A Substance Use Screening Tool for Rehabilitation Counselors Working in Vocational Rehabilitation Agencies

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Abstract

The objectives of this study were to present, discuss and educate rehabilitation professionals about a screening tool developed to assist vocational rehabilitation (VR) staff in identifying consumers who may have substance abuse problems and may be in need of further professional assessment or substance use disorder (SUD) related services. The paper is divided into three sections: a summary of the prevalence of SUD and disabilities; an overview of the unique psychosocial issues and/or consequences facing persons with disabilities who have coexisting SUD; and a presentation of the development and application of the Substance Abuse in Vocational Rehabilitation Screener (SAVR-S). The SAVR-S is a tool that can be used to assure that consumers who are in need of help are identified, referred, and receive support. It is relatively brief, demonstrates high specificity, adequate sensitivity, has a low reading level, and has shown consistency in results across levels of assistance and modes of administration. Without the necessary tools to identify such needs, counselors could be presented with the negative impact that SUD can have on service delivery.

Keywords: Substance use disorders, vocational rehabilitation, alcohol and drug screening

Substance use disorders (SUD) occur frequently among persons with disabilities. Research has clearly shown that a *substantial* number of persons with disabilities experience SUD at some point in their lives (Groah, Goodall, Kreutzer, Sherron, & Wehman, 1990; Moore & Li, 1994; Helwig & Holicky, 1994; Moore & Li, 1998; Tate, Forchheimer, Krause, Meade, & Bombardier, 2004). It has been estimated that as many as 5 to 10 million individuals have both a disability and a SUD (Ford, 2001; Mullahy & Sinelar, 1996; NAADD, 1999). Researchers reporting on the dual diagnosis of disability and SUD have reported higher estimates of the prevalence of SUD across various disabilities including traumatic brain injury (Corrigan, Rust, & Lamb-Hart, 1995; Schmidt, Garvin, Heinemann, & Kelly, 1995), blindness (Koch, Nelipovich, & Sneed, 2002), deafness and hard of hearing (Lipton & Goldstein, 1997), developmental disabilities (Degenhardt, 2000), multiple sclerosis (Bombardier, et al., 2004), and traumatic spinal cord injury (Heinemann & Schmidt, 1994). The State-Federal Vocational Rehabilitation (VR) System serves people with disabilities in search of employment. Thus, not surprisingly the rates of persons with substance abuse problems are higher in the VR system when compared to the general population (DiNitto, & Schwab, 1993; Heinemann, Lazowski, Moore, Miller, & McAweeney, 2008).

The objectives of this manuscript were to present, discuss and educate rehabilitation professionals about a screening tool developed to assist VR professionals in identifying consumers who may have substance abuse problems and are in need of further professional assessment or SUD services. We divide this paper into three sections: (a) a summary of the prevalence of SUD and disabilities; (b) an overview of the unique psychosocial issues and/or consequences facing persons with disabilities who have coexisting SUD; and (c) a presentation of the development and application of the SAVR-S.

The objectives of this manuscript were to present, discuss and educate rehabilitation professionals about a screening tool developed to assist VR professionals in identifying consumers who may have substance abuse problems and are in need of further professional assessment or SUD services.

To clarify our terminology, when we discuss SUD we are including all psychoactive substances including alcohol, illicit drugs, and prescription medications. We include both abuse and dependence diagnoses when discussing SUD. We use the Americans with Disabilities Act (ADA, 1990) definition of disabilities. The ADA has a three-part definition of disability that is based on the definition under the Rehabilitation Act. Under the ADA, an individual with a disability is a person who has a physical or mental impairment that substantially limits one or more major life activities, has a record of such impairment or is regarded as having such impairment. Finally, we refer to dual diagnosis as the "double negative" that is being socially stigmatized with both disability and SUD (Moore & Siegal, 1989).

Diagnosis in vocational rehabilitation

Researchers investigating the prevalence of SUD and disabilities within the VR system have reported a range of rates from 22% to 38% (DiNitto & Schwab, 1993; Heinemann, et al, 2008). A recent study with VR consumers reported a 22% 12-month SUD diagnosis rate among VR applicants (Heinemann, et al, 2008). DiNitto & Schwab (1993) reported a rate of 38% with VR applicants; a rate considerably higher than in the general popula-

tion. Statistics for the general population released by NIAAA indicate that 7.41% of persons aged 18 years and older meet standard diagnostic criteria for alcohol abuse and dependence (NIAAA, 2000). These estimates are supported directly by the results of several epidemiology studies, which showed a similar pattern of comparative prevalence rates for alcohol and illicit drug use over the past decade or more (DiNitto & Schwab, 1993; Glenn, Ford, Moore, & Hollar, 2003; RRTC, 1997).

Given the high prevalence of SUD among persons applying for VR services, it is important to accurately identify SUD among VR consumers. Unfortunately, many VR consumers with substance problems are not identified, as evidenced in Table 1, and consequently may not receive services that could help them achieve self-sufficiency and/or employment. Table 1 presents the rates of SUD identified in VR as reported in the Rehabilitation Services Administration database (RSA-911, 2005; Rosenthal, 2007). The rates of the 50 states have a wide variation of 27%, the difference between the rate reported in South Carolina and the rate reported in Arkansas. A mean of 10.6% across states was reported; a discrepancy of 11.4% from the Heinemann et al. (2008) study and a discrepancy of 27.4% from the DiNitto& Schwab (1993) study.

Deciles	States and Percentage of SUD as official diagnosis				
1	AR (0.90)	OH (2.57)	WV (3.58)	TN (3.70)	IN (3.72)
2	IL (4.02)	FL (4.04)	AZ (4.35)	ME (4.67)	WI (4.72)
3	NH (5.46)	IA (6.09)	RI (6.68)	NE (6.80)	CO (6.80)
4	GA (6.89)	OK (7.16)	MT (7.36)	SD (7.56)	KA (7.78)
5	NV (8.57)	WY (9.24)	DE (9.41)	CT (9.64)	OR (10.01)
6	WA (10.46)	MN (10.53)	MO (10.69)	NC (10.81)	MS (10.88)
7	VT (11.37)	VA (11.61)	CA (11.65)	LA (12.16)	AL (12.19)
8	TX (12.33)	NM (13.56)	KY (14.87)	MI (14.94)	ID (15.46)
9	AK (15.58)	PA (15.66)	UT (15.83)	NJ (16.04)	ND (16.14)
10	MD (18.42)	MA (19.85)	NY (22.80)	HI (26.94)	SC (28.32)

Table 1. Percent of 2005 VR consumers with primary or secondary SUD diagnosis

Unique psychosocial issues

Substance abuse has a major negative impact on the health and well-being of persons with disabilities (Chapman, 1998; Moore & Li, 1994; DiNitto & Schwab, 1993) and in turn, most psychosocial domains in their lives including their health, well-being, community integration and employment are negatively affected by the abuse of substances (Brodwin, Tellez, & Brodwin, 2002; Marinelli & Dell Orto, 1999; Smart, 2001). A common set of four bio-psychosocial domains affecting the lives of persons with disabilities include demographic, personal/psychological, medical/disability related, and environmental (Table 2). There are dynamic interrelationships among these domains: a change in one domain often influencing the others. For example, employment has been shown to influence self-esteem, which in turn affects acceptance of disability further reinforcing continuous employment and underscoring the potential benefits of employment for persons with disabilities who also have SUD (Drake, Becker, Bond, & Mueser, 2003; Mueser, Becker, & Wolfe, 2001).

Frequently cited risk factors for substance abuse include adjustment to disability, onset of disability, chronic pain, recurring medical problems, isolation, attention difficulties, availability of prescription medications, societal entitlement to use, pervasive poverty, high unemployment, and the inaccessibility of appropriate drug education (Brodwin, Tellez, & Brodwin, 2002; Ford, 2001; Heinemann & Schmidt, 1994; Moore & Li, 1998; RRTC, 1997). Until recently, work completed by the RRTC on Substance Abuse, Disability, and Employment (2004) revealed no practical, accessible, and valid screening instrument for use by VR counselors and other rehabilitation personnel.

The development of the SAVR-S

DiNitto and Schwab (1993) highlighted the effectiveness of using an appropriate SUD assessment instrument in VR. They recruited 254 applicants to the Texas Rehabilitation Commission who completed either the Addiction Severity Index (ASI) or the Substance Abuse Subtle Screening Inventory-3 (SASSI-3). Both instruments identified more cases as SUD than the standard intake interview. The ASI identified 38.4% of the cases as likely SUD while the SASSI-3 identified 32.7% among consumers not diagnosed with either a primary or secondary SUD using routine procedures.

The Substance Abuse in Vocational Rehabilitation Screener (SAVR-S) was developed using the SASSI-3 which was found to be effective for SUD screening in the general population (Lazowski, Miller, Boye & Miller, 1998). It reflects more than two decades of instrument development and refinement. The original version (Miller, 1985) and its revisions (Miller, 1994; Miller & Lazowski, 1999) were developed for use in a wide variety of settings to identify persons with a high probability of SUD for further assessment. Adult versions of the SASSI instruments have been used with a wide range of use.

During the development of the tool, focus groups were conducted with VR professionals. A striking finding was the recommendation to include the assessment of the misuse of prescription medications. Accordingly, the initial 69-item version of the SAVR-S included 17 items that assessed the frequency of illicit and prescription drug misuse. Questions also were modified following field testing in order to assure that respondents were answering questions based on their last 12 months of substance use only, consistent with the Diagnostic and Statistical Manual (DSM) criteria for active SUD.

The SAVR-S was validated with 1,011 VR applicants. Forty-nine percent of the sample was recruited from Illinois sites, 47% from Ohio, and 4% from West Virginia. The sample included persons who

Demographic	Personal	Medical	Environmental
Age	Acceptance of Disability	Diagnosis	Social support
Race	Pre-disability self-concept	Prognosis	Accessibility of health care
Culture	Locus of control	Severity of impairment	Societal attitudes
Gender	Spirituality	Functional limitations	Societal myths
Education	Intelligence	Pain	Architectural barriers
Occupation	Adaptability	Visibility of the disability	Access to resources
Social Class		Presence of multiple disabilities	Physical accessibility
		Duration of the disability	Discrimination

Table 2. Bio-psychosocial domains

were African-American (58%), Caucasian (38%), and other races (4%). The sample was 52% female. Marital status included 56% never married, 15% divorced, 14% married, 7% separated, 5% unmarried couple, and 3% widowed. Education level included 26% with less than a high school degree, 45% with a high school degree or equivalent, and 29% with post-secondary education. The mean age was 40.0 years. Consumers identified up to three disabilities that were the reason for seeking VR services; 42.0% reported one, 32.8% reported two and 25.3% reported three or more disabilities. The most frequently reported disabilities were psychiatric (51.7%), mobility (42.4%), chronic diseases (33.3%), developmental (28.2%), acquired brain injury (11.5%), SUD (9.5%), vision (4.3%), and hearing impairment (4.1%).

Conclusion

The SAVR-S is intended for screening purposes only – it does not provide a diagnosis. It is 43 items and can assist VR professionals with decisions related to such things as functional impairments, the need for further assessment, resource allocation, counseling, and post-employment resources to enhance self-sufficiency. It was specifically developed for use with adults – 18 years of age and older. The strengths of the tool include its brevity, high specificity, adequate sensitivity given the nature of the VR screening process, readability, and consistency in results across levels of assistance. The inclusion of items related to medication misuse enhances the relevance of the instrument to a population with increased risk of misuse due to chronic pain and mental disorders. It is anticipated that the SAVR-S instrument will be available to VR or other programs in approximately 2009.

Acknowledgments

The Rehabilitation Research and Training Center on Substance Abuse, Disability, and Employment is a project funded by the National Institute on Disability and Rehabilitation Research (H133B040012).

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