



Disabilities and Alcohol Use Disorders

NIAAA Social Work Education
Module 10I

(revised 03/04)

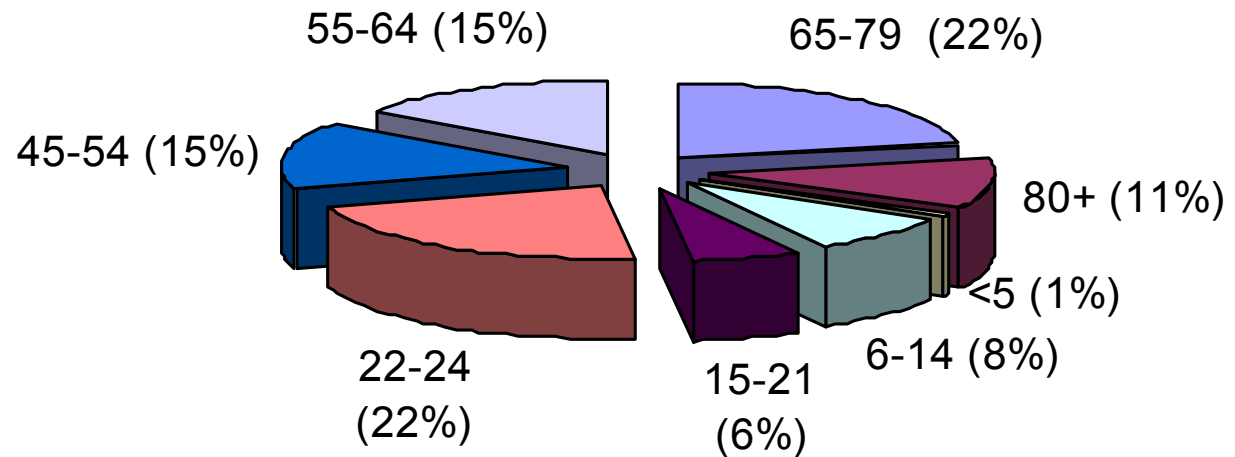


Outline

- Overview of alcohol problems and co-occurring disabilities
 - Intellectual Disability
 - Spinal Cord Injury (SCI)
 - Traumatic Brain Injury (TBI)
 - Deafness
 - Blindness
- Conclusion

Overview

Percent with Disability by Age



Source: McNeil (2002)

- *Approx 53 million people in US have a disability.*
- *Approx 33 million have a severe disability.*
- *Most are over 21 years old.*

Overview (continued)



- *Categorization Schemes:*
- *Functional domains affected*
 - *Physical*
 - *Intellectual*
 - *Cognitive*
 - *Psychiatric*
- *Onset*
 - *Age*
 - *Acute versus gradual*



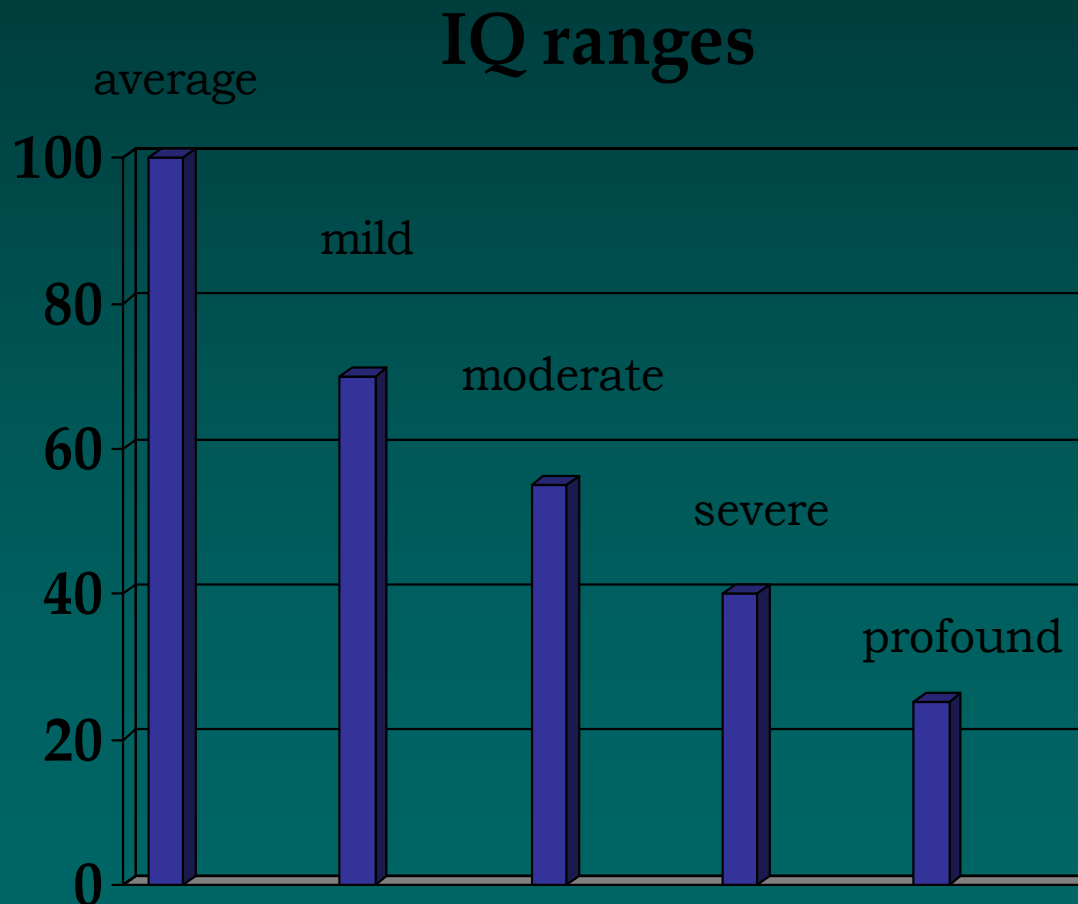


Overview (continued)

“It is not disability itself, but the meaning that the individual ascribes to the disability that will determine the response to the disability.” (Smart, 2001, p. 229)

- *Alcohol abuse may interface with adjustment and adaptation processes, either temporarily or long term*
- *Alcohol use disorder commands attention, whether it precedes or follows disability*

Intellectual Disability



- Retardation in 2-3% of population
- May drink to “fit in” socially
- Vulnerable to exploitation
- Alcohol may interact with prescriptions
- Alcohol compounds impairments

Intellectual Disability (continued)

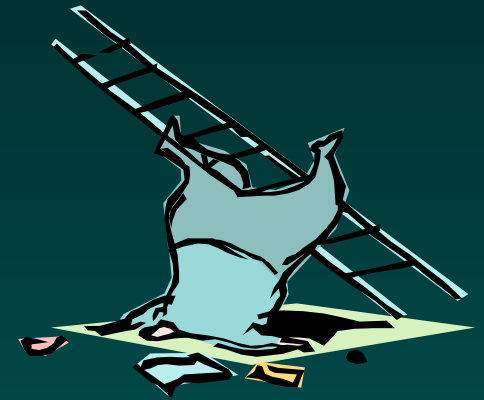
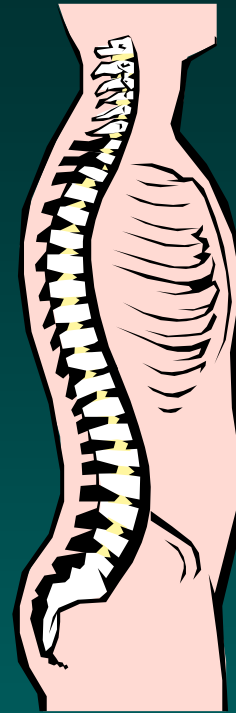
- *Screening is important*
- *Intervention may not alter drinking behavior in this population if cognitive limitations and social skill needs are not appropriately accommodated (adapting the tools for the job)*



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Spinal Cord Injury

- Result in mobility impairments
- Possible impairment of other body functions
- Affects 183,000-230,000 individuals
- Intoxication is involved in 39-50% of spinal cord injuries (pre-existing alcohol use disorders)



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Spinal Cord Injury (continued)

- People with brain injuries, spinal cord injuries, or mental illness may have alcohol and other drug abuse rates as high as 50% compared with 10% in the general population (NAADD, 1999)
- Drinking may decline in 1st year
- Alcohol increases risk of physical & mental complicating conditions
- Alcohol interferes with function and adjustment

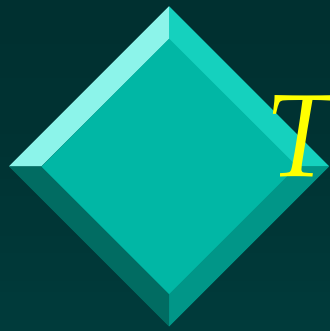


Spinal Cord Injury (continued)

1. *Full, independent accessibility is critical (in all areas and aspects of the program)*
2. *Accessibility involves time and activity adjustments, space modifications, and receptivity/acceptance*

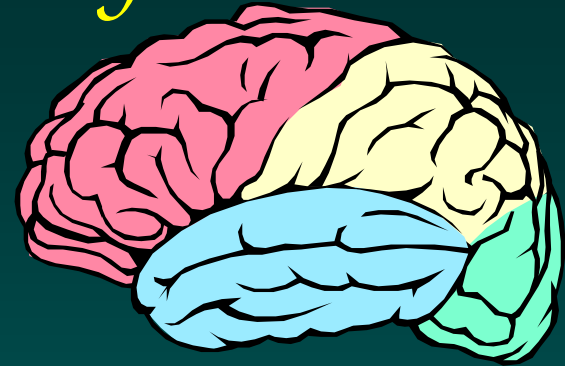


Welcome!



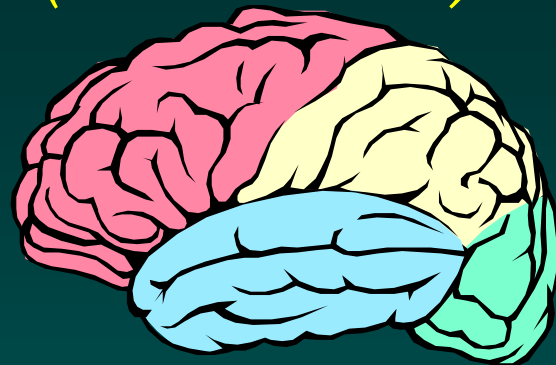
Traumatic Brain Injury

- *Temporary or permanent impairment of cognitive, social, and/or physical functioning*
- *1.5 million people each year; 5.3 million live with permanent traumatic brain injury*
- *33-50% of injuries involved alcohol at .10 or higher*
- *Drinking may initially decrease, but may increase over time*



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Traumatic Brain Injury (continued)



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- *Alcohol impairs functions*
- *Alcohol increases risk of more injury*
- *Alcohol may interfere with medications*
- *Alcohol may complicate relationships with caregivers*
- *Routine screening for alcohol is critical*
- *Alcohol assessment and treatment require adaptation to the nature of the condition*
- *Specially adapted tools may be needed*

Deafness

- *Affects 21 million Americans*
- *“Deaf culture” is important to many individuals*
- *Difficult to assess rates of alcohol use disorders in this group*
- *Prevention, screening, assessment, and treatment interventions are not often captioned or otherwise accessible*
- *May have a negative experience history with treatment providers*



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National Association of the Deaf Definitions

“Deaf” (in the audiological sense):
- *“those who are unable to hear well enough to rely on their hearing and use it as a means of processing information.”*

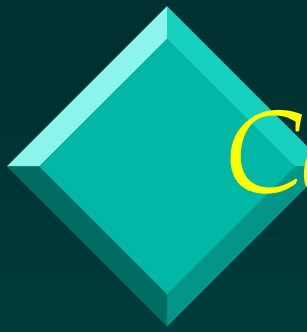
“Hard of hearing”:
- *“those who have some hearing, are able to use it for communication purposes, and who feel reasonably comfortable doing so,”*
(www.nad.org)

Blindness

- *Affects 10 million Americans*
- *No good estimates of alcohol problems in this group*
- *Must know specific nature of an individual's impairment to know how to help*
- *Ask how to help*
- *Use tools and technologies*
- *Modify helping behavior and strategies*



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Conclusion

Importance of collaborative relationships with clients, significant others, and other professionals



Appendices

Increased risk factors for alcohol use disorders among individuals with physical disabilities...

- *Self perception & stress factors*
- *Negative attitudes*
- *Myths*
- *Enabling attitudes*
- *Lack of knowledge*
- *Lack of adequate treatment facilities*

Source: Helwig & Holicky (1994)



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Stress factors that may contribute to alcohol use disorders...

- Adjustment to a world designed for individuals without a disability.*
- Individuals with disabilities may lack meaningful activities and face boredom.*
- Individuals with disabilities may use alcohol and other drugs as a response to frustrations or chronic pain.*
- Lack of adequate resources to pay for needed services.*

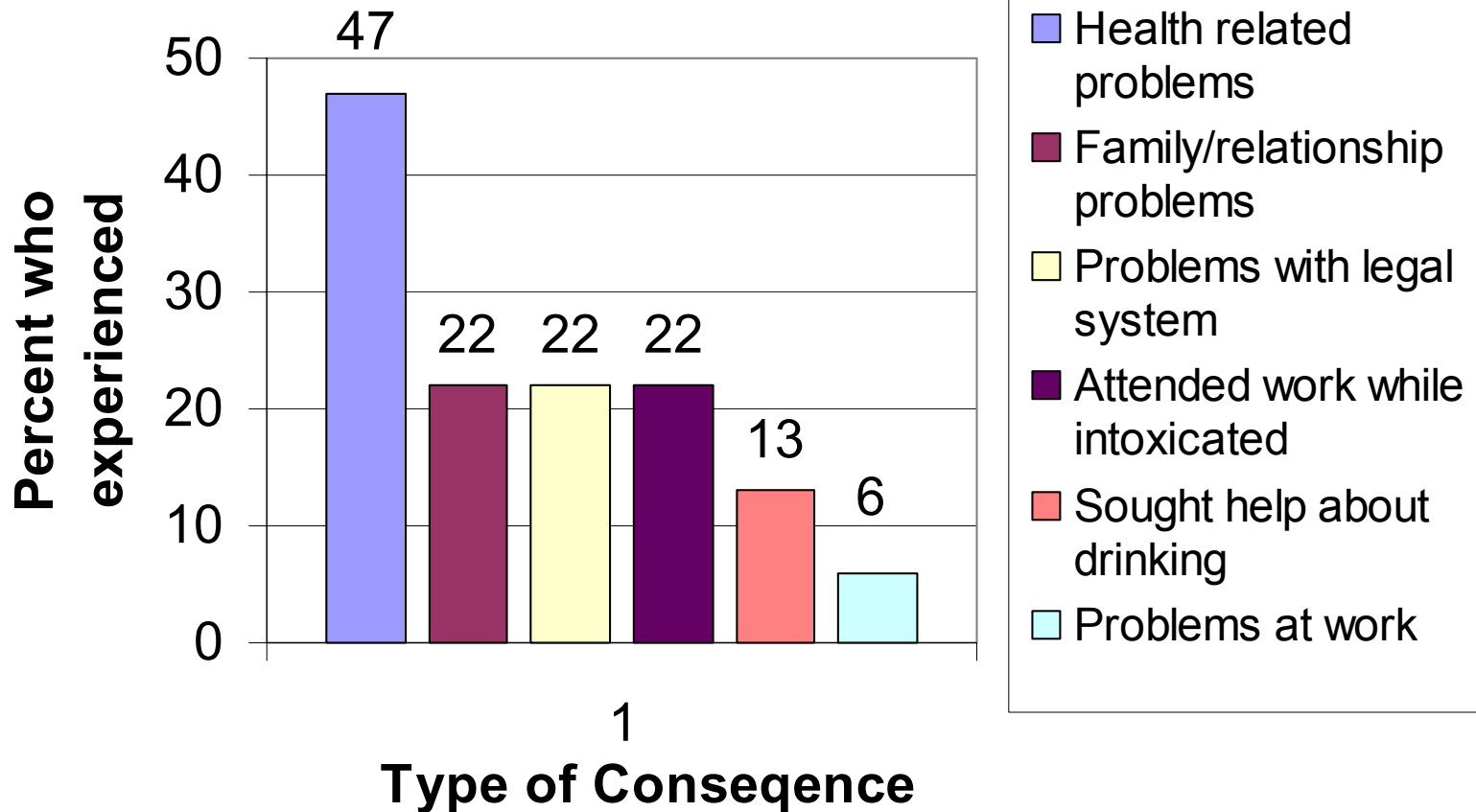
Stress factors that may contribute to alcohol use disorders (continued)...

- Individuals with severe disabilities may have easy access to addictive medications and may mix these with alcohol, resulting in dire consequences.*
- Double stigma of a disability and an alcohol use disorder.*
- Rationalizations for drinking may be hard to counter; it may be difficult to convince an individual with disabilities that sobriety is rewarding.*

Source: Boros (1989)

Consequences of Alcohol Use

Consequences of Alcohol Use by Drinkers with Disabilities



Making Treatment Accessible

- *Examine and address attitudes toward individuals with alcohol use disorders and disabilities.*
- *Develop communication skills to work effectively with individuals with disabilities.*
- *Remove architectural barriers that prevent physical access to individuals with disabilities.*
- *Review policies, practices, procedures to ensure individuals with disabilities are not discriminated against.*



Recognition of Alcohol and Other Drug Use Disorders

RECOGNIZED &
TREATED

1. AUD is acknowledged and treated in conjunction with other issues.
2. AUD is acknowledged but not the focus of treatment and thus may not be addressed. Practitioners should work with clients to treat the AUD.
3. AUD is hidden, active, and not identified or treated. Practitioners should work with clients to recognize the AUD and initiate treatment.

HIDDEN &
NOT TREATED



CSAT Model Assessment

- *Medical examination*
- *Alcohol and other drug use history*
- *Psychosocial evaluation*
- *Psychiatric evaluation (where warranted)*
- *Review of socioeconomic factors*
- *Review of eligibility for health, employment, educational, and public assistance programs.*

Sources: Center for Substance Abuse Treatment (1995)



Treatment Considerations

- Recognize and address negative/patronizing/pitying attitudes that preclude treating clients with dignity & respect.
- Modify assessment procedures.
- Address grief and loss issues caused by the disability and the alcohol use disorder.
- Work with clients to develop problem-solving skills, interests, and activities that will enable them to live a full life without using alcohol.
- Identify client strengths.
- Work with clients, families, and treatment providers to make treatment accessible to all.



Treatment Considerations (continued)

- *Educate clients about interactions between alcohol and medications they are taking.*
- *Make accommodations in treatment settings for individuals with disabilities.*
- *Consult with substance abuse treatment providers and local providers of services to individuals with disabilities.*
- *Refer clients to 12-step and other self-help programs when appropriate.*



Working with Families

- *Educate families about alcohol use disorders and disability.*
- *Provide opportunities for family members to express their feelings about alcohol use disorders and disability.*
- *Work with families to provide healthy responses to the individual with disabilities and to avoid enabling their addictive behaviors.*



Working with Families (continued)

- *Work with family members to create opportunities in which each individual is the sole focus of attention.*
- *Work with organizations to provide respite opportunities when family members are the primary caregivers.*
- *Refer families to 12-step meetings and support groups for families of individuals with disabilities.*