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Evaluating Alcohol and Other Drug Use Problems with Deaf and Hard of Hearing Persons

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Alcohol/Drug Use Assessment

EVALUATING ALCOHOL AND OTHER DRUG USE PROBLEMS WITH DEAF AND HARD OF HEARING PERSONS

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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. A case study is presented that will assist with the application of the assessment process.

Introduction

According to the National Household Survey on Drug Abuse (National Institution on Drug Abuse, 1992), 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 a 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 (Schaefer, 1996). 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 and Sullivan (1990) reminded us that Father Martin, a famous priest in the addictions field, described 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 all officially pronounced alcoholism to be a disease (Valiant, 1983). In April of 1987, the American Medical Society on Alcoholism and other Drug Dependencies (whose membership includes over 2,000 medical doctors certified as specialists in chemical dependency) officially declared that what is true for alcoholism is also true for addiction to other drugs. Chemical dependency is a primary, progressive, chronic and fatal disease (Schaefer, 1996). Each of these characteristics is defined in the paragraphs that follow.

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 predicable 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 treatment. 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 stated that alcoholics are 10 times more likely than non-alcoholics to die from fires, five to 13 times more likely to die from falls and six 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. Nonetheless, chemical dependency can be treated and arrested. Schaefer (1996) indicated that seven out of 10 chemically

dependent persons who accept treatment and use the knowledge and tools they are given find sobriety.

The Pattern of Alcohol/Drug Use

Addiction does not 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. *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); *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; *Stage Three - Abuse* - A person thinks or feels that he or she needs the alcohol and/or other drugs to feel good, to go to work or school, to solve problems, to socialize with friends, and so forth; *Stage Four - Dependency(Addiction)* - A person needs to use alcohol and/or other drugs just to feel normal. These individuals have many problems but do not 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). The DSM-IV section dealing with substance-related disorders 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 (Center for Substance Abuse Treatment [CSAT], 1995). Though 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 or 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 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. Table 1 presents some consequences commonly seen

in the respective life areas (Minnesota Chemical Dependency Program for Deaf and Hard of Hearing Individuals [MCDPDHHI], 1994).

TABLE 1. Commonly Seen Consequences in Six Life Areas for People Who Abuse Alcohol or Drugs

Physical frequent, unexplained illness sudden weight loss or gain injuries (from fights or accidents) generally unhealthy appearance unusual sinus or dental problems memory loss (blackouts) hangovers	Financial overdue bills banking problems borrowing/stealing money owing money to others gambling activity unexplained sources of income	Family fights, disagreements (about use) neglect of responsibilities failure to attend family functions lack of trust separation/divorce loss of custody of children
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	Legal DWI or DUI charges probation violations restraining orders legal fines court appearances	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.

Because an individual meets some of the above criteria does not necessarily mean that the person is chemically dependent. Consider the following scenario: 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 resolved the issue of television access at night, the student's attendance at school and grades improved. This story 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

Based on the experience of clinicians at the MCDPDHHI, one common problem encountered when assessing Deaf people involves the use of chemical dependency language not familiar to the individual (Guthmann, 1996). 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 even when the interpreter is fully qualified. The limited availability of qualified interpreters is also a factor that continues to be a problem throughout the United Sates. 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. Though 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 the individual know that someone cares about him or her.

Alcohol/Drug Use Assessment

MCDPDHHI has developed an assessment tool that is useful in recording the information, once the interview with the client has been completed. This assessment tool is similar to those used with hearing persons but includes questions that pertain directly to the loss of hearing and to communication issues. These represent important considerations for the assessment process and for the provision of chemical dependency treatment services. 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. These principles are similar to those utilized in conducting such an interview with any client. However, the importance of eye contact is even more marked with Deaf or hard of hearing people who are often more visually oriented.

To assist in the application of the assessment process, a case study is presented below. A completed assessment questionnaire for "Mary" is in Appendix A.

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 DVR 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's focus was 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 DWI. 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

Mary's completed assessment questionnaire in Appendix A illustrates its application. The questionnaire conveniently summarizes significant information about her need for treatment.

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, perhaps more than with hearing people because of the more visual orientation of many Deaf and hard of hearing people. 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 and later transfer them to the assessment form.

Summary

The information presented in this article and Mary's case helps to illustrate key concepts of the assessment of substance abuse problems. Those key concepts include the following:

*Alcohol and other drug use can negatively impact major life areas.
*The progression of the disease involves the loss of control over one's use and an increasing quality of unmanageability in one's life.
*Chemical dependency includes an ever-increasing relationship to the alcohol or drugs with a decreasing importance to other relationships and aspects of one's life.
*Without treatment, consequences of one's use become increasingly serious, leading ultimately to death.

For persons 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 substance abuse assessment. In addition, the assessment must take into consideration the limited resources capable of providing appropriate treatment services. Assessors who evaluate Deaf and hard of hearing people need to be familiar with the factors which make a program accessible and also be knowledgeable about the programs that offer those services.

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Alcohol/Drug Use Assessment

Appendix A

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 Mary 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

__X__Hangovers	__X__Tolerance	_____Withdrawal
__X__Blackouts	_____Accidents/Injuries	_____Passing out
_____Fights	_____Injecting drugs	_____Medicating pain

Comments:

Drinking has become the central focus of her life.

Financial Problems

__X__Unpaid Bills	_____Borrowing money	_____Outstanding loans
_____Legal fines	_____Stealing	_____Dealing
_____Lifestyle change	__X__Insufficient income	_____Pawning items

Comments:

Anticipated move home appears to be financially motivated.

Family Problems

__X__Arguments/fights	__X__Abuse	_____Broken promises
_____Absence from home	_____Loss of trust	__X__ Concerns about use
__X__Use by other members	_____Hiding drugs in home	_____Custody issues

Comments:

Legal Problems

_____Arrests	__X__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.

Alcohol/Drug Use Assessment

Job / School Problems

__X__Poor performance	__X__Lateness	__X__Absences
_____Problems with supervisor	_____Fired/Suspended	_____Disciplined
__X__Problems with peers	_____Using at work/school	

Comments:

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

Social Problems

_____Loss of friends	__X__Change of friends	__X__Friends use
__X__Socialization around use	_____Negative reputation	_____Gambling
_____Friends older / younger		

Comments:

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

Emotional Problems

__X__Use to feel normal	_____ Mood swings	_____ Self harm
_____Suicidal thoughts/behavior	__X__ Anger problems	__X__ Depression
_____Use to medicate emotional pain		

Comments:

Chemical Use Information

_____Unplanned use	__X__Binge Use	_____Hidden use
_____Using more than planned	__X__Solo Use	__X__Daily use
_____Attempts to control use	_____Relapse	__X__Preoccupation
_____Protecting Supply	_____Poly drug use	

Comments:

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

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

__X__Alcohol	_____Marijuana	_____Cocaine
_____Crack	_____Inhalants	____Sedatives
_____Hallucinogens	_____Amphetamines	_____Opiates
_____Others:	_____Others:	_____Others:

Use information: No other chemical use is known at this time.

Diagnostic Features: Please check all that apply.

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

__X__ 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.

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

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

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

Interview Findings and Comments:

Mary exhibits diagnostic criteria that at this time would indicate the need to consider an outpatient or inpatient treatment program.