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Citation: Titus, J.C. & White, W.L. (2009). Substance use among youths with hearing loss: A primer for student assistance professionals. *Student Assistance Journal*, 20(3), 14-18. Posted at **www.williamwhitepapers.com**

Substance Use among Deaf and Hard of Hearing Youths: A Primer for Student Assistance Professionals

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Over the past 40 years, the number of deaf[1] and hard of hearing students educated in public school settings rather than in specialized schools for the Deaf has increased dramatically. Gallaudet University's Annual Survey of Deaf and Hard of Hearing Children and Youth reports that in the 2006-2007 school year, 64.8% of deaf and hard of hearing students were "mainstreamed" with hearing students at least 1 hour per week, with 43.9% mainstreamed for at least 16 hours per week. As a result, student assistance professionals are increasingly being called upon to respond to the special needs of deaf and hard of hearing students. These needs include responses to a wide spectrum of problems, including problems related to alcohol and other drug use.

This article 1) reviews the latest survey data on substance use among deaf and hard of hearing students, 2) summarizes the profile of students with hearing loss who are experiencing serious substance-related problems, 3) offers suggestions on what student assistance professionals can do to enhance their effectiveness working with substance-involved deaf and hard of hearing students, and 4) identifies key sources of information that may aid this helping process.

Hearing Loss and Substance Use Prevalence and Problems

Students who are hard of hearing constitute the majority of mainstreamed students with hearing loss. Although they have a certain degree of useable hearing, these students often do not fully understand spoken communication, even with the help of hearing aids. In contrast to hard of hearing students, deaf students are unable to use their hearing for communication purposes. In order to participate in regular education classrooms, deaf and hard of hearing students often depend on such support services as interpreters, preferential seating, and notetakers.

Research on the prevalence of alcohol and other drug use among deaf and hard of hearing youths is exceedingly scant and methodologically weak. For many years, substance-related problems among deaf people were characterized as "uncounted, unreached, untreated" (Boros, 1981). Existing studies paint an inconsistent picture, but most researchers agree that the

prevalence of alcohol and drug use among deaf and hard of hearing people is at least as prevalent as that among hearing people.

In addition to the usual risk factors found in the youth population, deaf and hard of hearing students face additional issues related to substance use. These factors include:

- limited family discussion and social learning about the dangers of drug use;
- decreased exposure to formal prevention programs, more so for deaf than hard of hearing youth;
- decreased access to family and extended family support (the majority of children with hearing loss have hearing parents, and not all families choose to learn or become proficient in sign language);
- disability-related effects on self-esteem and identity development;
- increased emotional distress related to social isolation and struggles to connect with a hearing world;
- enablement by the non-disabled population, resulting in a sense of entitlement to substance use because of disability-related limitations and estrangement from others; and
- a deep need to fit in with hearing and non-hearing peers, including students who use alcohol and other drugs (Dick, 1996; Gallaudet Research Institute, 2007; Guthmann & Sandberg, 1998; McCrone, 1982; Oliva, 2004).

These special risk factors seem to produce greater problem severity among deaf and hard of hearing students who go on to develop substance-related problems. This pattern is evident in the largest study to date of youths with hearing loss entering addiction treatment in the United States (Titus, Schiller, & Guthmann, 2008). In this study, deaf and hard of hearing youth and hearing youth shared many characteristics, but the former were found to be distinguished by six critical factors:

1. lower age of onset of substance use;
2. greater substance problem severity (dependence and withdrawal);
3. higher rates and greater severity of childhood victimization;
4. higher rates of co-occurring psychological problems (depression, traumatic stress, conduct problems);
5. social networks more dominated by substance users; and
6. greater likelihood of past running away from home or being homeless.

All of the above factors have been identified as obstacles to long-term recovery, suggesting that deaf and hard of hearing students who have substance problems may require treatment of greater intensity and post-treatment recovery support services of greater duration.

Assessment, Treatment and Recovery

Assessment and treatment of substance use disorders among youths and adults with hearing loss have not progressed much in recent decades. Report recommendations prepared in the 1970s and 1980s about the need for improved accessibility and quality of addiction treatment are as relevant today as when they were first written. Several specialized addiction treatment programs for deaf and hard of hearing people identified various issues that need to be addressed when providing services to this population. Adaptations of these recommendations as they apply to youths are as follows.

Assessment Students with stronger English literacy skills and less severe hearing losses may be able to complete a written or orally administered English language substance abuse

assessment with few to no accommodations. However, for students with severe to profound losses, an English language assessment may not be appropriate. The average reading comprehension of deaf 17 and 18 year olds is at the 4th grade level (Gallaudet Research Institute, 1996), and language used on substance abuse assessments can be more advanced than that. In this case, a signed assessment is required. There are numerous challenges to signed assessments, even when administered by qualified interpreters. First, there is only one signed alcohol/drug screening instrument[2] (Alexander, 2005) and no diagnostic instruments validated for deaf and hard of hearing people. In addition, the language of substance abuse is replete with English colloquialisms and concepts that do not have clear translations to sign language (e.g., "black out"). There is a fair amount of regional variability in signs for particular words (e.g., six signs for "hangover"). The Deaf community is small and members are well informed of what is going on in each others' lives, so confidentiality is at stake for students who have ties to this culture (Alexander, DiNitto & Tidblom, 2005; Guthmann, & Sandberg, 1998). Screening and assessment is best done in collaboration with persons possessing a knowledge of Deaf culture.

Resource Mobilization Young people with hearing loss in need of treatment for substance-related problems can find themselves trapped between three worlds—a school, an addiction treatment agency, and an agency serving the Deaf, all of whom feel they lack the expertise needed to address this combination of problems and circumstances. One of the roles the student assistance professional can serve in this situation is that of convener—bringing multiple agencies together to facilitate the assessment, treatment and long-term recovery support process.

Professional Treatment There are very few addiction treatment resources tailored specifically for deaf and hard of hearing individuals and only a handful of programs. Thus, most deaf and hard of hearing youths who could benefit from culturally and linguistically adapted treatment do not receive it. Deaf and hard of hearing youths are most often treated in hearing programs with the aid of interpreters, many of whom may not be sufficiently qualified to function effectively in addiction treatment settings. It is vitally important that hearing counselors who provide treatment to deaf and hard of hearing youths have a working knowledge of Deaf culture as well as an understanding of the impact a hearing loss can have on an individual who must function in a hearing world. There is some consensus that mainstreaming youths with hearing loss into addiction treatment may be more acceptable for those who experienced hearing loss later in life, possess some oral communication abilities, and do not strongly identify with Deaf culture (Guthmann & Graham, 2004). Thus far, there have been no randomized trials comparing the relative effectiveness of treating deaf and hard of hearing youths in a segregated program versus in a program with hearing youths.

In spite of the above-noted obstacles, research on post-treatment recovery rates of deaf and hard of hearing people are equivalent to those of their hearing peers (Moore & McAweeney, 2007). A study of a specialized addiction treatment unit for Deaf and hard of hearing youth and adults found that improved recovery outcomes were related to three factors: 1) attendance at recovery support groups such as Alcoholics Anonymous and Narcotics Anonymous, 2) having family members support sobriety efforts, and 3) being employed (Guthmann, 1996; Guthmann & Blozis, 2001).

Recovery Support Resources Integrating recovery into a sustainable lifestyle is a particular challenge for deaf and hard of hearing people of any age. The community of people with hearing loss is small, and existing substance-focused relationships may be the only significant social relationships in the individual's life. Hearing loss may pose obstacles to developing recovery supports in the hearing community, and recovery-focused role models and relationships among other deaf people may be non-existent or limited (Rendon, 1992). Few options exist for culturally and linguistically accessible recovery resources, especially for youths. A notable exception can be found in some larger communities, where Deaf-run recovery groups such as Alcoholics Anonymous operate. Some hearing recovery groups have interpreter support, though the cost of an interpreter can be a barrier. Internet-based recovery communities provide a source of

support for deaf and hard of hearing individuals with adequate English skills. Some recovery homes accept deaf adult clients and several sign language recovery homes have been established. A recent evaluation of an Oxford House recovery home found it to be an effective alternative for deaf individuals seeking support for recovery (Alvarez, Adebanjo, Davidson, et al, 2006). These resources may prevent post-treatment isolation and lower the risk of relapse in encounters with prior relationships based on substance use. Options specifically targeted to youths, though, are lacking.

Prescriptions for Student Assistance Professionals

Given this review of what we know about substance-related problems among deaf and hard of hearing students, how can the student assistance professional respond to the needs of these students? We propose the following nine suggestions:

1. Remain aware of how hearing-loss-related issues may present themselves, e.g., isolation, wanting to fit in with hearing peers, attempts at "passing," impaired parent-child communication, low self-esteem, and entitlement to excessive behavior.
2. Learn as much as you can about Deaf culture and the variations in how people with hearing loss relate to Deaf culture.
3. Seek consultation with agencies servicing individuals with hearing loss and agencies for the Deaf.
4. Identify local/regional resources for substance-involved students who are deaf or hard of hearing.
5. Learn how to collaborate with qualified interpreters, e.g. speaking to the student rather than the interpreter, establishing confidentiality guidelines, debriefing.
6. Create an acoustical environment conducive to communication with hard of hearing students, e.g., provide enhanced lighting, minimize background noise and visual distractions, remain facing the student when speaking, maintain eye contact, enunciate each word clearly, avoid covering your mouth with your hand.
7. Capitalize on prevention and early intervention opportunities with deaf or hard of hearing students that focus on information dissemination and issues of social isolation, adjustment to hearing loss, and family distress.
8. Link students with serious substance use problems to specialized resources for assessment, treatment, and peer-based recovery support using assertive linkage procedures, e.g., physically linking the student to the resources versus providing a name and verbal encouragement to go.
9. Conduct on-going recovery check-ups either at regular intervals or at times identified to be particularly high risk for relapse.

Suggested Reading, Resources, and Websites

- 12 steps recovery resources for deaf and hard of hearing individuals - http://www.dhh12s.com/accessdeafhoh.htm
- Chestnut Health Systems' list of addiction treatment resources for people with hearing loss - http://www.chestnut.org/LI/APSS/Common/Multicultural/D-HH_Resources.pdf
- Communication tips for working with deaf and hard of hearing individuals - http://www.michdhh.org/hearing/comm_tips.html
- Communication tips for working with sign language interpreters – http://www.sfgov.org/site/mod_page.asp?id=42215
- Curriculum package on substance abuse in the Deaf and hard of hearing community available through the mid-Atlantic ATTC - http://www.mid-attc.org/order%20forms/ProductOrderForm4_2_08.doc (inactive link)

- Gina Oliva's book on isolation among hard of hearing children in the mainstream - Oliva, G. (2004). *Alone in the Mainstream*. Washington, D.C.: Gallaudet University Press.
- List of resources on mainstreaming children with hearing loss – http://deafness.about.com/go/dynamic/offsite.htm?zi=1/XJ&sdn=deafness&cdn=health&tm=45&gps=153_866_1020_558&f=22&su=p726.2.152.ip_p284.8.150.ip_&tt=2&bt=0&bts=0&zu=http%3A//clerccenter.gallaudet.edu/InfoToGo/096.html (inactive link)
- Marc Marschark's comprehensive book on deaf children – Marschark, M. (1998). *Raising and educating a deaf child*. New York: Oxford University Press.
- Minnesota Chemical Dependency Program for Deaf and Hard of Hearing Individuals – www.mncddeaf.org
- National Clearinghouse Catalog – Addressing the Chemical Health Needs of Deaf and Hard of Hearing Individuals - http://www.mncddeaf.org/pages/clearinghouse_catalog.pdf
- National Directory of Alcohol and Other Drugs Prevention and Treatment Programs Accessible to the Deaf - http://www.rit.edu/studentaffairs/counseling/saisd/national_directory/nat.directory.htm
- Northwest Deaf Addiction Center - http://www.lifelineconnections.org/home/dac.shtml
- Videos, workbooks, and DVDs for use with deaf and hard of hearing substance abusers, including an anti-tobacco curriculum aimed at teens - http://www.mncddeaf.org/pages/materials.htm

Footnotes

[1] It is customary when referring to people with hearing loss to distinguish between the terms "deaf" and "Deaf". Although subtly different in appearance, their connotations reflect two very different world views of what it means to have a hearing loss. The term "deaf" describes an audiological hearing loss and is associated with the medical model of deafness, which views hearing loss as a disability. The term "Deaf" is associated with the cultural model of deafness, which views deaf people as a language minority – a community of people with a shared language, history, social norms, traditions, and values who happen to not hear. Those who provide services to people with hearing loss are advised to be aware of the difference between these terms and anticipate how one's identification as deaf or Deaf could interact with service provision.

[2] Efforts are currently underway to create a second substance abuse screening instrument that is validated and normed on a Deaf and hard of hearing population. The Substance Abuse in Vocational Rehabilitation-Screener in American Sign Language (SAVRS-S-ASL; Guthmann & Moore, 2007) is an ASL translation of the Substance Abuse Subtle Screening Inventory (3rd edition) (SASSI-3; Miller, Roberts, Brooks, & Lazowski, 1997). The project is being led by Dr. Debra Guthmann of the California School for the Deaf –Fremont and Dr. Dennis Moore of Wright State University.

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Acknowledgments

The authors wish to thank Dr. Debra Guthmann of the California School for the Deaf-Fremont and Mr. James Schiller of Gallaudet University in Washington, D.C. for their review and comments on the preliminary draft of this article.

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