

Hard-of Hearing

Hearing-Impaired

Hearing

Deaf

Diversity

Substance Abuse, A Equal Opportunity Employer

Dimensions of the issue

- All individuals with a hearing loss make up 5% of the population.
- Deaf individuals make up .215% of the population (about 8500 in SC)
- About 17% of the Deaf community have a substance abuse disorder (about 1500)
- About 25 were served last year by DAODAS



Substance Abuse in the Deaf Community

- Rates of abuse approx. twice that for Hearing populations
 - 15 - 25%
 - Treatment rates less than one-fifth
- Misconceptions
 - all that's needed is an interpreter
 - family members can interpret
 - the interpreters will know what to do
 - all programs created for deaf clients will fit each deaf client
 - all deaf people are at about the same level of intelligence/education



Step One

- “We admitted that we were powerless over our addiction, that our lives had become unmanageable”
 - “Admitted”
 - “powerless”
 - “over” our “addiction”
 - ...“Had become unmanageable”



Treatment resources

- Minnesota Chemical Dependency
 - <http://www.mncddeaaf.org/>
- Awakenings Residential Treatment
 - <http://login.npwebsiteservices.com/SCADP/AwakeningsRsnt.asp>
- PepNet just-in-time training
 - <http://www.pepnet.org/justintime/sa/>



Sexual Abuse

- Very common in addiction
- Very common in families with a deaf addict/alcoholic
- Abuse 6 times more common in deaf community
- makes them an excellent target for sexual predators (relatives/ friends of the family, boyfriends)
- lack of communication a barrier to reporting/ being believed
- lack of knowledge as to how to report



Dual Diagnosis

- Deafness/Hearing loss is physiological fact – it is NOT a mental illness (Axis I or II) nor is it a contributing aspect of mental illness
- It's the same early development, reactions of others, genetics and the environment that creates disorders in deaf people, just as in hearing people
- Deaf people most certainly CAN acquire dual diagnosis disorders, but physiological hearing loss or inability to hear is not a disorder



Deafness and AA/NA

- Requires a great deal of reinforcement
- Encouragement
- Explanation
- AA/NA concepts are abstract and generally require a great deal of patient discussion with deaf clients used to ASL as their primary communication mode
- True of hearing clients also
- Deaf clients tend to “get ahead” (“I’m on step four”) without really understanding Step One



AA

- Big Book in ASL
 - http://www.aa.org/en_pdfs/mg-13_carryingtheaa.pdf
 - VS – 1 & 3, DV – 11 & 12
- Online Groups
 - [Deaf Off Drugs and Alcohol website](#)
 - [Deaf Off Drugs and Alcohol Meditation website](#)



Recovery

- Case Management
- Scheduling, team, VR, SSA, HUD, Halfway Houses, other programs
- SSA and “disability”
- Empowering client to:
 - access systems appropriately
 - be curious and ask
 - be assertive appropriately
- Emergency plans



Family Involvement

- Assess, identify and address or implement boundaries
- Enmeshed / cut off
- Awareness of family's motives/motivation
- Awareness of the need to have a sick family member
- Develop team approach with client making the choices, with steps/responsibilities and awareness of consequences
- Clarify support vs. enabling
- Appropriate confrontations, limitations, accessing systems for help



Resources

- SCDMH
- SCAD
- Interpreters
 - Qualified Provider List
- SCSDB
- DAODAS
- http://www.rit.edu/~257www/national_directory/nat.directory.htm
- <http://www.dhh12s.com/>



DAODAS

- DAODAS has the responsibility to:
 - Identify a qualified interpreter
 - Coordinate schedules
 - Pay the interpreter fees
 - Family members are not appropriate to use as interpreters, regardless of how well they sign

