Substance Use Disorders and Vocational Rehabilitation

VR Counselor's Desk Reference

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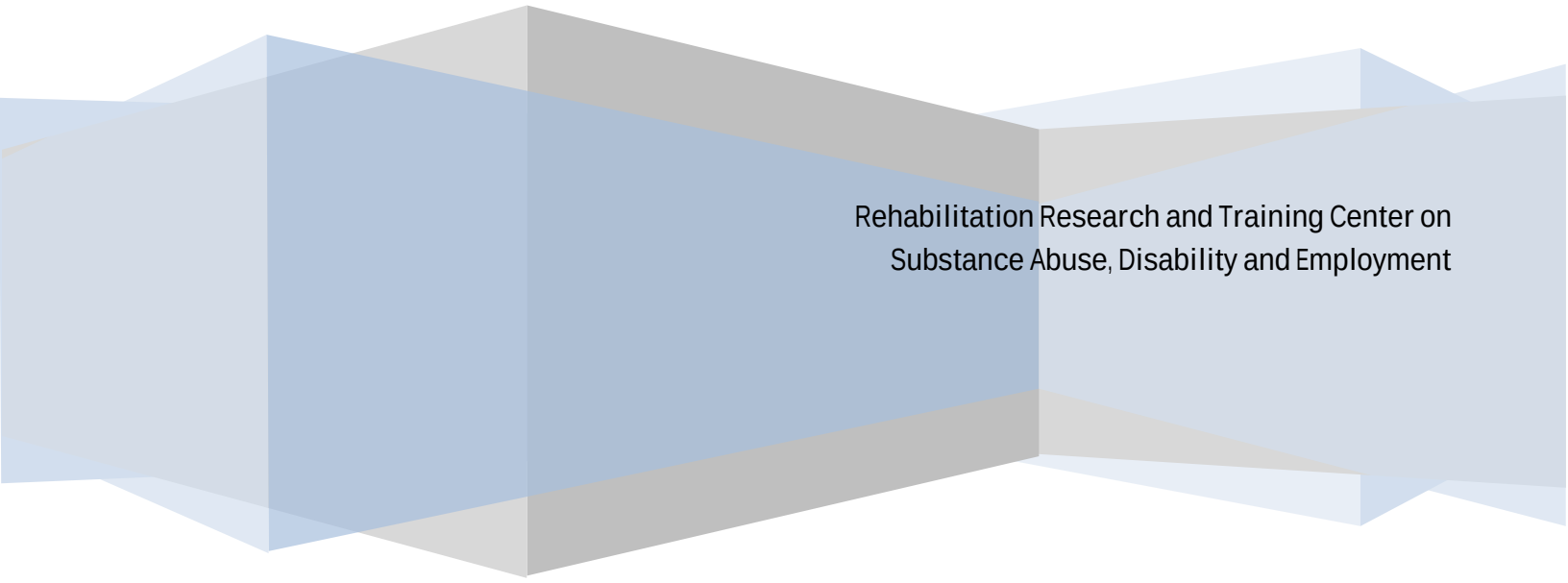

Rehabilitation Research and Training Center on
Substance Abuse, Disability and Employment

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Introduction

Substance use disorders (SUDs) are a major cause of serious health and social problems across the United States. The incidence of substance use disorders among persons with disabilities, particularly those served by the State-Federal Vocational Rehabilitation (VR) System, appears to be even greater than it is for the general population. The results of several epidemiology studies suggest that as a group, individuals who participate in the VR System are dependent upon or abuse illicit drugs and illicit drugs coupled with alcohol at substantially higher rates than does the general population (RTTC, 2003).

There are many reasons that persons with disabilities are at high risk for substance use disorders. Greater opportunities for medication misuse or abuse, social isolation, a lack of social or legal sanctions for abuse, pervasive poverty, high unemployment, lack of education, and inaccessibility of appropriate drug education have all been cited as contributing factors (CSAT/SAMHSA, 1999; Moore & Ford, 1996; Moore & Polsgrove, 1991). In addition, persons with substance use disorders are more likely to experience a disabling injury (HHS, 1993; Rice et al., 1989), thereby inflating the number of persons with disabilities requiring treatment. For example, a pilot study of 500 convicted impaired drivers found that over 30% had a disability (other than SUD) that would qualify them for some disability service, with the most common condition being traumatic brain injury (TBI) with sustained functional impairments (Acquilano, et al., 1995). Similarly, in 1998 over 30% of the approximately 150,000 persons entering New York State licensed drug treatment facilities were coded with a disability at intake. Somewhat surprisingly, more persons were coded with physical and cognitive disabilities than mental illness, in spite of the likely systems bias toward coding mental illness for reimbursement purposes (Moore & Weber, 2000).

Substance use disorders adversely impact employment outcomes for persons in the general population. It takes a higher toll on persons with disabilities. For example, while data from the Longitudinal Study of the VR Services System (1999) suggest that VR consumers with substance use disorders are more likely to have some history of employment prior to entry into the VR System than are VR consumers with other types of disabilities, the analysis of four years of data summarized in the RSA 911 Databases shows that they are significantly less likely to be

employed (or engaged as a student) at the time of application to VR. Research has shown that substance use disorders can exacerbate many of the challenges and problems associated with community integration and employment among persons with blindness (Koch, et al., 2002), deafness (Guthman, 1998; Lipton et al., 1997), spinal cord injury (Heinemann et al, 1991), TBI (Corrigan et al., 1995), learning disability (Molina & Pelham, 2001), and developmental disability (Westermeyer et al., 1996; Moore, 1999).

In spite of increased risks, substance use disorders among people with disabilities frequently go unrecognized and unaddressed. Individuals with disabilities themselves are likely to deny, hide, or discount alcohol and other drug abuse (AOD) problems in order to escape the double negative of being socially stigmatized with both disability and a substance use disorder. A poor self concept and low self esteem may keep a person with a disability from seeking help or from recognizing the potential for recovery (McAweeney et al., 2006). The limited financial resources of most persons with disabilities may prohibit treatment even when the treatment is paid for (Center on Alcoholism and Substance Abuse, 1993).

Although it has been estimated that as many as 25% to 30% of the 1,600,000 persons served by the nation's substance abuse treatment system have a co-occurring disability (SAMHSA, 1998; Moore & Weber, 2000), it is not clear how many of those individuals have been served by the State-Federal VR System nor how many have not received such services. Furthermore, it has been estimated that as many as 5 to 10 million individuals have both a disability and co-occurring substance use disorder (NAADD, 1999), but it is unknown how many of those people have received services from either the State-Federal VR and/or substance use disorder Treatment Systems.

Research in this area suggests that VR and other disability-oriented employment systems desire to improve services for persons with disabilities who experience substance use disorders:

(1) Practitioners in VR believe that the problematic use of alcohol and other drugs by people who apply for and receive services has a substantial impact on practitioners' ability to effectively coordinate and deliver services that will result in a positive employment outcome (West & Miller, 1999);

(2) People with disabilities and their family members want to receive information from any screening or assessment process they undergo as a vocational rehabilitation participant, and they have a right to access knowledge based on research that will inform their VR choices (Glenn, 1994);

(3) Policy makers recognize that substance use and abuse negatively impacts vocational rehabilitation service delivery (Lam & Hilburger, 1996); and

(4) Policy makers recognize that VR programs can enhance recovery of people with problems related to substance abuse (Hitchen, 2001).

The purpose of the Desk Reference is to provide VR counselors with a convenient resource on substance use disorder issues in vocational rehabilitation. The Desk Reference provides links to additional information, allowing access to varying levels of complexity and detail on typical issues facing VR counselors and consumers.

The Desk Reference may help rehabilitation professionals (especially those holding the CRC certification), meet their responsibility to: (1) increase their own awareness and sensitivity to individuals with disabilities; (2) further develop knowledge and skills; and (3) increase awareness of scientific bases for intervention. Meeting these responsibilities promotes a course of action that best serves persons with substance use disorders who are also consumers of VR services. The Desk Reference also supports rehabilitation professionals' adherence to the Code of Professional Ethics for Rehabilitation Counselors, of the Commission on Rehabilitation Counselor Certification for its Certified Rehabilitation Counselors. This Code is effective January 1, 2010 and is available at: **http://www.crccertification.com/filebin/pdf/CRCC_COE_1-1-10.pdf**

Background on Substance Use Disorders

Impairment: Alcohol and Other Drugs of Abuse

It is important for anyone working with persons with substance use disorders to understand that substance abuse is chronic in nature and that recovery can be a lifetime challenge. By recognizing substance use disorders as disabilities, some of the stigma attached to the abuse of alcohol and other drugs may be minimized.

Substance abuse frequently coexists with other disabilities; however, it can be, in itself, a disabling condition. Further, when identifying a substance use disorders as a disability it is important to examine the functional limitations of the individual so that an individualized plan may be developed. The goal of this plan is to strengthen the individual's possibility of functioning as an independent member of society by gaining employment.

Not everyone who has tried or is taking drugs is a substance abuser. Understanding the continuum of use of illegal substances, alcohol, prescription drugs, and other chemicals provides a basis for understanding substance abuse. The following definitions cover the continuum of use:

Experimentation: Use of a drug or alcohol out of curiosity

Recreational/social use: Use of moderate amounts of alcohol or illegal drugs by people of legal age with no adverse biological, psychological, or social consequences.

Abuse: Consuming alcohol or other drugs to the extent that the person experiences or is at risk for negative consequences as a result of the continued use. This can occur without the compulsive quality of addiction. The Diagnostic and Statistical Manual of Mental Disorders (DSM-IV, Text Revision (2000)) establishes strict diagnostic criteria for abuse. These criteria are discussed on page 14 of this desk reference.

Dependence: Continued abuse of alcohol or other drugs with recurring problems in primary life areas and severe risks to health and safety, including loss of control over its use. The substance becomes a focal point in the user's life. The person usually develops a tolerance for

the drug and upon abstinence, experiences withdrawal. Dependence may include a psychological and behavioral syndrome in which there is drug craving, compulsive use, and other aberrant drug-related behaviors, and relapse occurs after withdrawal. In addition to the craving there may be rumination about drugs and an abiding desire to acquire a supply. Compulsive use is manifested in escalating use despite the consequences. The dependent person gives up important life activities or events in order to continue to use. The dependence may be so powerful that the person resumes abuse even after completing treatment or maintaining abstinence for some time. DSM-IV establishes diagnostic criteria for dependence, as discussed on page 13 of this desk reference.

Addiction: A Brain Disorder

Is drug abuse a voluntary behavior?

Many people believe substance use disorders are the result of a person's voluntary behavior. That first decision to use often is voluntary but continuation is a different story. When the drug takes over the brain, a person's ability to exercise self control often becomes impaired. The latest research using brain imaging shows actual physical changes in the brain that impact judgment, decision making, learning, memory, and behavior control. Understanding how our brain works and what drugs do to this delicate system helps explain the compulsive nature of this disorder and the destructive behaviors that accompany it.

…National Institute on Drug Abuse

There are reasons why people start using drugs and that choice has its origins in the way our brain works. In turn, the brain is affected by the use of the drugs which then lays the foundation for functional limitations and physical problems.

Human behavior can be understood in terms of the brain's ability to process information. It is concerned with thinking, knowing, perceiving, understanding, memorizing, decision making, and judging. So what happens when the brain is pervasively influenced by

alcohol and/other drugs? What effect do the substances have on a person's thinking and behavior?

The brain contains specialized cells (neurons) that produce thoughts, emotions and perceptions, as well as motivational drives. Neurons containing the neurotransmitter dopamine are clustered in the midbrain. Dopamine affects brain processes that control movement, emotional response, and ability to experience pleasure and pain.

People often take drugs to feel pleasure or to relieve depression or deal with the effects of stressful situations. They make the choice to use a drug to cope or create good feelings. That freedom of choice is reduced over time, as alcohol and other drugs disrupt the brain systems. That disruption can persist—so that a person's normal desires and ability to make choices turn into an overwhelming need to seek out and use substances. In particular, drugs produce very large and rapid dopamine surges (the reason for all the good feelings). But the problems start when the brain counters by reducing the normal amount a dopamine activity—its attempt to regulate the need for this neurotransmitter.

The disruption can result in the person with the substance use disorder feeling no pleasure in the drugs they are using. This desensitization is also known as tolerance. The ability to stop has been significantly impaired; the parts of our brain that control desire, emotions and even decision making have been affected by the drugs. This drives the person to compulsively use, despite the lack of reward.

Chronicity is a part of the disability. Understanding substance use disorders requires the counselor to comprehend that a person who has been through multiple treatment programs and made certain life gains could relapse and return to substance use. Often the pattern continues until the person has a crisis and reaches a particular low point: "It brought me to my knees." "It was a choice between death or treatment." "I was so afraid that I would lose my children for good."

Information for this section of the Desk Reference was obtained from NIDA and HBO, available at: **www.hbo.com/addiction**

For more information on the brain disorder: **http://www.nida.nih.gov/scienceofaddiction/** and **http://www.hbo.com/addiction/**

Vocational Rehabilitation and Substance Abuse

Substance abuse and dependence both fall into the category of substance use disorders and are viewed as disabilities that are chronic, relapsing conditions. Decisions about services are based on an assessment of functional limitations and functional capacities using a classification system or a comparable assessment tool. An effective rehabilitation approach does not minimize the complexity of the disability and recognizes that recovery is a lifetime challenge for the person. The person is guided through difficult periods and supported in the effort to maintain recovery and take steps toward independence.

An effective VR approach is *holistic, individualized,* and *comprehensive,* with rehabilitation efforts focusing on empowering the person to make decisions regarding short-term and long-term goals. A person-driven empowerment approach goes along with an individually developed plan of activities.

Holistic: This approach emphasizes the fullest consideration of all life areas: medical, social, psychological, educational, vocational, economic, legal, and spiritual.

Individualized: The 1992 Amendments to the Rehabilitation Act emphasize that the person with a disability comes first. The person with a substance use disorder has to be actively involved in the rehabilitation process even if he or she does not agree with the entire plan. The concepts of empowerment apply to persons with substance use disorders as much as to any other consumer of rehabilitation services.

Comprehensive: The person is educated about the world of work, what it takes to be competitive, and how to prepare to be competitive. Rehabilitation promotes on-the-job opportunities, where the person can learn about work, test out work behaviors, and receive evaluation and feedback. There is emphasis on the role of family, significant others, and the environment in promoting the person's recovery and rehabilitation. An effective rehabilitation approach should facilitate opportunities for total community reintegration.

DSM-IVR Substance Use Disorder Diagnoses

VR counselors can benefit from understanding the formal language of substance use disorders used by mental health and chemical dependency professionals. Substance use disorders are listed in the Diagnostic and Statistical Manual of Mental Disorders, 4th ed, Text Revision (2000). The disorders include dependence and abuse.

DSM IV TR Substance Dependence

In order to meet the criteria for Substance Dependence, *three or more* of the criteria must be met.

1. Tolerance, as defined either by the need for increasing amounts of the substance to obtain the desired effect or by experiencing less effect with extended use of the same amount of the substance.

2. Withdrawal, as exhibited either by experiencing unpleasant mental, physiological, and emotional changes when drug-taking ceases or by using the substance as a way to relieve or prevent withdrawal symptoms.

3. Substance is taken for a longer duration or in greater quantities than was originally intended.

4. Persistent desire or repeated unsuccessful efforts to stop or attenuate substance use.

5. A relatively large amount of time spent in securing and using the substance, or in recovering from the effects of the substance.

6. Important work and social activities reduced because of substance use.

7. Continued substance use despite negative physical and psychological effects of use.

Although not explicitly listed in the DSM-IV-TR criteria, "craving," or the overwhelming desire to use the substance regardless of countervailing forces, is a common symptom of substance dependence.

For more information on diagnosing substance dependence, with links to cautions, addiction, and withdrawal: **http://www.behavenet.com/capsules/disorders/subdep.htm**

DSM IV TR Substance Abuse

In order to meet the criteria for Substance Abuse, at least one of the criteria must be met, and the person must *never have met the criteria for Substance Dependence* for the specified class of substance.

1. Substance use resulting in a recurrent failure to fulfill work, school, or home obligations (e.g. work absences, substance-related school suspensions, neglect of children).

2. Substance use in physically hazardous situations such as driving or operating machinery.

3. Substance use resulting in legal problems such as drug-related arrests.

4. Continued substance use despite negative social and relationship consequences of use

For more information on diagnosing substance abuse:
http://www.behavenet.com/capsules/disorders/subabuse.htm

The DSM-IV TR can be used to learn more about the diagnostic criteria related to these disorders. The information can assist you in identifying the factors that led to the diagnosis listed in referral or assessment information.

Health Consequences

Some of the functional impairments experienced by individuals with substance use disorders are related to the health consequences of alcohol or drug use. The following provides an overview of the health consequences of specific drugs. Some of the information in this section of the Desk Reference was obtained from The Merck Manuals Online Medical Library for Healthcare Professionals: **http://www.merck.com/mmpe/index.html**

Alcohol

Physical *dependence* on alcohol is characterized by the extent that stopping alcohol use will bring on withdrawal symptoms. *Abuse* usually causes health or social problems. These are chronic disorders that require intervention to end the physical dependence, followed by treatment and ongoing support to make lifestyle changes that will prevent the exacerbation of the condition or relapse. Medication or hospitalization may be required. Other health problems related to this disorder include serious effects to the brain, liver and other body organs.

What are the effects of prolonged alcohol use?

Nutritional

- Low folic acid levels
- Low iron levels
- Low niacin levels
- Low mineral/calcium levels
- Anemia (fatigue, weakness, light-headedness)
- Pellagra (skin damage, diarrhea, depression)
- Decreased bone density

Gastrointestinal

- Esophagus: Inflammation (esophagitis), cancer, esophageal varicies
- Stomach: Inflammation (gastritis), ulcers
- Liver: Inflammation (hepatitis), severe scarring (cirrhosis), fatty liver, cancer
- Pancreas: Inflammation (pancreatitis), low blood sugar levels, cancer

Cardiovascular

- Heart: Abnormal heartbeat (arrhythmia), heart failure, enlarged heart
- Blood vessels: High blood pressure, atherosclerosis, stroke
- Neurological
- Brain

Nerves

- Confusion
- Reduced coordination
- Poor short-term memory

- Psychosis (loss of contact with reality)
- Deterioration of nerves in arms and legs that control movements (reduced ability to walk).

How might these health consequences affect employment?

- Susceptibility to accidents and injuries
- High levels of sick time use
- Frequent absences/tardiness
- Irregular performance
- Difficulty learning new tasks
- Deficits in gross motor functioning
- Intoxication on the job

Some of this information was obtained from the U.S. Department of Health and Human Services and SAMHSA's National Clearinghouse for Alcohol and Drug Information. To use this resource, visit: **http://ncadistore.samhsa.gov/catalog/facts.aspx?topic=3**

For more information on the health consequences of alcohol use: **http://www.merck.com/mmpe/index/ind_al.html#Alcoholabuse**

Cocaine

Cocaine is a powerful stimulant that directly affects the brain. It is a Schedule II drug, meaning that it has high potential for abuse, but can be administered by a doctor for legitimate medical uses, such as local anesthesia for some eye, ear, and throat surgeries. The drug has two chemical forms, (a) the hydrochloride salt form and (b) the "freebase" form. The hydrochloride salt form of cocaine is a powder which can be dissolved in water. This powder, can be taken intravenously (by vein) or intra-nasally (by nose). The "freebase" form of cocaine, known as "crack" refers to a compound that has been neutralized by an acid to allow it to be smoked.

What are the effects of cocaine use?

Short term

- Increase heart rate
- Increased blood pressure
- Increased metabolism
- Increased temperature
- Increase mental alertness
- Feelings of exhilaration
- Constricted peripheral blood vessels
- Dilated pupils
- Increased temperature, heart rate, and blood pressure

Cocaine related deaths are often a result of cardiac arrest or seizures followed by respiratory arrest.

Long term

- Rapid or irregular heartbeat
- Reduced appetite
- Weight loss
- Heart failure
- Chest pain
- Respiratory failure
- Nausea
- Abdominal pain
- Stroke
- Seizure
- Headaches
- Malnutrition

Prolonged cocaine snorting can result in ulceration of the mucous membrane of the nose and can damage the nasal septum enough to cause collapse.

How might these health consequences affect employment?

- High levels of sick time use
- Frequent absences/tardiness
- Irregular performance
- Irritability on the job

Some of this information was obtained from the U.S. Department of Health and Human Services and SAMHSA's National Clearinghouse for Alcohol and Drug Information. To use this resource, visit: **http://ncadistore.samhsa.gov/catalog/facts.aspx?topic=41** (cocaine) or **http://ncadistore.samhsa.gov/catalog/facts.aspx?topic=176** (crack cocaine)

For more information on the health consequences of cocaine use:
http://www.drugabuse.gov/ResearchReports/Cocaine/cocaine.html

Heroin

Heroin is a highly addictive drug which is processed from morphine, a naturally occurring substance extracted from Asian poppy plants. Heroin abuse is associated with serious health conditions, including fatal overdose, spontaneous abortion, collapse veins, and infectious diseases including HIV/AIDS and hepatitis.

What are the effects of heroin use?

Short term

After heroin is injected, the user reports feeling a surge of euphoria accompanied by a warm flushing of the skin, dry mouth, and heavy extremities. Following this initial euphoria the user goes "on the nod", an alternately wakeful and drowsy state.

Mental function becomes cloudy due to the depression of the central nervous system.

Long term

- Collapsed veins
- Infection of the heart lining and valves
- Abscesses
- Cellulitis
- Liver disease
- Various types of pneumonia
- Depressed respiration

In addition to the drug itself, street heroin may have additives that do not readily dissolve and result in clogging the blood vessels that lead to the lungs, liver, kidneys, or brain. This clogging could lead to infection or even death of small patches of cells in vital organs.

How might these health consequences affect employment?

- High levels of sick time use
- Frequent absences/tardiness
- Irregular performance
- Drowsiness
- Sleeping on the job

- Lack of initiative

Some of this information was obtained from the U.S. Department of Health and Human Services and SAMHSA's National Clearinghouse for Alcohol and Drug Information. To use this resource, visit: **http://ncadistore.samhsa.gov/catalog/facts.aspx?topic=51**

For more information on the health consequences of heroin use: **http://www.drugabuse.gov/ResearchReports/heroin/heroin.html**

Marijuana

Marijuana is a green, brown, or gray mixture of dried, shredded leaves, stems, seeds, and flowers of the hemp plant. All forms of marijuana are mind-altering. In other words, they change how the brain works. They all contain THC (delta-9-tetrahydrocannabinol), the main active chemical in marijuana. They also contain more than 400 other chemicals. Marijuana's effects on the user depend on its strength or potency, which is related to the amount of THC it contains. The THC content of marijuana has been increasing since the 1970s.

What are the effects of marijuana use?

Short term

- Euphoria
- Slowed thinking and reaction time
- Confusion
- Impaired balance and coordination

Long term

- Cough
- Frequent respiratory infections
- Impaired memory and learning
- Increased heart rate
- Panic attacks
- Tolerance
- Addiction
- Lungs

  Persons who smoke marijuana regularly may have many of the same respiratory problems as tobacco smokers. These individuals may have daily cough and phlegm, symptoms of chronic bronchitis, and more frequent chest colds.

  Continuing to smoke marijuana can lead to abnormal functioning of lung tissue injured or destroyed by marijuana smoke.

  Regardless of the THC content, the amount of tar inhaled by marijuana smokers and the level of carbon monoxide absorbed are three to five times greater than among tobacco smokers. This may be due to the marijuana users' inhaling more deeply and holding the smoke in the lungs and because marijuana smoke is unfiltered.

- Heart and Blood

  A marijuana user's heart rate can increase when using marijuana alone. If the person uses cocaine at the same time, severe increases in heart rate and blood

pressure can occur. The concern is that, in normal circumstances, an individual may smoke marijuana and inject cocaine and then do something physically stressful that may significantly increase the risk of overloading the cardiovascular system.

In one study, experienced marijuana and cocaine users were given marijuana alone, cocaine alone, and then a combination of both. The heart rate of the subjects in the study increased 29 beats per minute with marijuana alone and 32 beats per minute with cocaine alone. When the drugs were given together, the heart rate increased by 49 beats per minute, and the increased rate persisted for a longer time. The drugs were given with the subjects sitting quietly.

- Learning and social behavior

  Critical skills related to attention, memory, and learning are impaired among people who use marijuana heavily, even after discontinuing its use for at least 24 hours.

  In a study of effects on attention, memory, and learning, heavy marijuana users (as compared to infrequent marijuana users) made more errors and had more difficulty sustaining attention, shifting attention to meet the demands of changes in the environment, and in registering, processing, and using information.

  Researchers have found that THC changes the way in which sensory information gets into and is processed by the hippocampus which is a component of the brain's limbic system that is crucial for learning, memory, and the integration of sensory experiences with emotions and motivations.

  Neurons in the information processing system of the hippocampus and the activity of the nerve fibers in this region are suppressed by THC.

  Learned behaviors, which depend on the hippocampus, also deteriorate via this mechanism.

How might these health consequences affect employment?

- High levels of sick time use
- Frequent absences/tardiness
- Irregular performance
- Difficulty learning new tasks
- Attention deficits

Some of this information was obtained from the U.S. Department of Health and Human Services and SAMHSA's National Clearinghouse for Alcohol and Drug Information. To use this resource, visit: **http://ncadistore.samhsa.gov/catalog/facts.aspx?topic=54**

For more information on the health consequences of marijuana use:
http://www.drugabuse.gov/ResearchReports/Marijuana/Marijuana3.html#physicalhealth

Methamphetamine

Methamphetamine is a powerful stimulant that affects the central nervous system. The drug is easy to make and often produced in clandestine laboratories with relatively inexpensive over-the-counter ingredients. It is a white, odorless, bitter-tasting crystalline powder that easily dissolves in water or alcohol.

The drug originated when amphetamine was modified to be used in nasal decongestants and bronchial inhalers. Methamphetamine's chemical structure is still similar to that of amphetamine, but its effects on the central nervous system are more significant. It causes increased activity, decreased appetite, and a general sense of well-being. The effects can last 6 to 8 hours. After the initial "rush," there is typically a state of high agitation that in some individuals can lead to violent behavior.

What are the effects of methamphetamine use?

Short term

- Increased heart rate
- Increase blood pressure
- Increase metabolism
- Feelings of exhilaration
- Increased mental alertness
- Aggression
- Violence
- Psychotic behavior

Long term

- Memory loss
- Cardiac and neurological damage
- Impaired memory and learning
- Tolerance
- Addiction

- Methamphetamine releases high levels of the neurotransmitter dopamine, which stimulates brain cells, enhancing mood and body movement.

- Methamphetamine also appears to have a neurotoxic effect, damaging brain cells that contain dopamine and serotonin.

- Over time, methamphetamine use can cause reduced levels of dopamine, which can result in symptoms like those of Parkinson’s disease.

How might these health consequences affect employment?

- High levels of sick time use
- Frequent absences/tardiness
- Difficulty learning new tasks
- Attention deficits
- Agitation, low frustration tolerance

Some of this information was obtained from the U.S. Department of Health and Human Services and SAMHSA's National Clearinghouse for Alcohol and Drug Information. To use this resource, visit: **http://ncadistore.samhsa.gov/catalog/facts.aspx?topic=6&h=drugs&m=effects**

For more information on the health consequences of methamphetamine use: **http://www.drugabuse.gov/ResearchReports/Methamph/Methamph.html**

Prescription Drugs

Prescription drugs can be effective when taken properly, however some can be highly addictive and dangerous when misused. Prescription drug abuse is the intentional misuse of a medication outside the normally accepted standards of its use. This differs from prescription drug misuse, which is when a prescribed medication is taken in a manner other than that prescribed or for a different condition than prescribed. The most commonly abused prescription drugs are opioids and morphine derivatives; central nervous system depressants; and stimulants.

What are the effects of prescription drug use?

Opioids and morphine derivatives

- These drugs are commonly prescribed for the treatment of chronic pain. Medications that fall within this class include: morphine, codeine, oxycodone, and related drugs.
- Opioids work by attaching to the body's opioid receptors (found in the brain, spinal cord, and gastrointestinal tract). By attaching to these receptors they can block individual's perception of pain.
- The potential health consequences of long term opioid abuse include: nausea, confusion, respiratory depression/arrest, and addiction.

Central nervous system (CNS) depressants

- CNS depressants slow normal brain functioning. These drugs are often referred to as sedatives and tranquilizers. CNS depressants are commonly prescribed for the treatment of acute anxiety, anxiety disorders, and sleep disorders. Medications that fall within this class include barbiturates (e.g., Mebral, Nembutal) and benzodiazepines (for example, valium, xanax, librium)
- CNS depressants work by increasing the amount of the neurotransmitter GABA, which decreases brain activity causing a calming effect and or drowsiness.
- The potential health consequences of long term use and abuse of CNS depressants include: confusion, fatigue; impaired coordination, memory, judgment, respiratory depression/arrest, addiction.

Stimulants

- Stimulants increase alertness, attention, energy, and increase heart rate and blood pressure. Stimulants are used to treat attention deficit hyperactivity disorder

(ADHD), narcolepsy, and certain forms of depression which have not responded to other treatments

- Medications that fall within this category include Adderall, Ritalin, and Concerta.
- Stimulants are similar in their chemical structure to the neurotransmitters norepinephrine and dopamine. They work by enhancing the effects of these neurotransmitters. The increase in dopamine is what can cause the sense of euphoria.
- The potential health consequences of long term use and abuse of stimulants can result in dependence. Withdrawal symptoms associated with discontinued stimulant use include fatigue, depression, and sleep disturbance. Abuse of stimulant over a short period of time can result in paranoia, hostility, high body temperature, and irregular heartbeat.

Some of this information was obtained from the U.S. Department of Health and Human Services and SAMHSA's National Clearinghouse for Alcohol and Drug Information. To use this resource, visit: **http://ncadistore.samhsa.gov/catalog/facts.aspx?topic=7**

For more information on the health consequences of prescription drug use:
http://www.drugabuse.gov/ResearchReports/Prescription/Prescription.html

Additional Resources on Health Consequences of Alcohol and Other Drugs

For a more detailed description of the health effects of drugs, categorized by specific drugs or drug class: **http://www.nida.nih.gov/**

For a menu of the health consequences of all drugs of abuse, categorized by the specific health consequence (for example, "cardiovascular"):
http://www.drugabuse.gov/consequences/cardiovascular/

For information on other drugs of abuse:

Hallucinogen use:
http://www.drugabuse.gov/ResearchReports/hallucinogens/hallucinogens.html

http://ncadistore.samhsa.gov/catalog/facts.aspx?topic=50&h=drugs

Inhalant use: **http://www.drugabuse.gov/ResearchReports/Inhalants/Inhalants.html**

Post Acute Withdrawal Syndrome

In addition to the physical health impact discussed in the previous section, persons with substance use disorders may experience physical and psychological consequences long after their immediate withdrawal. Post Acute Withdrawal Syndrome (PAWS) is a set of symptoms that occur after acute withdrawal. These symptoms typically last from 6 to 18 months from the person's last use. In most cases the severity of the symptoms decreases as time passes. Although symptoms usually decrease over time, they are often present to a degree that can have an impact on employment.

Symptoms

- Inability to think clearly
- Memory problems
- Emotional overreactions or numbness
- Sleep disturbances
- Physical coordination problems
- Stress sensitivity

Symptoms may occur, but are not always present. They are made worse by stress or other triggers and may arise at unexpected times and for no apparent reason. They may last for a short while or longer. Any of the following may trigger symptoms of PAWS:

- Stressful and/or frustrating situations
- Trying to do more than one thing at once
- Feelings of anxiety, fearfulness or anger
- Conflict with others

Research Finding 1: *Data indicate that a protracted withdrawal syndrome (PAWS) may develop following Acute Withdrawal (AW) and may persist for at least 1 year. Some*

manifestations of PAWS include symptoms associated with AW that persist beyond their typical time course. These symptoms include tremor; sleep disruption; anxiety; depressive symptoms; and increased breathing rate, body temperature, blood pressure, and pulse (Alling et al. 1982; Schuckit et al. 1991). Other symptoms of PAWS appear to oppose symptoms of AW. These symptoms of PAWS include decreased energy, lassitude, and decreased overall metabolism (Satel et al. 1993).

Possible Impact:

Persons experiencing PAWS may exhibit symptoms that are similar to depression: "I just don't have the energy to cope with all these requirements." Other individuals with PAWS may have symptoms that are like the symptoms of acute withdrawal (agitation, anxiety): "Can't we move a little faster?" Employment implications: People experiencing PAWS may have difficulty dealing with the typical challenges of the VR process. They may become more easily frustrated with delays. They may become more easily confused by the sometimes complicated process of obtaining training or employment.

Suggested Strategies:

- Recognize signs of PAWS and help the consumer see the symptoms as an outcome of the process of getting better: "You're really frustrated at the way things are moving so slowly. Have you thought about the relationship between your feelings and the typical symptoms of PAWS?" "You have spent a lot of time around other people who are in recovery. What kind of PAWS symptoms have they experienced?"

- Engage the consumer in a conversation about how he or she has successfully dealt with these types of feelings in the past. Help the consumer establish a context that PAWS is a typical feature of recovery.

Research Finding 2: *The significance of this cluster of symptoms has been debated (Satel et al. 1993). For example, PAWS could reflect the brain's slow recovery from the reversible nerve cell damage common in alcoholism. Clinically, the symptoms of PAWS*

are important, because they may predispose abstinent alcoholics to relapse in an attempt to alleviate the symptoms (Satel et al. 1993).

Possible Impact:

These symptoms may occur long after a person has stopped using drugs or alcohol and it may not be apparent to the individual or the VR counselor that the symptoms are related to recovery from addiction. Post Acute Withdrawal Syndrome is a reflection of the chronic nature of addiction and may occur long after other issues of early recovery have been dealt with. These symptoms may lead to relapse.

Suggested Strategies:

- Help the consumer establish a context for what he or she is experiencing. For many people, PAWS is a typical feature of recovery. Give the consumer a chance to discuss their progress in recovery and now attention to PAWS can help them avoid relapse.
- Ask about the consumer's relapse prevention plan. Remind the consumer about lessons of recovery that may help them cope with PAWS, such as good nutrition, exercise, and time for relaxation

For information on Post Acute Withdrawal Syndrome, visit the following sites:

http://medicalcenter.osu.edu/PatientEd/Materials/PDFDocs/dis-cond/general/paws.pdf

http://pubs.niaaa.nih.gov/publications/arh22-1/61-66.pdf

http://tie.samhsa.gov/Taps/TAP19/TAP19TOC.HTML

Supporting Effective Decision Making

Decision making is the process of thinking through issues, determining an appropriate course of action, and identifying what resources are needed to support the course of action. Decision making, and more broadly, the planning process, is a critical component of the work of rehabilitation counselors and consumers. People with substance use disorders often have difficulty participating in the planning process. VR counselors who understand the relationship between substance use disorders and effective decision making may be able adjust the planning process to increase their own effectiveness and the effectiveness of consumers of VR services.

The following research findings are relevant to decision making and the VR planning process. Each finding is followed by examples of how the finding might translate to preparing for, gaining, or maintaining employment. Suggested strategies relative to the research finding are also listed.

Research Finding 1: *Excessive substance use may disrupt the cognitive and motivational processes that are critical in self-control and decision making. These deficits in decision making appear to be due to structural changes and functional impairments in the fontal lobe of the brain. (Finn, Justus, Mazas, & Steinmetz, 1999; Finn et al., 2002; Jentsch & Taylor, 1999; Robinson & Kolb, 1997; Sklair-Tavron, et al., 1996; Vogel-Sprott, Easdon, Fillmore, Finn, & Justus, 2001).*

Possible Impact:

Persons with substance use disorders may not easily follow a straight-line path as they plan for employment. For example, they may have difficulty identifying barriers to employment or the relationship of certain barriers to specific steps in the planning process. **"I don't wanna go back to school; I just wanna get a job".**

Substance use disorders may result in swings in motivation. "**I know I said I was going to go to that interview, but I changed my mind."**

Suggested Strategies:

- Use work adjustment services to help with learning self control. Undertake intensive one-on-one job counseling and program planning to help with relearning decision making tasks.

- Explicitly recognize the consumer's feelings about change, and frame ambivalence as a normal feature of the vocational rehabilitation process: "On one hand, you want to be independent, but on the other hand, you're worried about how you'll do if you commit to getting and keeping a job. That's an understandable feeling at this point in the rehab process."

Research Finding 2: *Persons who are abusing drugs often make risky choices on laboratory-based decision tasks (Bartzokis, et al., 2000; Bechara & Damasio, 2002; Bechara, Dolan, & Hindes, 2002; Bickel et al., 1999; Mazas, Finn, & Steinmetz, 2000; Petry, Bickel, & Arnett, 1998; Rogers, et al., 1999).*

Possible Impact:

This can impact an individual's job or training choices. Consumers with substance use disorders may be attracted to training or employment situations that sound good, without examining the practical aspects of the opportunity.

Suggested Strategies:

- Spend more time helping the consumer identify positives and negatives about prospective training or employment situations: "I can tell you're really excited about working as a machinist. What do you think would be the most rewarding aspects of the job? What would be the least satisfying things about the job? What training, experience, and personal traits do think will help you most in that sort of job? What additional training or experience could you get to improve your chances of being successful as a machine worker?"

- Explore barriers: “What could be a negative about not having any experience? Can you think of some ways to prepare yourself so you could improve your chances of success on the job? How could starting out as a shop assistant help you progress into more technical jobs in machine work? How could completing a machine-working class help you?”

- Examine closely-related alternatives to initial training or employment choices: “What are some of the other types of jobs that would give you the opportunity for work with your hands? You said that ‘Being able to exercise creativity’ was important to you. What are some other occupations in which you could be creative?”

Research Finding 3: *Individuals with substance dependence have below normal levels of working memory when compared to individuals who do not abuse substances (Bachara & Martin, 2004; Bachara & Damasio, 2002; Bachara, et al., 2001; Bachara, Dolan, & Hindes, 2002).*

Possible Impact:

Persons with a history of a substance use disorder may need extra support in working in jobs where a high level of conceptual ability is needed, or may benefit from exploring jobs that do not demand high levels of working memory.

Suggested Strategy:

- Use opportunities for trial work or training to help the consumer experience the actual demands of the job or training before they commit.

In additional to the research implications discussed above, people who have difficulty making decisions may exhibit a compromised level of acting on decisions. These difficulties may translate into functional limitations that impact a person’s participation in the vocational rehabilitation process. For example, persons with substance use disorders may focus on old failures, fear new successes and the demands and expectations that accompany them, or

become discouraged at the lack of immediate results. Counselors need to make appropriate accommodations for consumers to support their positive progression towards employment.

Suggested Strategies for supporting effective decision making during the VR process

- Help the person learn to make decisions. Initiate a conversation about decision making, using a simple model such as Goal, Objectives, and Activities.
- Provide feedback on appropriate employment-related behavior, language, dress.
- Help the person to accept responsibility for decisions and to avoid the frequent tendency to blame drugs or other people.
- Notice and discuss tendencies to want quick and easy solutions. Help the person plan small, achievable steps (activities) that build to larger objectives.
- Keep the focus on personal issues related to the holistic vocational rehabilitation process. The person may be more comfortable talking about drugs, but must understand the benefits of being personally focused and directed.
- Life and work planning discussions may not be comfortable or familiar topics. Find ways to incorporate these discussions into more routine activities and experiences.
- Giving homework assignments or making referrals for appointments may be problematic if the person is having difficulty remembering and following through. Instead of seeing this as noncompliance or resistance, make sure you check what neurological or PAWS symptoms exist.
- Memory issues are familiar to rehabilitation counselors working with consumers with neurological impairments and some of the same interventions could be helpful. For example: Post -It notes in the home to remind consumers of

appointments; placing a call as a reminder; having a third person assist with planning and follow-up.

Substance Abuse and Mental Illness

It is common for people who have a substance use disorders to also have a mental illness (MI). The high prevalence of this co-occurrence has been documented in multiple national population surveys since the 1980s. As many as 6 in 10 people with a substance use disorder also have a mental illness. For these individuals, one condition may become more difficult to treat successfully as an additional condition is intertwined.

Data show that persons diagnosed with mood or anxiety disorders were about twice as likely to suffer also from a substance use disorder. This high incidence of substance use disorders was also present in those diagnosed with an antisocial syndrome, such as antisocial personality or conduct disorder. Similarly, persons with substance use disorders were roughly twice as likely to suffer from mood and anxiety disorders. It may be useful to consider this relationship in the context of what we know about drug addiction and the human brain. As Dr. Nora Volkow, Director of the National Institute on Drug Abuse explains:

> ...drug addiction is a mental illness. It is a complex brain disease characterized by compulsive, at times uncontrollable drug craving, seeking, and use despite devastating consequences– behaviors that stem from drug-induced changes in brain structure and function. These changes occur in some of the same brain areas that are disrupted in various other mental disorders, such as depression, anxiety, or schizophrenia. It is therefore not surprising that population surveys show a high rate of co-occurrence, or co-morbidity, between drug addiction and other mental illnesses. Even though we cannot always prove a connection or causality, we do know that certain mental disorders are established risk factors for subsequent drug abuse– and vice versa.
>
> It is often difficult to disentangle the overlapping symptoms of drug addiction and other mental illnesses, making diagnosis and treatment complex. Correct diagnosis is critical to ensuring appropriate and effective treatment. Ignorance of or failure to treat a co-morbid disorder can jeopardize a patient's chance of success. We hope that our enhanced understanding of the common genetic, environmental, and neural bases of these disorders– and the dissemination of this information– will lead to improved treatments

> for co-morbidity and will diminish the social stigma that makes patients reluctant to seek the treatment they need.
>
> **http://www.drugabuse.gov/ResearchReports/comorbidity/**

Individuals frequently seek out illegal drugs for symptom management. This is referred to as self-medication. Psychiatric disorders where substance abuse is most common include mood disorders, anxiety disorders, and schizophrenia.

What are the implications of these dually-diagnosed conditions for VR?

Learning Disabilities: There appears to be a strong correlation between substance abuse and early, undiagnosed learning disabilities. A sense of failure and early rejection by peers may lead an individual to turn to drugs or alcohol for a social life and feelings of acceptance, or for withdrawal from the challenges of life.

Attention Deficit Disorder/Hyperactive Disorder (ADHD): The use of prescription medication to control behavior and mitigate poor impulse control can lead to substance abuse.

Problem solving: A person may be ill-prepared to deal with a new disability because problem solving skills have not been sufficiently developed due to substance abuse.

Coping: A person may lack an alternative to substance abuse for coping with the disability. Used as the primary mechanism for coping, substance abuse may increase.

Enabling: Family and friends often overlook a person's substance abuse in light of the physical and mental suffering caused by the new disability or because of their own discomfort with people with disabilities. This may increase and encourage the person's substance abuse. Family and friends may feel that the person has coped with so much already that the wish to escape is not unreasonable.

Guilt: A person's substance abuse may have led directly or indirectly to the disability. As a result, the person may feel guilty or others may hold the person responsible for the disability.

Lack of support structures: Supports, already eroded by substance abuse, may be further lessened by the co-occurring disabilities. The person may also have depleted financial, emotional, or cognitive resources. A disabled person may be rejected by family and friends. These persons may not know how to deal with the original disability and may feel frustrated by yet another problem. They may feel overwhelmed and unable to act in the face of the onset of substance abuse. They may also feel that their concerns, accommodations, and sacrifices have been in vain.

Masking of symptoms: Substance abuse may mask symptoms of progressive illnesses and contribute to neglect of general health or an acceleration of the degenerative process.

Less opportunity to learn how to socially manage substance use: Negative consequences tend to occur sooner from relatively less consumption than for people without disabilities, Often, there are fewer peer models for responsible non-use.

Economic Issues: Cash rewards from accidents may be used for drugs, thus continuing the downward spiral of substance abuse and providing resources that preclude looking inward or being open to help and guidance. Money may provide temporary protection against the typical consequences of substance abuse, such as social isolation.

Lack of monitoring medication: Prescriptions can become addicting. Often, a person's medication becomes the drug of abuse. A physician who may be unaware of other prescriptions can overmedicate or contribute to access to drugs.

Hidden disability: Substance use disorders may mimic the disability itself, such as poor coordination or muscle control, and therefore go undetected. This provides the opportunity for continued denial.

The VR counselor is often unable to distinguish between symptoms of substance abuse and coexisting disability-related behavior patterns.

For more about mental health and substance abuse, see
http://www.nida.nih.gov/PODAT/faqs3.html#faq18

Social Implications of Substance Use Disorders

The use of substances typically starts in social settings and often disrupts social functioning. Substance use disorders have a significant impact on how people interact with others and how they view their roles with their community and their employers. The symptoms of substance use disorders cannot be accurately divided into discrete categories. For example, the Post Acute Withdrawal Syndrome symptoms discussed above may affect individuals socially, emotionally, vocationally, and in other aspects of their lives. However, it may be useful to focus on the social implications of substance use disorders because of the possible impact on effective VR assessment and planning. Some common impacts of substance use disorders are:

Relationships

- Questionable friendships
- Alienation from family
- Marital/Family history of substance abuse
- Separation from children

In employment settings

- Frequent firings
- Lateness, absences, fights on jobs
- High pressure jobs
- Enabling jobs

Economically

- Economic irresponsibility
- Over spending
- Unexplained expenditures

Living environment

- Reside in high drug areas
- No stable living situation

Educational history or situation

- Education not completed

- Vocational programs started and not completed
- Gaps in knowledge
- Poor concentration
- Poor performance
- Erratic grades

Legal arena

- Arrests
- Repeated, minor legal events
- Probation
- Prior incarcerations

Substance Abuse Treatment

Drug abuse and dependence have so many dimensions and disrupt so many aspects of an individual's life. Treatment can be complicated. Effective treatment programs typically incorporate many components, each directed toward a particular aspect of the illness and its consequences. Treatment for dependence must: (1) help the individual stop using drugs; promote the ability to maintain a drug-free lifestyle; and help achieve productive functioning in the family, at work, and in society. Because dependence is a chronic disorder, people cannot simply stop using drugs for a few days and be cured. Most patients require long-term or repeated episodes of care to achieve the ultimate goal of sustained abstinence and recovery of their lives.

Nora D. Volkow, M.D.
Director
National Institute on Drug Abuse

http://www.nida.nih.gov/PODAT/Preface.html

For a detailed discussion of NIDA-endorsed principles of effective treatment, see:
http://www.nida.nih.gov/PODAT/PODATIndex.html

For a list of frequently asked questions about substance abuse treatment visit:
http://www.nida.nih.gov/PODAT/faqs.html

Intersection of Treatment and VR

VR counselors need to be familiar with treatment programs attended by consumers, and should ask about specific treatment issues that have a bearing on vocational planning and participation. The exchange of information usually requires consumer consent, and you and the treatment program should have documentation of the consumer's permission to release information about treatment and vocational rehabilitation participation. Ideally, you, your consumer, and the treatment staff will be able to discuss these issues together. Some important questions to ask might be:

- How long should the consumer stay in treatment?
- What employment-related issues will be addressed in the consumer's substance abuse treatment?
- What information about the consumer's participation in vocational rehabilitation would be helpful to his or her substance abuse treatment participation?
- How would treatment staff like to be involved in the consumer's vocational rehabilitation?
- What elements of VR planning intersect with the elements of treatment planning?
- Is drug testing a part of the consumer's treatment program?
- If the consumer allows, will treatment staff inform the VR counselor of the consumer's use of drugs or relapse?
- If the consumer allows, would treatment staff like to be informed of VR issues that, in the view of the VR counselor, would affect the consumer's treatment plan?

VR counselors can help educate treatment staff about the relationship between drug use and eligibility determination. Especially significant are the following issues:

- Current illegal use of drugs is not permitted as a means of documenting the presence of a disability in VR.
- Current use may not be used to deny eligibility when eligibility for VR services can be determined based upon the presence of another disabling condition.
- Federal regulations prohibit the practice of requiring a consumer to establish a minimum period of abstinence in order to establish eligibility for VR.
- Federal regulations indicate that symptoms need not be active for an individual to have a disability, and thus, a substantial limitation to a major life activity (employment).

Types of Substance Abuse Treatment Programs

Outpatient: The majority of treatment is delivered in a person's community, on an outpatient basis. The program can vary in intensity. A less intensive program will usually consist of weekly group and individual sessions, education seminars on topics relevant to the person, and participation in mutual help programs such as AA or NA. Participants may be working and attending sessions at night. More intensive programs are usually day treatment models. Participants are involved in half or full day programming including counseling sessions, educational seminars, vocational programming, educational services, and medical services.

Residential: In this type of program, people live and receive treatment in the same setting. The setting may be a therapeutic community (TC) or a halfway house. The person may

spend anywhere from two weeks to six months or longer receiving treatment. Most use a 28-day model. Residents of a TC are usually not in treatment for the first time. Their history of dependence is extensive and, more than likely, they have been referred to the program by the court system. The program offers individual and group counseling, encounter groups, and structured living. A participant hierarchy exists—participants who have been in the community longer have earned positions of management in the operations of the facility. Brand new participants are relegated to more menial tasks in the laundry or kitchen. The participants regulate each other's behavior—each moment in the TC is a therapeutic moment. TC is a combination of cognitive behavioral therapy, work adjustment training and educational interventions. Participants have an opportunity to go to school, pursue vocational training, and receive group and individual therapy. For a discussion of TCs, see: **http://www.drugabuse.gov/ResearchReports/Therapeutic/default.html**

Hospital based: Some individuals will participate in hospital—based programs. The determining issue is the need for medical intervention or detoxification not available in residential or community based programs. There may be an involved and protracted withdrawal or other physical disorders requiring medical treatment. Some individuals may be at risk for strokes or seizures during their early attempt at abstinence. They are most likely discharged to continue their treatment in a community-based program.

Methadone Maintenance: Methadone is a synthetic narcotic commonly used in the treatment of heroin addiction. It was developed as a substitute for opiate-based medication. Methadone should be only one component of a program that involves: no alcohol or drug use; counseling and social services; and vocational services. An example of a treatment day in a methadone program may be as follows: a person enters the program and receives the methadone dose from a nurse, then goes to a group session of relaxation and/or acupuncture designed to assist people in preparing to participate in treatment. After that, a group session addresses issues such as basic substance abuse education, dealing with shame or guilt, or relapse. The person may also have an individual session with a substance abuse counselor and then participate in educational programs related to vocational or other self sufficiency issues. Dosing with methadone requires monitoring and adjustments in dosage. Methadone also has side effects: some people tend to doze during the first hour after taking it. Effective non-narcotic alternatives to methadone are buprenorphine and its variant, suboxone. See:

http://www.drugabuse.gov/drugpages/buprenorphine.html and
http://www.buprenorphine.samhsa.gov/

Rural Treatment Options: Rural communities have limited resources and challenges that are unique to the size of their communities. VR counselors working in these areas will need to be creative in their thinking and providing and suggesting treatment alternatives to their consumers. There are other problems that face consumers in rural areas: treatment facilities are few and far between; there is often a lack of public transportation; stigma attached to substance abuse deters many from seeking and accessing services; and many rural communities lack anonymity. A recent publication from SAMHSA's Center for Substance Abuse Treatment (CSAT) offers solutions for overcoming these barriers to care. The latest addition to CSAT's Technical Assistance Publication (TAP) series – The National Rural Alcohol and Drug Abuse Network Awards for Excellence 2004: Submitted and Award-Winning Papers (TAP 28)—showcase several effective models.

Role of Mutual Help Programs

Mutual support groups (often referred to as "Self-Help" programs) are not treatment, but adjuncts to treatment and may serve as the foundation for a recovery program. Alcoholics Anonymous (AA) was the original mutual help program. AA was started in 1935 by Bill Wilson (Bill W) and Dr. Bob Smith (Dr Bob). These two men, both alcoholics, shared their mutual experiences as a means for maintaining their continued sobriety. Groups soon formed in different American cities and from there spread across the country and around the world. In 1939, Alcoholics Anonymous, (called the Big Book), was written by members of the Fellowship, and is still in use today as the guide for recovery. This book defines the model for nearly all self-help programs: the twelve steps (individual program of recovery) and the twelve traditions (rules for self-government within the groups). These twelve steps and twelve traditions have been applied to other self-help groups including Narcotics Anonymous (NA), Cocaine Anonymous (CA), Gamblers Anonymous (GA) and Methadone Anonymous (MA). In addition, support groups have developed for family members of alcoholics (Al-Anon) and substance abusers (Narc-Anon). According to the twelve traditions, self-help groups are not affiliated with any outside enterprises. AA and other self-help groups are not facilitated by professionals and members are not given therapeutic direction in the traditional sense.

For further information on AA: **http://www.aa.org/lang/en/subpage.cfm?page=1**

NA: **http://www.na.org/**

CA: **http://www.ca.org/**

GA: **http://www.gamblersanonymous.org/**

MA: **http://www.methadone-anonymous.org/**

Alanon: **http://www.al-anon.alateen.org/**

Mutual support programs augment treatment programs by providing an informal source of psychological and social support for recovery, augmented by an emphasis on personal spiritual development. Many treatment programs incorporate principles of AA, such as Twelve Steps into their treatment and aftercare programs.

Self-help should not be considered as a substitute for therapy and counselors should resist the idea that self-help is the only recourse for dealing with substance use disorders. Self-help can be utilized best as a supplement to the rehabilitation process. Many recovering people have simply attended meetings without formal treatment. Many others have used the meetings as a form of continuing care following treatment. People with substance use disorders have spent a great time involved in the activities of their addiction. Mutual help meetings address the replacement of hanging out with drug using friends, looking for drugs, buying alcohol, recovering from hangovers, and other recovery issues. Most importantly, support systems like the 12- step programs reconnect people to a sense of community, responsibility to others, and the belief they can be a resource. All of this repairs a damaged or nonexistent spiritual life.

Some acknowledged benefits of mutual help programs:

- They provide a new support system, one which shares the need to develop and maintain a drug free lifestyle.
- They allow people to develop new friendships and relationships with other individuals who have an interest in sobriety.
- Sponsors are available to help people address the day to day challenges of abstinence and then recovery.

Most treatment programs encourage consumers to attend mutual help groups each week and to locate a sponsor. Most treatment programs encourage participation in any legitimate mutual help program the consumer gravitates toward, such as Rational Recovery and Women for Sobriety. However, the 12-step approach to recovery is well known and more widely available.

Not all mutual help programs can address the needs of people with dual disorders, so careful analysis of the types of programs is important. Dual recovery twelve step fellowships do exist in some areas. The focus is on helping people learn how to effectively recover from both a mental illness and substance abuse.

Some of this material was obtained from NIDA Approaches to Drug Abuse Counseling, available at: **http://www.nida.nih.gov/ADAC/ADAC7.html**

Abstinence & Recovery

Sobriety or abstinence is simply refraining from the ingestion of alcohol or other drugs. Abstinence by itself seldom constitutes recovery on mental and emotional levels. In fact, many people with substance use disorders are more restless, irritable, and discontented sober than they were when they were using.

Recovery is recognized as "…an ongoing process of improvement—biologically, psychologically, socially and spiritually—while attempting to maintain abstinence from alcohol and other drugs." (Strawn, 1997) It may be useful to conceptualize recovery in terms of common stages:

Transition: The period of time needed for addicts to realize that safe use of alcohol or other drugs is not possible for them.

Stabilization: The period of time in which the addict experiences physical withdrawal and other medical problems and learns how to separate from the people, places and things that promote drug abuse.

Early recovery: When an individual faces the need to establish a drug-free lifestyle and builds relationships that support long-term recovery.

Middle recovery: The time for developing a balanced lifestyle where repairing past damage is critical.

Late recovery: The period of time in which the individual identifies and changes mistaken beliefs about oneself, others, and the world that cause or promote irrational thinking.

Maintenance: The lifelong process of continued growth, development and management of routine life problems.

Do people with substance use disorders need to abstain in order to recover? Those involved in harm reduction programs operate from the perspective that *reduction* is the goal, not abstinence. The majority of treatment programs promote abstinence as the first stage of recovery. It is important to remember that relapse is an essential feature of this disorder which maintains a chronic hold on the recovering individual's brain. At some time, many recovering people use alcohol and other drugs, but relapse is most effectively treated as a learning experience, not a fall from recovery. Full recovery is possible only when an individual has experienced enough learning to establish routines or habits that form his or her recovery program. This individual program is a flexible set of practices that allow growth while offering memory stimuli to maintain awareness of the limitations imposed by the disorder.

Vocational Rehabilitation and Relapse Prevention

Assessing the person's readiness to meet the demands of school or work is important for the prevention of relapse. Too many changes at one time (treatment, sobriety, work) or changes that are too dramatic (from unemployed to a full-time, responsible job) might be more than the person can manage emotionally. The pressure associated with change can precipitate a relapse. Some of the components of work or school that are potential relapse triggers include:

- Money, because of its association with buying drugs
- Requirements of dress and personal appearance
- Confrontation with school or work authority figures
- Commuting

- Work patterns of the non-abusing work force (for example, drinking at lunch) which can put enormous pressure on a newly recovering person
- Association with people who are not in recovery

The counselor should encourage a careful and thoughtful transition that provides information that can prepare a person in recovery for the new stresses and new experiences at work or school.

Sources:
Department of Labor: Recovery, Working Partners for a Drug Free Workplace
Gordon, S. M. (2003). *Relapse and recovery: behavioral strategies for change. Caron Foundation. Available at*
Strawn, J., (1997). WIN, "Substance Abuse Welfare Reform Policy," *Issue Notes, 1, 1, 3.*

Determination of Eligibility for VR Services

VR programs in the US are not entitlement programs. In order to receive services, an individual must be determined eligible. One aspect of eligibility determination is an assessment of the disability of substance use disorder, the impairment experienced by people who are actively using or in recovery, and the functional limitations that use of substances or participation in a recovery program may have on the provisions of VR services. People recovering from substance abuse or dependence experience a range of obstacles that may impede them from functioning at an optimal level during the rehabilitation counseling process. The term "functional limitation" has been applied to define those deficiencies which need to be addressed by the rehabilitation counselor and recovering person when planning long term goals. "Functional capacity" applies to those capabilities which the person possesses. "Functional assessment" is the measurement of the person's behavior in interaction with the environment.

The terms impairment, disability, and handicap, and their relationship to functional limitations and functional capacities are evolving concepts. Recently, disability and impairment have emerged as clearly defined and widely accepted terms due to their importance in understanding and applying the Americans with Disabilities Act. For the purpose of clarification, these terms are defined as follows:

> *Impairment:* "…any loss or abnormality of psychological, physiological, or anatomical structure or function"(World Health Organization, 1980). Measures of impairment typically include those concerned with specific restrictions of some physical, mental, or emotional capacity.
>
> *Disability:* "…any restriction or lack of ability to perform an activity in the manner or within the range considered normal for a human being" (WHO, 1980). The U.S. Bureau of the Census, 1989, defines persons with a work disability as those who are limited, by reason of a physical or mental impairment, in the kind or amount of work they can do.
>
> *Handicap:* "…a disadvantage for a given individual, resulting from an impairment or disability, that limits or prevents the fulfillment of a role that is normal for that individual" (WHO, 1980). The term handicap reflects the socio-cultural, economic,

and environmental consequences that result from impairment or disability. Measures of handicap attempt to designate comparative disadvantages in social role performance (e.g., work, family relationships, recreational activities, residential activities).

Source: Roessler, R. T. & Rubin, S. E. (1998). *Case Management and Rehabilitation Counseling: Procedures and Techniques*, 3rd Ed. Pro Ed, Austin, TX.

Elements of Eligibility

Impairment and Limitation

Eligibility depends on a diagnosed physical, developmental, or mental impairment (diagnosis) which also creates/results in a substantial impediment(s) (limitation(s)) to employment.

The physical, developmental or mental Impairment/diagnosis that creates or results in a substantial Impediment or limitation to employment can be described as a diagnosed condition/impairment that prevents or hinders an individual's efforts to secure, retain, regain, or prepare for employment. The principal consideration is the direct relationship between the disability or disabilities and employability (in other words, the effect a disability has on an individual's employability).

Substantial impediment to employment means that a physical or mental impairment (considering the individual's medical, psychological, vocational, educational, functional capacities and other related factors) hinders the individual from preparing for, entering into, engaging in, or retaining employment consistent with the individual's abilities and capabilities. The impairment must be permanent and/or progressive. Progressive conditions can only be used as a basis for eligibility if there is a strong likelihood, as supported by appropriate documentation, that functional limitations related to employment will exist during the person's vocational rehabilitation VR program.

The existence and extent of the impairment must be the primary reason that the individual is unable to achieve an employment outcome consistent with his or her strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice. The limitations resulting from a diagnosed condition must be assessed by consideration of a variety

of related factors that affect the achievement of a successful employment outcome. Some factors to consider include but are not limited to:

- Inability to perform essential job functions
- Termination of employment related to the substance use disorder
- Poor attitude toward work
- Cognitive challenges
- Low educational level
- Lack of marketable skills

The criteria for determining eligibility for VR services include the following specific functional limitations which may pertain to individuals with substance use disorders:

Psychological

- Symptoms of depression
- Anxiety
- Stress because of poor health
- Cravings and physical need for a drug
- Depression because of depletion of neurotransmitter activity
- Mental confusion, lethargy, difficulty concentrating, memory loss, physical aches, unsteady gait, and anxiety due to post acute withdrawal from alcohol and/or drug use
- Lack of coping mechanisms to deal with life challenges
- Insufficient cognitive ability to make healthy decisions
- Compromised level of self-control in acting on decisions
- Either high risk taking or high risk avoidance
- Below normal levels of working memory
- Inadequate social support
- Stigma regarding a substance use disorder

Physical Mobility

- Transportation, such as lack of access to transportation resulting never having obtained a drivers' license or from loss of license due to driving infractions (DUIs for example)

Dexterity & Coordination

- Balance
- Physical coordination problems may be present during post acute withdrawal or as a result of neurological damage caused by excessive drug abuse.
- Unsteady gait due to post acute withdrawal from alcohol and/or drug use

Physical Tolerance

- Endurance
- Lethargy due to post acute withdrawal from alcohol and/or drug use
- Fatigue
- Stress because of poor health
- Depression because of depletion of neurotransmitter activities

Personal Behaviors

- Poor interpersonal relationships
- Questionable friendships
- Alienation from family
- Marital/domestic trouble
- Family history of abuse of substances and dysfunction
- Separation from children
- Attendance/Punctuality
- History of work termination due to absences and tardiness
- Social irresponsibility
- Evidence of criminal history
- Grooming/Hygiene

- Overdressed
- Sloppy and disheveled
- Showy
- Poor dental care
- Display of inappropriate behaviors
- Late or missed appointments with no reason
- Not following through on work assignments
- Excuses for everything
- Stress sensitivity as part of post acute withdrawal as well as lasting effects of drug abuse
- Economic irresponsibility
    - Over spending
    - Unexplained expenditures
- Residing in high drug areas
- Lack of a stable living situation
- Poor communication with others
- Vagueness in answering questions
- Lack of eye contact
- Glazed look
- Slurred speech
- Lethargy
- Long and rambling disclosure

Capacity to Learn

Excessive substance use may disrupt the cognitive and motivational processes that are critical in self-control and decision making. These deficits in decision making appear to be due to structural changes and functional impairments in the frontal lobe of the brain, resulting in:

- Difficulties with visual or auditory processing
- Poor cognitive integration

- Retention or retrieval of information
- Below normal levels of working memory when compared to individuals who do not abuse substances
- Mental confusion, difficulty concentrating and memory loss due to post acute withdrawal from alcohol and/or drug use

Medical Problems

- Severity of impairment –related repeated hospitalizations
- Significant health problems requiring emergency medical care or hospitalization.
- Medical interventions
- Requirement for methadone maintenance
- Requirement for medical detoxification under the care of medical professionals

Communication

- Safety issues related to communication problems
- Accurate interpretation of sensory intake

Self Direction

- Limited ability to think through choices to a logical conclusion

  Difficulty in formulating plans dealing with employment, evidenced by: education not completed; vocational programs started and not completed; gaps in knowledge; poor concentration at educational tasks; poor performance in school; erratic grades
- Other problems relating to awareness or adjustment as evidenced by: depression/helplessness; sense of isolation; low self esteem; hostility, belligerence; over-use of defense mechanisms

Expectation of Benefit

An additional eligibility requirement is that there is a reasonable expectation that VR services will benefit the individual in terms of employment—VR services will enable the individual to work. This would refer to the likelihood (reasonable expectation) of securing or retaining employment consistent with the strengths, concerns, abilities, capabilities, interests, and informed choice of the individual. An

individual is presumed to be able to benefit from Vocational Rehabilitation services, in terms of an employment outcome, unless the Agency can demonstrate by clear and convincing evidence that the individual has a disability that is too severe for such benefit. The demonstration that the disability is too severe must be through exploration of the individual's capacity to perform in trial work experiences. Such exploration must be of sufficient variety over a sufficient period to determine either the individual's eligibility or clear and convincing evidence of the individual's inability to benefit from services.

VR services (including the expertise of the VR Counselor) are required to enable an individual to become employed. Vocational Rehabilitation services are needed to enable the individual to reach an appropriate employment outcome consistent with the strengths, concerns, abilities, capabilities, interests, and informed choice of the individual. Services are required if they are necessary to reduce, accommodate, or remove barriers to employment resulting from the disability or when the services will reduce the impediment to employment. Services are also required when the VR program is needed to access, arrange, coordinate or otherwise enhance the provision of services available through comparable benefits or other resources.

Screening, Assessment, and Referral to Treatment

Screening

Screening refers to asking questions or conducting physiological tests (e.g., urine screening or hair sampling) to detect any signs a person may be experiencing problems with substance use. Screening is conducted because the consumer may not necessarily perceive they are at risk for, or are already affected by a substance use disorder. In some cases, individuals may have some awareness of their problem, but they may not wish their condition to be recognized or addressed. A screening is not intended to diagnose a substance use disorder, but it may indicate that further assessment by qualified professionals is indicated and prudent. In some cases, it may mean that further monitoring of an individual's substance use is indicated.

It has been estimated that over 20% of applicants to VR have an active or recent substance abuse problem (RTTC, 2008). These are not all people who are coming to the

VR office because of these problems—they include people with other disabilities, such as TBI, SCI, diabetes, or mental illness. Substance abuse is an equal opportunity disorder—any one might have a problem. Its presence is a significant barrier to being successful in obtaining employment and self-sufficiency. Identification of these barriers is part of the rehabilitation counselor's job.

For more information on screening, see:
http://www.ncbi.nlm.nih.gov/bookshelf/br.fcgi?book=hssamhsatip&part=A32939

For VR counselor training on screening for substance use disorders and an in-depth discussion of substance use disorders screening issues as they related to VR, go to:
http://www.myvrtraining.com/module1.php?Username=tlane&VL=True

Assessment for Substance Use Disorders

Effective assessment for substance use disorders should follow the same basic rules that a counselor would follow for other types of assessments, focusing on critical elements that affect the development of an effective employment plan.

Rehabilitation counselors should create a strong working relationship with providers of assessment services. Substance abuse treatment services, including assessments, typically address substance use disorders from a psychosocial perspective, focusing on patterns of substance abuse in various domains, such as social, medical, relationships, vocational, and spiritual. Rehabilitation counselors can help assessors understand the need for framing the assessment from an employment perspective, addressing issues such as disability, functional limitations, work, accommodation, consumer choice, and maximizing independence. Take the time to promote an understanding of each other's vernacular, policies, and practices, including educating each other about the range of services available, referral processes, reporting procedures, recommendations, funding of services, recommendations, and coordination of service plans.

Clearly communicate to the provider of assessment services what it is that you wish to know. Your questions might include whether the person is currently abusing substances, if they are in recovery, or if they might be at risk for relapse. In any case, a comprehensive assessment should help to identify present patterns of substance use.

If the provider is knowledgeable of the world of work, it may be advantageous to request that the assessment consider whether the person's use or risk of use would constitute a barrier to employment.

It might be a good idea to request that the assessment address the person's support systems, and ability/motivation to participate in a plan that addresses both their desires to gain employment and to work toward sobriety.

The assessor may identify and address any additional life or psychological issues that may contribute to or result in the person's substance use. For some consumers, it may be a good idea to request that the assessor address other potential issues such as prescription and over the counter drug use, access to drugs and alcohol, coping strategies, previous attempts to reduce use or become abstinent, and the effect of drug abuse on the consumer's work history.

Discussion of the assessment with the consumer

Establishing an open dialogue with consumers is critical—both before and after the assessment.

For some consumers, agreeing to participate in a comprehensive assessment can be overwhelming. The idea of exposing the realities of their use patterns can lead consumers to feel vulnerable, ashamed, angry, defensive, fearful, and/or helpless.

Negative responses to the stress of having an assessment may cause a person to miss their appointment, reschedule, or otherwise sabotage the assessment process. Preparing the person to participate in an assessment should include:

- Talking about why an assessment is needed, what kinds of information might be generated from the assessment, how the information will be used in the VR process, and how the consumer will be involved in the process
- Discussing any costs associated with the assessment, transportation to and from the assessment location, whom to contact at the assessment provider, what to expect, timelines for finding out results, who will share the results of the assessment with the consumer
- Communicating that the formal assessment is meant to be one more tool to get the information necessary to assist the person in reaching their rehabilitation goals

Once the person has participated in a formal assessment, it is important to process the experience. The results of the assessment might be shared with the person either by the assessment provider or by the VR counselor. It's a good idea to provide the person with opportunities for feedback, discussion, and questions. Take time to help the person understand how the assessment information relates to both short-term and long-term goals in the rehabilitation plan.

A consumer may refutes the results of the assessment. As a counselor, it is important to listen to what the person is communicating, remain supportive, while at the same time communicating your concern and ethical responsibility to take into careful consideration any information that the assessment presents that could impact the person's capacity to be successful.

For a self-assessment resource for VR consumers:
http://rethinkingdrinking.niaaa.nih.gov/

Referrals to Substance Abuse Treatment

If it appears from the results of the assessment and through your discussions with the VR consumer that a formal referral to a treatment provider is necessary, provide the person with information pertaining to the types of available treatment agencies that would be able to provide the appropriate level of care. Additionally, other factors such as fees, duration of treatment, transportation, expectations, outcomes, and incorporation of treatment goals into the IEP, should be discussed with the consumer.

The ability to make an effective referral to substance abuse treatment depends on your preparation prior to making the referral. VR counselors have a responsibility to know the available services and to understand the range of treatment choices available to the consumer. When making a referral to treatment, let the provider know the type of post-referral feedback that will help you and the consumer build an effective employment plan. You may want to ask for information on:

- The person's general well-being
- The progressive nature, stability, or controllability of the disorder
- Any recommended medical treatment and appropriate source, location, and duration of treatment
- The type of life and work situations or stressors that may exacerbate the condition
- Disability-imposed limitations on daily activity
- The potential effects of prescribed medication or work performance
- Potential future complications stemming from the consumer's use patterns
- Additional medical, psychological, social, recreational, financial evaluations needed
- Level and methods of communication between the VR agency and the treatment provider
- Up front relapse planning
- Integration of VR, treatment provider, and employment service plans
- Training of treatment staff and agency capacity to attend to any coexisting disabilities
- Timelines of service coordination

- Balancing treatment goals with employment goals
- Whether any additional services or providers are warranted
- Recommendations for infusing sobriety strategies in the VR plan
- Policies related to aftercare services
- Methods for service reentry if necessary
- Expectations of the treatment provider related to the VR agency

Sources:

Frankel, A. J. (2004). *Case Management: An Introduction to Concepts and* Skills, 2nd Ed, Lyceum.

Grubbs, L.A., Cassell, J.L., & Mulkey, S.W. (2006). *Rehabilitation Caseload Management: Concepts and Practice*, 2nd Ed. Springer Publishing Company, Inc., New York, NY.

Defense Mechanisms and the VR Process

The often well-developed system of defense mechanisms used by persons with substance use disorders can be a significant barrier to eligibility determination. These barriers include:

Denial—Denial is a normal ego defense mechanism that protects the person from a full awareness of an issue. Denial is a common feature and the chief mechanism of substance abuse. It differs from lying in that the person is not consciously trying to "manipulate" anyone. But is may result in hiding the diagnostic elements that would result in a determination of an impairment. It may also prevent an individual with a substance use disorder from accurately describing the functional limitations that they are experiencing related to training or employment.

Strategies for eligibility determination:

- Establish an effective consultant/consumer working relationship.
- Remain non-judgmental.
- Share your views about the commonality of substance use disorders and other impairments.
- Set the stage for open conversation about SUD-related impairment and limitations: “Being open about limitations such as physical challenges like a hearing impairment, or other limitations such as substance abuse issues, is difficult. But in my experience, the more open people are about those impairments, the easier it is for them to have a successful job outcome.”

Minimization: This tendency to down-play the extent of a problem can have a strong bearing on eligibility. "I only have a couple of tokes during lunch."

Strategies for eligibility determination:

- Let the consumer know that their eligibility depends on an accurate assessment of the extent of any disability, impairment, and the functional limitations.
- Remind them about your experience working with persons with substance use disorders and what you’ve learned: “Most of us, including people with substance use disorders, tend to downplay the extent of our problems. I see that a lot”.
- Reframe the tendency to minimize: “When you describe your arrest as sort of an inconvenience, it seems like you’re saying you can handle things and are strong enough to overcome something like that. That quality could be really helpful in getting a job.”

Projection: Sometimes substance abusers may perceive others to be the source of their problems, finding it easier to blame others for their behaviors while denying responsibility for their own problems. "The boss is on my back all the time. I think I’m doing a great job. I just have a drink to calm my nerves. She’s making me sick."

Strategies for eligibility determination:

- Listen carefully for an opportunity to come alongside the consumer in a way that will promote a more effective view of the problem. “You run into all kinds of people, especially picky bosses when you step into the

job market. I've got some ideas for how to reduce those sorts of hassles."

- Focus on prior successes (or even imagined successes) and ask the consumer what they were doing to be successful.

Case Example, Alcohol Dependence

The following is an example of an eligibility assessment of an individual with a diagnosis of alcohol dependence.

The circumstances: Mrs. A is 42 years old. She is seeking VR Services to help obtain employment. Mrs. A. has never had a full-time job. She married while in high school, and spent her 20's and 30's raising 4 children and caring for her mother, who had a physical disability. Mrs. A reports that, because of her family responsibilities and her dependence on alcohol, she has only recently considered taking a job outside her home. She has recently sought employment as a home health care worker, but without success. Mrs. A is estranged from her former husband and her children due to a series of conflicts related to Mrs. A's use of alcohol. Her mother has passed away. Mrs. A's current social group is comprised of individuals whom she has met while attending mutual help group meetings related to her treatment for alcohol dependence. Mrs. A has a current mental health diagnosis of Alcohol Dependence, Early Partial Remission. She says that her overall health is fair. She has trouble sleeping, but that has improved significantly since she started alcohol treatment. Mrs. A reports that she has difficulty learning new tasks. Her cognitive processes are disrupted by disorganized thoughts and she is having trouble maintaining focus on tasks at hand. Mrs. A. is experiencing significant memory problems, which she attributes to her previous use of alcohol. Mrs. A says that her treatment program counselor has urged her to avoid stressful situations because of her fragile emotional state. Mrs. A reports that this is related to feelings of guilt and shame for past behaviors related to abuse of alcohol. Mrs. A is in an outpatient treatment program for alcohol dependence. Her treatment regimen consists of two group meetings per week, each Tuesday and Friday at 10:00 a.m., and three AA meetings per week which take place at various times. Mrs. and is currently abstaining from alcohol and other drugs. She's been sober for two months. Her driving license has been revoked due to multiple DUIs. She uses public transportation for shopping and for attending treatment program appointments.

VR Counselor Assessment using Six Realm Classification System of Functional Limitations:

Cognitive Processing Realm: Mrs. A has diminished memory and ability to focus. She gets confused when given more than one task at a time. Learning new tasks is difficult and stressful. Mrs. A attributes these problems to her long-term abuse of alcohol. Even though she's been abstaining from alcohol use for the past two months, she says the memory and learning problems are still significant, but that she thinks there has been a slight improvement. Of significant note is the insight that Mrs. A. has into the cognitive difficulties that she is experiencing. In addition, Mrs. A appears to be able to monitor the slight improvements in cognitive functioning.

Cognitive Affective Realm: Mrs. A lacks confidence and is fearful about holding a job. She has significant experience as a care giver for her mother, but is worried about how she would perform if she had a job as a home health care worker. She appears emotionally fragile. It is noteworthy that, in spite a never having held a job, Mrs. A is willingly seeking employment. Although this is apparently an extremely stressful process, Mrs. A. states that she is determined to support herself.

Social Affective Realm: Mrs. A's recent ability to form productive relationships has been limited to people she has met while in substance abuse treatment. Her lack of confidence and discomfort around others make it difficult for her to deal with criticism. Mrs. A has identified an important source of social support in her group of fellow AA attendees. This provides her with an opportunity to talk to others about the problems she experiences while seeking employment.

Physical Structural Realm: No functional limitations noted.

Physical Neurological Realm: No functional limitations noted

Social Structural Realm: No functional limitations noted

Summary: Mrs. A's diminished cognitive processing, cognitive affective, and social affective impairments result in substantial impediment to employment. In the cognitive processing realm, Mrs. A is substantially impaired in performing complex, non-routine jobs, as

well as jobs requiring independent judgment. This impairment is exacerbated by impairment in the cognitive affective and social affective realms—Mrs. A's emotional fragility and lack of confidence make it difficult for her to deal with the stress that is typical of adjustment to most new employment situations. In addition, Mrs. A is currently experiencing practical difficulties related to lack of transportation. Mrs. A. has a mental health diagnosis of alcohol dependence, requiring participation in a treatment program. The treatment program requirements will, for the next 4 months, limit training and employment opportunities. Mrs. A's dependence on alcohol, even in remission, is likely to result in continued cognitive processing, cognitive affective, and social affective deficits.

In terms of employment outcomes, Mrs. A can benefit from rehabilitation services. Successful employment centers on identifying jobs for which Mrs. A has potential, yet also offer an appropriate work environment in which extreme stressors can be avoided, and which allow for a regular work schedule. The need for treatment and ongoing psychological recovery needs must be accommodated, but do not rule out employment. Public perception of people with substance use disorders also impedes her ability to become employed and self sufficient. The chronic nature of the disease and potential for relapse may lead employers to be biased with regards to her potential to be productive at work.

Mrs. A requires VR services to prepare for, enter into, engage in, and retain employment consistent with her strengths, resources, priorities, concerns, abilities, capabilities, and informed choice. Rehabilitation services which will assist in obtaining work include:

- Guidance and counseling to determine appropriate vocational goals that will prevent relapse of her mental health condition (for example, situations that may involve the use of alcohol or other drugs) and promote adherence to her treatment regimen;
- Possible training to qualify Mrs. A for employment in a work environment that allows her to avoid stressors or environmental conditions that may trigger relapse of her mental health condition;
- Job coaching to help support an employment situation for an individual who has never been active in the work force;
- Focus on training or employment that is consistent with Mrs. A's current cognitive needs—involving high structure and little change or need for independent judgment; and

- Follow up to help Mrs. A and treatment program staff assess the impact of vocational rehabilitation on Mrs. A's treatment needs.

Case Example, Opioid Dependence

The following is an example of an eligibility assessment of an individual with a diagnosis of opioid dependence.

The circumstances: Mr. M. is 35. He is seeking VR Services to help obtain employment. Mr. M has a history of physical and psychological dependence on Oxycodone, an opioid originally prescribed for pain experienced after an accident. He is currently involved in agonist treatment and counseling. While he was using drugs, Mr. M was unable to maintain gainful employment for a substantial period of time. He also has a felony conviction related to his purchase of illegal drugs. Mr. M has a history of anger management issues and currently has difficulty concentrating on tasks without prompts. Mr. M is currently participating in Narcotics Anonymous (NA), which he attends regularly, 6 times per week. He reports that he has been in formal treatment for drug abuse "lots of times", but his most recent treatment episode was three years ago. He says he's abstaining from all drug use, including alcohol, and has been clean for 6 months. He is no longer on parole. He does not have a driving license and uses public transportation when he cannot walk to an NA meeting. He has a small circle of friends, most of whom also attend NA. Mr. M is a member of the neighborhood church where most of the NA meetings are held. He resides in an apartment owned by his brother, who is a deacon in the church. When Mr. M needs help with living expenses, as he does now, his brother gives him money.

VR Counselor Assessment using Four Environment Model for Assessment of Functional Limitations:

Living: Mr. M's current living environment offers some stability. As long as he stays clean, his brother will continue to support him when he needs it. Mr. M reports that as long as he isn't using drugs he has no anger management problems. His difficulty concentrating on tasks is more of an inconvenience in daily living than a problem, according to Mr. M.

Working: Mr. M would like to become more self supporting, but reports that he really doesn't know what he wants to do. He picks up temporary labor jobs when he is able. His most recent job was as a landscaping helper, a part-time job that lasted most of the summer. He has

been unemployed since the weather turned colder this month. He has also had employment during the past year as a roofer. Mr. M has little training and has never been interested in obtaining training beyond that which applied to the job he held. His recent sobriety has helped him realize that having a steady job would be desirable, but he feels limited in what he can do. Though his felony conviction limits his opportunities, he was able to stay employed throughout the summer, demonstrating that, if appropriate employment is available, he is able to meet a job schedule and perform satisfactorily.

Learning: Mr. M's difficulty concentrating makes it difficult to learn complex new tasks. He expresses little confidence in being able to learn. However, he was able to perform satisfactorily as a roofer earlier this year, in spite of not having done any roofing in the past.

Social: Mr. M feels comfortable around his fellow NA attendees and socializes with them when he is not working or attending NA. He reports that some of them are fully employed, but have not been able to help him obtain employment. The fact that Mr. M has investigated this resource in terms of employment indicates good motivation for job seeking. Mr. M says that he appreciates the support of his brother, and wants to be able to pay more of his way. This also speaks to good motivation for obtaining employment.

Summary: Mr. M has a diagnosis of Opioid Dependence, a chronic condition which has the potential for relapse. The mutual help group sessions that Mr. M attends most week day evenings will restrict him from working evenings. His felony conviction prevents him from obtaining positions restricted to people with no criminal history. Public perception of people with substance use disorders and criminal conduct also impedes his ability to become employed and self sufficient. The chronic nature of substance dependence and potential for relapse may lead employers to be biased with regards to his potential to be productive at work.

Mr. M can benefit from rehabilitation services in terms of employment outcomes. Successful employment centers on identifying jobs for which Mr. M has potential, yet also offer an appropriate work environment in which extreme stressors can be avoided, which allow for a regular work schedule, and which are available to individuals with a history of criminal conduct. Ongoing mutual help group attendance, which has supported Mr. M's recovery for the past 6 months, must be accommodated, but this does not rule out employment. Public perception of people with substance use disorders and felony convictions also impedes his ability to become

employed and self sufficient. The chronic nature of the disease and potential for relapse may lead employers to be biased with regards to Mr. M's potential to be productive at work.

Mr. M requires VR services to prepare for, enter into, engage in, and retain employment consistent with his strengths, resources, priorities, concerns, abilities, capabilities, and informed choice. Rehabilitation services which will assist in obtaining work include:

- Guidance and counseling to determine appropriate vocational goals that will be consistent with abstinence from drug and alcohol use and attendance at mutual help meetings;
- Possible training to qualify Mr. M for employment in a work environment that allows him to avoid stressors or environmental conditions that may trigger relapse of his mental health condition (for example, situations that may involve the use of alcohol or other drugs); and
- Focus on training or employment that is consistent with Mr. M's current cognitive needs—involving some structure and little need for multiple tasking.

Individualized Planning for Employment

The primary VR services are counseling and guidance and job placement. Other services correct or prevent disability-based barriers to employment. These services are highly individualized for each consumer's specific needs:

- Vocational evaluation, counseling and career planning guidance are provided by counselors to consumers throughout the rehabilitation process.
- Information and referral help individuals get appropriate services from other agencies.
- Training, including vocational, post-secondary, on-the-job, personal and vocational adjustment training, job search skills development and job coaching, help consumers meet employment goals.
- Transportation is provided in connection with other services needed to reach employment goals.
- Transition School-to-Work services help high school students with disabilities prepare for and reach employment goals.
- Employment services, including job search, placement and follow-up services, help consumers find and keep suitable employment in their chosen careers.
- Supported employment assists individuals with severe physical, emotional, mental or multiple disabilities with employment in the community.
- Post-employment services help consumers get, keep or move ahead in their jobs.

Vocational Evaluation

Rehabilitation counselors need to share the full medical histories with the vocational evaluator, including substance use information.

Uncertainty about evaluations is a potential trigger for relapse. It would be useful to give the consumer as much information as possible about what to expect and even a tour of the facility.

Vocational evaluators, as well as any other service professionals, need to examine their potential biases regarding consumers' potential. Current behavior in vocational evaluation must be compared to past work behavior to produce a more accurate assessment of potential.

A complete interview at the conclusion of the vocational evaluation is essential to helping the person cope with the stress of waiting on the results.

Six areas of concern in the writing of a vocational evaluation report:

1. Evaluator's knowledge of available programs and services
2. Strategic placement of information to reduce resistance (for example, not leading with comments about tardiness)
3. Evaluator awareness of the requirements for sobriety in occupations and drug-free workplace policies among employers
4. Awareness of the halo effect, the unconscious treating of consumer in a favorable or unfavorable light
5. Relying on past work history rather than standardized scores with suspected validity
6. Being aware that the consumer may become overly dependent on the evaluator in future

Source: Grissom, J.K., Eldredge, G.M., & Nelson, R.E. (1990). *Adapting the vocational evaluation process for clients with a substance abuse, Journal of Applied Rehabilitation Counseling*, 21 (3) 30-32.

Career Planning, Counseling & Guidance

Substance use disorders often result in career damage, delays, or abandonment. Some consumers with substance use disorders may have been underemployed or have poor education and work histories. Their history of alcohol or drug use may prevent them from continuing in certain jobs. Factors to consider are:

- The person's motivation to obtain employment

  Are appointments being kept?

  Is the person demonstrating initiative and choice in selecting from available career options?

  How motivated is the person to change?

  Does the person express a desire to work or to participate in career exploration?

  How does motivation for substance abuse treatment relate to motivation for work?

- The person's view of work

  Does the person have a realistic view of the world of work?

  Does the person understand the meaning of work and the significance of a career?

  Does the person have career goals?

  Does the person understand what it will take to achieve those goals?

  How does the person view superiors, units, schedules associated with work?

  Does the person possess the specific aptitude, general intelligence, and necessary math, reading, and writing skills to meet the demands of the targeted career?

  Is the person socially ready for a career?

  Is he or she communicating effectively, dressing, and interacting appropriately?

  How does a disrupted work history impact future goals?

- The person's self-concept

  What is the person's self-perception?

How does a history of substance abuse impact esteem and self-worth?

Does the person's grandiosity serve to mask low self-esteem?

Does the person feel competent to take control of life issues?

Source: *Rehabilitation Research and Training Center on Substance Abuse and Disability* (1996)

Information and Referral

Consumers with substance use disorders often bring a number of psychological and social problems with them. Their lives are sometimes chaotic and a number of issues need to be addressed by a case manager in order to allow them to focus on employment. Referring them to the appropriate resources is one step toward removing barriers to successful employment.

Housing—Some people find themselves homeless or living in temporary situations. They need help in locating safe (drug-free) and affordable housing. Many have alienated family and friends or these individuals are users – so their current living situation may not be conducive to staying abstinent.

Domestic Violence Counseling—Women who have substance abuse histories often have been victims of domestic violence, including sexual abuse. They may even be living with an abuser. Referral for counseling and developing new associations is important to recovery.

Legal—Some consumers will have either experienced or be under some form of control by the criminal justice system. They may need assistance in addressing legal matters associated with criminal behavior in their past. Issues related to children may also require legal interventions.

Financial Counseling—Some consumers have no experience with budgeting or other financial matters. Others have developed credit problems because of their addiction. Referral to a budget or credit counselor is necessary.

Medical Attention—A host of medical conditions are linked to substance use disorders, including HIV/AIDS and Hepatitis. It is essential that people receive adequate medical care to address acute or chronic problems. Most do not have health insurance, but may be eligible for assistance in public arenas.

Vocational Training Services

Educational achievement may be nonexistent. Some consumers have been trained in occupations that are stressful or otherwise not healthy choices for people trying to stay abstinent. Many persons with substance use disorders will benefit from training.

Remedial Training—Sometimes individuals with substance use disorders lack the necessary skills and education needed to enter the workforce. VR counselors should be prepared to make referrals to adult education or other remedial education resources.

On the Job Training (OJT)—OJT affords the individual in recovery an opportunity to learn a job and get paid at the same time. This may be necessary if the individual is unable to pursue school because of financial or time constraints. It also affords an opportunity to develop a work history.

Business/Vocational Training—If consumers have no marketable skills, it may be necessary for them to attend a short term training program. Short term programs allow people to obtain the knowledge and skills to be successful in the job market in a timely fashion. It is important the use of a short term program is in keeping with their vocational goals and is part of a relapse prevention plan.

College Training—People in recovery are often trying to make up for lost time and achieve what others have done. Attending college is one of those objectives. It is an appropriate service, but only when planned as part of a relapse prevention program that addresses stressful situations, coping skills, and necessary supports for living.

Transportation Services

Assistance with transportation is often a necessity for consumers with substance use disorders. They may be unable to drive because they lost their license or can no longer afford a car or the accompanying insurance. As with other consumers, discovering alternative transportation can be critical. Carpooling or use of public transportation may be needed. It may be necessary to subsidize the cost of transportation until the consumer has obtained employment and started receiving compensation.

Transportation costs may usually be reimbursed for identified travel and related expenses that are necessary to enable individuals to participate in a vocational rehabilitation service. Participants and their families are expected to participate in the cost of their transportation expenses since, in most cases, vehicles are not used exclusively for rehabilitation activities. Some examples of costs that may be reimbursable:

- Actual costs for taxi, buses, airplanes, etc.
- When using a privately owned vehicle, fuel assistance, which will be negotiated during development of the IPE (This depends upon actual transportation expenses for participation in rehabilitation services. Routine vehicle maintenance is not covered by VR).

The VR counselor must take into account the following issues when confronted with a request from a participant to repair or modify a privately owned vehicle:

- The overall condition and value of vehicle
- The extent of the repairs or modifications needed
- The availability of other appropriate transportation
- The necessity that the vehicle be used for work or training

Maintenance Services

Maintenance is a funding provision designed to offset identified additional costs incurred as a result of participating in a rehabilitation service (for example, expenses incurred by the individual while engaged in assessments required for determining eligibility or while receiving services under an IPE).

Maintenance means monetary support provided to an individual for expenses, such as food, shelter, and clothing, that are in excess of the normal expenses of the individual and that are necessitated by the individual's participation in an assessment for determining eligibility and vocational rehabilitation needs or the individual's receipt of vocational rehabilitation services under an individualized plan for employment. Counselors are not usually permitted to pay maintenance for those existing living costs that an individual would normally incur regardless of the individual's participation in a plan of vocational rehabilitation services. Some states have maximum amounts that they will pay for these types of the expenses.

In some states, maintenance for housing may include money for basic living expenses for consumers who may be trying to live in a new environment to avoid old drug using friends and family. Consumers may have burned their bridges with others and may be dependent on the agency or a similar resource for help. When basic living expenses are permitted, VR counselors should consider a means of direct rent payment. A third party resource should be used when appropriate—for example, social services.

Informal resources should be used when available. For example, consumers may be able to use their mutual help group (AA/NA/etc) to obtain sober housing. Most mutual help group meeting sites have a bulletin board where people can post requests for assistance. VR counselor should make themselves aware of the types of transition housing available in the community. These resources include Oxford Houses, set up by the recovering community to allow groups of people to share rent and other expenses. Oxford Houses are self governed, much like the mutual help programs, and sobriety/drug free status is a requirement.

Maintenance services may also include assistance in purchasing work clothes or tools required for entry into a job. This is often a valuable and necessary service. A useful approach for VR consumers who are using alcohol or other drugs or who are in early recovery is to place the tools in the hands of the employer.

Job Development Services

Assistance with job searching, placement and follow- up are an important part of service delivery for this population. Many people with substance use disorders have little experience looking for and maintaining a job while sober. Prejudice in the community toward this group of people may also challenge their sense of self worth and eventually impact their ability to maintain abstinence and enter recovery. Of the 17.2 million illicit drug users aged 18 or older in 2005, 12.9 million (74.8 percent) were employed either full or part time. Furthermore, research indicates that between 10 and 20 percent of the nation's workers who die on the job test positive for alcohol or other drugs. In fact, industries with the highest rates of drug use are the same as those at a high risk for occupational injuries, such as construction, mining, manufacturing and wholesale.

So even though they may prefer not to, employers are used to dealing with people who use drugs on the job. The VR counselor's strategic question: "Would you be willing to hire people who are in treatment?" is an effective way of reframing the situation that already confront employers. In fact, hiring a person who is making the attempt to change will be appealing to many employers. Even the Occupational Safety and Health Administration (OSHA) has declared : "OSHA understands that many workers with substance abuse problems can be returned safely to the workplace provided they have access to appropriate treatment, continuing care and supportive services."

The challenge is to make sure supports are in place and that the work environment doesn't lead to problems for the abstinent person. Components of different jobs may impact a person's ability to remain sober or threaten recovery.

Job placement

The process of finding a job provides an opportunity for consumers to grow in many areas important to recovery. It provides an opportunity to practice goal-setting and recognize achievement. Through a successful job search, the consumer can acknowledge the potential for positive change and movement in a direction of her own choosing.

Some work related barriers to recovery include:

- high stress

- low job satisfaction
- long hours or irregular shifts
- fatigue
- repetitious duties
- periods of inactivity or boredom
- isolation
- remote or irregular supervision
- easy access to drugs or alcohol

Ensure that people operating job development and placement services understand the complexity that substance use disorders bring to the picture. Transferable skills analysis should consider the illegal or recovery-risk basis for skills. For example, someone who has used manipulation skills negatively in order to support addiction may need additional support to make the shift to a job involving sales.

Strategies for effective job placement:

- Identify employers with drug free workplace policies that address supportive interventions.
- Conduct an assessment of work environments to find those that are conducive to abstinence.
- Identify jobs with minimal exposure to drinking/using coworkers.
- Avoid jobs with highly stressful expectations.
- Avoid environments that include a high degree of negative reinforcement by supervisors.
- Check for adequate level of employee valuing by the employer.
- Ensure constructive employer interactions/problem solving.

Consider job search assistance, either in a group setting or through one-on-one counseling or coaching, sometimes through "job clubs" with workshops, access to phone banks, and peer support. People with substance use disorders may not understand the concept:

"looking for a full time job is a full time job in itself." They may need help organizing their day, week, or month. They may need to address:

- Allocating appropriate amount of time to job hunting
- Finding ways to compensate for the lack of a network of well-placed contacts
- Using the job search methods most likely to be successful
- Being available for employer contact
- Mastering the "walk, talk, and dress" of an employable person
- Identifying parts of a healthy approach to work
- Being patient
- Overcoming the desire for immediate gratification
- Learning to accept incremental progress
- Handling disappointments appropriately
- Keeping things in perspective
- Counseling to learn to effectively communicate with a potential employer
- How to present facts about the past and any disabilities to employers in a positive framework
- How to gauge a prospective employer's willingness to work with a person in recovery
- Addressing gaps in employment that have resulted from being fired from previous jobs or from being incarcerated
- Learning to frame treatment experience as a transition, focusing on the consumer's views for the future—but without dishonesty or denial.

It can be beneficial for consumers to talk with their employer about treatment and the choices they are currently making, placing their past choices firmly in the past. For some, being employed will provide incontrovertible evidence of the changes they have made. Counselors should caution consumers to be selective in self-disclosure.

Self directed job searches, where individuals search and apply for jobs on their own, usually require submission of a log of job contacts. The VR counselor is in the position to support

accountability in this area. If consumers are doing a self directed search, review the logs with them and discuss the results of the contacts.

Source: *Treatment Improvement Protocol (TIP) Series 38 Integrating Substance Abuse Treatment and Vocational Services*

Job placement for people with criminal histories

There are no federal legislative statutes that provide employment discrimination protection for people with criminal histories. Employers are free to ask about convictions (but not arrests). They may do criminal background and records checks which can be used to assess a conviction against a set of factors in determining feasibility for an employment offer. The main factor is whether or not the criminal offense is directly correlated to the job under consideration.

Strategies for placement of individuals who, in addition to substance use disorders, have a history of criminal conduct:

- Focus on occupations and employers that do not bar ex-offenders.
- Develop realistic goals in light of the factors that influence decisions.
- Work with the consumer to check rap sheets to make sure there are no outstanding issues (and check every possible jurisdiction).
- Investigate having all non-violent felony records sealed.
- Learn when to divulge a criminal record. If there is a mandatory fingerprinting, it would be better to notify the employer beforehand.
- Practice presenting a profile that acknowledges the substance abuse/criminal history, taking responsibility while offering evidence of rehabilitation (treatment or clergy recommendations).
- Prepare a statement of interest – why the job is of interest and what the person will bring to the position. Develop statements that reflect positive parts of the individual's background, volunteer work, leadership roles, etc.
- Provide education to employers in your community about hiring people with criminal histories and why it is important to provide opportunities to reduce recidivism.
- Offer on-site job coaching to help both the individual and the employer develop trust.
- Incorporate a sense of hope and incentives that will motivate a person to continue toward success.

- Be clear in your communication about opportunities and restrictions while incorporating these key services into the individualized plan for employment: job and skills training, including technologic skills; basic GED requirements; child care; money budgeting programs; and substance abuse counseling.
- Incorporate social support and post-employment services in addition to traditional job preparation and placement assistance.

Supported employment

Supported employment (SE) is a service approach aimed at people with the most severe disabilities who want to work but choose to do so in supported employment, or who, because they have higher support needs, normally find it hard to find and keep a job. Wherever possible, they will be provided with the additional skills and support needed to make the transition into open employment.

Many consumers with substance use disorders have multiple disabilities. Some may have experienced head injuries, co-existing psychiatric disabilities, or may have limited cognitive disabilities that are developmental in nature. Supported employment services can be of benefit.

You may have to develop a relationship with the rehabilitation programs that provide SE as you would employers. Many are going to have the same issues and biases that are present in the community. There also may be a deficit of knowledge and substance use disorders and their impact on the vocational world of a person with a disability. You will need to be an informed advocate for your consumers.

A job coach can provide specialized on-site training to assist consumers with coexisting disabilities in learning and performing the job and adjusting to the work environment. This will include knowledge of triggers in the workplace that may lead to relapse. As with any service, a connection with consumers' treatment professionals is essential.

Natural supports from supervisors and co-workers include activities such as mentoring, friendships, socializing at breaks and/or after work, providing feedback on job performance, or learning a new skill together at the invitation of a supervisor or co-workers. In this situation, consumers may need to make their support system aware of their substance use disorder so that their workplace is supportive of their desire to be drug free.

Job Enclave Model—A small group of people with disabilities (generally 5-8) is trained

and supervised among employees who are not disabled at the host company's work site. This model can be supportive of consumers' need to be monitored for abstinence and continued involvement in treatment. The on-site supervisors are available to intervene if there appears to be problems that may lead to a return to drinking or drug using behavior.

Mobile Work Crew—A small crew of persons with disabilities (up to 6) works as a distinct unit and operates as a self contained business that generates employment for their crew members by selling a service. This could be an excellent model for substance abuse treatment programs to use in helping consumers make the transition from a structured treatment program to the community. The ongoing supportive supervision from a trained professional could encourage long term abstinence.

Workplace conflict is to be expected, and persons in recovery may find such conflicts powerful triggers for relapse. Many experience problems with authority that can become clinical issues as they enter the work environment. Some mistrust authority and experience a great deal of stress when dealing with their supervisors. They may have an excessive fear of being fired or may over-react to perceived mistreatment. Some fail to manage anger and can explode when the boss is critical or inflexible. These issues can be dealt with successfully in individual or group therapy, or the consumer may be referred to community resources for training in pertinent job and behavioral skills such as anger management.

Once the consumer has found employment, the work setting itself will present challenges and provide opportunities for growth. It provides an opportunity to learn appropriate boundaries and appropriate self-protection. Consumers may need help discerning when self-disclosure is appropriate and when it is not. Recovering consumers who are newly employed—particularly those with criminal records—should be careful of being in vulnerable positions in which they could be accused of stealing or other illegal behaviors (for example, closing up a store alone). Work will also provide an opportunity for some to recognize and accept responsibility.

<u>Strategies for supported employment:</u>

- Provide or refer to counseling to learn to deal with supervision and authority figures.

- Help to distinguish between appropriate and inappropriate behavior on the part of a supervisor.
- Help the consumer separate emotional reactions to the supervisor from feelings about a parent or other authority figure.
- Develop impulse control.
- Work on seeing "the boss" as a person.
- Learn to recognize their personal power in dealing with the supervisor and notice opportunities to negotiate.
- Develop problem solving skills.
- Learn stress management techniques.
- Develop conflict resolution skills.
- Help recognize the legitimate options open to resolve conflicts—for example, getting help from the human resource department or requesting a transfer.

School to work transition

Transition services, as defined by the Rehabilitation Act of 1973 amended, are a coordinated set of activities for students designed within an outcome-oriented process. These activities promote movement from school to post-school activities including postsecondary education, vocational training, integrated employment (including supported employment), continuing and adult education, adult services, independent living, and community participation.

Many students who have substance use disorders will not have done well or performed up to their ability in school. There may be evidence of absences from school or detention for inappropriate behavior. They may also have a juvenile record in the legal system. All of these can be barriers to a job search and can also be the result of poor self confidence or self efficacy.

Youth who have experienced problems with substance usually have not attended to developmental processes related to career choice. VR counselors provide an important service by providing career and vocational counseling.

A lack of understanding of the work world may exist. Job shadowing or job fairs are excellent ways to assist students in developing a perspective of work and its requirements beyond the written job description.

A vocational evaluation will help students learn more about themselves and their capacity for learning. A careful review, with a focus on understanding how stress and fear of failure (or success) can be triggers for relapse, will help students make informed decisions about their future.

Working with teachers and parents will help to send the same message to students about their options and capabilities. Not all students have support structures in place. Not all teachers or parents understand the issues that are facing a young person who is involved in treatment and recovery.

Workplace Accommodations

The following list includes barriers to employment and potential accommodations in the workplace that may be appropriate to consider when working with a person with substance use disorders. The list was generated by the Job Accommodation Network (funded by the Department of Labor and housed at West Virginia University).

- Allow use of paid or unpaid leave for medical treatment.
- Allow use of paid or unpaid leave or flexible scheduling for counseling or attendance at NA or AA meetings.
- Provide a self-paced workload or the ability to modify daily schedule.
- Provide support for maintaining concentration.
- Reduce distractions in the workplace.
- Provide space enclosures or a private office.
- Plan for uninterrupted work time.
- Allow for frequent breaks.
- Divide large assignments into smaller tasks and steps.
- Restructure the job to include only essential functions.
- Provide clerical support.

- Make a daily to-do list.
- Use electronic organizers.
- Maintain a current calendar.
- Remind the employee of important dates.
- Schedule regular meetings with the supervisor to determine goals and address the employee's questions, concerns, and work progress.
- Write clear expectations of the employee's responsibilities and the consequences of not meeting them.
- Establish written long term and short term goals.
- Provide praise and positive reinforcement.
- Refer to counseling and employee assistance programs.
- Allow for the ability to modify the daily schedule.
- Do not mandate job-related social functions where there would be exposure to alcohol.
- Provide a sober, healthy working environment that avoids references to alcohol and drugs.
- Encourage the employee to use company sponsored health programs to improve conditioning/work hardening.

Source: *Job Accommodation Network, a free service of the Office of Disability Employment Policy, US Department of Labor.* To use this resource, visit: **http://www.jan.wvu.edu/**

Post-Employment Services (PES)

An individual with a disability who had been previously rehabilitated may require additional services in order to maintain, advance in, or regain suitable employment. In order to qualify for this service strategy, the need must be based upon a disability previously documented in the eligibility determination section of this desk reference. Post-employment

services require an amendment to the IPE. PES should be minor in scope and duration. This means the individual only needs relatively short-term services. Individuals requiring multiple services over an extended period and/or a comprehensive or complex rehabilitation plan of services should be encouraged to reapply for the full-spectrum of VR services since their needs exceed the intent of post-employment services. Services can be provided at any time during the period in which a case record is maintained by the agency. Note: The intent of PES is to ensure that the employment outcome remains consistent with the individual's strengths, resources, priorities, concerns, abilities, capabilities, interests and informed choice.

Measuring Substance Use Disorder Treatment Progress in Individualized Plans for Employment

Many rehabilitation counselors are concerned about how to write objectives or monitor progress, incorporating measurable progress points and outcomes. The first point of reference is to consider how the VR counselor addresses measurable treatment and medical progress among consumers with other disorders that require lifestyle changes. People with diabetes, for example, may need to maintain a regimen of treatment as well as make changes in exercise and eating habits. VR counselors would want to track their medication adherence, involvement in treatment, and their work with a nutritionist. Consumers with mental health disorders also need to work with a therapist or participate in an outpatient, day or residential treatment program. They also need to adhere to a medication regime and develop coping skills and appropriate work related behaviors. Consumers with substance use disorders are no different. Focus on identifying, with the consumer, what support systems need to be in place to improve the successful outcomes. This may include continued involvement with a therapist or treatment program, engagement in an aftercare/relapse prevention program, involvement with a supportive community such as AA, NA or a faith-based program, as well as develop healthy coping skills and appropriate work behaviors and attitudes. The goal is to build a plan that supports health and well being.

VR counselors should work with consumers' treatment professionals as a normal course of their practice. A release to have ongoing conversations with therapists can help pinpoint potential problems such as stress reactions to a job search.

VR counselors can benefit from becoming familiar with the recovery support systems in

their consumers' community. Learn what type of mutual help meetings exist in the area and if they are closed, open, step meetings, etc. This will help VR counselors assess what consumers are reporting about participating in the meetings. Sponsors may be willing to provide documentation of consumers' meeting attendance. The necessary anonymity associated with these groups can make this information difficult to obtain, so a familiarity with the mutual help groups will benefit the counselor and consumer.

Samples of Objectives and Measurement

Objective: Participate in an outpatient (inpatient, intensive outpatient) substance abuse treatment program with a goal of abstinence from alcohol and other drugs.

Measure: Monthly treatment program reports of progress toward graduation or need to modify the objective to support your ability to abstain from substance use.

Objective: Participate in counseling sessions with a substance abuse counselor to develop knowledge and skills to achieve recovery from your substance use disorder.

Measure: Monthly reports from counselor indicating you are making progress in your program of recovery or outlining areas of concern requiring modification of this objective.

Objective: Participate in a substance abuse treatment aftercare program to follow a substance use disorder recovery plan with the goal of abstinence.

Measure: Monthly reports from aftercare program indicating you are making progress in your program of recovery toward graduation or outlining areas of concern requiring modification of this objective.

Objective: Participate in a relapse prevention program.

Measure: Monthly reports from the relapse prevention program indicating you are making progress in developing and maintaining a relapse prevention plan or outlining areas of concern requiring modification of this objective.

Objective: Develop a community-based system of support for recovery with

individuals living an alcohol and drug free lifestyle.

Measure: Self report of attendance at AA type meetings in your community in counseling sessions with VR counselor.

Objective: Maintain an alcohol and drug free lifestyle, abstaining from any use of these substances.

Measure: Counselor ordered urine analyses at [name of vendor] to determine presence or absence of these substances in your system.

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