

Substance Use Disorders and Vocational Rehabilitation Implications

Technical Assistance Brief (2011)

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Introduction

This Technical Assistance Brief on substance use disorders is intended to:

1. provide a clear, detailed understanding of the disability;
2. describe the implications for the vocational rehabilitation process and approaches that are aligned with current evidence-based or consensus practices and recovery-based principles; and,
3. identify useful specialized resources.

The ACCES Vocational Rehabilitation (VR) Program is committed to serving individuals with substance use disorder (SUD) in recovery. It is our belief that employment is integral to recovery. Obtaining and maintaining employment requires developing strong, positive working relationships with individuals in recovery, State agency partners and the network of community providers, including treatment programs and recovery centers, to transform this commitment into practice.

ACCES-VR acknowledges the principle of recovery as an experience that encompasses the belief, hope and expectation that a person with a substance use disorder can move beyond the limitations of the disorder and engage in a process of healing. An essential understanding of the recovery process is that the individual, not the service

professional, is the agent of recovery and the recovery process exists on a continuum of improved health and functioning (White, Boyle and Loveland, 2003).

For the individual, the recovery process may:

- be marked by transformational or incremental change, and
- occur at a different pace across a number of zones: physical, intellectual, emotional, relational, personal (daily living) and spiritual.

Recovery from substance use disorder is non-linear and reflects the natural process of growth and self-awareness, as well as setbacks. Through the recovery process, an individual transcends the stigma of addiction and expresses a commitment to personal change.

The challenge for the ACCES vocational rehabilitation counselor (ACCES VR counselor) is to understand how vocational rehabilitation services can be most effective in contributing to an individual's recovery. The objective is to empower and enable the recovering person to pursue quality employment consistent with the individual's employment factors.

Effective vocational rehabilitation approaches are holistic, individualized, and comprehensive and do not minimize the complexity of substance use disorder as a disability. Vocational rehabilitation recognizes recovery as a lifetime challenge for the recovering person. The VR approach empowers the person to make decisions regarding short-term and long-term employment goals. The individual develops a plan to achieve employment. This approach guides the recovering person through difficult periods of adjustment and supports the individual while taking steps toward independence.

Part 1 - What is a Substance Use Disorder?

Substance use disorder (SUD) is a clinical category within the substance-related disorders section of the *Diagnostic and Statistical Manual of Mental Disorder IV - TR (2000)*. This section describes behavioral disorders resulting from a disease of the brain which can be both progressive and chronic. Substance use disorders are characterized by:

- a preoccupation with obtaining alcohol or other drugs;
- a narrowing of behavioral range towards excessive consumption;
- a loss of control over consumption accompanied by a development of tolerance; and
- withdrawal and impairment in social and occupational functioning.

Research has documented that prolonged exposure to substances alters brain chemistry, physiology and function. Addiction is a brain disorder which impairs a person's ability to exercise self-control. The etiology of the disease is the effect that substance use has on neurotransmitters, actually causing physical changes in the brain that impact judgment, decision-making, learning, memory, and behavior control. This

process explains the dependency of individuals with substance use disorder and the compulsive use of the substance with other destructive behaviors.

A DSM IV diagnosis is not a predictor of vocational rehabilitation success or failure. Research shows that the best predictors of successful substance abuse treatment are:

- gainful employment;
- adequate family support; and,
- lack of coexisting mental illness (SAMHSA - TIP 38, 2000).

Note: Co-existing mental illness is discussed later in this Technical Assistance Brief and strategies are available to successfully engage individuals in the VR process.

Substance Abuse and Substance Dependence Diagnostic Criteria

There are important distinctions between the diagnostic criteria of substance abuse as compared to substance dependence.

Substance abuse is characterized by a maladaptive pattern of substance use, leading to clinically significant impairment or distress, as manifested by three (or more) of the following, occurring at any time in the same 12-month period:

- recurrent substance use resulting in a failure to fulfill major role obligations at work, school or home (e.g., repeated absences or poor work performance related to substance use; suspensions or expulsions from school; neglect of children or household);
- recurrent substance use in situations in which it is physically hazardous (e.g., driving an automobile or operating a machine when impaired by substance use);
- recurrent substance-related legal problems (e.g., arrests for substance-related disorderly conduct, possession or sale); and,
- continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance (e.g., arguments with spouse about consequences of intoxication, physical fights).

However, substance dependence is also a maladaptive pattern of substance use, leading to clinically significant impairment or distress, as manifested by three (or more) of the following, occurring at any time in the same 12-month period:

- tolerance, as defined by either of the following:
 - need for markedly increased amounts of the substance to achieve intoxication or desired effect;
 - markedly diminished effect with continued use of the same amount of the substance;
- withdrawal, as manifested by either of the following:
 - the characteristic withdrawal syndrome for the substance;
 - the same or a closely related substance is taken to relieve or avoid withdrawal symptoms;
- the substance is often taken in larger amounts or over a longer period than was intended;

- there is a persistent desire or unsuccessful efforts to cut down or control substance use;
- a great deal of time is spent in activities necessary to obtain the substance (e.g., visiting multiple doctors or driving long distances), using the substance (e.g., getting high), or recovering from its effects; and,
- the substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance (e.g., current cocaine use despite recognition of cocaine induced depression, or continued drinking despite recognition that an ulcer was made worse by alcohol consumption).

Substances Common to Substance Use Disorder

Any substance, whether legal or illegal, which is capable of producing a mind altering state resulting in adverse physiological and psychological responses, can become the addictive source of the disorder. While there are many commonly abused substances, new drugs are always becoming the source of abuse. Some substances common to substance use disorders include: alcohol, amphetamines, cannabis, cocaine, hallucinogens, inhalants, nicotine, opiates, phencyclidine, sedatives and hypnotics.

Substance Use Disorder Treatment Programs

Treatment for substance use disorders may be provided by professional, community, public and private sources. New York State has an array of services under the auspices of the Office of Alcohol and Substance Abuse Services (OASAS).

Detoxification

Detoxification services are provided for individuals who are at risk of severe, moderate or mild withdrawal symptoms; have a chemical dependence condition and require acute care for physical or mental conditions; are intoxicated and are experiencing a situational crisis related to homelessness, potential domestic violence or abuse, or other conditions requiring immediate placement in a short-term controlled residential or inpatient setting; or have a history of alcohol or substance dependence and are unable to abstain without admission to a supervised setting.

Inpatient Rehabilitation

Inpatient rehabilitation services are designed to initiate the treatment and recovery process for individuals who are unable to participate in or comply with treatment outside a 24-hour structured treatment setting. These medically supervised services may be provided in general hospitals, psychiatric hospitals, and free-standing facilities. Inpatient treatment includes the management of physical or mental complications or co-morbidities which may be present.

Residential Rehabilitation

Residential rehabilitation services include three levels of care: intensive residential rehabilitation, community residential services, and supportive living services.

(1) *Intensive Residential Rehabilitation* is designed for individuals who require a 24-hour structured treatment setting and who have substantial deficits in functional skills. These services help to enhance the social and functional skills of individuals who may engage in inappropriate social behaviors, have poor personal care skills and/or have difficulties with activities of daily living.

(2) *Community Residential Services* are designed to provide a safe, alcohol and substance-free therapeutic residential environment for persons who are homeless or whose home environment does not support treatment and recovery. These services are provided in conjunction with outpatient treatment services and other services as indicated in the treatment plan.

(3) *Supportive Living Services* provide independent living with limited supervision for those who need an alcohol and drug-free residence with peer support, but essentially exhibit skills and strengths in maintaining abstinence and re-adapting to independent living in the community.

Outpatient treatment services

Outpatient treatment services are designed for individuals who have a dependence or abuse condition, but who are able to participate in treatment and comply with treatment outside a 24-hour treatment setting. Counseling services (individual and group), medication supported recovery; vocational rehabilitation, family counseling, psychotherapy, and other services are offered in the outpatient setting and vary by provider.

There are three levels of outpatient services:

- (a) Outpatient Services (non-intensive);
- (b) Intensive Outpatient Services / Day Rehabilitation Services; and
- (d) Opioid Treatment Services.

Individuals who need non-intensive outpatient services typically are higher functioning, often employed individuals who require supports in establishing and maintaining abstinence and can be successfully treated by receiving treatment visits as needed.

Intensive outpatient treatment should provide opportunities for group, individual and family interventions that are individualized to the patient's need and focused on functional areas including mental and physical health, family/social functioning, community support, safe housing, vocational/educational, and legal involvement. Individuals who are in intensive treatment should show signs of improvement and most will step down to outpatient treatment within 6 weeks.

Day rehabilitation offers a structured program for individuals with significant functional, social or interpersonal challenges. The program may focus on specific populations including co-occurring disorders, women with children, criminal justice populations or homeless populations. Treatment focuses on improving functioning to enable patients to attain and maintain recovery.

Opioid Treatment Services offer pharmacological treatment options (i.e., methadone and buprenorphine) including individual and group counseling services and many offer other wraparound services (e.g., vocational rehabilitation, family counseling, etc.) that the other outpatient service options offer.

Aftercare services, while not specifically an NYS OASAS treatment modality, are a critical part of recovery. Self help support groups, such as Narcotics Anonymous (NA), Alcoholics Anonymous (AA), Methadone Anonymous (MA), Double Trouble (peer groups for individuals with both a mental health and a substance use disorder diagnosis), provide peer support in helping individuals maintain their recovery.

Empirically Supported and Evidence-Based Treatments

Empirically supported treatments (ESTs) are defined as psychological interventions that have been evaluated scientifically. Evidence-based practice (EBP) as defined by the American Psychological Association is “the integration of the best available research with clinical expertise” (as cited in Beidas and Kendall, 2010). Two specific examples of ESTs include:

- Medication Supported Recovery (MSR) is the use of pharmacotherapy in combination with counseling and behavioral therapies and recovery support services.
- A pharmacological intervention for opioid dependence includes the use of methadone, buprenorphine (Suboxone) or naltrexone (Vivitrol). Pharmacological interventions for alcohol dependence include the use of acamprosate (Campral), naltrexone (Depade, Vivitrol, ReVia), and disulfiram (Antabuse).

Evidence-Based Practice: Motivational Interviewing (MI)

Motivational interviewing is a counseling approach which is a client-centered, semi-directive method of engaging individuals to tap into their own motivation to change behavior. Motivational interviewing recognizes and accepts the fact that individuals who need to make changes in their lives approach counseling at different levels of readiness. Motivational interviewing is based upon demonstrating empathy and guiding individuals to appreciate the value of change. Resistance or individual reluctance to change is seen as a natural rather than pathological response to treatment intervention. The strategy is firmly rooted in self-efficacy by guiding individuals towards autonomy and fostering independent thinking, decisions and actions. Many NYS treatment programs have been trained in the use of Motivational Interviewing as an EBP.

Medical Consequences of Substance Use Disorders

There are numerous medical conditions that arise as a consequence of addictive disorders. Some of them are infectious diseases, such as Hepatitis A, B, and C, HIV and AIDS, and tuberculosis. Other diseases or medical conditions, such as coronary heart disease, insomnia, or affective disorders such as depression or anxiety, may be caused, exacerbated or hidden by the substance use disorder. Upon receiving SUD treatment, other medical issues may emerge and diagnoses made, in which the individual may need acute or long-term medical treatment.

Part 2 – Implications for Providing Vocational Rehabilitation Services

For ACCES-VR, a substance use disorder (SUD) is considered an impairment and individuals with SUD may apply for ACCES-VR services. Upon a determination of eligibility, the eligible individual can develop an individual plan for employment (IPE) for the purpose of achieving an employment outcome.

Referral

Any individual with a disability who may need vocational guidance and assistance in pursuing competitive employment should be considered for referral to ACCES-VR. A referral to ACCES-VR can be made by anyone, including the individual, a family member, or drug or alcohol treatment personnel.

A self-referred individual does not require a referral from a treatment center or other qualified health care professional.

There is no minimum sobriety period that an individual is required to have prior to referral or application for VR services.

NOTE: Sobriety or abstinence is simply refraining from the use of alcohol or other substances. Abstinence itself seldom constitutes recovery on mental and emotional levels. In fact, many people with substance use disorders may be more restless, irritable or discontented sober than they were when using. Recovery is recognized as an “ongoing process of improvement – biologically, psychologically, socially and spiritually – while attempting to maintain abstinence from alcohol or other drugs” (Strawn, 1997).

The availability to participate in the VR process should be assessed on an individual basis. For individuals in residential treatment programs, a referral can be submitted when they are available to participate in assessment, training or work during treatment or if there is an anticipated discharge date within a reasonably short period of time (e.g. within 60 days).

Confidentiality

Any record of SUD treatment provided to the vocational rehabilitation program must be handled in accordance with ACCES-VR Confidentiality Policy and Procedures.

Counseling sessions where confidential information is discussed should occur in an office or setting that reasonably ensures the privacy of the individual.

Application

Individuals with a SUD are expected to be abstinent at the time of referral or application. ACCES-VR staff should begin to assess the individual's commitment to recovery and to pursuing employment.

Assessing Vocational Rehabilitation Readiness

Individuals with SUD who apply for VR services must be assessed on the following factors:

- The individual recognizes the substance use disorder as a disability and has participated responsibly in a treatment program, maintaining consistent and regular attendance as defined in the treatment plan.
- There is evidence that the individual demonstrates a commitment to recovery.
- The individual has made satisfactory progress toward achieving the goals established in the treatment plan which includes the cessation of substance use not prescribed and monitored by a physician.
- The individual has made satisfactory progress toward addressing treatment issues related to the individual's overall functioning.
- The individual has demonstrated an understanding of the need for vocational rehabilitation services and the specific reasons for the referral at the time it is made.
- The individual is available to participate in the VR process for the purposes of acquiring or maintaining employment.

When individuals are referred by OASAS licensed treatment programs, written documentation will be submitted by the referring agency that addresses the above factors to enable the ACCES VR counselor to assess the applicant's eligibility. An individual will only be referred when, in the judgment of the treatment program, the individual demonstrates an ability to participate in VR services.

The *Substance Use Disorder Vocational Rehabilitation Readiness Assessment* (SUDVRRRA) provides an efficient means for communicating and documenting the functional criteria. The information obtained from the use of SUDVRRRA or an equivalent documentation protocol includes:

- specific issues related to the individual's SUD course of treatment;
- how the SUD has been an obstacle to employment for the individual;
- reasons why the individual cannot or should not return to a previous type of employment;
- the individual's understanding of the need for vocational rehabilitation services;
- a description of work activities the individual has been engaged in while in the treatment program that may be of assistance in formulating the IPE;
- reasons for referral of the individual to the VR Program at this time;

- problems relative to the individual that may interfere with vocational rehabilitation activity;
- how the problems identified currently are being addressed or will be addressed;
- identification of co-occurring physical and psychological conditions; and,
- establishing points of contact with treatment providers to coordinate and facilitate VR services.

Eligibility Determination

Individuals with SUD may experience impediments to employment and functional limitations due to the following:

- inadequate education and/or work history;
- limited work or reduced stress tolerance;
- poor self esteem which may be observed as fear of success, failure or the unknown in the work setting;
- impaired self direction and/or self care;
- impaired coping and/or interpersonal skills;
- inadequate job skills;
- impairment of cognitive and motivational processes that are critical to self-control and decision making;
- difficulty following the usual sequential steps in planning for or pursuing employment;
- tendency to make poor choices due either to an inability to accurately assess the risk or by minimizing potential negative consequences; and
- impaired working memory when compared to individuals who do not abuse substances.

These factors can be documented as the basis for eligibility.

Note: Individuals with SUD who are currently employed may be considered for VR services if the current employment is not consistent with the person's employment factors. It is particularly important to assess the possibility that an individual may be underemployed, particularly during the early stages of recovery.

Co-occurring Disabilities

Substance use disorders can have significant impact on all aspects of physical and mental health and individuals may present with a co-occurring disability. These additional physical or mental impairments will affect an individual's overall capabilities. The ACCES VR counselor should screen all individuals with SUD for co-occurring disabilities as part of the eligibility determination and when developing the Individualized Plan for Employment (IPE).

Individuals with SUD have a higher incidence of mental health disorders than the general population. For example, research indicates that more than 50% of individuals with mental illness disabilities, such as depression, also have a SUD requiring an integrated treatment approach.

There is also higher incidence of traumatic brain injury (TBI) for individuals with SUD. Substance abuse is a significant risk factor for sustaining a traumatic brain injury and substance abuse is often secondary to TBI. The high risk of TBI for individuals with SUD has been well documented for both adolescents and adults who have been identified as having a traumatic brain injury. See the Technical Assistance Brief on Acquired Brain Injury for more information.

Individuals Involved in the Criminal Justice System

In addition to co-occurring physical or mental impairments, some individuals with SUD who apply for VR services may have current or previous involvement with the criminal justice system. It should not be assumed that all individuals with SUD are ex-offenders. The ACCES VR counselor and the individual must address any involvement with criminal justice system's impact on eligibility, plan development and placement.

Some recommended practices for working with individuals involved in the criminal justice system include:

- ask the individual directly about any history of alcohol or other drugs;
- ask the individual about any active criminal case;
- inquire as to any record of criminal history, misdemeanor or felony convictions;
- ascertain if the individual completed sentencing requirements i.e. parole, probation, or diversion program;
- ask if the individual is mandated to a treatment program;
- review a recently acquired criminal history record ("rap sheet");
- seek or have the individual pursue any relief of "disability" or good conduct certificates that may be available; and
- obtain authorized releases of information to establish ongoing communication with department of probation and parole as warranted.

Individuals who are classified as sex offenders face additional barriers to employment and their options are further constricted.

Recovery-Oriented Counseling and Guidance

An effective counseling relationship is especially critical to individuals in recovery who are often reestablishing interpersonal relationships based on trust and not on substance use. ACCES VR counselors may need to initiate contact with individuals with SUD more often than with persons with other disabilities, especially early in the VR process. The ACCES VR counselor can be effective by employing the following strategies:

- expressing the belief that the person can overcome obstacles and that recovery is possible;
- expressing the expectation that employment is a tangible outcome as part of recovery;
- allowing the individual to exercise the capacity to make choices and decisions dictated by recovery-oriented interests and goals and not by substances;
- asserting that the individual has a responsibility to foster communication between the treatment team and the VR Program; and

- becoming an integral part of the individual's treatment team by initiating contact with the treatment provider and sustaining contact throughout the VR process.

There should be an ongoing communication protocol between the ACCES VR Counselor and the treatment provider. The critical treatment team member might vary depending on the person's situation. It could be a therapist, benefits counselor, rehabilitation counselor, social worker or a housing staff person.

Relapse Prevention

The ACCES VR counselor should be alert to the potential for relapse. Relapse describes the recurrence of symptoms and behaviors of substance use disorders following a period of remission. It can occur at any point in the recovery process. A lack of adequate coping skills, transitional stressors, and being in the presence of addictive substances may trigger relapse. An effective treatment or aftercare plan should address relapse prevention. Relapse prevention relies on ongoing assessment throughout the VR process and includes discussing and verifying an individual's actions in maintaining recovery. The individual's IPE should note this as a service or as an explicitly documented consumer responsibility under the IPE.

Relapse triggers include:

- being in the presence of drugs or alcohol, drug or alcohol users, or places where drugs are used or bought;
- being exposed to high risk situations and not utilizing appropriate coping strategies;
- difficulty with coping and managing perceived negative feelings, particularly grief, anger, sadness, loneliness, guilt, fear, and anxiety; and,
- the abuse of prescription drugs.

Some recommended practices to prevent relapse for vocational rehabilitation participants may include:

- informing and reminding the individual that VR is an eligibility based program which requires individuals with a primary disability of SUD to be in *sustained remission* from all substances not prescribed as a part of treatment;
- proper use of prescribed drugs;
- providing a copy of the aftercare plan to the VR counselor;
- including relapse prevention services as part of the criteria and/or list of services on the IPE;
- communicating regularly with the individual i.e. telephone check ins and regular appointments; and,
- communicating regularly with the individual's treatment providers, parole or probation officer and any case manager.

A "slip" or one time use of a substance may occur but does not constitute a relapse. If the ACCES VR counselor is concerned that the individual may no longer be in remission, then the counselor should assess the situation, in consultation with the treatment provider, by:

- scheduling a meeting with the individual and the involved treatment or aftercare provider; and/or,
- suspending VR services by placing the individual in interrupted status pending further assessment.

A decision to interrupt or terminate VR services will be made, as appropriate, in consultation with the individual and treatment professionals, in accordance with ACCES-VR policy. Closure may be considered after efforts to engage the individual and assess the situation have been made.

Developing an Individual Plan for Employment

Individuals with SUD have varying degrees of education, skills and work experiences. It is essential for the VR counselor to assess an individual's work history and educational background in developing the IPE.

Findings from any assessments should be discussed with the individual to provide opportunity for the individual to take responsibility for informed decision-making related to the employment goal and plan for services. This mitigates the tendency of individuals with SUD to minimize the barriers they may be facing in re-entering the workforce.

Some recommended practices for vocational plan development include the following:

- determine the appropriate time to conduct any standardized testing (e.g. psychological evaluation) relative to the person's recovery. Performance on standardized testing may be negatively affected early in the treatment period, up to one year, when the individual's brain is adjusting to a normal cognitive and emotional balance;
- assess the risk to continued recovery of specific occupations;
- assess medical or legal barriers which might prevent the individual from pursuing an occupational goal;
- assess other services or agency mandates which might conflict, enhance or limit participation in short or long term vocational or college training, such as TANF work requirements;
- assess emotional intelligence and social factors that may be important in formulating a vocational plan; for example, how the individual handles pressure, situations and settings in which the individual is or is not comfortable;
- assess individual relapse indicators throughout the vocational process; and,
- assess the individual's capacity to sustain his or her living situation while pursuing VR services.

The ACCES VR counselor should assess employment history regarding potential vocational goals to determine:

- if a specific occupation endangers the individual's recovery;
- impact of ongoing medical or psychological treatment services;
- any restrictions preventing the individual from engaging in a specific training, i.e. childcare needs; and,

- federal financial aid restrictions due to substance related criminal convictions, i.e. felony drug distribution.

Job Placement and Retention

Recommended practices for job placement and job retention are:

- educate employers and individuals regarding federal and state bonding programs;
- coordinate services with employee assistance programs
- consider work try out (WTO) and on the job training (OJT);
- evaluate and monitor individual's relapse prevention plan (self help groups and individual therapy) during the first 90 days of employment; and,
- use VR Integrated Employment Specialist (IES) and recovery community resources to identify potential employers for placement.

Part 3 – Resources and References

There are extensive on line resources available to assist vocational rehabilitation counselors serving individuals with SUD. The following represents a small sampling of those that may prove to be helpful.

Substance Use Disorders and Vocational Rehabilitation: VR Counselors' Desk Reference http://www.med.wright.edu/citar/sardi/files/VR_Desk_Reference.pdf

Substance Abuse and Mental Health Services Administration (SAMHSA)
(www.samhsa.gov)

Treatment Improvement Protocols (TIPS) have been developed by SAMHSA. These are a series of best-practice manuals for the treatment of substance use and other related disorders. The TIP series is published by the Center for Substance Abuse Treatment (CSAT [1]), a subdivision of the SAMHSA. CAST convenes panels of clinical, research, and administrative experts to produce the content of TIPS. TIPS deal with all aspects of substance abuse treatment, from intake procedures to screening and assessment to various treatment methodologies and referral to other avenues of care. TIPS also deal with administrative and programmatic issues such as inter-agency collaboration, training, accreditation, and workforce development. Some TIPS also cover ancillary topics that tend to be associated with substance abuse treatment, such as co-occurring mental health problems, criminal justice issues, housing, and primary care. As of June 2010, 52 TIPS have been published. Most are available through SAMHSA's Health Information Network (SHIN [5]). CSAT also makes newer TIPS available for download in Portable Document Format (PDF), or accessible online through the National Library of Medicine (NLM [6]).

The TIP Series

TIP 6: Screening for Infectious Diseases Among Substance Abusers

TIP 9: Assessment and Treatment of Patients with Coexisting Mental Illness and Alcohol and Other Drug Abuse

TIP 11: Simple Screening Instruments for Outreach for Alcohol and Other Drug Abuse and Infectious Diseases

TIP 16: Alcohol and Other Drug Screening of Hospitalized Trauma Patients [7]

TIP 21: Combining Alcohol and Other Drug Abuse Treatment With Diversion for Juveniles in the Justice System

TIP 23: Treatment Drug Courts: Integrating Substance Abuse Treatment With Legal Case Processing [9]

TIP 24: A Guide to Substance Abuse Services for Primary Care Clinicians [10]

TIP 25: Substance Abuse Treatment and Domestic Violence [11]

TIP 26: Substance Abuse Among Older Adults [12]

TIP 27: Comprehensive Case Management for Substance Abuse Treatment [13]

TIP 28: Naltrexone and Alcoholism Treatment [14]

TIP 29: Substance Use Disorder Treatment For People With Physical and Cognitive Disabilities [15]

TIP 30: Continuity of Offender Treatment for Substance Use Disorders from Institution to Community [16]

TIP 31: Screening and Assessing Adolescents for Substance Use Disorders [17]

TIP 32: Treatment of Adolescents with Substance Use Disorders [18]

TIP 33: Treatment for Stimulant Use Disorders [19]

TIP 34: Brief Interventions and Brief Therapies for Substance Abuse [20]

TIP 35: Enhancing Motivation for Change in Substance Abuse Treatment [21]

TIP 36: Substance Abuse Treatment for Persons with Child Abuse and Neglect Issues [22]

TIP 37: Substance Abuse Treatment for Persons with HIV/AIDS [23]

TIP 38: Integrating Substance Abuse Treatment and Vocational Services [24]

TIP 39: Substance Abuse Treatment and Family Therapy [25]

TIP 40: Clinical Guidelines for the Use of Buprenorphine in the Treatment of Opioid Addiction [26]

TIP 41: Substance Abuse Treatment: Group Therapy [27]

TIP 42: Substance Abuse Treatment for Persons With Co-Occurring Disorders [28]

TIP 43: Medication-Assisted Treatment for Opioid Addiction in Opioid Treatment Programs [29]

TIP 44: Substance Abuse Treatment for Adults in the Criminal Justice System [30]

TIP 45: Detoxification and Substance Abuse Treatment [31]

TIP 46: Substance Abuse: Administrative Issues in Outpatient Treatment [32]

TIP 47: Substance Abuse: Clinical Issues in Intensive Outpatient Treatment [33]

TIP 48: Managing Depressive Symptoms in Substance Abuse Clients During Early Recovery [34]

TIP 50: Addressing Suicidal Thoughts and Behaviors in Substance Abuse Treatment [36]

TIP 51: Substance Abuse Treatment: Addressing the Specific Needs of Women [37]

National Alliance for the Mentally Ill: www.nami.org/helpline/dualdiagnosis.htm

National Institute of Drug Administration: <http://www.nida.nih.gov>

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>

Association of Vocational Rehabilitation in Alcoholism and Substance Abuse:
www.avrasa.org. AVRASA (501c3) is an organization comprised of professionals dedicated to advancing the field of vocational rehabilitation through training, professional development, education, advocacy, and peer support.

Office of Alcohol and Substance Abuse Services (OASAS) <http://www.oasas.state.ny.us>

Local Services Bulletin (LSB) No. 2009-02: The Successful Integration of Employment Services with NYS' Chemical Dependency Treatment System
<http://www.oasas.state.ny.us/mis/bulletins/lsb2009-02.cfm>

OASAS Funded Employment Providers

Civic Association Serving Harlem, Inc

356 West 123rd Street

New York, NY 10027

CONTACT: Paula Franklin

Phone: 212-864-5850

Deputy Director

Job Placement and Employment Retention

cash123info@yahoo.com

Correctional Educational Consortium

31 West 26th Street 2nd Floor

New York, New York 10010

CONTACT: Sharon Brand, Director

Mail to: Directorsbrand@cecny.org

Phone: 917-254-4825 * 212-714-0600

sbrand@cecny.org

East House Career Services

53 Canterbury Road

Rochester, New York 14607

Phone: 585-473-3360

Fax: 585-473-3382

www.easthouse.org

Contact: Gail Begley, Program Director

Phone: 585-473-3360 ext. 229

gbegley@easthouse.org

EPRA

Employment Program for Recovered Alcoholics, Inc

261 West 35th Street

New York, NY 10001
www.eprany.org/emplsrv.htm
CONTACT: Mike Smith
Clinical Director
Phone: 212-947-1471 x 135
MSmith@eprany.org

Horizon Health Services, Career Opportunity Center

Evaluations and Employment Services
699 Hertel Ave. Suite 350
Buffalo, NY 14207
Phone: 716-836-3247
www.horizon-health.org
CONTACT: Sarah Just Program Manager:
sjust@Horizon-health.org

NADAP

Comprehensive Employment Services
355 Lexington Avenue – 2nd Floor
New York, NY 10017
www.nadap.org/programs/CES.asp
CONTACT: Linda Shellman, Director
Phone: 212-986-1170
lshellman@nadap.org

Northeast Career Planning

28 Colvin Avenue
Albany, NY 12206
Phone: 518-438-3445
Fax: 518-453-9096
www.northeastcareer.org
CONTACT: Nancy Luther
Manager of Addictions and Rehabilitation Services
nluther@northeastcareer.org

W.A.G.E.S

Nassau County Department of Mental Health, Chemical Dependency, and
Developmental Disabilities Services
60 Charles Lindbergh Blvd.
Uniondale, N.Y. 11553
www.nassaucountyny.gov/agencies/DAA/wages.html
CONTACT: Victoria Meyerhoefer
Assistant Director of Vocational Services
Phone: 516-227-8533
Fax: 516-227-8534
Victoria.Meyerhoefer@hhsnassaucountyny.us

Substance Use Disorder Vocational Rehabilitation Readiness Assessment

INSTRUCTIONS: This report must be completed as part of an individual's referral to ACCES-VR (formerly known as VESID) by one of the following qualified healthcare professionals in an OASAS-licensed treatment program: MD, Ph.D, Licensed Psychologist, LCSW, LMSW, CRC, LMHC or CASAC. In addition to this report, the completed Psychiatric Disability (VR-119) Form is to be included when a co-occurring psychiatric condition exists. Complete information, including a copy of a recent physical examination if available, will expedite the referral process.