

Rehabilitation and Substance Abuse Treatment Working Together to Serve Deaf Clients

by

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Introduction

Rehabilitation counselors who serve Deaf and Hard of Hearing clients who may have substance abuse problems, have unique opportunities in the area of prevention, intervention and aftercare. Because of the complex nature of hearing loss, service providers who become skilled at working with this group of people will likely draw more and more on this population for their case load. The Deaf/Hard of Hearing client is limited in his or her access to many resources, and he/she may tend to rely more heavily on those professionals who do have an understanding of their particular needs. Also, rehabilitation service providers frequently serve as an intermediary between the deaf client and other agencies. An example would be the Vocational Rehabilitation counselor who may mediate between a Deaf/Hard of Hearing employee and employer. Not only does the Deaf/Hard of Hearing client utilize rehabilitation professionals in a variety of roles but other agencies often rely on Vocational Rehabilitation counselors as their community link.

The issue of substance abuse is one that permeates virtually everyone in this country. Individuals who are Deaf/Hard of Hearing are affected by substance abuse just like hearing people. Although research has been scarce, the assumption has been made that this population maintains at least the level of addiction found in the general population. That is, current thinking is that at least one in ten Deaf/Hard of Hearing individuals faces difficulties related to the use and abuse of mood altering chemicals. Because of the relationship described above, rehabilitation workers may be in a unique position to detect signs of alcohol or other drug abuse and to assist in the referral process.

Signs and Symptoms

The following are some common signs and symptoms of a substance abuse problem that might be detected in a client. While the presence of one or two indicators should not be used to diagnose a client as chemically dependent, a combination of symptoms or a pattern that emerges can be very helpful in identifying a substance abuse problem. Frequently, much of this information can be gleaned in routine questioning done with all clients as a part of the service provision.

Physical

frequent unexplained illness
sudden weight loss/gain
injuries (as from the fights or accidents)
generally unhealthy appearance
unusual sinus or dental problems
memory loss

Work/School

unexplained absences
pattern of absences or lateness
declining performance
inconsistent performance
under the influence
problems with boss/co-workers

hangovers

series of job/school problems

Social

isolation, lack of friends
different friends
socialization around use
blaming others for problems
loss of relationships

Legal

fight, assaults
DWI or DUI charges
burglary charges
breaking and entering
restraining orders

Financial

overdue bills
legal fines, tickets
borrowing/stealing money
owe money to others
gambling activity

Emotional/Spiritual

feelings of shame or guilt
feelings of embarrassment
loss of control
pattern of poor judgement
unresolved grief issues

Again, remember that none of these signs by itself is sufficient to indicate an alcohol or other drug problem. However, taken in combination and balanced with other information about the client, these signs can point to a potential problem and a solution. Discrepancies in a client's story can also be helpful clues. In other words, words and actions that don't match or contradicting information can be signs that the client may need an assessment or some determination of the reasons for the inconsistencies.

Finally, the manner in which this information is dealt with can also contribute to how likely it will be to lead to help for the client. Service providers who are able to work with and question clients in a non-judgmental and creative manner have a better chance of eliciting responses from the client. Although the provider may well have an advantage over the client (such as the ability to grant or withhold support), a non-threatening approach will yield better results.

Vocational Implications of Substance Use/Abuse

In addition to the general signs and symptoms described above, the use of alcohol and other drugs or related criminal activity can have direct vocational implications for the individual. If the individual has lost employment because of his/her use of chemicals, this impacts on his/her availability for employment and results in poor employment history this making future job seeking attempts less likely to be successful. Crimes committed under the influence of alcohol or other drugs are also likely to have this kind of impact. When the individual's production is affected by his/her use (either use at work or after effects of the use), it can impair the worker's

ability to think clearly, problem solve, tolerate pressure, deal with fellow workers, be free from safety hazards or work at an acceptable speed.

VR Counselor Concerns

The following are some common concerns held by Vocational Rehabilitation counselors who are working with clients who are deaf or hard of hearing and who have substance abuse issues:

- Length of sobriety to require prior to making an eligibility decision and/or beginning a training or placement plan.
- Determining the functional limitations and vocational implications of the substance abuse.
- Determining the most appropriate type of treatment or intervention services for the client.
- Determining if treatment and VR services will be provided concurrently or if completion of treatment will be a prerequisite for VR service provision.
- Establishing appropriate means of monitoring the maintenance of sobriety for the purposes of evaluation of progress and attainment of objectives.

How each of these concerns is addressed will vary based on the needs of the client, the judgement of the counselor and the latitude given by the agency involved. Ideally, counselors will seek out colleagues in both the treatment and vocational rehabilitation fields for help and support in making difficult decisions.

The Referral Process

The Vocational Rehabilitation counselor who discovers clues or signs that point to a substance abuse problem is likely to feel overwhelmed unless he/she is acquainted with some kind of referral process. Although the specifics may vary depending on the community or agency, generally the first step would be to undertake a formal assessment of the client's chemical use. Because funding sources and local procedures will vary, there is no one source for such an assessment. In some states treatment funds are allocated on a county basis thus making counties responsible for assessing needs. When dealing with insurance funding, each company will have its own process for designating an assessor and admission criteria. However, local providers in substance abuse services should be able to help in obtaining an assessment. State agencies dealing with chemical dependency or substance abuse can also assist in this process. The role of the rehabilitation service provider will vary depending on the scope of the responsibilities of the position but the provider can probably at least recommend an assessment when appropriate and provide some resources for the client to utilize.

Those service providers who are in a position to do so may also want to help acquaint assessors with the particular needs of the Deaf/Hard of Hearing client as they relate to the assessment tool and procedure. Such information as the need for an interpreter when being assessed by someone not fluent in sign language or the client's potential underexposure to substance abuse "lingo" (such as blackout, tolerance, D.U.I.) can be helpful in providing a valid assessment. Any cultural or linguistic information that can be communicated to the assessor will add to the validity of the assessment.

If a client is determined to be in need of treatment services, rehabilitation professionals may also be in a position to recommend appropriate placements that are sensitive to the special communication needs of this group. A services checklist, included at the end of this article, can be helpful in identifying what services best meet the needs of the particular client. Rehabilitation workers who work with Deaf/Hard of Hearing clients also frequently serve as the referral source to the treatment program. With proper release of information forms completed from the client, much of the referral process can be completed over the phone to the program. Typically clinical information about the client's substance use and related consequences combined with personal data such as name, address, birthdate, social security number and so on are sufficient to complete the referral process.

Keeping in Contact During Treatment

For rehabilitation counselors who will continue working with the client upon completion of treatment, keeping in contact with the treatment program and monitoring progress can be very beneficial to the client. Rehabilitation professionals who are familiar with the philosophy of treatment programs they utilize have a good basis for understanding the client's treatment experience. Periodic updates about the client's progress through the program, barriers the client faces, anticipated discharge date and aftercare recommendations allow the rehabilitation worker to be in a position to serve the client well upon his/her return.

Rehabilitation workers, with client relationships and some history with the client can help treatment staff and the client to anticipate some of the difficulties in ongoing recovery after treatment. The rehabilitation professional may also be in a better position than treatment program staff to identify support services in the community which can be utilized by the client.

Aftercare Considerations

Rehabilitation workers can be an important recovery link for clients leaving treatment and returning to the community. Understanding the treatment process, serving as a guide to local resources and acting in a supportive capacity can all be key pieces for a client's continued sobriety. An aftercare plan is typically formulated at the treatment center, which should be a joint effort between staff and