

**ADDICTION AND EMPLOYMENT:
FACING CHALLENGES AND FINDING SOLUTIONS**
American Board Vocational Experts Spring Conference 2016

VOCATIONAL SOLUTIONSSM

+ Addiction: What Do We Know?

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<https://www.youtube.com/watch?v=ao8L-0nSYzg>

+ The Biopsychosocial Model

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Biological

- Genetics
- Drug response
- Health/disease
- Disability
- Reward circuit deficit
- Neurotransmitter complications
- Neuroadaptation

Social

- Culture
- Substance availability
- Peer pressure
- Lack of resources
- Oppression
- Stress/trauma
- Socioeconomic status
- People, places, things

Psychological

- Mental health concerns
- Drug response
- Coping resources
- Self-esteem
- Cognitive distortion
- Weakened decision-making skills

ADDICTION

+ Disease and Disability



■ **Disease:** a disordered or incorrectly functioning organ, part, structure, or system of the body resulting from the effect of genetic or developmental errors, infection, poisons, nutritional deficiency or imbalance, toxicity, or unfavorable environmental factors; illness; sickness; ailment.

■ **Disability:** a physical or mental handicap, especially one that prevents a person from living a full, normal life or from holding a gainful job.

This relationship has huge implications for anyone struggling with a substance use disorder.

+ Addiction is a Disability



Canada: **Dependent** psychoactive substance use is recognized as a disability under the Canadian Human Rights Act and includes current or past dependence on alcohol or drugs; individual cannot be discriminated against if it is perceived he or she may have or later develop dependency later in life (Canadian Human Rights Commission, 2009).

United States: Protection under the Americans with a Disability Act (ADA) is **limited** to individuals with alcohol dependence and those with a drug (illicit or abused prescription medication) dependence who are in a treatment program or have completed treatment and are not active in drug use. Individuals under the influence of alcohol or drugs who pose a threat of harm to themselves or others are **excluded** from protection (Westreich, 2002).

+ Addiction and Disability



■ Disabled clients are **two to four** times more likely to be abusing or addicted to substances than the non-disabled population;

■ Substance Abuse Mental Health Services Administration (SAMHSA) estimated in 2009 that **4.7** Americans with either a physical or mental disability experienced a co-occurring substance use disorder;

■ **25-50%** of VR clients in the United States have a substance use disorder (Sprong et al., 2014);

■ **50%** of individuals with traumatic brain injury (TBI) or spinal cord injury have an SUD (Goodwin & Sias, 2014);

+ Addiction and Disability



Substance abuse in the disabled population may be more prevalent due to:

- Medication and health issues;
- Enabling (family, friends and the greater society);
- Poor insight into problems;
- Inability to identify and seek out appropriate prevention and treatment services.

(Sprong et al., 2014);

+ Vocational Outcomes of Addiction



Vocationally addiction can result in:

- Lack of a strong work history, and transferable and social skills (Sprong, Dallas, Melvin, & Koch, 2014);
- Interpersonal difficulties on the job (DHHS, 2000);
- Increased lateness, absenteeism and risk of workplace accidents (U.S. Department of Health and Human Services (DHHS) 2000; van Boekel, 2015);
- 25% loss of productivity (DHHS, 2000);
- Loss of employment (Westreich, 2002);
- Gaps in employment (DHHS, 2000);

+ Employment and Addiction



- Lowers effects of depression;
- Employment skills training and vocational counselling post-treatment reduces self-stigma and decreases feelings of social alienation (Livingston et al., 2012);
- Employment is associated with a longer recovery period and is one of the top predictors of successful recovery (DHHS, 2000; Goodwin & Sias, 2014);
- Employment shifts focus away from maladaptive using behaviours (DHHS, 2000);
- Frequency and severity of relapse is reduced in clients who are employed (DHHS, 2000);
- Employment adds needed structure and provides positive reinforcement (Richardson, Wood, Montaner, & Kerr, 2012);
- Employment provides a legal means of income and reduces socioeconomic vulnerability (Richardson et al., 2012);

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Addressing SUD in Vocational Evaluation and Vocational Rehabilitation

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Assessing Addiction During Vocational Evaluation

- Subsequent VR services may be ineffective or the assessment less comprehensive if an SUD is not properly identified (Sprong et al., 2014);
- Purpose of a screen is not to diagnose but to detect existing SUD or potential for development of a SUD (Crozier & Sligar, 2010);
- Addiction is cyclical so screening should occur repeatedly during the VR process (Crozier & Sligar, 2010);
- If an undiagnosed SUD is suspected following brief screening comprehensive assessment by an addictions professional (addictionologist or addictions counsellor) is recommended.

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Substance Screening Tools

Common drug and alcohol screening tools:

- Alcohol Dependence Scale (ADS)
- Drug Abuse Screening Test (DAST-10 or DAST-20)
- CAGE or CAGE-AID
- The Michigan Alcoholism Screening Test (MAST)
- Simple Screening Instrument for Substance Abuse (SSI-SA)

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Vocational Rehabilitation and Addiction

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Addiction and Vocational Rehabilitation



Issues with employment are common among individuals with substance use disorders, yet comprehensive vocational services are not generally available to them, and vocational interventions are often not matched to this group's specific needs.

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Introducing VR Services to the Treatment Plan



- Delay VR services until the client has completed treatment and is **stabilized** in his or her recovery (DHHS, 2000);
- Client within 90 days of recovery are more susceptible to relapse;
- Determine VR readiness with the assistance of the client's recovery team (North Dakota Vocational Rehabilitation (NDVR), 2013);
- Addiction is a chronic condition that may require a longer term of involvement for the VR professional (Goodwin & Sias, 2014);
- Clients with more chronic SUD may have deeper medical and psychological concerns masked by substance use that emerge during recovery and can interfere with vocational initiatives;

+ General Principles Guiding Vocational Initiatives



- Prioritize barriers and services;
- Understand how services address different barriers;
- Coordinate among multiple service providers;
- Help participants avoid becoming overwhelmed;
- Keep barriers in perspective;

+ Vocational Screening and Addiction



A vocational screen is an opportunity to determine VR services that would benefit the client's substance recovery plan. Areas specific to addiction and disability to consider include:

- Capacities and limitations for employment;
- Need for further assessment;
- Services that would assist the client in sustaining employment;
- Barriers to employment;
- Potential retraining/worksite triggers that could lead to relapse;
- Availability of social supports;

+ Barriers to Employment



Common Barriers to employment:

1. Criminal Record;
2. Domestic violence, sexual and physical abuse;
3. Health problems (including HIV), mental health issues (in particular depression, anxiety, low self-esteem, legal/financial problems, social isolation);
4. Physical and/or cognitive disability;
5. Low education standing, lack of access to suitable professions/occupations;
6. Language or cultural differences;

+ "Come back when you're clean..."



- The typical response to employment programs to substance abuse has been to tell potential participants to seek treatment on their own.
- Research predominantly suggests that employment is instrumental to addiction recovery.
- Flexibility is the "key" to assisting individuals with multiple barriers through addiction to recovery.
- Mental health problems often accompany addiction.
- A Customized Employment Program is the most successful in partnership with treatment providers and other support specialists.

+ Vocational Screening and Addiction



- Willingness to engage in vocational activities;
- Ability to engage in VR services (incarceration)(DHHS, 2000)
- Impact of employment on disability benefits (Richardson et al., 2012);
- Effects of medication compliance on employment (Richardson et al., 2012);
- Drug and alcohol history (NDVR, 2013);
- Treatment history and subsequent length of sobriety (NDVR, 2013);
- Willingness to return for treatment if needed;

+ Vocational Screening and Addiction



- Recovery plan and compliance;
- Relapse triggers and relapse plan;
- Legal issues that could interfere with vocational endeavours/threaten recovery;
- Parole or probation? What are the details of this?
- Drug screening;
- When did the individual last use?
- Is the individual planning to remain abstinent (NDVR, 2013)?
- Any prescribed medications that may impede job performance (Richardson et al., 2013)?;

+ Accommodation Considerations



- Avoid jobs that may trigger relapse;
- Positive work environment and supervision;
- Modify work schedules as necessary;
- Allow frequent breaks and reduce physical exertion as necessary;
- Self-paced workload;
- Match stress levels of client to the job;
- Working from home;
- Ergonomic work station;

+ Accommodation Considerations Cont'd



- Reduce distractions in the work setting;
- Ensure privacy;
- Divide large assignments into smaller assignments with frequent feedback;
- Assign to positions and to people where exposure to drugs is nil;
- Work with other partners and on other barriers in tandem with work outcomes;

+ Placement Considerations



- Customize the work setting targeted;
- Transitional Employment Options: Avocational settings, unpaid leave, flexible work schedules;
- Build a work schedule within realistic framework of the client's lifestyle, medical restrictions and treatment needs;
- Negotiate and reinforce realistic employer accommodations to secure attendance reliability;
- Workplace education;
- Evaluate effectiveness of work setting and introduce gradual load bearing factors: i.e. increase work hours or work days or work duties incrementally;

+ Employment as Part of the Treatment Plan



After acquiring the client's vocational overview the VR practitioner:

- Collaborates with clients to develop realistic short and long-term vocational goals and steps to achieve goals (SMART goal setting);
- Identifies occupations suited to client preferences and interests that would not threaten recovery;
- Assists with developing skills needed to succeed in the workplace (i.e., interpersonal) (DHHS, 2000);
- Prepares the client for interviews and any potential on the job discrimination (DHHS, 2000);

+ Employment as Part of the Treatment Plan



- Explores the necessity of disclosing the SUD (Richardson et al., 2012);
- Fosters client strengths;
- Addresses issues that threaten recovery that arise at the worksite/placement (social, environmental);
- Reviews goals frequently to ensure they remain feasible, to track progress and adjust goals as needed (DHHS, 2000).

+ Vocational Factors that Can Lead to Relapse



- Losing employment;
- Unchallenging jobs that lead to boredom;
- Corporate culture encourages alcohol and/or drug use as part of 'doing business';
- Social work engagements that have alcohol and/or drugs present;
- Family is resistant to client returning to work (upsets status quo);
- Workplace stress (DHHS, 2000);
- Drugs/alcohol readily accessible in the workplace;

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Addiction and Vocational Evaluations

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Vocational Outcomes of Addiction and Disability



An individual with a SUD is already vocationally disadvantaged. The physical, psychological and/or cognitive limitations of additional disability compounds this further, leaving the individual even more vocationally compromised.

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Addiction and Vocational Evaluation/Medical-Legal Reports: Considerations



If the client is not active in addiction (in recovery):

- Could workplace stressors potentially contribute to a relapse?
- How far into recovery is the client and is a return to work appropriate at this time?
- What industries/workplaces have increased social triggers or a culture of use?;
- Are psychoactive substances as part of business operations?;
- What additional accommodations might the client need on the job to support recovery?
- Is the occupation socially isolating and/or are there minimal demands for accountability?
- Is the career challenging and interesting to the client?

+ Addiction and Vocational Evaluation/Medical-Legal Reports: Considerations



If the client is active in addiction:

- Could the client's vocational capacity increase following addiction treatment?
- What occupations are unsafe and would be inappropriate to recommend as vocational alternatives?
- What industries/workplaces have increased social triggers and are inappropriate vocational alternatives?;
- What workplaces include psychoactive substances as part of business operations?;
- How could the unaddressed SUD interfere with employment, regardless of occupation?

+ Medical Marijuana and Vocational Outcomes



What is your opinion on the legalization of marijuana and the benefits reported by the client at the time of your diagnostic interview?

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Job Applicants at CO Electric Company

February 2015

12 applicants in the pre-employment process
Mobile drug test collector arrives
9 applicants walk-out
3 complete pre-employment drug screen
2 pass the drug screen
1 fails (THC positive)



+ Vocational Concerns With Cannabis



- Physical and psychological dependency on cannabis
- Long term effects include reduced concentration, memory and ability to think abstractly, emotional lability, apathy, learning deficits, decreased energy , possible decreased mood, decreased immune system functioning,
- Harm to self and harm to others: safety on the work site issues
- Dependency vs. addiction controversy

+ Factors in the Post Injury/Illness Emergence of a Substance Use Disorder (SUD)



+ Factors in the Post-Injury/Illness Emergence of a Substance Abuse Issue



- Misconception
- Tolerance
- Physical Dependence
- Psychological/Behavioural/Emotional Dependence
- Emotion/Symptom Management
- TBI
- History of Traumatic Stress

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Effects of an Injury/Illness on a Pre-Existing SUD

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Effects of an Injury/Illness on a Pre-Existing SUD



Pharmacological Treatment

Management of the client's post-injury symptoms may involve a prescription for a psychoactive substance.

Even substances from a different grouping (i.e., depressant) can trigger resumption of the client's drug of choice (Bailey, Hurley & Gold, 2010).

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Effects of an Injury/Illness on a Pre-Existing SUD



Increased Vulnerability

Individuals with addiction have less tolerance for pain, and increased anxiety, depression, and sleep issues than the non-addicted population (Bailey et al., 2010).



+ Effects of an Injury/Illness on a Pre-Existing SUD



TBI and SUD

- TBI can increase the risk of relapse in individuals in recovery (Bjork & Grant, 2009);
■ SUD exacerbates the effects of TBI and inhibits recovery (Bjork & Grant, 2009);
■ TBI can further impair the neural circuits associated with the reward centre in the brain (Jorge et al., 2005);
■ History of alcohol abuse/dependence in combination with post-injury/illness mood disorder(s) and TBI has poor vocational and psychosocial outcomes (Jorge et al, 2005);

Horizontal lines for notes

+ Effects of an Injury/Illness on a Pre-Existing SUD



Disruption to Recovery Program

The severity of the injury/illness and associated protracted recovery could become a barrier to attending mutual aid meetings (i.e., Narcotics Anonymous), aftercare programs and connecting with recovery support network.

This is an especially important consideration if the client is within the first year of recovery when the risk of relapse is higher due to instability associated with lifestyle, relationship and behavioural changes.



Horizontal lines for notes

+ Effects of an Injury/Illness on a Pre-Existing SUD



Under Prescription of Pain Medication

Individual may be under prescribed or not prescribed potentially helpful medications due to:

- Practitioner fear of relapse, overdose and death (Bailey et al., 2010; Livingston et al., 2012);
■ Disbelief of patient reported levels of pain (Bailey et al., 2010);
■ Practitioner's fear of reprimand (Bailey et al., 2010);
■ Lack of practitioner knowledge about addiction (Bailey et al., 2010);

Psychoactive substances alone are not 'addictive' but have the potential to lead to abuse/addiction in the presence of certain factors (biopsychosocial model) (Csternik, 2011);

Horizontal lines for notes

+ Outcome of Under Prescribing



Pain results in increased dopamine in the areas of the brain associated with reward, drug-seeking and taking, the memory of the effects of drug-taking, and that enhances drug effects, increasing motivation to take drugs (Bailey et al., 2010);



+ Outcome of Under Prescribing



Under Prescription of Psychotherapeutic Medications

Addiction treatment programs and practitioners may be hesitant to prescribe selective serotonin reuptake inhibitors (SSRIs), antidepressants and antipsychotics for comorbid mental health concerns, fearing abuse. This denies potentially beneficial treatment to individuals suffering from disorders such as depression and psychosis.

These medications have very little abuse potential as the effects are slow and the side effects can be unpleasant (Csiernik, 2011; Goodwin & Sias, 2014).

+ Stigma and Bias



Biases are instinctual and fed by **prejudice** and **stereotypes** we begin to develop in **early childhood** through messages from our **parents**, and our **cultural and societal groups**. We eventually develop **negative attitudes** towards those who are different than us, even if evidence does not support our beliefs.

Our biases may be unconscious or conscious. **Hidden biases are often revealed in what we do versus what we say.**

(Southern Poverty Law Group, 2016)

+ Vocational Outcomes of Stigma



Individuals with addiction concerns may:

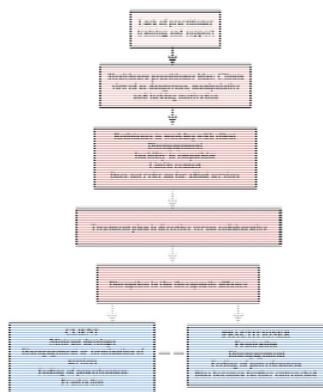
- Not apply for work for fear of rejection (van Boekel, 2015);
- Be denied employment due to discrimination (Westreich, 2002);
- Not disclose substance use concerns during a vocational intake/assessment (van Boekel, 2015);
- Delay or defer seeking vocational support (van Boekel, 2015);
- Experience discrimination on the job (van Boekel, 2015, Westreich, 2002);

+ Vocational Outcomes of Stigma



- Not follow through on a VR treatment plan (van Boekel, 2015);
- Not seek assistance from the employer due to fear of discrimination and punishment (Westreich, 2002);
- Struggle with reintegrating into the workplace (Livingston et al., 2012);

+ The Bias Cycle



+ Identifying Bias



'Project Implicit' is an Implicit Association Test (IAT) developed through collaboration between Harvard University, the University of Virginia and the University of Washington to measure unconscious bias. Explore your biases in numerous areas from sexual orientation to disability and addiction.

Curious about your biases?

<https://implicit.harvard.edu/implicit/index.jsp>

+ Overcoming Bias



- Training and experience (van Boekel, 2015);
- Involvement in community initiatives (Southern Poverty Law Group (2016);
- Examining and challenging maladaptive workplace organizational policies and beliefs (van Boekel, 2015);
- Peer feedback and clinical supervision (van Boekel, 2015);
- Engage in personal counselling (Livingston et al., 2012)

+ Research/References