



# Treatment recommendations for adolescents with co-occurring substance use disorders who are deaf



## Purpose

Deafness is identified as one of the seven low incidence disabilities in the state of Minnesota (Minnesota Low Incidence Projects, 2017), but there exists a profound lack of research regarding adolescents who are deaf and hard of hearing and have a co-occurring substance use and mental health disorder. Approximate estimates of hearing loss in the U.S. range from 20% of the population who have some amount of hearing loss, to only one in 1,000 people who have a severe to profound loss and communicate using American Sign Language, (Mitchell, 2006). The lack of any Evidence Based Practices (EBPs) (Anderson et. al, 2015), to treat this population creates a significant challenge for practitioners and treatment programs as EBPs are becoming synonymous with reimbursement. This presentation offers insights gleaned from the available literature for working with clients who are deaf and hard of hearing and have a co-occurring disorder.

## Definitions

### Deaf/deaf:

For the purposes of this paper, the author uses the terminology of “deaf” to refer to the diverse population of people who have a hearing loss.

“Deaf” is the preferred term used that members of the Deaf community use to refer to themselves. Deaf individuals consider themselves to be a part of the Deaf culture and to communicate in American Sign Language (ASL).

## Hospital Based Resource



### **Minnesota Chemical Dependency Program for Deaf and Hard of Hearing Individuals**

Minnesota accepts clients from all states into its hospital based chemical dependency treatment program for substance users who are deaf and hard of hearing.

They are located within the University of Minnesota Medical Center-Fairview Hospital in Minneapolis.

**1-800-282-3323**  
**V/TTY**  
**or**  
**651-964-1427(VP)**  
**or**  
**612-273-4461 Fax**

## Introduction

Without having Evidence Based Practices (Anderson, et. al, 2015) to employ, it can be challenging to effectively provide treatment for adolescent clients who are deaf and hard of hearing and have a co-occurring substance use and mental health disorder. An effective starting point is the recognition that counselors are working in a cross-cultural context. Just as one approach does not effectively treat all clients who are hearing, the same flexibility is needed when working with deaf and hard of hearing clients (Glickman et. al, 2013). Utilizing a biopsychosocial approach, taking into account the whole person, their medical and psychological needs and the environmental barriers, will assist the practitioner in making modifications to assist in meeting the communication needs of the client.

## Screening Tools

### **Substance Abuse and Mental Health Screening Tools validated for use with clients who are deaf and hard of hearing:**

#### **Alcohol Use Disorders Identification Test (AUDIT-C)**

The Audit-C has been researched with many different ethnic groups and has high reliability and validity. It also has an ASL translation available (Guthmann et. al, 2017).

#### **Beck Depression Inventory (BDI-II)**

The English version has been validated for use with the deaf and hard of hearing population; the ASL version has not yet undergone the validation process (Guthmann et. al, 2017).

#### **The SAS-ASL Screener**

Guthmann et. al, (2012), has validated a modified version of the Substance Abuse Subtle Screening Inventory (SASSI-3). The Substance Abuse Screener American Sign Language (SAS-ASL) is a helpful screening tool in that it is computer assisted, can be taken in approximately 16 minutes, with instant scoring results. The scored categories can assist in screening for a substance use disorder and creating a treatment plan for the individual.

## Relevant Literature

As there is a lack of literature in working with deaf and hard of hearing adolescents with co-occurring mental health and substance use disorders this poster draws insights from professionals working with the adult population to offer treatment recommendations.

**Pre-Treatment Approach:** Glickman et. al, (2013) and Glickman (2009) describe the challenges of working with some individuals who are deaf and hard of hearing and have severe language deprivation. These individuals aren't able to benefit from “talk” therapy as currently practiced. They recommend a modified version of cognitive behavior therapy that can be used prior to treatment. This “pre-treatment” approach has been found to result in better outcomes as the client develops a schema for the counseling process before entering treatment.

**Seemingly Unimportant Decisions (SUDS):** Glickman et. al, (2013) suggests that adhering to the traditional format of relying on the client to gain insight into their own decision-making behavior may not be as effective as providing direct statements. Staff members who provide observations that link behavior patterns with possible motivations can assist clients who may not have the insight to do so for themselves.

**Certified Peer Support Specialists:** Gournaris, et. al (2016), and Anderson, et. al, (2015) encourage the inclusion of certified peer support specialists who are deaf and hard of hearing and in recovery themselves into treatment programs. Their involvement can assist with mutually beneficial results for the client and the peer support specialist.

**Behavioral Consequences:** Often clients who are deaf and hard of hearing are protected from the consequences of their behaviors from their families and the judicial system. Anderson et. al, (2015) and Glickman et. al (2013) report that these paternalistic behaviors can deprive the client of the necessary motivation to complete treatment.

**Telemental Health:** Technology can be used to virtually connect clients with clinicians who have the necessary linguistic and cultural expertise (Moore, et. al, 2009).

## Conclusions

**Need for a multidisciplinary Team:** Just as no treatment program would expect a single clinician to effectively treat all adolescents who are hearing and have co-occurring disorders, neither should a program expect a single practitioner, who is fluent in the language and culture of the Deaf, to meet the needs of all deaf and hard of hearing clients (Glickman, et. al, 2013). Treatment programs working with this population needs to consider the unique linguistic and cultural needs of their clients and incorporate a multidisciplinary treatment team approach. Use of materials that are specifically designed or modified and that incorporate linguistic and culturally specific resources is necessary for effective treatment outcomes (Cornes et. al, 2006). In addition, a successful program would include professionally trained, certified sign language interpreters, clinicians who are fluent in ASL, certified peer support specialists, and a peer group of other deaf and hard of hearing adolescents.

## Implications for Research and Practice

Due to the dearth of literature available regarding deaf and hard of hearing clients, combined with the lack of any Evidence Based Practices, there exists a critical need for targeted research with this population. Empirical studies that address the questions below are necessary to determine efficacious treatments for adolescents who are deaf and hard of hearing and struggle with co-occurring disorders.

- What treatments for mental health counseling and or substance use disorders are effective for clients who are deaf and hard of hearing and have severe language deprivation?
- How does the inclusion of deaf individuals in recovery enhance outcomes in substance abuse treatment programs for clients who are deaf and hard of hearing?
- Does attending Alcoholics Anonymous/Narcotics Anonymous mutual self-help meetings through interpreters or through virtual participation assist in relapse prevention?
- Is tele-counseling an effective method to treat adolescents who are deaf and experience co-occurring disorders?
- Which Evidence Based Practices should clinicians who have no experience with American Sign Language and Deaf culture utilize when working with members of this population?