in chemical dependency treatment simply do not exist in the Deaf culture. In treatment settings designed for the mainstream, language and communication are both barriers to participation among Deaf and hard of hearing individuals. Good communication is essential in both the educational-therapeutic and peer interaction dimension of a well-designed program.

People who are Deaf are referred to as having a hidden disability. The disability does not become evident until the person begins to communicate. Deaf addicts may be isolated from society because of their chemical use and their deafness. If in need of treatment, typically Deaf and hard of hearing people who enter a hearing program not only must overcome the communication obstacles but also a disease which encourages isolation.

Risk Factors

Many Deaf and hard of hearing young people attend schools where the availability of information on substance abuse and treatment is fragmentary, haphazard and slow. Essential to prevention, assessment and treatment is having materials and approaches to chemical dependency topics. For those persons who use ASL, these materials and approaches need to be presented in ways that are readily processed. Currently, the written and visual materials that address this knowledge gap are inadequate and often written at a level the Deaf child cannot understand. Those that are available are not systematically distributed or used.

Few studies have been conducted to identify the variables that predict drinking and drug use among deaf adolescents. Dick (1996) found the following school and peer related variables to be predictors of Deaf and hard of hearing adolescents' use of alcohol and marijuana: 1.) School grades were the most salient predictor of marijuana use and respondents with poor grades used marijuana more frequently than those with higher grades; 2.) Deaf and hard of hearing adolescents who attended mainstreamed schools and had high numbers of hearing friends at school reported higher rates of alcohol use than those with smaller numbers of hearing friends at school.

Assessment Considerations

When Deaf or hard of hearing individuals are in need of a chemical dependency assessment, often they are interviewed by a hearing person who is not fluent in American Sign Language. There have been incidents where an assessor attempts to complete the interview process by writing back and forth to the Deaf person or expecting him/her to read lips. Both of these approaches are unreliable as well as being culturally and ethically inappropriate! If the assessor is not fluent in ASL, an interpreter needs to be used to effectively convey communication during the interview process. The addition of a third party will most likely change the dynamics of the assessment and possibly the validity of the interview session if the interpreter is not fully qualified. There are few interpreter training programs in the United States that focus on the specialized substance abuse vocabulary necessary when assessing Deaf and hard of hearing individuals. It is imperative that any assessor utilizing an interpreter makes sure to use a fully certified and qualified interpreter.

Treatment Considerations

Often a Deaf or hard of hearing person is admitted to a treatment program designed to serve hearing people and is provided access to that program via the services of sign language interpreters. When Deaf clients are mainstreamed with a group of hearing people, they may not be able to express themselves articulately enough to communicate clearly with different individuals and the group. Most of the time an interpreter is not provided 24 hours a day but is only available to the client on a limited basis. The absence of an interpreter precludes Deaf and hard of hearing individuals equal access to staff as well as severely restricting their interactions with other clients. The optimal placement for Deaf and hard of hearing individuals is with staff who are fluent in ASL and sensitive to Deaf culture.

The most therapeutic process of treatment is not necessarily the groups and lectures, but rather the interaction and fellowship that occurs among peers in their free time. Deaf and hard of hearing clients often feel that they miss out on this interaction and fellowship. When Deaf clients must depend solely on the support of interpreters, the sense of bonding is vague and the emotional impact may be lost. The stage of recovery can be highly emotional, stressful and very intense. If the interpreter is unqualified and misinterpretations occur, it becomes frustrating for all involved and on occasion can be harmful to the client.

A Model Program

There are very few national inpatient treatment programs that are designed specifically to work with Deaf and hard of hearing individuals. One of these programs is the Minnesota Chemical Dependency Program for Deaf and Hard of Hearing Individuals(MCDPDHHI). This program provides a fully accessible environment which utilizes a 12-step philosophy and

treatment approaches that are provided by staff fluent in ASL and knowledgeable about Deaf culture. The MCDPDHHI currently receives federal funding from the Department of Education to provide training in the area of substance abuse and Deafness to professionals on a national basis. Instead of utilizing primarily reading and writing in treatment, language barriers are removed by focusing on the use of drawing for treatment assignments. All written materials have been modified to meet the individual needs of the client and video taped materials are presented using sign language, voice and captioning.

Guthmann (1996) studied the treatment outcomes of 100 individuals who completed treatment at the MCDPDHHI. The clients were followed for one year following treatment to determine which variables had the greatest impact upon treatment outcomes. The study found that the variables having the greatest impact on the ability to maintain sobriety after treatment completion were attendance at Twelve Step meetings, the ability to talk to family about sobriety and being employed. Of Deaf and hard of hearing clients entering the MCDPDHHI, 75% were unemployed and the research indicated that there was a strong relationship between abstinence and employment. There is a need to make vocational rehabilitation a strong component of inpatient treatment and the aftercare that follows. In the study that was completed in 1996, Guthmann found similarities in the characteristics of what contributes to overall success in recovery for Deaf, hard of hearing and hearing individuals. This indicates that if the chemical dependency treatment provided to a Deaf and hard of hearing individual is accessible, the variables that are necessary to maintain sobriety are similar in the hearing and Deaf populations.

Obstacles to Treatment and Recovery

The Deaf and hard of hearing community tends to view substance abuse very negatively.

If you have a "bad habit" you are perceived as a "bad person" who puts the well-being and public image of the group in jeopardy. This shame interacting with the cultural, linguistic and educational isolation issues may lead to the reluctance of acknowledging drug and alcohol abuse. There is a negative stigma associated with those individuals in the Deaf community who are addicts. When I have had exhibits related to substance abuse at conferences for professionals who work within the Deaf community and a wine reception is held in the exhibit hall, I notice individuals putting their wine glasses behind their back when they approach my booth. I assume these individuals do this so that I won't suspect them to have a substance abuse problem. We need to work together to remove this kind of negative stigma.

Another problem encountered is the "deaf grapevine" within the Deaf and hard of hearing community. The relationship of confidentiality and its importance to recovery is almost as difficult to comprehend and accept as the concept that addiction is a disease which is treatable. Thus, the grapevine serves to reinforce the addicted individual's need to keep his or her problem a secret.

When a Deaf or hard of hearing person completes treatment, there are few recovering individuals fluent in ASL or Deaf and hard of hearing that are capable of being sponsors. When thinking of reaching out for help, confidentiality is a fear and a concern. This lack of a sense of community makes Deaf and hard of hearing people feel even more isolated.

The major problem faced by Deaf and hard of hearing substance abusers as well as by Deaf and hard of hearing people in general is communication. AA's basic slogan, "Call before you pick up your first drink," poses a real problem for Deaf and hard of hearing addicts. Only a limited number of treatment programs have accessible telephones(telecommunication devices/

TTY□s) and few treatment centers own this equipment.

A common suggestion in recovery is to avoid old acquaintances (people, places and things) that provided reinforcers for the substance abuse. Their circle of Deaf and hard of hearing friends is limited; therefore, they will have a tendency to associate with previous friends who may still be using chemicals or be placed in the same stressful situations again, putting the client at risk of returning to a life of chemical dependency.

There is also a lack of options in recovery related programs, services and opportunities for Deaf and hard of hearing people. Only a few chemical dependency related services, programs and self-help groups are available that are accessible through interpreters. This compares to countless numbers of services and programs that are freely accessible to all those who are hearing and non-disabled. Title III of the ADA prohibits discrimination against people with disabilities in privately owned public accommodations such as private drug and alcohol treatment facilities. Obviously, despite this act, discrimination occurs every day to Deaf and hard of hearing people since needed services are primarily offered in settings that are not fully accessible.

Conclusion

In order for Deaf and hard of hearing individuals to have a reasonable chance of being successful in a recovery program, a number of things must first occur: 1.) there is a need for accessible Twelve Step groups; 2.) education/prevention services should be provided to Deaf and hard of hearing persons of all ages; 3.) there is a need for accessible outpatient, inpatient and aftercare services; 4.) training opportunities about specialized treatment considerations should be offered to professionals working in the field of chemical dependency; 5.) more interpreter training programs are needed that offer specialized training in the area of chemical

dependency; 6.) there is a need for more chemical dependency counselors who are fluent in American Sign Language; 7.) additional research is needed in the area of chemical dependency and the prevalence within the Deaf and hard of hearing community; 8.) and there is a need for vocational rehabilitation counselors to work closely with chemical dependency treatment programs.

For persons who are Deaf or hard of hearing, the principles of addiction are the same as they are for hearing people, yet these individuals are currently unable to fully access the resources available to hearing individuals. Deaf and hard of hearing individuals are at a severe disadvantage in receiving and realizing long-term benefits from treatment for chemical dependency, since treatment efforts are typically not grounded in culturally specific knowledge. Ideally, individuals who successfully complete an alcohol/drug treatment program should be able to return to the environment that they lived in prior to entering a treatment program. However, that environment must include a sober living option, family/friend support, professionals trained to work with clients on aftercare issues and accessible Twelve Step meetings. This kind of environment is unavailable for the majority of Deaf and hard of hearing individuals. Because Deaf and hard of hearing people make up a low incidence population, professionals and the recovering community need to work together on a state, regional and national basis to make sure that accessible services are being provided for Deaf and hard of hearing individuals.

References

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Biography

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