



Substance Use Disorders: Implications for the VR Counselor

Aaron Norton, LMHC, CAP, CRC

A person wearing a VR headset is shown in a dark, futuristic environment, possibly a virtual world. The person is wearing a white VR headset and a dark jacket. The background is dark with some glowing elements, suggesting a virtual environment. The overall scene is dimly lit, with the person's face and the VR headset being the primary light sources.

What We'll Cover

- Review diagnostic criteria for substance use disorders
- Review underlying causes of chemical dependency
- Understand the role of denial and other defenses in the addictive process
- Discuss best practices for working with VR customers with substance use disorders



Why Bother?

- Whether you know it or not, you're working with substance abuse
- Substance abuse rates are higher among individuals with disabilities
- Individuals who are in recovery can be a rich source of successful rehabilitation closures...
- ...But active substance abusers can deplete resources and burn bridges

Why Bother?

- Substance Dependence is a disability covered under the Americans With Disabilities Act (ADA) and the 1998 Amendment of the Rehabilitation Act
- ...but not if the addict is currently using!
- ...And a diagnosis of Substance Abuse (vs. Dependence) does not constitute a disability.



D'OH!



Excellent.

Table 2. Lifetime Prevalence of *DSM-IV*/WMH-CIDI Disorders in the Total NCS-R Sample and by Age

	Prevalence, % (SE)					χ^2_{df}
	Total	Age, y				
		18-29	30-44	45-59	≥60	
Substance Use Disorders						
Alcohol abuse	13.2 (0.6)	14.3 (1.0)	16.3 (1.1)	14.0 (1.1)	6.2 (0.7)	60.2†
Alcohol dependence	5.4 (0.3)	6.3 (0.7)	6.4 (0.6)	6.0 (0.7)	2.2 (0.4)	45.2†
Drug abuse	7.9 (0.4)	10.9 (0.9)	11.9 (1.0)	6.5 (0.6)	0.3 (0.2)	168.7†
Drug dependence	3.0 (0.2)	3.9 (0.5)	4.9 (0.6)	2.3 (0.4)	0.2 (0.1)	90.0†
Any substance use disorder	14.6 (0.6)	16.7 (1.1)	18.0 (1.1)	15.3 (1.0)	6.3 (0.7)	71.4†

14.6% lifetime prevalence of any substance use disorder

A person in a wheelchair is walking down a hallway. The person is wearing a dark jacket and a light-colored hat. The hallway has a tiled floor and a white wall. The image is in grayscale and has a soft, ethereal quality.

Disability & Substance Abuse

- Employment rates for individuals with substance-related disorders have remained significantly lower than rates for individuals without substance use disorders over the last few decades
- Individuals with physical and cognitive disabilities are more likely to develop substance-related disorders than individuals without disabilities but less likely to access treatment for their substance abuse



Disability & Substance Abuse

- 50% or more of persons with traumatic brain injuries, spinal cord injuries, or mental illness have a substance-related disorder, whereas only 10% of the general population has a substance-related disorder
- Approximately 40-50% of persons with spinal cord injuries, orthopedic disabilities, vision impairment, and amputations can be classified as heavy drinkers.

Moore, E. (ed.). (2008). *Substance use disorder treatment for people with physical and cognitive disabilities: Vol. 29*. Treatment improvement protocol series. Rockville, MD: U.S. Dept. of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment.



Disability & Substance Abuse

- Persons with disabilities experience substance abuse rates 2 to 4 times greater than that of the general population
- More than twice as many deaf individuals, individuals diagnosed with arthritis, and individuals diagnosed with multiple sclerosis have substance-related disorders
- The major causes of disability in the U.S. are shifting from medical to social and behavioral conditions

Office on Disability, U.S. Dept. of Health & Human Services (n.d.). *Substance abuse and disability*. Retrieved January 28, 2009 from http://www.hhs.gov/od/about/fact_sheets/substanceabuse.html.



Substance Abuse

A maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by one (or more) of the following, occurring within a 12-month period:

1. Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home
2. Recurrent substance use in situations in which it is physically hazardous
3. Recurrent substance-related legal problems
4. Continued substance use despite having persistent or recurrent social or interpersonal problems caused by or exacerbated by the effects of the substance

The symptoms have never met the criteria for Substance Dependence for this class of substance.



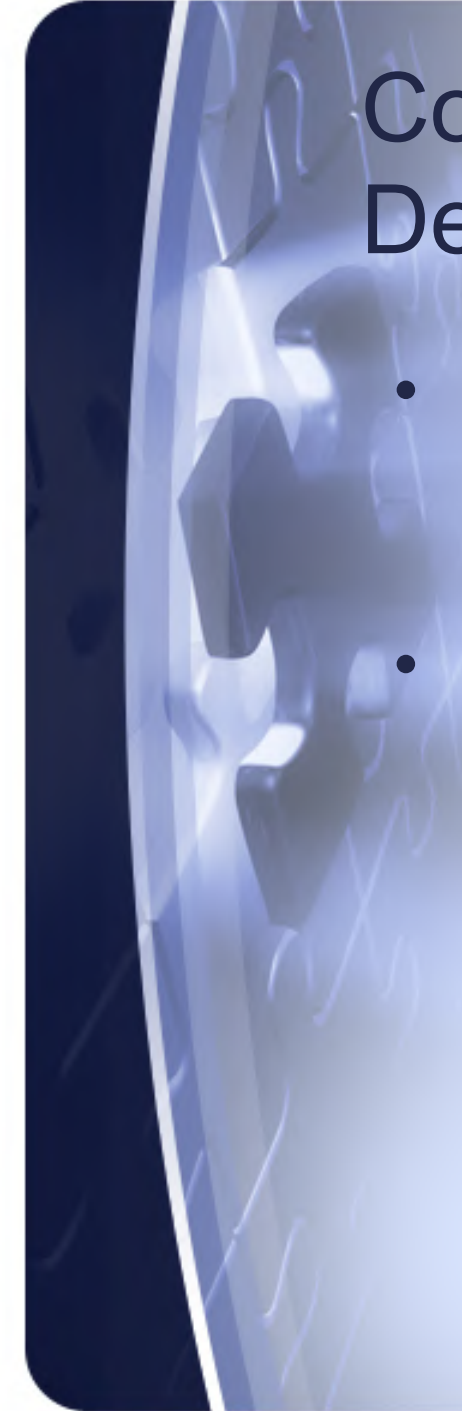
What is Addiction?

- “Addiction is a chronic, often relapsing brain disease that causes compulsive drug seeking and use, despite harmful consequences to the addicted individual and to those around him or her. Although the initial decision to take drugs is voluntary for most people, the brain changes that occur over time challenge an addicted person’s self control and hamper his or her ability to resist intense impulses to take drugs”
- My Definition: Repeated engagement in any pattern of behavior that activates reward circuitry in the brain despite significant and recurrent negative consequences in major life areas.

Substance Dependence

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:

1. Tolerance, as defined by either of the following:
 1. a need for markedly increased amounts of the substance to achieve intoxication or desired effect
 2. markedly diminished effect with continued use of the same amount of the substance
2. Withdrawal, as manifested by either of the following:
 1. the characteristic withdrawal syndrome for the substance (refer to Criteria A and B of the criteria sets for Withdrawal from the specific substances)
 2. the same (or a closely related) substance is taken to relieve or avoid withdrawal symptoms
3. The substance is often taken in larger amounts or over a longer period than was intended
4. There is a persistent desire or unsuccessful efforts to cut down or control substance use
5. A great deal of time is spent in activities necessary to obtain the substance, use the substance, or recover from its effects
6. Important social, occupational, or recreational activities are given up or reduced because of substance use
7. 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



Course Modifiers: Physiological Dependence

- **With Physiological Dependence:** The customer has experienced tolerance or withdrawal
- **Without Physiological Dependence:** The customer has not experienced withdrawal or tolerance.




Course Modifiers: Remission

- **Early Full Remission:** The customer has had no symptoms of substance abuse or dependence during the last 2-12 months
- **Early Partial Remission:** The customer has experienced one or more symptoms of abuse or dependence during the last 2-12 months, but does not meet the full criteria for substance dependence.
- **Sustained Full Remission:** The customer has had no symptoms of substance abuse or dependence during the last 12 months or longer.
- **Sustained Partial Remission:** The customer has experienced one or more symptoms of abuse or dependence, but has not met the full criteria for substance abuse or dependence during the last 12 months or longer.

A person wearing a white protective suit and a mask is walking through a doorway. The scene is dimly lit, with light coming from the doorway, creating a silhouette effect. The person is moving from left to right.

Course Modifiers: “Yeah, but...”

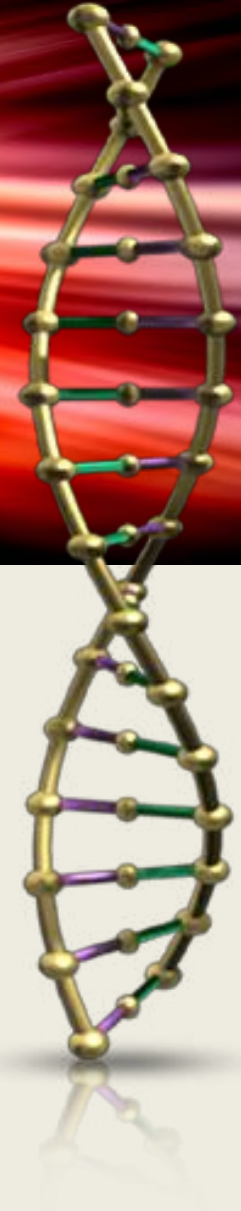
- **On Agonist Therapy:** The customer is on a prescribed agonist medication (e.g. methadone, suboxone, antabuse, nalaxone, buprenorphine, naltrexone)
- **In a Controlled Environment:** The customer is currently in an environment in which access to substances is restricted (e.g. residential treatment centers, corrections facilities, hospital units).

A person in a white lab coat, likely a doctor, standing in a clinical setting. The image is faded and serves as a background for the text.

Interactive Exercise #1: Name the Diagnosis!

- <http://www.vh1.com/video/celebrity-rehab-with-dr-drew/full-episodes/intake-full-episode/1578614/playlist.jhtml> (29:05)

Underlying Causes (Etiology) of Chemical Dependency



Nature vs. Nurture



- Genes
- Brain Chemistry/
Chemical
Deficiencies
- Brain Abnormalities
- Organic
- Parenting
- Social Approval
- Easy Access
- Experiences
- Trauma
- Choice
- Decision-Making

Impulse Control & Addiction



- Dr. David Jenstch
- “Some people are born with a kind of substrate in the brain...that predisposes them.”

Epigenetics



- The development and maintenance of an organism is orchestrated by a set of chemical reactions that switch parts of the genome off and on at strategic times and locations. Epigenetics is the study of these reactions and the factors that influence them
- The genome dynamically responds to the environment. Stress, diet, behavior, toxins and other factors activate chemical switches that regulate gene expression.

Epigenetics



- <http://www.pbs.org/wgbh/nova/body/epigenetics.html> (PBS; 13:25)

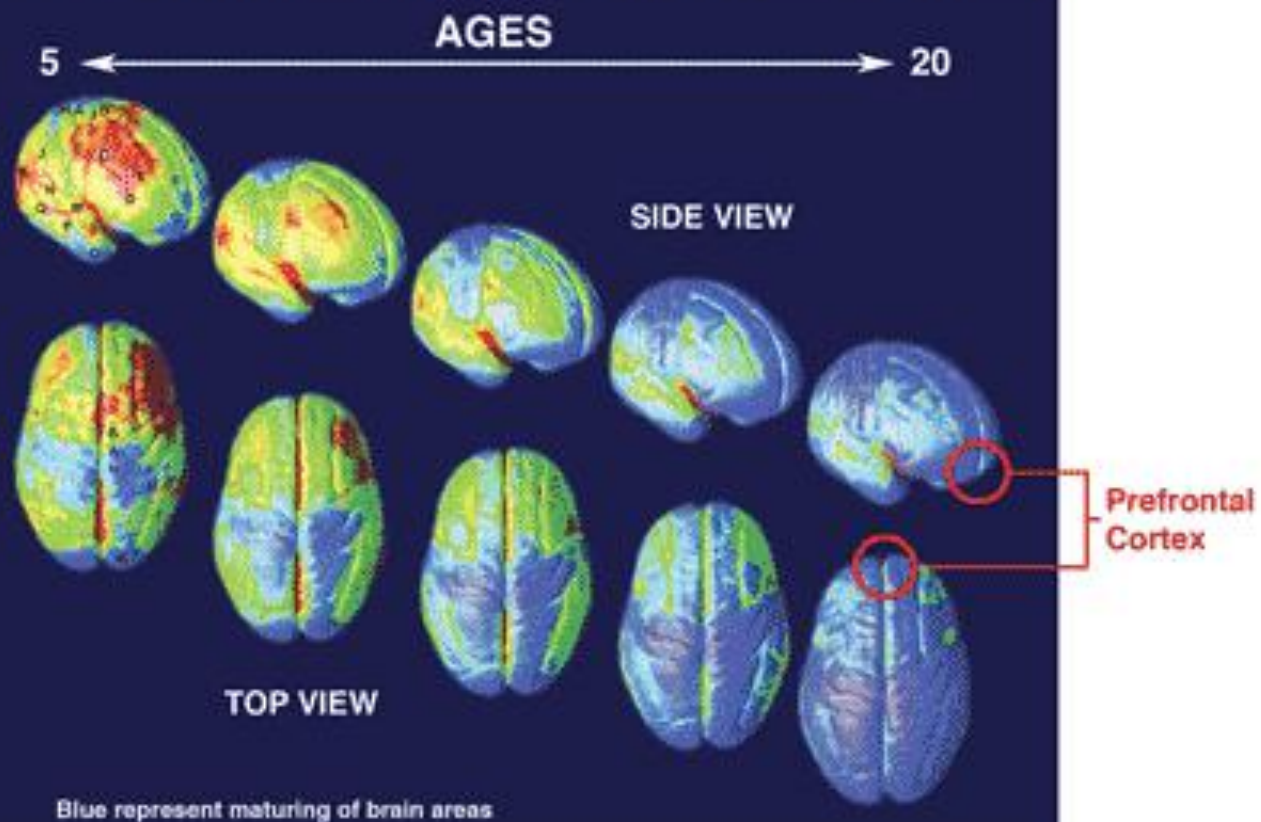
The Marshmallow Test!



- [Stanford Marshmallow Test](#), Walter Mischel, 1960s-1970s (1972)
- Delay of Gratification
- Ventral Striatum and Prefrontal Cortex

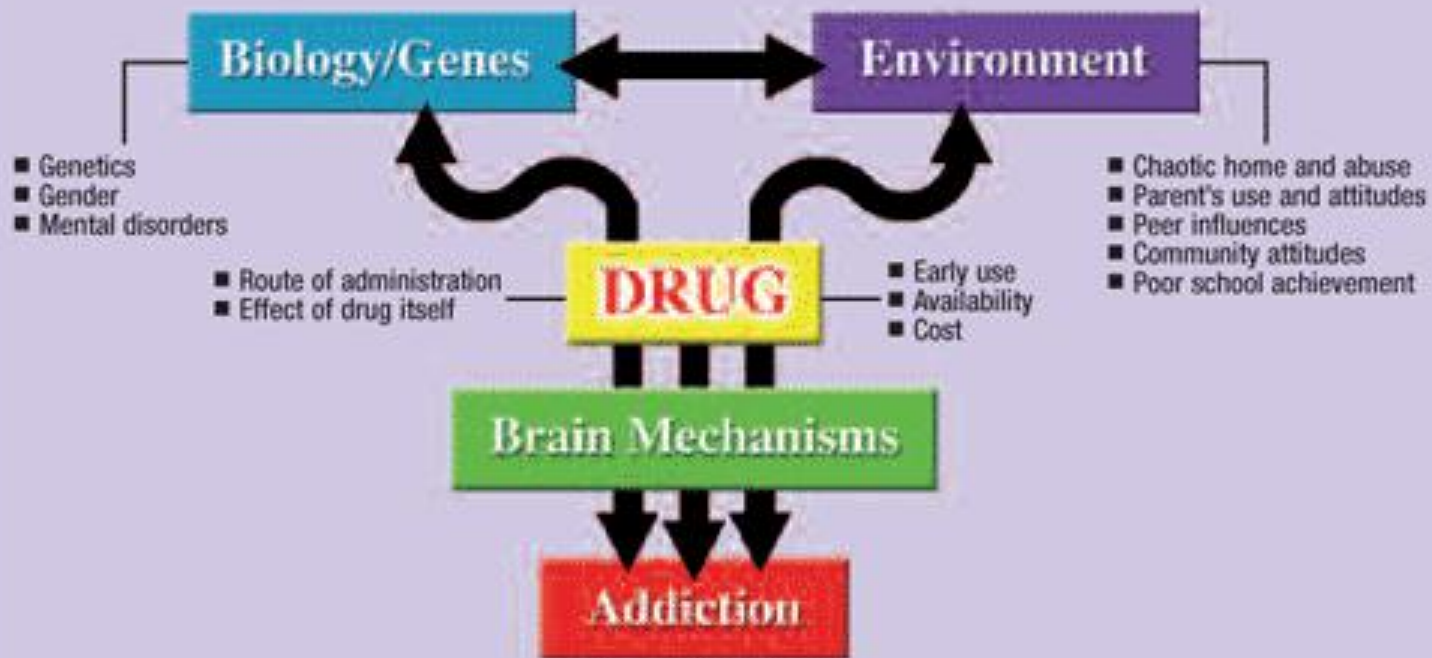


IMAGES OF BRAIN DEVELOPMENT IN HEALTHY CHILDREN AND TEENS (AGES 5-20)



Source: Copyright PNAS ;101(21):8174-9. 2004

RISK FACTORS



The Role of Denial & Defenses

- Denial: Avoiding the awareness of some painful aspect of reality by negating sensory data
 - Example: Man referred for treatment with 3 DUIs, 2 divorces in which his spouse attributes the divorce to his drinking, a diagnosis of Hepatitis C, and 2 lost jobs due to drinking responds to the question of what brings him to treatment by complaining about his judge being too harsh, police officers being corrupt, MADD being “fascists,” etc. In a 10-minute response, he never once mentions his drinking (also “Blaming”)

The Role of Denial & Defenses

- Minimizing: Admission to a less threatening or serious version of the truth
 - e.g. In a couples session, a man's wife complains that even though her husband is on unemployment and the family is facing foreclosure, he spends more money each month on high-grade marijuana than the cost of the mortgage. He angrily responds, "So I smoke a little pot every now and then! Big deal!"

The Role of Denial & Defenses

- Rationalizing: Offering rational explanations in an attempt to justify attitudes, beliefs, or behavior that may otherwise be unacceptable.
 - I can't have a problem because...
 - I only drink during social events
 - I don't drink in the morning
 - I don't get the shakes
 - I can hold a job
 - I'm young; I'm supposed to get wasted

Rationalizations for Refusal to Participate in Structured Recovery

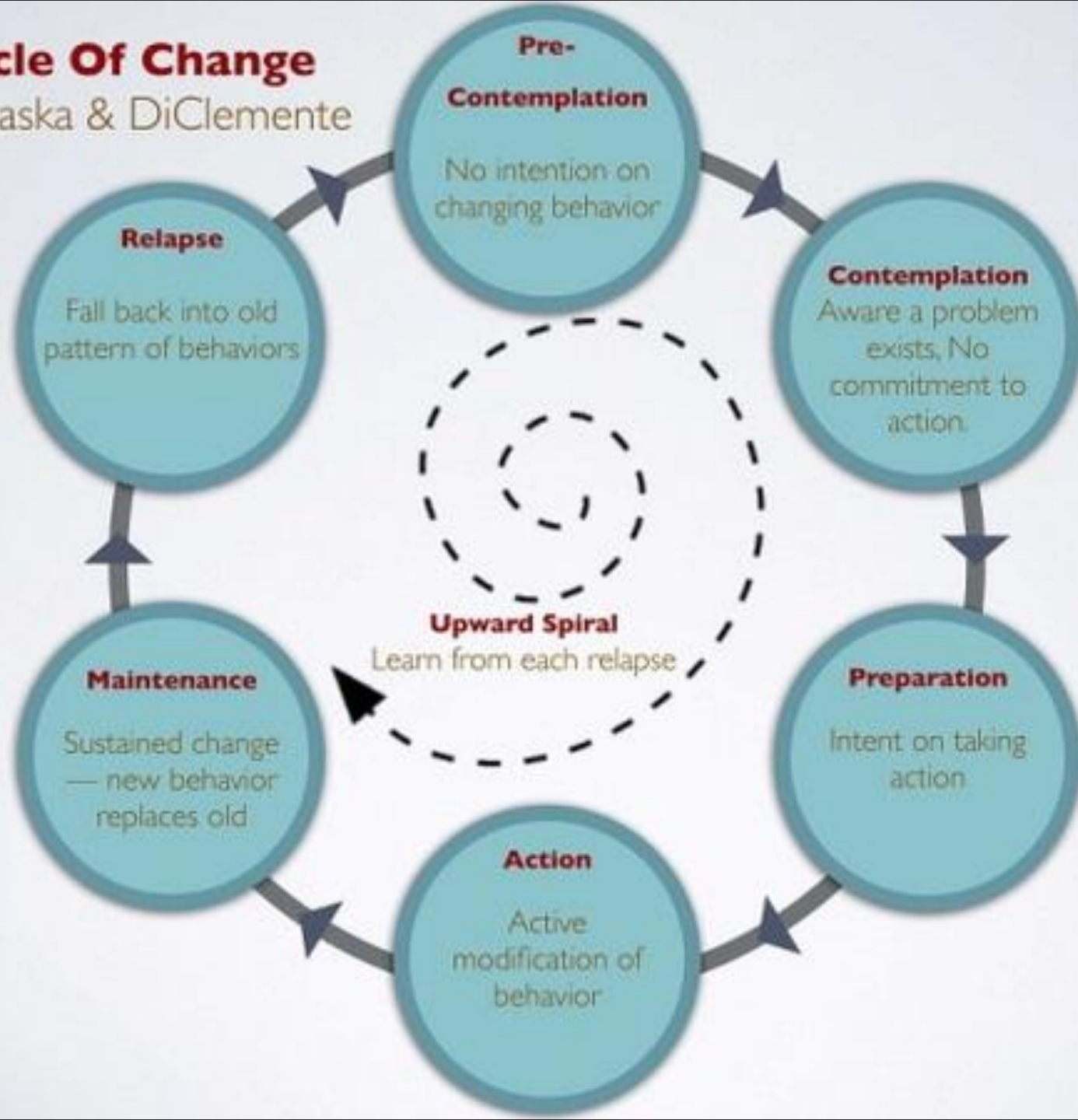
- “I keep my own counsel.”
- “Those people relapse.”
- “Those people are hypocrites.”
- “I’d be a hypocrite if I went.”
- “They’re no better than I am.”
- “I need more clean time before I go/share, etc.”
- “It’s too religious.”
- “It’s not religious enough.”
- “They’re too negative.”
- “I can’t relate.”
- “Talking about it only makes me want to use.”


Projection

- Substance abusers have a tendency to significantly over-estimate the percentage of the general population that uses.
- “You know how it is....”
- “You’ll all be drinking again, don’t tell me you won’t. So let’s just get real, here.”

Cycle Of Change

Prochaska & DiClemente





Best Practices for Working with Chemical Dependency in a VR Setting

The Initial Interview

Signs of Acute Intoxication

American Psychiatric Association [APA]. (2000). *Diagnostic and Statistical Manual of Mental Disorders: DSMIV-TR*. Arlington, VA: Author.

- Slurred speech
- Incoordination
- Unsteady gait
- Rapid, involuntary motion of the eyeball (nystagmus)
- Confusion or impairment in attention or memory
- Perspiration or chills
- Hand tremor
- Nausea
- Visual, tactile, or auditory hallucinations
- Anxiety
- Dilated pupils
- Odor of alcohol or marijuana
- Fatigue
- Lethargy
- Dizziness
- Yawning

Examples of Screening Questions

- Have you ever used any drugs, including marijuana?
- Have you ever drank alcohol?
- At what age did you first use it?
- What happened?
- When was the last time you used it?
- On average, how often do you use it (frequency)?
- How much do you use each time (quantity)?
- Why did you stop using it?
- What do you like about it?
- What do you not like about it?
- Have you ever done anything while using that you regret?
- Have you ever been arrested? What were the charges?
- Do you think your use has ever caused a problem for you?
- Has anyone else ever expressed concern about your use?
- What's the longest you've ever gone without using? What was it like?

Length of Abstinence for VR Eligibility

- Must be decided on a case-by-case basis
- ...But there are some “rules of thumb”
 - NIDA: “Individuals progress through drug addiction treatment at various rates, so there is no predetermined length of treatment. However, research has shown unequivocally that good outcomes are contingent on adequate treatment length. Generally, for residential or outpatient treatment, participation for less than 90 days is of limited effectiveness, and treatment lasting significantly longer is recommended for maintaining positive outcomes.”

Length of Abstinence for VR Eligibility

- Clients who have been abstinent for 90 days or less are at the greatest risk for relapse. Because of this, modest vocational goals are more appropriate. However, some individuals have significant cognitive dysfunction and have difficulty making plans and structuring time. It is generally best to limit stress and make only gradual changes in life activities, keeping the client focused on the recovery process and the ‘here and now’....”

Length of Abstinence for VR Eligibility

- ... “If it is essential to address vocational goals prior to 90 days of abstinence, then strong supports will be needed to maximize the individual’s chance of success...
Individuals who have maintained their abstinence for more than 3 months have a diminished risk of relapse and, in general, a greater success rate for engaging in new activities and tolerating stress.” (Moore, 2008)

Length of Abstinence for VR Eligibility

- New York VR: “There is no minimum sobriety period that an individual is required to have prior to referral or application for VR services.”
- Dr. Brown, Psychological Consultant, Area 1 Florida DVR prefers 6 months
- North Dakota VR: “A good rule to follow is 6 months of sobriety for alcohol dependency and 6 to 9 months of sobriety (clean) for use of illicit/illegal drugs including synthetic drugs.”

NEW YORK'S
CHECKLIST FOR VR
READINESS

Employment-Related Questions

- Being absent from work? Late to work? Leaving early? Skipping school to use?
- Being terminated or asked to leave your job?
- Disciplinary action of any kind at work or school?
- Being less friendly or social at work?
- Experiencing problems relating with co-workers, customers, or supervisors at work?
- Being less productive or successful? Lowered grades? Difficulty with schoolwork?
- Jobsite accident while under the influence?
- Any other impact on work/school?

If the Client Acknowledges a Substance Use Disorder, Assess Stability

- What is abstinence like for you?
- Are you experiencing cravings?
- How have you been feeling?
- How are you staying sober/abstinent?
- What do you think you would need from us to succeed?

If the Client Acknowledges a Substance Use Disorder...

- Are you or have you been involved in a support or recovery group (e.g. AA, NA, LifeRing, SMART Recovery, Celebrate Recovery)
 - Do you have a sponsor?
 - Are you working “the steps?” Which step are you on?
 - Do you have a home group?
 - How long have you been attending?
 - How many meetings a week?
 - What has it been like for you? Helpful?

If the Client Acknowledges a Substance Use Disorder...

- Are you currently seeing a therapist or addictions counselor?
 - How long have you been attending?
 - How frequently do you attend?
 - What's it been like for you? Is it helpful? (Counselor should ensure that records are secured from the treatment provider.)
- Have you been involved in residential or outpatient treatment?
 - When were you in treatment? For how long?
 - Where were you in treatment?
 - Was it helpful?
 - Did you complete successfully?
 - Are you or have you been involved in any form of aftercare? (Counselor should secure records from the treatment provider.)



**Best Practices for Working with Chemical
Dependency in a VR Setting**
Securing Appropriate Diagnostics

Obtain Records from Community Providers



- Look for diagnostic impression, symptoms/impediments, prognosis, recommendations
- Remember to think about recency!
- Red flags that records aren't sufficient:
 - Outdated
 - Imaginary diagnoses (e.g. Polysubstance Abuse in Remission)
 - Lack of normed tests
 - Lack of urinalysis testing

When Records are Insufficient, Refer for an Updated Evaluation



- Choose a provider with specialized expertise in substance abuse
 - Examples
 - [Certified Addictions Professional](#)
 - Substance abuse treatment work history
 - Advertized specialties (e.g. [Psychology Today Therapy Directory](#))
 - [Board-Certified Addiction Medicine Specialist](#)

Urinalysis Testing is Vital!!!

• Urine Detection Periods

- Amphetamines: 1-2 Days
- Barbiturates: 2 Days-3 Weeks
- Benzodiazepines: Typically 3 Days, but can be up to 6 Weeks
- Cocaine: 2-4 Days
- Ethyl Alcohol: 1-12 Hrs.
- Marijuana: 2 Days-2 Months
- Phencyclidine (PCP): 6 Hours-2 Days
- Opiates: 6 Hours-3 Days
- Ethyl Glucuronide/Ethyl Sulfate (EtG/EtS): 3-5 Days
- Synthetic Marijuana: 3 Days
- Bath Salts (“designer stimulants”): 48-72 hrs.

Sources: LabCorp and Redwood Toxicology Lab

EtG/EtS Tests




- Can be extremely helpful due to the very limited urine detection period for a standard ethyl alcohol test
- It is possible, although improbable, for a client to test positive on this test without intentionally ingesting alcohol.
- For this reason, avoid a major decision based solely on one test result. Instead, assess further and consider intensifying testing.
- For more info, check out [http://kap.samhsa.gov/products/manuals/advisory/pdfs/Advisory Biomarkers Revision.pdf](http://kap.samhsa.gov/products/manuals/advisory/pdfs/Advisory_Biomarkers_Revision.pdf)

Normed Tests (Examples)



- Alcohol Use Inventory (AUI)
- Substance Abuse Subtle Screening Inventory-3 (SASSI-3)
- Maryland Addiction Questionnaire (MAQ)



Best Practices for Working with Chemical Dependency in a VR Setting

Determining Impediments to Employment

**INTERACTIVE EXERCISE #2:
IMPEDIMENTS TO
EMPLOYMENT**




Customer Scenario	Impediment(s) to Employment
<p>The customer's former occupation involved handling or selling substances (e.g. bartender, pharmacist, physician, nurse, server in an eating establishment that serves alcohol), and the information gathered suggests that return to that industry is contraindicated or would pose a significant risk to the customer's recovery.</p>	<ul style="list-style-type: none">• Cannot work around certain substances or in certain environments (Work Tolerance)
<p>The customer works in or previously worked in an industry in which on-site use is frequent (e.g. construction trade, hospitality industry), and the information gathered suggests that return to that industry is contraindicated or would pose a significant risk to the customer's recovery.</p>	<ul style="list-style-type: none">• Cannot work around certain substances or in certain environments (Work Tolerance)
<p>The customer cannot return or would need assistance to return to an occupation that is deemed "safety-sensitive" by the U.S. Dept. of Transportation (D.O.T.) (e.g. pilot, bus driver, truck driver, boat captain)</p>	<ul style="list-style-type: none">• Cannot work around certain substances or in certain environments (Work Tolerance)

Customer Scenario	Impediment(s) to Employment
<p>The customer's post acute withdrawal symptoms significantly impact ability to relate appropriately with others, but restoration can provide stability (e.g. therapy, medications).</p>	<ul style="list-style-type: none">• Difficulty concentrating on work activities (Self-Direction)• Difficulty relating appropriately with co-workers and supervisors (Interpersonal Skills)• Responds inappropriately to work and social situations (Interpersonal Skills)• Requires individualized accommodation to perform work activities (Work Tolerance)• Punctuality: absenteeism or tardiness (Work Tolerance)• Limited or no stamina to perform work activities (Work Tolerance)• Cannot work around certain substances or in certain environments (Work Tolerance)

Customer Scenario	Impediment(s) to Employment
<p>The customer works in high-stress, high-risk occupation with high relapse potential (e.g. retail salespersons, doctors/nurses, accountants, teachers, auto assembly workers, stockbrokers, emergency response workers, military occupations, etc.), and the information gathered suggests high-stress work environments pose a significant risk to the customer's stability.</p>	<ul style="list-style-type: none">• Difficulty concentrating on work activities (Self-Direction)• Difficulty relating appropriately with co-workers and supervisors (Interpersonal Skills)• Responds inappropriately to work and social situations (Interpersonal Skills)• Requires individualized accommodation to perform work activities (Work Tolerance)• Punctuality: absenteeism or tardiness (Work Tolerance)• Cannot work around certain substances or in certain environments (Work Tolerance)

Customer Scenario	Impediment(s) to Employment
The customer's history of substance use has caused or exacerbated a permanent cognitive impairment (e.g. Substance-Induced Persisting Amnesic Disorder, Substance-Induced Persisting Dementia)	A wide range of impediments under any or all functional capacity groupings may be experienced.
The customer's substance use caused or exacerbated a chronic physical impairment (e.g. Cirrhosis, Hepatitis C, COPD)	Depending on the condition, a wide range of impediments under any or all functional capacity groupings may be experienced.



Best Practices for Working with Chemical Dependency in a VR Setting

Step Four: Determine Ability to Benefit

A person wearing a white protective suit and a mask is walking through a tunnel. The tunnel has a blue and white color scheme with a grid pattern on the walls. The person is in the center of the frame, moving towards the right.


Determine Remission

- For clients with a dependence diagnosis, it makes sense to require a minimum of 3-6 months of abstinence before considering an eligibility determination due to the high-risk of relapse during that timeframe (Young, 2002)
- Urinalysis testing to corroborate client's self-report is essential, preferably with EtG/EtS testing

A person wearing a white protective suit and a mask is walking through a tunnel. The tunnel has a grid-like structure on the walls and floor, and the lighting is dim, creating a sense of depth and focus on the person's journey.

Document Commitment to Recovery

- Participation in structured recovery groups (e.g. AA, NA, Celebrate Recovery, LifeRing, SMART Recovery)
- Successful completion of and/or current participation in formal substance abuse treatment (with documentation of satisfactory participation and good prognosis)



Best Practices for Working with Chemical Dependency in a VR Setting

Service Delivery

Vocational Goal

- Avoid high-risk occupations that may increase probability of relapse.
- High-risk positions vary depending on the client
- Vocational evaluation may be helpful
- Can include occupations that involve access to substances/handling substances (e.g. bartender, pharmacist, veterinarian, physician/nurse, server, cook, etc.).
- Can include high-stress occupations
- Some occupations may be excluded due to the client's arrest history
- Some occupations may required documentation of recovery

Rehabilitation Services (Examples)

- Mental restoration for structured recovery support groups;
- Mental restoration for outpatient substance abuse treatment or individual psychotherapy with a licensed therapist who has specific training or expertise in working with addictions, preferably a Certified Addictions Professional (CAP);
- Physical restoration to provide for random urinalysis drug tests;
- Physical restoration and/or prescriptions to provide antagonist medications (if applicable).

Rehabilitation Services (Examples)

- Any restoration services warranted due to co-occurring disabilities, such as developmental disabilities, sensory disabilities, cognitive disabilities, mental health conditions, or physical disabilities.
- Other standard vocational services that may apply on a case-by-case basis, such as placement, guidance and counseling, tuition, etc.

Beware Addictive Medications!

“Clinically significant issues for substance-dependent patients receiving pharmacotherapy for co-occurring psychiatric disorders include 1) synergy of prescribed medications and effects of the abused substance (e.g., benzodiazepines and alcohol), 2) drug-drug interactions that affect the efficacy of psychiatric treatment (e.g., antipsychotics and smoked tobacco), 3) nonadherence to treatment because of intoxication and withdrawal states as well as drug-seeking behaviors, and 4) intentional or unintentional overdose. Certain medications used to treat co-occurring psychiatric disorders may themselves be abused. For example, patients with a co-occurring anxiety disorder may abuse benzodiazepines, patients with attention deficit hyperactivity disorder (ADHD) may abuse prescribed stimulants, and patients with a co-occurring psychotic disorder who are treated with anticholinergics for antipsychotic adverse side effects may abuse the anticholinergic adjunct. Substance-dependent patients may also misuse prescribed medications in an attempt to ameliorate withdrawal syndromes, enhance the effect of other substances of abuse, or accelerate the action of the prescribed medication. **Whenever possible, medications with low abuse potential and relative safety in overdose should be selected for the treatment of patients with a co-occurring substance use disorder.**”

Beware Addictive Medications!

- The APA's guidelines include a number of non-addictive medication options and psychosocial interventions for a number of psychiatric disorders in lieu of treatment with a potentially addictive medication

Beware Addictive Medications!

- **Anxiety disorders:** Doctors may prescribe highly addictive benzodiazepines such as alprazolam (Xanax) or sedative/hypnotics such as clonazepam (Klonopin).
- **Attention Deficit Hyper Activity Disorder (ADHD):** Doctors may prescribe stimulant medications that mimic the effects of stimulant drugs of abuse, such as methylphenidate (Ritalin).
- **Sleep disorders:** Doctors may prescribe sedative/hypnotic controlled substances with a high risk for abuse or dependence, such as clonazepam (Klonopin), zolpidem (Ambien), or triazolam (Halcion Oral). On rare occasion, the doctor may prescribe Gamma Hydroxybutyrate (GHB), a highly regulated prescription that can only be purchased through the U.S. Food and Drug Administration (FDA).
- **Chronic pain:** Doctors may prescribe potentially addictive narcotics and opioid-based medications, such as morphine, fentanyl (Duragesic), oxycodone (OxyContin), codeine, hydromorphone (Dilaudid), hydrocodone (Lorcet, Lortab), and Vicodin (combination of hydrocodone and acetaminophen).

Beware Addictive Medications!

- VR Counselors should provide any prescribing physicians with documentation of the client's substance use disorder and request that potentially addictive medications be avoided whenever possible.

Beware Addictive Medications!

- If it is determined that the potentially addictive medication should be provided to the customer with chemical dependency, a plan should be created with the customer to reduce risk associated with taking the medication. Newport (2004) offers the following recommendations for customers with chemical dependency:
 - Make advance arrangements to ensure the customer only takes home a limited supply of the medication.
 - The customer may consider planning for a trusted family member or, if possible, health professional to oversee each administration of the medication
 - The customer may alert family, friends, sponsor, or other members of his or her support system on the use of the medication so that they can be vigil for signs of abuse.

Customer Responsibilities (Examples)

- The customer will attend at least 6 (or other agreed-upon number) sessions with (agreed-upon vendor) focused on creating and implementing a relapse prevention plan.
- The customer will attend at least 6 (or other agreed-upon number) sessions with (agreed-upon vendor) focused on adjusting to workplace stress.
- The customer will meet with his/her VR Counselor and 12-Step Sponsor at least once every 6 weeks (or other agreed-upon timeframe) to provide an update on his/her progress in structured recovery.

Customer Responsibilities (Examples)

- The customer will maintain abstinence throughout the VR process and will respond within 24 hours to his/her VR Counselor's request for a urinalysis drug test to verify continuous abstinence;
- The customer will attend at least 4 (or other agreed-upon number) Alcoholics Anonymous (or other agreed-upon support group) meetings per week;
- The customer will continue meeting with his/her 12-step sponsor at least once every week (or other agreed-upon timeframe) for the duration of his/her case with Vocational Rehabilitation.

Resources

- *Substance Use Disorders and Vocational Rehabilitation:VR Counselors Desk Reference,*
Rehabilitation Research and Training
Center on Substance Abuse, Disability, and
Employment

Substance Abuse and Mental Health Services Administration

Center for Substance Abuse Treatment

Integrating Substance Abuse Treatment and Vocational Services

Treatment Improvement Protocol (TIP) Series

38



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment
www.samhsa.gov

<http://store.samhsa.gov/product/TIP-38-Integrating-Substance-Abuse-Treatment-and-Vocational-Services/SMA06-4216>

Additional References

- American Psychiatric Association [APA]. (2000). *Diagnostic and Statistical Manual of Mental Disorders: DSMIV-TR*. Arlington, VA: Author.
- Moore, E. (ed.). (2008). *Substance use disorder treatment for people with physical and cognitive disabilities: Vol. 29*. Treatment improvement protocol series. Rockville, MD: U.S. Dept. of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment.
- National Institute on Drug Abuse [NIDA]. (2008a). *The science of addiction*. Retrieved January 30, 2009 from <http://www.nida.nih.gov/scienceofaddiction/sciofaddiction.pdf>.
- National Institute on Drug Abuse [NIDA]. (2008b). New technique links 89 genes to drug dependence. *NIDA Notes*, 22(1). Retrieved January 30, 2009 from http://www.drugabuse.gov/NIDA_notes/NNvol22NI/New.html.
- Newport, J. (2004). *The Wellness-Recovery Connection*. Deerfield Beach, FL: Health Communications.
- Office on Disability, U.S. Dept. of Health & Human Services (n.d.). *Substance abuse and disability*. Retrieved January 28, 2009 from http://www.hhs.gov/od/about/fact_sheets/substanceabuse.html.
- Sacks, S. & Ries, R.K. (2008). *Substance abuse treatment for persons with co-occurring disorders: Vol. 42*. Treatment improvement protocol series. Rockville, MD: U.S. Dept. of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment.
- Substance Abuse & Mental Health Services Administration [SAMHSA]. (2006, September). The role of biomarkers in the treatment of alcohol use disorders. *Substance Abuse Treatment Advisory*, 5(4). Retrieved February 5, 2009 from http://www.kap.samhsa.gov/products/manuals/advisory/text/0609_biomarkers.htm
- Young, N.K. (ed.). (2002). *Integrating substance abuse treatment and vocational services: Vol. 38*. Treatment improvement protocol series. Rockville, MD: U.S. Dept. of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment.