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## USE OF THE CHILDREN OF ALCOHOLICS SCREENING TEST WITH A DEAF POPULATION

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### **Abstract**

Thirty-four million Americans have one or both parents who could be classified as alcoholic. Research related to the effects of child rearing in alcoholic families has resulted in the identification of a common pattern of dysfunction in the family. This environment has been shown to place Children of Alcoholics into a high risk group for physiological, psychological, and sociological disorders. The Children of Alcoholics Screening Test is a 30 item scale that requires subjects to respond to their perceptions of, experiences with, and reactions to, a parent(s) drinking and is designed to identify children, adolescents or adults of alcoholic parents. Participants completed the Children of Alcoholics Screening Test, a self identification screening sheet and a demographic questionnaire as part of their normal classroom activities. Self identification placed subjects into one of two groups, the Children of Alcoholics group, or the control group. The Children of Alcoholics Screening Test was administered to 142 adults ranging in age from 18 to 38. The Children of Alcoholics group scored significantly higher on the CAST in comparison to the NCOA group. The current study has successfully replicated previous studies indicating that the Children of Alcoholics Screening Test does discriminate between children of alcoholics and children of non-alcoholics who are Deaf from the sample population.

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### **Introduction**

The National Association for the Children of Alcoholics suggests that 34 million Americans have one or both parents who could be classified as alcoholic, and over half of those parents are victims of a repeating alcohol cycle (Black, 1981; McCrone, 1990; White, 1990). A plethora of research related to the effects of child rearing in alcoholic-type families has resulted in the identification of a common pattern of dysfunction in the family. This chaotic environment has been shown to place Children of Alcoholics (COA) into a high risk group for physiological, psychological, and sociological disorders; with specific problems related to the areas of 1) intimacy, 2) problem-solving, 3) suicidal ideation, and 4) substance abuse (Ackerman, 1987; Black, 1981; Jones, 1982; Woititz, 1983). "Families under stress produce children under stress" (Ackerman; 1987). Children are affected by, and deal with, stress in a variety of ways. Children under stress develop negative characteristics related to mood and physiological changes. By examining the coping methods of children in such stressful environments we may be able to identify techniques which continue to be utilized in adult life. These problem areas are believed to be the result of being raised in an alcoholic-type environment (Black, 1981; Cermak, 1986; Cotton, 1979; West & Prinz, 1987; Woititz, 1985).

Isaacs et al., (1979) and McCrone (1982) have reported that the drinking patterns in the deaf population were very similar to those of the

## USE OF THE CHILDREN OF ALCOHOLICS SCREENING TEST WITH A DEAF POPULATION

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general population. Deaf persons who are alcoholic are capable of remaining hidden within the Deaf community more so than hearing people, perhaps because socially this community may deny the existence of the problem of alcoholism within their own circles (Boros, 1978). The Deaf community tends to be a close knit group who have suffered through years of oppression as the "deaf and dumb," and they do not now wish to fight the stigma of "deaf and drunk" (Isaacs, et al., 1979). Extensive research related to the lack of alcohol rehabilitation services for people who are Deaf is found in the literature (Glow, 1989; Isaacs, et al., 1979; Sylvester, 1986; Watson, 1979), with only minor advances in the 1980's. It has been estimated that the prelingually deaf constitute 1% of the total U.S. population creating a distinct organized sub-culture in America (NAD, 1974). Deaf people vary in their participation in the Deaf community/Deaf culture. Numerous professionals agree that a separate Deaf culture exists in the United States and in the world at large (Schein, 1968; Schlesinger & Meadow, 1972; Vernon & Makowsky, 1969; Woodward, 1982). "Deafness is much broader than just a hearing loss; it is a complex sociopolitical reality that permeates one's life" (Rosen, 1986). "What makes Deaf people a culture group instead of simply a loose organization of people with a similar sensory loss is the fact that their adaptation includes language. An environment created solely by a sensory deprivation does not make a culture. What does form a culture for Deaf people is the fact that the adaptation to a visual world has, by human necessity, included a visual language" (Rutherford, 1988). The existence of this cultural group is further attested to by the identifiable "folkways, shared attitudes, organizations, and specific behaviors as a means of identification" (Schein, 1990). It is very important to distinguish between the culture of the underclass in our society (Mincy, Sawhill & Wolf, 1990) and the culture of

subgroups. The experience of being Deaf in our society is different than being hearing, and such differences must further be distinguished from the experience of being Deaf, and denied or oppressed within the larger hearing society. These differences must be considered in the development and administration of psychometric assessment tools. Because the drinking patterns among the deaf population are at least equivalent to that of the hearing population, we can estimate that at a minimum, an equal percentage of deaf persons come from alcoholic families.

Numerous studies by deaf professionals have established the impact deafness has on the life experience of a deaf adult (Boros, 1978; Glow, 1989; Isaacs, et al. 1979). Likewise, an enormous amount of research has been dedicated to the variety of interpersonal and psychosocial difficulties associated with the life experience of adult children of alcoholics within the hearing community (Ackerman, 1987; Booz, Allen & Hamilton, 1975; Elwood, 1980). However, research has not provided a diagnostic comparison or link between the general Deaf population and the impact of the substance abusing family on this population.

The Children of Alcoholics Screening Test (CAST: Jones, 1982) was created to provide an instrument that could identify children, adolescents, or adults of alcoholic parents. The CAST is a 30 item scale that requires subjects to respond to their perceptions of, experiences with, and reactions to, a parent(s) drinking. Using the CAST, Roosa, Sandler, Beals & Short (1988) was able to identify that 23 percent of subjects in a teen sample from Chicago were Children of Alcoholics (COA's). The CAST has become a useful instrument in research and clinic settings for the identification of children of alcoholics and placing them into one of three diagnostic groupings related to the effects of parental alcohol use. The psychometric validity of the CAST has been

## USE OF THE CHILDREN OF ALCOHOLICS SCREENING TEST WITH A DEAF POPULATION

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examined by numerous scientific investigations (Jones, 1982, 1983). Jones (1982) indicated a Spearman-Brown split-half reliability coefficient of .98 with teens sampled from the Chicago schools and a random sample of adults from the same locale. Both Roosa, et al., (1988) and Dinning and Berk (1989) recorded acceptable internal consistency reliability for the CAST (coefficient = .90). It is the intent of this study to replicate the Jones' (1983) study with deaf subjects. In light of the above information, when the CAST is administered to a deaf population, it is expected that those subjects who are Deaf from alcoholic families will score higher than those subjects who are deaf and do not come from alcoholic families.

### Method

#### Subjects

Students enrolled in undergraduate English, Mathematics, and Education courses from Gallaudet University were used as subjects in the current study (N=142). No control to obtain an equal number of male and female subjects was instituted. No extra credit was offered for participation in the study and subject participation was voluntary. Subjects were informed that they could withdraw from the study at any time and all information collected would be considered privileged and private.

#### Procedures/Methodology

Participants completed the CAST, a self identification screening sheet, and a demographic questionnaire as part of their normal classroom activities. Instructors were asked to leave the classroom in order to reduce implied instructor coercion and test administration was conducted by two paid Deaf graduate students who are proficient in American Sign Language (ASL). Test administrator sign language ability was determined

according to their performance on the Sign Communication Proficiency Interview (SCPI) administered by the Sign Communication Department at Gallaudet University. Both test administrators have been rated "Superior", which indicates "ability to use signing vocabulary and visual grammar with superior fluency and accuracy for all formal and informal social and work needs" (SCPI). [Administrators were assisted twice by hearing graduate students who scored "Advanced" on the SCPI.]

Administration of the CAST followed those guidelines as presented in the administration manual. Administrators also received training in guidelines developed for this research with special instructions addressing the use of sign language translation for each test question to ensure administration consistency among groups. Results of the CAST are used to place subjects into one of three groupings. The first group are those individuals who most likely do not have alcoholic parents. The second grouping of subjects have experienced specific problems related to one or both parents' drinking behavior, and may best be identified as Children of Problem Drinkers. The final group are subjects who are Children of Alcoholics (Jones, 1982). The CAST is designed to yield a single score. All "Yes" answers are converted to a numerical value of one. The raw numerical scores are summed to yield the CAST score. Because the CAST, in its original form, makes use of English language idioms, it was evaluated with regard to linguistic suitability and word substitution for administration to a Deaf population by the Gallaudet University Linguistic Department. This evaluation was forwarded to Camelot Limited (owners of the CAST) and the recommended changes to the CAST for this study were authorized. The self identification screening sheet was used for placing subjects into one of two groups, the Children of Alcoholic group (COA), or the control group (NCOA). In addition to the

## USE OF THE CHILDREN OF ALCOHOLICS SCREENING TEST WITH A DEAF POPULATION

CAST, a demographic questionnaire was administered to gather data related to gender, parental hearing status, age, type of schooling, and regional location of origin.

### Results

The Children of Alcoholics Screening Test was administered to 142 adults ranging in age from 18 to 38 (mean age = 29 years). Forty-eight subjects self-identified themselves as having grown up in an alcohol abusing home by answering at least one item on the self identification screening sheet. These 48 subjects formed the COA group. The other 94 subjects identified themselves as having been raised in a non-alcohol abusing home, constituting the NCOA group. The COA group scored significantly higher on the CAST (mean=9.5, *SD*=7.85) in comparison to the NCOA group (mean=0.393, *SD*=1.46)( $t(140)=10.793, p<.001$ ). The COA group represented just over 20% of the sample population. It is interesting to note that 8 subjects identified themselves as NCOA yet their score on the CAST would place them into the COA group. Conversely, 10 subjects identified themselves as COA's, but had scores in the NCOA range.

Table 1  
Mean Scores and Standard Deviations  
for the COA and NOCA Groups

<u>Condition</u>	<u>Mean</u>	<u>SD</u>
COA Group	9.5	7.85
NCOA Group	0.393	1.46

A re-distribution of the raw scores into alignment with the three diagnostic groupings determined by the number of "Yes" answers

resulted in a Children of Non-Alcoholics subgroup (CNA)(N=96, mean=0.12), a Children of Problem Drinkers subgroup (CPD)(N=17, mean=2.88), and a Children of Alcoholics subgroup (COA)(N=29, mean=14.79).

### Conclusions

The current study has successfully replicated Jones (1983), indicating that the Children of Alcoholics Screening Test does discriminate between self-identified children of alcoholics and children of non-alcoholics who are Deaf from the sample population.

Table 2  
Number of Subjects, Percentage of the Sample,  
and Mean Score by Diagnostic Grouping

	CNA	CPD	COA
N	96	17	29
Sample %	67.61	11.97	20.42
mean	0.12	2.88	14.79

It appears within the limits of the sample, subjects raised in an alcohol abusing environment scored significantly higher on the CAST than their NCOA counterparts. Furthermore, the results of the re-distribution of raw scores into diagnostic groupings has identified that a Children of Alcoholics subgroup does exist in the sample population.

Based on the literature and the results of this study, statistical findings indicate that the Children of Alcoholics Screening Test is a valid and reliable test that can aid in identifying children of alcoholics.

Use of an accepted instrument for identifying Children of Alcoholics within the Deaf community may assist schools, social workers, school and

## **USE OF THE CHILDREN OF ALCOHOLICS SCREENING TEST WITH A DEAF POPULATION**

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rehabilitation counselors, and the mental health community, to pinpoint more clearly possible causes of dysfunction or maladjustment in students or persons seeking, or referred, for evaluation. Early identification of high risk children can result in the provision of early intervention services and justify ongoing prevention efforts. The boundary between the Deaf adult and the rest of the world is further strengthened by the mistrust of the "hearing world" by many in the Deaf community. Because the social mores of the Deaf community are often quite different from those of the hearing community, and because Deaf persons tend to evaluate the meaning of their Deafness differently based on life experience and modality of communication, understanding the underlying

mechanisms of the functionally well-adjusted Deaf person is a must. It is for this purpose that future researchers using the CAST must be knowledgeable about both Deafness and Deaf cultural issues, and how the combination of these issues creates a new paradigm.

The limitations of the current study prevent generalized applicability of the results to the general Deaf community, though they do establish a foundation for future investigation. Investigations related to the general Deaf community are needed to further validate the Children of Alcoholics Screening Test for use with the Deaf population and to establish normative standards for future comparison.

## USE OF THE CHILDREN OF ALCOHOLICS SCREENING TEST WITH A DEAF POPULATION

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