

Psychiatric Disabilities and Substance Abuse Disorder: Psychosocial and Vocational Concerns- Implications for Rehabilitation Professionals

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Abstract

The purpose of this article is to review the literature on the comorbidity of substance abuse and psychiatric disorder. The paper examines the medical, psychosocial, and vocational rehabilitation concerns associated with substance abuse and psychiatric disorder comorbidity. A greater emphasis is placed on vocational concerns and the role of rehabilitation professionals within this population.

Introduction

The impact of drug and alcohol use among individuals with psychiatric disabilities has received increasing recognition (Donat & Haverkamp, 2004). Substance use disorders (SUD) in the general population are approximately 17%, whereas rates in people with psychiatric disabilities (PD) are approximately 50% (Sengupta, Drake, & McHugo, 1998). Valasco, Meyer, & Lippmann (2000) argued that when PD and SUD are coexistent, the results are often worse than either disability by itself. The concern continues to surface as mental health professionals are encountering clients with diagnoses of both disorders. Johnson, Brems, Wells, Theno, & Fisher (2003) found that participants that were diagnosed with SUD and PD were began using drugs or alcohol at a younger age and used more often than those without PD.

Regier, et al. (1990) found that individuals with psychiatric disabilities were more likely to have both alcohol or drug abuse disorders compared to the norm group. However, it is believed that individuals are often diagnosed with SUD or PD rather than being diagnosed with both, leading to speculation that the number of individuals with both diagnoses is underreported by mental health professionals (DiNitto & Webb, 1998). One reason for clients being treated for SUD or PD may be because some mental health professionals choose not to work with clients who have both diagnoses (Velasco et al., 2000) or because certain treatment settings discourage giving clients both diagnoses (Menicuci, Wemuth, & Sorenson, 1988).

According to the American Psychological Association, *Diagnostic of Statistical Manuel-Text Revision* (2000), SUD is defined as “a maladaptive pattern of substance use manifested by recurrent and significant adverse consequences related to the repeated use of a substance” (p. 198). Substance abuse interferes with work, school, and home, contributes to dangerous activities and legal problems, and intensifies social or interpersonal problems. Psychiatric disorders encompass multiple psychological diagnoses that impact the individual’s emotional well being and affect their social interactions and employment (Hong, 2002).

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Psychiatric disabilities include: (a) major depression, (b) bipolar disorders, (c) anxiety, (d) obsessive-compulsive disorders, (e) personality disorders, and (f) schizophrenia (Hong, 2002; Sue & Sue, 2003). Some treatment theories consider SUD and PD to be equivalent due to similarities in the disabilities the chronic nature of both, denial of the disability, and lack of control over the disability (DiNitto & Webb, 1998). Individuals diagnosed with SUD and PD are referred to as substance abuse and psychiatric disorder co-morbid or dually diagnosed. Within the scope of this paper co-morbid and dually diagnosed are used interchangeably. The use of these terms implies the disabilities are of equal importance within the treatment process and should not be considered separate diagnoses (DiNitto & Webb, 1998; Velasco et al., 2000).

Medical Implications

Research indicated that numerous medical problems associated with individuals who are dually diagnosed. Substance abuse and psychiatric disorder comorbidity is linked to poor physical health. Individuals diagnosed with both disabilities experience higher rates of (a) infections, (b) respiratory problems, (c) cancer, (d) epilepsy, and (e) hypertension (Crome, 2004). In addition, SUD alone affects every organ system and can lead to malnutrition (Kinney & Leaton, 1991). Johnson et al. (2003) found that participants with SUD and PD were more likely to have engaged in risky behaviors such as sharing needles and having sex in exchange for drugs leading to an increased risk for sexually transmitted diseases.

Psychosocial Implications

The appearance of either SUD or PD is accompanied with various psychosocial problems and there is a greater increase when the disorders are comorbid (Drebin et al., 2003). SUD is linked with increased psychiatric symptoms and other difficulties with daily living activities. Researchers have found multiple social implications of SUD and PD comorbidity, including (a) increased likelihood of homelessness (DiNitto & Webb, 1998), (b) legal problems (Clark, Ricketts, & McHugo, 1999), (c) difficulties with daily functioning (King, Gaines, Lambert, Summerfelt, & Bickman, 2000), (d) difficulty maintaining employment (Johnson et al., 2003) and (e) problems in their personal relationships (King, et al., 2000). The occurrence of substance abuse and psychiatric comorbidity is also linked with increased risk for violence and suicide (Abou-Saleh, 2004; Drebing, Rosenheck, Schutt, Kaspro, and Penk, 2003; Kinney & Leaton, 1991; Sengupta et al., 1998).

Vocational Rehabilitation

Individuals with SUD and PD generally have less success outcomes within a traditional rehabilitation setting. The psychosocial problems associated with this population negatively affect the rehabilitation process. They tend to have lower rates of treatment adherence and experience poorer outcomes than do persons with either psychiatric or substance abuse use problems alone (Rosenthal & Westreich, 1999; Wolpe, Gorton, Serota & Sanford, 1993, as cited in Donat & Haverkamp, 2004).

Traditionally, individuals diagnosed with PD and SUD have disproportionately received VR services. It has been a common held belief that these individuals would not succeed on a job because of habitual substance abuse. VR counselors have been more willing to help consumers with PD; however more reluctant to work with dual diagnosis. It was believed that these individuals were not ready to work and needed to attain abstinence before attempting to work (Becker, Drake, & Naughton, 2005). The work ethic of these consumers has been a legitimate concern for VR counselors. The main concern has been that of substance use. SUD may decrease the quality or quantity of work rather than the overall likelihood of working (DiNitto & Webb, 1998; Lederman & Schneider, 2002). Individuals with dual diagnosis may work fewer hours, lose more jobs, change jobs frequently, or often experience less job satisfaction than those with single disorders (Sengupta et al., 1998). Nonetheless, consumers with dual diagnoses express great interest in employment. Sengupta et al. suggested that consumers with PD consider lack of motivation, mental illness, anxiety, and physical problems as impediments to employment opposed to their SUD.

Once individuals diagnosed with SUD and PD enter the vocational rehabilitation system, there is often a fear, on the part of the clinician, that they will not comply with their treatment. However, no conclusive evidence that individuals diagnosed with SUD and PD are non-compliant in the vocational rehabilitation (VR) domain (Drebing et al., 2003). In a study that included more than 25,000 participants, Drebing et al. (2002) found that individuals with PD and SUD were more likely to be employed when they

entered the VR system. Those participants who were diagnosed with both PD and SUD were less likely to complete their plan. In addition, participants diagnosed with PD and SUD were more likely to become competitively employed than those with PD alone, but less likely to be competitively employed than those with SUD only.

Individuals that are dually diagnosed are being referred for vocational counseling at higher rates and are being encouraged to work. VR is an important treatment component for clients with dual diagnoses because it provides people with motivation for not using substances and helps them develop a more self-fulfilling life (Muesser, 2004). Work provides structure, self-esteem, finances, and the opportunity to engage with people who do not use drugs or alcohol (Becker et al., 2005).

Service Options in the Vocational Rehabilitation Setting

The goal of vocational rehabilitation is to assist individuals with disabilities in finding appropriate work and become more independent (Maki & Riggan, 1997). To reach this goal, VR counselors may provide education, training, supported employment, or other necessary services (Velasco et al., 2000). When working with clients who have SUD and PD, VR counselors must take into consideration the implications of both disabilities (Velasco et al.). Success in the cases of clients diagnosed with SUD and PD must include the cessation of drug and alcohol abuse as well as management of psychiatric symptoms or behaviors (Kelley & Benschhoff, 1999).

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Several methods are currently being used to help VR consumers with dual diagnoses achieve vocational success. The most common method used by VR to help these consumers is supported employment, which was included in the Rehabilitation Act, 1986 amendments (Stensrud & Gillbride, 2004). Supported employment has placement as the primary focus, rather than first training and then placing (Stensrud & Gillbride; Gillbride & Hagner, 2005). Supported employment consists of placing a consumer in a position with a job coach, provided by VR, training the consumer on-site and providing additional support to the employer (Stensrud & Gillbride). After the individual is successfully working in the position independently, the job coach may return if the consumer is having difficulties at work or if the job tasks change in some way (Gillbride & Hagner).

Supportive employment provides increased structure for consumers. It is vital that VR counselors working with dually diagnosed consumers help them find jobs that are appropriate to their treatment management and recovery (Becker, et. al, 2005). Many individuals who are diagnosed with SUD and PD are searching for more self-actualizing lives. Although they experience interpersonal problems associated with their diagnosis, they do succeed in employment. They may need to take gradual steps toward employment and may need constant encouragement and individualized services (Becker et al., 2005). Johnson et al. (2003) suggested that counseling should also be included in treatment planning in order to assist clients with psychosocial issues related to their disability.

Professionals working with individuals who are dually diagnosed need to be highly trained in effective service delivery (Kelley & Benshoff, 1997). In order to work with individuals who have PD and SUD, rehabilitation counselors must understand addiction, psychiatric disabilities, and the interplay between them (Kelley & Benshoff, 1997). Integration and treatment teams are innovative methods of treating individuals with dual diagnoses. When VR is included in the treatment team for individuals diagnosed with PD and SUD, the needs of the individual are better met (Drake, Becker, Bond & Mueser, 2003, as cited in Becker et al., 2005). Treatment teams should incorporate preventive and inventive methods of helping consumers manage problems. Services should include teaching coping skills to help consumers learn more how to deal with the emotions or thoughts that might lead to increased substance abuse to cope (Mueser, 2004). Incorporating money management within the treatment plan can help consumers learn how to manage money and not spend it frivolously on substances (Becker et al., 2005).

Conclusion

Individuals diagnosed with SUD and PD significantly benefit from VR services. The main emphasis of VR is to help qualified individuals maximize their employment potential. Even though substance abuse can be a barrier to employment, research has shown that it does not deter employment. It is only appropriate that all methods of services are used to help these individuals control their psychiatric symptoms and recover from substance abuse. Integrating VR within a treatment plan provides more rehabilitative options for consumers. The

medical, psychosocial, and vocational needs of these consumers are different from individuals with single disorders; thus, it is imperative that treatment teams composed of mental health and rehabilitation work in unison to address the concerns of this population. This unique population requires innovative methods of treatment and services.

There has been an increase in rehabilitation training programs across the country to train qualified rehabilitation professional, who can effectively treat this growing population. The increase in training programs has increased the likelihood that VR can positively contribute to the integrated team approach to treating these individuals (Kelley & Benshoff, 1997). It is important that professionals in all service sectors engage in the opportunity to become more educated about this population. As ongoing training and education continue to be a focus, counselors, especially rehabilitation counselors will be exclusively competent to serve these consumers.

Despite the research that has been conducted on this population, more research is needed to fully assess the needs of dually diagnosed individuals. More research is needed on the utilization of VR within the treatment team. There is an exceptional challenge for rehabilitation professionals to produce contemporary and ongoing research that can be applied within the rehabilitation process. The current research primarily focuses on the psychosocial functions of this population; however, little is known about the vocational functioning. The research suggests these individuals have employment potential and more research should be conducted on how to keep them employed and substance free while working. ◆

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