



Missouri Department of Mental Health Practice Guidelines for Substance Abuse Treatment for the Deaf

The following are identified as practice guidelines to assist clinicians and community mental health centers, which are contracted with the Missouri Department of Mental Health, when providing substance abuse treatment with deaf or hard of hearing (DHH) individuals.

Understanding Prevalence and Risk

1. **Individuals should understand the significant lack of specialized programs for DHH individuals.**

Individuals who are DHH experience a tremendous lack of resources for substance abuse education and treatment. This lack of resources includes both outpatient and inpatient services. When specialized treatment resources do exist, DHH individuals still struggle with the scarcity of resources and support systems when returning to their local communities. This scarcity of accessible resources for DHH individuals can sometimes be misinterpreted as an excuse for not participating in treatment or “stinkin’ thinkin’”; however, this is a very real concern and clinicians should be sensitive to this.

2. **Individuals should understand the special barriers to receiving effective treatment that DHH individuals encounter.**

These barriers include the fact that deafness is a low incidence population and most treatment providers rarely receive deaf clients and thus are rarely prepared to provide culturally and linguistically accessible treatment. Treatment that is accessed by DHH individuals is typically difficult for them to understand due to gaps in their fund of information and struggling to understand common English terms such as sobriety, higher power, triggers, etc. Idioms are commonly used in treatment and are difficult for DHH individuals to understand. Even when interpreters are used in the provision of treatment, there is often a lack of training for the interpreter, the interpreters’ skills vary greatly, and interpreters are not always provided outside of formal programming so much of the informal treatment is missed by the DHH individual. In addition, oftentimes DHH individuals feel the need to fit in and not “make waves” so they may choose to not ask for clarification and therefore miss out on information needed for treatment. With the DHH population being low incidence, confidentiality can be difficult amongst the DHH communities which can make DHH individuals reluctant to seek help.

3. **DHH individuals face a greater number of risk factors for substance abuse than the general hearing population.**

In addition to the regular risk factors for substance abuse, DHH individuals also face:

- Limited family discussion and social learning about dangers of substance use;
- Decreased exposure to formal prevention programs;
- Decreased access to family and extended family support;
- 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 non-disabled population resulting in a sense of entitlement to substance use; and,
- Deep need to fit in with hearing and non-hearing peers, including students who use alcohol and other drugs.

DHH individuals have also shown to have a lower age of onset of use, greater substance abuse severity (dependence and withdrawal), higher rates and greater severity of childhood victimization, and higher rates of co-occurring psychological problems (such as depression, traumatic stress, conduct disorders).

Understanding Culture and Environment

4. DHH as a unique, cultural and linguistic minority group.

The DHH individual is often a member of the Deaf cultural group that is considered a minority. They also share a unique language in American Sign Language (ASL) which is also considered a linguistic minority group. Identification with the cultural group and sign language skills varies greatly. It is important to gather information regarding the individual's identification with the cultural group and their skill in communication and not to assume that their sign language skills are fluent. Additional communication access resources may need to be made available, including ASL/English interpreters as well as Certified Deaf Interpreters (CDI's). Those individuals who are socially isolated and less connected to the DHH culture as well as those less fluent in ASL are at a higher risk for substance abuse. A flexible approach is needed, recognizing that each DHH person is unique in their hearing loss, functioning ability, communication preferences, and substance use experiences.

5. The Deaf/Hard of Hearing Community is small and this may have an impact on treatment.

As DHH is a low incidence population, the DHH community is small. This often affects confidentiality as members of the DHH are often informed of one another's personal business. This small community may also lead to the DHH individual in treatment having only substance-related relationships. In addition, the experience of socializing with other DHH peers is cherished in the culture; therefore, letting go of substance-using relationships may mean leaving the DHH cultural group and consequently may leave the individual with few or no friends for their support system. Those with substance abuse issues often burn bridges and this can limit the DHH individuals' ability to develop healthy relationships, particularly inside their cultural group.

6. DHH Individuals often struggle in programs designed for their hearing peers.

DHH often struggle in 'hearing' programs as their peers often do not understand their struggles and the barriers they encounter in life, especially the communication access barriers, which can often be a trigger. Sometimes this feeling of being disconnected from their peers is used as a reason for relapse and/or not engaging in treatment. Experiencing communication barriers often means that the DHH individual has had little to no access to educational information and may not have correctly understood information that is presented in media. These communication barriers can also lead to the DHH individual not being able to express resentments they feel towards others, which is often a key to healing. Also, substance abuse treatment is typically full of language that is unique to English with no clear concepts in ASL such as blacking out, relapse, triggers, etc. Care is needed in how information is presented to DHH individuals as well as more detailed explanation of key concepts.

Screening and Assessment

7. There are limited resources for screening and assessment of substance abuse in the DHH population.

There is currently only one substance abuse screening tool that is in ASL for the DHH population, the Drug and Alcohol Assessment for the Deaf (DAAD), and there are no diagnostic instruments validated for this group. Screening is best done with someone who is aware of DHH culture and language. There is currently a project being worked on in California to develop the GAIN tool for the DHH community. More information for the DAAD can be obtained by emailing DMH's Office of Deaf Services at deafservices@dmh.mo.gov.

Adapting Treatment

8. Evidenced-Based treatments have not yet been adapted for use with DHH individuals.

The most common evidenced-based treatment models, such as, Cognitive-Behavioral Therapy (CBT), Motivational Interviewing (MI), 12-Step programs, and Harm Reduction, have not yet been fully adapted for use with DHH individuals.

CBT

Common concepts in CBT such as triggers, warning signs, relapse, and relapse prevention are not common ideas in DHH culture. Certain CBT techniques teach individuals to identify and create new ways to deal with stressors. However, common stressors for DHH individuals such as lack of communication access, struggling to obtain communication access, and a general lack of access to services result in DHH individuals feeling that patience, hard work, and perseverance do not pay off. These are similar stressor to what DHH individuals deal with in real life and have learned to cope with through the use of substances, sometimes causing treatment to be a trigger.

MI

In MI, common techniques of empathic listening and effective communication are key components. These techniques are even more important when working with DHH individuals as they commonly experience feeling not understood on a level of language first, much less the deeper level of emotions.

12-Step Programs

There is a significant lack of 12-step programming available to the DHH community. Due to the expense of interpreters and most 12-step groups being privately funded, there are not many groups that provide communication access for DHH individuals. Technology is sometimes used to access 12-step programming but this is a relatively new concept and not universally used.

Harm Reduction

Harm reduction can be a good treatment approach due to the lack of education and awareness regarding substance abuse in the DHH community. Harm reduction can provide support and education, keeping the client engaged with the hope that they will come to understand why abstinence is a better solution.

9. There are ways to adapt Evidenced-Based treatments to more effectively reach the DHH community.

Some techniques that work well with the DHH population include storytelling, visual metaphors, and active treatment activities such as role playing, and the use of technology (such as translating English materials into ASL or pictorial tools).

Storytelling

This is a fairly universal way of communicating and educating and is also an integral part of DHH culture. Storytelling is frequently how the DHH culture shares information and events. It is vital that substance abuse clinicians allow time for storytelling to happen and not try to rely on getting specific information from specific lines of questioning.

Visual Metaphors

As ASL is a visual language and the language of the DHH culture, visual metaphors can become a primary counseling strategy. A visual metaphor is the representation of a person, place, thing, or idea by way of a visual image that suggest a particular association or point of similarity. Visual metaphors are also helpful in creating a cognitive connection for the client and counselor to refer back to during future sessions. Visual metaphors also help to create a concrete visual representation of an abstract concept, creating a context for discussion and exploration with the client.

10. Additional tips for creatively and effectively adapting treatment.

- In DHH culture it is common for conversations to center more on events than emotions, the “what happened” rather than the “how did it feel”. Keep this in mind when interacting with DHH individuals
- Using drawings and pictures is imperative in DHH substance abuse treatment and will be a very successful tool.
- Due to language barriers, common treatment approaches with reading/writing tasks are more difficult for DHH individuals. Find other ways to communicate the concepts.
- The provision of an interpreter is not always enough as interpreters are typically provided only for formal treatment and the DHH individuals miss out on the key component of interacting with their peers during down times.
- It is essential that the full array of services, education from qualified staff, direct communication with clinical staff, captioned or signed video materials, and innovative treatment approaches be provided.

Technology in Treatment

11. Telehealth can be and is used to provide specialized services to the DHH population.

Providing treatment in a specialized setting can help eliminate some barriers to services that DHH individuals face; however, this is expensive and not always feasible. Using technology is one way to combat this. Telehealth is currently being used in Missouri to connect specialized providers to clients across the state for psychiatric services. Telehealth substance abuse treatment has shown to have equivalent outcomes to therapies delivered in more traditional face to face interactions.

12. Telehealth or other videoconferencing is an effective delivery method for 12-step programs.

There are a few national AA and NA groups that are provided via online methods. These groups are provided directly from AA/NA. There are also some groups offered by an agency known as Deaf Off Drugs and Alcohol (DODA). DHH individuals involved in web-based 12-step groups report feeling better about confidentiality as they will likely not know those involved versus their personal small community. Using videoconferencing, 12-step groups or after-care support also helps calm anxiety produced by potential breaches of confidentiality for DHH individuals.

Specialized Programs

13. Programs that specialize in DHH substance abuse treatment.

Specialized programs close often due to the high cost of operation, low census numbers, and/or not having staff with appropriate training and credentials, even when programs are state wide entities. Specialized programming consists of having staff that are able to communicate in ASL, materials that are modified to meet the individual needs of the consumer, and program content that is culturally sensitive to the needs of the DHH population. Currently there are 3 known specialized substance abuse programs in the country, one in Minnesota, one in Ohio, and one in Georgia.

Minnesota - <http://www.mncddeaf.org/>

The program in Minnesota is located in Minneapolis. This is an inpatient program and they report that in any given year about 60% of their consumers come from outside Minnesota. The program name is Chemical Dependency Treatment for Deaf and Hard of Hearing Adults. More information on this program can be obtained by calling 800-282-3323.

Ohio - <https://www.med.wright.edu/citar/sardi/doda>

The program in Ohio is located in Dayton at Wright State University. This program provides group and individual counseling and support, as well as case management. All services are also offered through videoconferencing and hosts 12-step meetings through this technology as well, allowing up to 10 locations to be online at the same time. More information about this program can be obtained by calling 937-222-2400 ext. 231.

Georgia – No Website Found

The Georgia program is a 15-bed residential addiction treatment center for the Deaf. This program employs staffs that are trained in substance abuse treatment and are sign language fluent. For more information on this program you can call Dominic Johnson at 404-564-4181 ext. 1.

For more information or assistance with providing substance abuse treatment to the Deaf/Hard of Hearing population, please contact Missouri's Department of Mental Health, Office of Deaf Services at deafservices@dmh.mo.gov or by calling 573-526-1857.