



The Road to Recovery 2011 **Treatment and Recovery in Behavioral Health for Americans With Disabilities**

Discussion Guide

The show will be filmed in a panel format with free discussion between the show host and other panelists. This discussion guide is not to be considered as a script. The information and resources in this discussion guide are provided to assist panelists in show preparation. The questions identified in each panel section will be asked by the show host. Panelists will respond to questions asked by the host, and will also comment and add to information presented by other panelists in a discussion format. Panelists will bring to the show their own keen anecdotal experiences, as well as references from scientific studies from the field.

Show Description: Persons with disabilities in our society experience substance use and mental disorders at relatively high rates, yet special challenges exist for those who want to access and use treatment and recovery support services. The Americans with Disabilities Act (ADA) prohibits discrimination against persons with disabilities, but how does this protection apply in providing treatment and recovery services for individuals with substance use and mental disorders? What are the barriers to access that persons with disabilities face and how can these barriers be overcome? This show will explore a range of issues associated with treatment and recovery in behavioral health for persons with disabilities, including barriers to access, differences in outcomes, and options to diminish the incidence of discrimination.

Panel 1: Disabilities and Behavioral Health: Definitions and Prevalence

Key Questions:

- 1. What is the ADA, what protections are afforded, and how does ADA define the term "disability"?**
- 2. What are the common categories or types of disabilities?**
- 3. Are individuals with substance use or mental disorders defined as having a disability and covered by the ADA?**
- 4. How many Americans have a disability? How many persons with disabilities have a substance use disorder?**
- 5. What are the substance use disorder prevalence rates for persons with specific types of disabilities, including persons with a mental disorder?**

Purpose of the ADA

Source: U.S. Department of Justice Civil Rights Division. (2008). Americans with Disabilities Act questions and answers. From <http://www.ada.gov/q%26aeng02.htm> (accessed June 8, 2011).

- The Americans with Disabilities Act of 1990 (as amended by the ADA Amendments Act of 2008) gives civil rights protections to individuals with disabilities similar to those provided to individuals on the basis of race, color, gender, national origin, age, and religion. It guarantees equal opportunity for individuals with disabilities in public accommodations, employment, transportation, State and local government services, and telecommunications.
- Barriers to employment, transportation, public accommodations, public services, and telecommunications have imposed staggering economic and social costs on American society and have undermined our well-intentioned efforts to educate, rehabilitate, and employ individuals with disabilities. By breaking down these barriers, the ADA will enable society to benefit from the skills and talents of individuals with disabilities and will lead to fuller, more productive lives for all Americans.

Who Must Follow the ADA?

Source: Legal Action Network, Partners for Recovery, Substance Abuse and Mental Health Services Administration (SAMHSA). (2008). PowerPoint presentations and supporting materials from the Know Your Rights, Legal Rights of People with Alcohol and Drug Histories and Criminal Records. From http://www.pfr.samhsa.gov/docs/KYR_PowerPoint.pdf (accessed June 8, 2011).

- Private **employers** with more than 15 employees. They are covered by Title I of the ADA.
- State and local **government** agencies. They are covered by Title II of the ADA.
- Places of “**public accommodation**,” which are private entities open to the public (e.g., hospitals, doctors’ offices, day care, hotels). They are covered by Title III of the ADA.

ADA Definition of “Disability”

Source: U.S. Department of Justice. (2008). *Americans with Disabilities Act of 1990 (as amended)*. From <http://www.ada.gov/pubs/adastatute08.pdf> (accessed June 8, 2011).

- An individual is considered to have a “disability” if he or she has a physical or mental impairment that (a) substantially limits one or more major life activity, (b) has a record of such an impairment, or (c) is regarded as having such an impairment.
- Major life activities include caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working. A major life activity also includes the operation of a major bodily function (i.e., neurologic/cognitive functioning).

Source: U.S. Department of Justice Civil Rights Division. (2008). Americans with Disabilities Act questions and answers. From <http://www.ada.gov/q%26aeng02.htm> (accessed June 8, 2011).

- The first part of the definition makes clear that the ADA applies to *persons who have impairments* and that these must substantially limit major life activities such as seeing, hearing, speaking, walking, breathing, performing manual tasks, learning, caring for oneself, and working. An individual with epilepsy, paralysis, HIV infection, AIDS, a substantial hearing or visual impairment, mental disorders, or a specific learning disability is covered, but an individual with a minor, nonchronic condition of short duration, such as a sprain, broken limb, or the flu, generally would not be covered.
- The second part of the definition, which protects individuals with a *record* of a disability, would cover, for example, a person who has recovered from cancer or mental illness.
- The third part of the definition protects individuals who are *regarded* as having a substantially limiting impairment, even though they may not have such an impairment. For example, this provision would protect a qualified individual with a severe facial disfigurement from being denied employment because an employer feared the “negative reactions” of customers or coworkers.

Types or Categories of Disabilities

Source: U.S. Department of Justice. (2008). *Americans with Disabilities Act of 1990 (as amended)*. From <http://www.ada.gov/pubs/adastatute08.pdf> (accessed June 8, 2011).

- Under the ADA definition, a “disability” can be *physical* (e.g., motor function), *mental* (e.g., conduct or anxiety disorders), *sensory* (e.g., deafness or hearing impairment or blindness or sight impairment), or *cognitive/developmental* (e.g., autism, intellectual disability).

Source: Disabled World. (n.d.). Disabled World. From <http://Disabled-World.com> (accessed June 8, 2011).

- Disability may involve physical impairment, sensory impairment, cognitive or intellectual impairment, mental disorder (also known as psychiatric or psychosocial disability), or various types of chronic disease. A disability may occur at some time during a person’s lifetime or may be present from birth.

Are Alcoholism and Addiction a Disability?

Source: Legal Action Network, Partners for Recovery, SAMHSA. (2008). PowerPoint presentations and supporting materials from the Know Your Rights, Legal Rights of People with Alcohol and Drug Histories and Criminal Records. From http://www.pfr.samhsa.gov/docs/KYR_PowerPoint.pdf (accessed June 8, 2011).

Is Alcoholism a “Disability”?

- Past alcohol abuse/alcoholism: Often **YES**
- Current alcohol abuse/alcoholism: Often **YES**
- Depends on whether the alcohol abuse/alcoholism substantially impairs or limits or limited *that person’s* major life activities.

Is Drug Addiction a “Disability”?

- Past addiction: **YES**, if it substantially limited that person’s major life activities. This includes people who:
 - Successfully completed treatment
 - Are currently in treatment
 - Have achieved recovery with or without treatment
- Current illegal use of drugs: **NO**, Federal laws do not protect individuals who are “currently engaging in the illegal use of drugs.”

What Does Current Illegal Use of Drugs Mean?

“Illegal use” includes:

- Use of Illegal drugs (e.g., heroin, cocaine)
- Unlawful use of prescription drugs; no prescription
- Fraudulent prescription
- Misuse of prescription medications

When Is Illegal Use of Drugs “Current”?

- No definition in the law itself. Is the use recent enough so that it is reasonable to assume that it is an ongoing problem?
- Courts often consider person who has illegally used drugs in “current” and past few months to be a current user and, therefore, not protected by the law.

Substance Use and Mental Disorders as Related to Having a Disability Protected by the ADA

Source: U.S. Department of Justice Civil Rights Division. (2008). Americans with Disabilities Act questions and answers. From <http://www.ada.gov/q%26aeng02.htm> (accessed June 8, 2011).

- Individuals who currently engage in the illegal use of drugs are specifically excluded from the definition of a “qualified individual with a disability” protected by the ADA.
- While a current illegal user of drugs is not protected by the ADA with respect to employment, if an employer acts on the basis of such use, a person who currently uses alcohol is not automatically denied protection. An alcoholic is a person with a disability and is protected by the ADA if s/he is qualified to perform the essential functions of the job.
- An employer may be required to provide an accommodation to an alcoholic. However, an employer can discipline, discharge, or deny employment to an alcoholic whose use of alcohol adversely affects job performance or conduct. An employer also may prohibit the use of alcohol in the workplace and can require that employees not be under the influence of alcohol.

- A person with a mental disorder is protected by the ADA if that mental disorder meets one of the three criteria constituting a disability (i.e., person who has an impairment that substantially limits a major life activity, has a record of such as impairment, or is regarded as having such an impairment).

Source: Legal Action Network, Partners for Recovery, SAMHSA. (2008). PowerPoint presentations and supporting materials from the Know Your Rights, Legal Rights of People with Alcohol and Drug Histories and Criminal Records. From http://www.pfr.samhsa.gov/docs/KYR_PowerPoint.pdf (accessed June 8, 2011).

What Is Medication Assisted Treatment (MAT)?

- MAT for addictive disorders: MAT refers to treatment approaches that include prescribed medications as a component of care. While the types of medications prescribed to treat addiction are increasing, this presentation focuses only on opioid agonist and partial agonist medications used for treatment of opioid addiction, and specifically for methadone and buprenorphine.

Do Federal Laws Protect Individuals in MAT? Do These Laws Prohibit employers, Landlords, and Others From Treating People Differently Just Because They Are Participating in MAT?

- Yes, people in MAT are generally considered individuals with a disability. This is because people in MAT have a record of an impairment that substantially limited a major life activity (e.g., the dependence on heroin or other opioids), or others regard them as currently having an impairment that substantially limits a major life activity (e.g., because others think that people in MAT are just like people currently dependent on illegal drugs).
- People in MAT cannot be treated differently than other individuals who are prescribed medication for their disabilities (e.g., diabetics prescribed insulin or people with psychiatric disorders who are treated with psychotropic-medications).

Prevalence of Disabilities and Prevalence of Substance Abuse or Dependence Among Persons With Disabilities

Source: Krahn, G., Deck, D., Gabriel, Farrell, N. (2007). A population-based study on substance abuse treatment for adults with disabilities: Access, utilization, and treatment outcomes. *American Journal of Drug and Alcohol Abuse*, 33(6):791–798.

- Nearly a fifth of all American adults report a disability that limits their activity. These limitations are physical, sensory, cognitive, communicatory, or psychological. Approximately 9 percent of Americans aged 12 or older are classified with substance abuse or dependence. Prevalence rates of substance use disorders are thought to be up to twice as high in adults with disabilities as in the general population.

Source: West, S. L., Graham, C. W., & Cifu, D. X. (2009). Prevalence of persons with disabilities in alcohol/other drug treatment in the United States. *Alcoholism Treatment Quarterly*, 27:242–252.

- Although of great public health importance, substance abuse by persons with disabilities—a population of 53 million in the United States alone (Waldrop & Stern, 2003)—has historically been a largely overlooked issue. Such an oversight is particularly troublesome, given the extreme rates of use and abuse by this population, concerns over their ability to receive treatment services, and the host of negative consequences they may face as a result. The rates of alcohol and other drug abuse by persons with disabilities have consistently been found to be greater than those of the general population.

Prevalence of Substance Use Disorder Among Persons With Specific Types of Disabilities

Source: West, S. L., Graham, C. W., & Cifu, D. X. (2009). Prevalence of persons with disabilities in alcohol/other drug treatment in the United States. *Alcoholism Treatment Quarterly*, 27:242–252.

- Among persons with developmental disabilities, such as intellectual disability and autism, rates of abuse have been estimated to be as high as 14 percent (Burgard, Donohue, Azrin, & Teichner, 2000; McGillicuddy, 2006; Westermeyer, Kemp, & Nugent, 1996).
- Individuals with visual impairments and those with auditory impairments both have rates of substance abuse that are at least 50 percent (Buss & Cramer, 1989; McCrone, 1994; Moore & Li, 1994; Nelipovich, Wergin, & Kossick, 1998).
- Particularly high rates of substance abuse are also found among those persons with traumatically acquired disabilities. Individuals with spinal cord injury (SCI) or traumatic brain injury (TBI) have been shown to have rates of co-occurring substance abuse ranging from 50 percent to 60 percent (Corrigan, 1995; Drubach, Kelly, Winslow, & Flynn, 1993; Heinemann, Doll, & Schnoll, 1989; Kolakowsky-Hayner et al., 2002; McKinley, Kolakowsky, & Kreutzer, 1999; Taylor, Kreutzer, Demm, & Meade, 2003).
- In many cases, the abuse of alcohol and other drugs predates the disabling condition, and 60 percent of TBI and SCI cases are acquired while the individual is intoxicated (Corrigan, 1995; Radnitz & Tirch, 1995).
- Negative outcomes that are common to other populations but that carry additional concern for persons with disabilities include the increased likelihood of being the victim of crime, increased unemployment, and overall family dysfunction (Burgard et al., 2000; Moore & Li, 1994; Kolakowsky-Hayner et al., 2002).

Prevalence of Co-Occurring Substance Use and Mental Disorders

Source: SAMHSA. (2010). *Results from the 2009 National Survey on Drug Use and Health: Mental health findings*. (Office of Applied Studies, NSDUH Series H-39, HHS Publication No. SMA 10-4609). Rockville, MD. From <http://oas.samhsa.gov/NSDUH/2k9NSDUH/MH/2K9MHRResults.pdf> (accessed June 8, 2011).

- Among the 45.1 million adults aged 18 or older with any mental illness in the past year, 19.7 percent (8.9 million adults) met criteria for substance dependence or abuse in that period, compared with 6.5 percent (11.9 million adults) among those who did not have mental illness in the past year. Among the 11.0 million adults aged 18 or older with serious mental illness in the past year, 25.7 percent also had past-year substance dependence or abuse, compared with 6.5 percent among adults who did not have any mental illness.

Panel 2: Treatment and Recovery Services for Persons with a Disability— Access Issues and Treatment Outcomes

Key Questions:

- 1. Do persons with a disability receive treatment and recovery services for substance use and mental disorders at the same rate as others?**
- 2. What are the barriers facing persons with disabilities in accessing treatment and recovery services?**
- 3. Why are persons with disabilities more likely not to have health insurance?**
- 4. Will health reform result in more persons with disabilities having health insurance?**
- 5. Are treatment outcomes for persons with disabilities the same as for other groups?**

Access Rates to Treatment and Recovery Services by Persons With Disabilities

Source: Krahn, G., Deck, D., Gabriel, Farrell, N. (2007). A population-based study on substance abuse treatment for adults with disabilities: Access, utilization, and treatment outcomes. *American Journal of Drug and Alcohol Abuse*, 33(6):791–798.

- Previous research has suggested inequitable access to treatment for persons with disabilities. While access increased for the general population over time, persons with a disability consistently demonstrated lower access to treatment, with the gap increasing from 1992 to 1998. Access for the disability group increased from about 2 percent in 1992 to about 4 percent in 1998, while other groups increased from about 4 percent to 8.5 percent.
- Despite indications of higher rates of substance abuse by adults with disabilities, current findings indicate that adults with Medicaid disability codes are only half as likely as other Medicaid enrollees to enter treatment during any year. Though need is higher, entry into treatment is much lower. These findings corroborate earlier studies that suggested adults with disabilities are less likely to participate in treatment.

Source: Slayter, E. M. (2010). Disparities in access to substance abuse treatment among people with intellectual disabilities and serious mental illness. *Health and Social Work* 35(1):49–59.

- People with intellectual disabilities, substance use, or serious mental illness appear to initiate and engage in substance abuse treatment at lower rates than their counterparts and also may remain in treatment for shorter periods of time while being more likely to drop out of treatment.

Source: West, S. L., Graham, C. W., & Cifu, D. X. (2009). Prevalence of persons with disabilities in alcohol/other drug treatment in the United States. *Alcoholism Treatment Quarterly*, 27:242–252.

- This study provides an analysis of the participation of persons with disabilities in substance abuse treatment in a nationally representative sample of 431 centers from across the United States. Findings indicated that only about 5 percent of clients served during the year prior to the survey had a disability.

Barriers to Access

Source: Krahn, G., Deck, D., Gabriel, Farrell, N. (2007). A population-based study on substance abuse treatment for adults with disabilities: Access, utilization, and treatment outcomes. *American Journal of Drug and Alcohol Abuse*, 33(6):791–798.

- Exploratory investigations suggest a complex array of barriers to treatment, including differences in referral, transportation barriers, inaccessible facilities, and provider attitudes. In addition to the expansion of research on access barriers, research is needed to determine how long people stay in treatment and their reasons for leaving.

Source: West, S. L., Graham, C. W., & Cifu, D. X. (2009). Prevalence of persons with disabilities in alcohol/other drug treatment in the United States. *Alcoholism Treatment Quarterly*, 27:242–252.

- A growing body of research has developed that indicates that numerous physical and programmatic barriers in substance abuse treatment facilities could inhibit the ability of persons with disabilities to access care. Research has found that physical barriers do, in fact, result in service denials for individuals with SCI and TBI.
- The current research was undertaken to validate these findings with regard to persons with SCI and TBI, as well as to examine the impact of such barriers on the ability of individuals with other physical disabilities, including multiple sclerosis, muscular dystrophy, and other significant mobility impairments. Findings indicate that persons with disabilities from each of these groups are denied services due to the presence of physical barriers at notable rates.
- Denial rates ranged from 65 percent for those with other significant mobility impairments to 87 percent for individuals with multiple sclerosis. Such extreme rates of service declines indicate a need for immediate action to address the accessibility of substance abuse treatment centers.

Treatment Outcomes

Source: Krahn, G., Deck, D., Gabriel, Farrell, N. (2007). A population-based study on substance abuse treatment for adults with disabilities: Access, utilization, and treatment outcomes. *American Journal of Drug and Alcohol Abuse*, 33(6):791–798.

- In a 6-year study, treatment completion showed a slightly lower assessment by counselors of the disability group meeting treatment goals than other groups. Outpatient readmission showed the disability group to be equally or slightly less likely to be readmitted to outpatient treatment programs than other groups. Finally, on self-report of abstaining from primary drug during the last 30 days prior to discharge, the disability group showed slightly less success.

Health Insurance Rates for Persons with Disabilities

Source: Pizer, S. D., Frakt, A. B., Iezzoni, L. I. (2009) Uninsured adults with chronic conditions or disabilities: Gaps in public insurance programs. *Health Affairs*, 28(6): w1141–w1150. From <http://www.samhsa.gov/Financing/post/Uninsured-Adults-With-Chronic-Conditions-Or-Disabilities-Gaps-In-Public-Insurance-Programs.aspx> (accessed June 8, 2011).

- This study examined data from the Medical Expenditure Panel Survey (MEPS), finding that, despite public insurance programs, uninsurance rates remained high for low-income adults with chronic conditions (25 percent) and disabilities (15 percent). The study found two major gaps in public health coverage: Residents who did not meet federally mandated Medicaid eligibility criteria were roughly twice as likely to be uninsured as those who did meet the criteria, and low-income residents who had chronic conditions and were living in southern States were more likely to be uninsured than similar residents living in other regions.

Health Reform Impact on Uninsurance Rates of Persons With Disabilities

Source: SAMHSA. (2010). Health reform expands Medicaid coverage for people with disabilities. From <http://www.samhsa.gov/Financing/post/Health-Reform-Expands-Medicaid-Coverage-For-People-with-Disabilities.aspx> (accessed June 9, 2011).

- The Center on Budget and Policy Priorities released a brief examining the impact of health reform's Medicaid expansion on individuals with disabilities and chronic conditions, including mental illnesses. The brief suggests that the expansion of Medicaid will result in increased coverage for that population and that Medicaid is well-suited to meet their needs because it often covers services not fully covered by private insurance.
- From the report: The new health reform law will cover more than 30 million uninsured Americans, including 16 million low-income adults and children through Medicaid. A substantial number of the people who will gain Medicaid coverage under health reform have disabilities or chronic health care conditions. Medicaid is particularly well-suited for these individuals because it is both affordable and comprehensive, covering a number of services that they need (such as case management and mental health care

and therapy services) but that private insurance typically does not cover or covers only to a limited extent.

Panel 3: Treatment and Recovery Services—Effective Approaches for Persons With Disabilities

Key Questions:

- 1. For persons with a disability and a substance use and/or mental disorder, why is it important to take an integrative approach in treatment and recovery?**
- 2. Are home and community-based service settings an effective way of serving persons with disabilities and who also have a substance use and/or mental disorder?**
- 3. What is the best way to treat women who have a psychiatric disability and a substance use disorder related to abuse, trauma, and violence?**
- 4. How are employment and education connected to effective treatment and recovery for persons with substance use and mental disorders and disabilities?**

Treatment and Recovery Services for Persons With Physical Disabilities

Source: Ogborne, A. C., Smart, R. G. (1995). People with physical disabilities admitted to a residential addiction treatment program. *American Journal of Drug and Alcohol Abuse* 21(1): 137–145.

- Service providers must be sensitive to potential relationships between physical disabilities, mental health, and substance use. It is likely that these relationships are complex and mutually compounding. For example, problems associated with having physical disability may lead to mental health problems and use of drugs for physical and psychological benefits. In other cases, physical handicaps may result from accidents related to substance use, which was itself related to mental health problems.

Home and Community-Based Settings

Source: SAMHSA. (2011). Ohio's Money Follows the Person Demonstration (HOME Choice). From <http://www.samhsa.gov/Financing/post/Case-Study-Ohios-Money-Follows-the-Person-Demonstration-%28HOME-Choice%29.aspx> (accessed June 9, 2011).

- Ohio was one of 17 States to receive Federal funding for the Money Follows the Person (MFP) rebalancing demonstration in January 2007. The State was awarded up to \$100 million in enhanced Federal matching funds to transition roughly 2,200 seniors and people with disabilities from institutions to home and community-based settings and to help Ohio balance its long-term services and support system.
- Prior to establishing an MFP demonstration, Ohio had several Real Choice Systems Change grants in place that were geared toward transitioning people out of institutional settings, yet these programs were often targeted to specific populations (e.g., the elderly, individuals with developmental disabilities, those with mental health issues).

According to State officials, MFP marked the first opportunity to connect the dots and look at the long-term care system as a whole, across disabilities.

Permanent Supportive Housing

Source: SAMHSA. Homeless Resource Center. From <http://homeless.samhsa.gov/> (accessed June 9, 2011).

- Permanent supportive housing is based on the philosophy that people with mental disorders can live in their own housing with the same rights and responsibilities as anyone else, regardless of their support needs. Helping people with mental disorders live in the community means helping them take pride in and responsibility for their homes and helping them choose the supportive services that they need.

Source: SAMHSA. (2011). *Leading change: A plan for SAMHSA's roles and actions, 2011–2014*. HHS Publication No. (SMA) 11-4629. From <http://store.samhsa.gov/product/SMA11-4629> (accessed June 9, 2011).

- Permanent supportive housing has emerged as a model in which individuals who have substance use and mental disorders can secure stable housing and receive the supports they need to manage mental illness or other disabilities. Research and practice reveal that supportive housing decreases symptoms, increases housing stability, and is cost effective.
- For many in recovery from substance use disorders, transitional drug-free housing is also essential to achieving long-term recovery.

Source: SAMHSA. Homeless Resource Center. From <http://homeless.samhsa.gov/> (accessed June 9, 2011).

- Permanent supportive housing is based on the philosophy that people with mental disorders can live in their own housing with the same rights and responsibilities as anyone else, regardless of their support needs. Helping people with mental disorders live in the community means helping them take pride in and responsibility for their homes and helping them choose the supportive services that they need.

Source: Molloy, P. (2009). *Oxford House—Facts and Prospect*. Silver Spring, MD: Oxford House World Services.

- First established in 1975, Oxford House is an approach to recovery from substance use disorders that uses a democratically run, self-supporting, and drug-free home. The number of residents in a house may range from 6 to 15; there are houses for men, houses for women, and houses that accept women with children. Oxford Houses flourish in metropolitan areas such as New York City and Washington, DC, and they thrive in such diverse communities as Hawaii, Washington State, Canada, and Australia.
- Today in the United States, there are 1,378 Oxford Houses in 46 States and 387 cities, with more than 10,800 recovery beds at any one time. More than half (53 percent) of

residents have been homeless an average of 6 months. About three-fourths (76 percent) have done jail time averaging 13 months.

- The average cost per person per week for Oxford House residency is less than \$100.
- The average length of stay in an Oxford House is about 10 months; the average length of sobriety of house residents is 16.5 months.

Treating Psychiatric Disability and Substance Abuse in Women

Source: Bussey, M., Wise, J. B. (2008). The recovery paradigm in trauma work: Approaches to healing psychiatric disability and substance abuse in women's lives. *Journal of Social Work in Disability & Rehabilitation*, 7(3/4): 355–379.

- Once clinicians and researchers begin to hear the stories of past abuse, violence, and trauma in the lives of women seeking mental health and substance abuse treatment, it seems clear that integrated treatment of these co-occurring factors would be most effective, rather than the older model of treating each one in a different system. Yet, in many communities, separate treatments for psychiatric disability, trauma intervention, and substance abuse are actually the norm.
- This separation has historical roots—differing conceptions of etiology of substance abuse versus mental illness, a periodic blindness to the prevalence of trauma, different clinician training, and separate funding streams.
- In recognition of the overlap between alcohol and other drug use, psychiatric disability, and trauma experiences in women, SAMHSA implemented the Women, Co-occurring Disorders and Violence Study in 1998, an invitation to create and demonstrate a system of care that offers “integrated, gender-specific and trauma-informed care” (Veysey & Clark, 2004, p. 4).
- Across the board, consumers at the nine SAMHSA programs experienced more of a reduction in mental health symptoms and higher feelings of self-efficacy, with some modest gains in overcoming the substance abuse. With some exceptions, most of the nine sites found that the integrated alcohol and other drug, mental health, and trauma model improved program retention rates, even though many of the group models were for 16 to 24 sessions.
- Helping professionals, using an integrated approach for psychiatric and substance rehabilitation and trauma recovery, respond to each woman and her post-trauma process in that moment and to her needs for safety to face the difficulties in her life while calling on the strengths that have been with her all along.

Employment and Education as Critical Factors in the Recovery Process

Source: SAMHSA. (2011). *Leading change: A plan for SAMHSA's roles and actions, 2011–2014*. HHS Publication No. (SMA) 11-4629. From <http://store.samhsa.gov/product/SMA11-4629> (accessed June 9, 2011).

- Employment helps integrate individuals in society and acknowledges their ability to contribute. The income it produces enables people to improve their living situation, reducing exposure to violence and other stressors that may adversely affect behavioral health. Conversely, being unemployed is associated with increased rates of mental disorders, especially among men, and with relapse to substance use disorders.
- Education is closely linked to opportunities for work, yet individuals with mental disorders have the lowest educational attainment level of any disability group. Mental disorders often begin when young adults are completing high school and looking at future opportunities and career plans. Supported education is a promising practice that allows individuals with behavioral health problems to enroll and remain in an educational program.

Panel 4: Supporting Persons With Disabilities— Overcoming Discrimination and Improving Services

Key Questions:

- 1. What needs to be done to reduce the prejudice and discrimination for people with disabilities and substance use and/or mental disorders?**
- 2. What does the ADA state with respect to access to public services (which includes publicly funded treatment and recovery services)?**
- 3. What do behavioral health service providers need to do to increase access to their services by persons with disabilities?**
- 4. How does the ADA protect persons with disabilities from discrimination in employment?**
- 5. How can the employment provisions of the ADA be enforced if a person with disabilities believes there has been a violation?**
- 6. What informational resources are available to persons with disabilities?**

Reducing Prejudice and Discrimination

Source: Faces and Voices of Recovery. (n.d.) *Using Your Story to Talk with Different Groups of People about Addiction, Recovery and Stigma and Discrimination*. From http://www.facesandvoicesofrecovery.org/pdf/using_your_story.pdf (accessed June 9, 2011).

Tell Your Personal Story

Tip: No matter whom you're talking to, make sure that they understand what recovery means—being free from addiction to alcohol and other drugs. There are many pathways to recovery,

including on your own; through mutual help groups; or with professional treatment, medication-assisted treatment, and faith. But, regardless of the path, the people that you are talking with need to know that, when someone is in recovery, they are not trying to stop using alcohol or illicit drugs but are free from addiction. Here are some messages that you can use to talk with different audiences:

Doctors, nurses and other health care professionals

- Addiction to alcohol and other drugs is a disease that affects as many as 1 in 10 Americans.
- Addiction to alcohol and other drugs is a disease that can be identified and treated.
- Breaking the cycle of addiction is critical to a healthy society. It is easier and less costly to treat abuse before it becomes an addiction and to treat addiction in its early stages.

Appointed and elected officials

- By helping people achieve long-term recovery from addiction, society saves money in the long-term when the costs of health care, incarceration, crime, and the toll on family members are taken into account.
- Discrimination against people in recovery in employment, housing, education, and health care is unfair and counterproductive, and it makes recovery even more difficult to achieve.
- Policies should help, not hurt people who are in recovery and working to improve their lives.
- Millions of Americans are in long-term recovery from alcohol and other drug addictions, and tens of thousands more get well every year. They are living proof that recovery is happening and that there is a real solution to the problem of drug and alcohol addiction.
- It's time to stop blaming the victim and start treating the disease of addiction.

Business sector

- Giving employees access to confidential screening, counseling, and treatment for alcohol and other drug problems is likely to curb companies' health care costs and boost productivity.
- Discriminating against people in recovery in employment makes it even more difficult for them to turn their lives around and be productive workers and members of society.

General public

- Recovery from addiction takes time, patience, and support. There are many ways that people can get the help they need. We can never give up on helping family members and friends to reclaim their lives.
- Millions of Americans are in long-term recovery from alcohol and other drug addiction, and tens of thousands more get well every year. They are living proof that recovery is happening and that there is a real solution to the problem of drug and alcohol addiction.
- Discrimination against people in recovery in employment, housing, education, and health care is unfair and counterproductive, as it makes recovery even more difficult to achieve.

- We should be helping, not hurting, people who are in recovery and working to improve their lives.

Source: Long, R. L. (2007). *Minority Studies*, Chapter 3, Reducing Prejudice: How Achievable? How Important? From <http://www.delmar.edu/socsci/rlong/race/far-03.htm> (accessed June 9, 2011).

- Given that there are many causes of prejudice—personality, social, and structural—the solutions are going to be varied also. If, for example, prejudice is related to a personality trait, then education might not eliminate it. On the other hand, if prejudice is due to social learning, education and personal contact may reduce prejudice (Farley, 2000:37-38).

Persuasive Communication. Persuasive communication refers to any form of communication (i.e., written, verbal, visual) specifically intended to influence attitudes. A couple of considerations are in order (Farley, 2000:38-42):

- Success depends, in part, on who is giving the message.
- A communication must be heard. The credibility of the source is important in bringing about long-term change in attitudes.
- The message must be understood.
- Receipt of the message must be a positive experience.
- The message must be retained. A failure at any point means that no persuasion will take place.

Drawbacks of Persuasive Communication. It appears that people who receive and understand antiprejudiced messages tend to be people who are already antiprejudiced (Farley, 2000:38-42).

- People who are highly prejudiced tend to not hear the messages. One explanation is that most people tend to not like to have their beliefs seriously challenged. When this happens they either ignore or rationalize away the message.
- Whether one hears the message depends on why the person is prejudiced in the first place. For example, people who are prejudiced as a result of an authoritarian personality will not hear the message.
- Further, prejudiced people tend to not view themselves as prejudiced. Therefore, when the message is heard, they assume that it applies to someone else.
- A further concern is that, as prejudice becomes more subtle, it becomes easier to rationalize it away (Farley, 2000:38-42).

Education. Intergroup education is similar to persuasive communication.

- The difference between intergroup education and persuasive communication is that education's purpose is not to change attitudes but, rather, to impart information, although the latent goal of changing minds might be there.
- Education is most successful when it causes the least amount of stress (i.e., education should not put people on the defensive). One way to facilitate a positive environment is to make students feel that they are participants in the process (Farley, 2000:42-45).

Drawbacks to Education. Education has difficulty in reducing prejudice, in part, because there is some self-selection taking place. The most prejudiced people probably do not take the courses designed to increase the understanding of majority/minority issues.

- In general, education appears to be most beneficial in reducing prejudice when prejudice is not very intense and when personality disorders are not dominant (Farley, 2000:42-45).
- If a person is prejudiced as a result of social learning, then education (combined with change of environment) may be successful in reducing prejudice.
- If one provides valid information about a social problem, then people will automatically act to resolve the social problem once they understand its dynamics. This, many times, is a faulty assumption.

ADA Protection of Access to Public Services

Source: U.S. Department of Justice. (2008). *Americans with Disabilities Act of 1990 (as amended)*. From <http://www.ada.gov/pubs/adastatute08.pdf> (accessed June 8, 2011).

- Section 12132 of the ADA, entitled “Discrimination,” states that “subject to the provisions of this subchapter, no qualified individual with a disability shall, by reason of such disability, be excluded from participation in or be denied the benefits of services, programs, or activities of a public entity, or be subjected to discrimination by any such entity.”

Treatment Service Provider Accommodation for Persons With Disabilities

Source: Krahn, G., Deck, D., Gabriel, Farrell, N. (2007). A population-based study on substance abuse treatment for adults with disabilities: Access, utilization, and treatment outcomes. *American Journal of Drug and Alcohol Abuse*, 33(6):791–798.

- Treatment agencies need to increase accommodations for adults with disabilities that address provider attitudes, architectural barriers, and personal assistance supports. Vocational rehabilitation counselors, physicians, and other referral sources need to improve attention to substance abuse and referral for treatment for persons with disabilities.
- Persons with disabilities, through Centers on Independent Living and other venues, need to become informed about underutilization of substance treatment and ways to advocate for increased accommodation by treatment programs.

ADA Provisions Related to Employment

Source: Source: U.S. Department of Justice Civil Rights Division. (2008). *Americans with Disabilities Act questions and answers*. From <http://www.ada.gov/q%26aeng02.htm> (accessed June 8, 2011).

- The ADA prohibits discrimination in all employment practices, including job application procedures; hiring; firing; advancement; compensation; training; and other terms,

conditions, and privileges of employment. It applies to recruitment, advertising, tenure, layoff, leave, fringe benefits, and all other employment-related activities.

- An employer may not ask or require a job applicant to take a medical examination before making a job offer. It cannot make a preemployment inquiry about a disability or the nature or severity of a disability. An employer may, however, ask questions about the ability to perform specific job functions and may, with certain limitations, ask an individual with a disability to describe or demonstrate how s/he would perform these functions.
- A qualified individual with a disability is a person who meets legitimate skill, experience, education, or other requirements of an employment position that s/he holds or seeks and who can perform the essential functions of the position with or without reasonable accommodation. If the individual is qualified to perform essential job functions except for limitations caused by a disability, the employer must consider whether the individual could perform these functions with a reasonable accommodation.
- Reasonable accommodation is any modification or adjustment to a job or the work environment that will enable a qualified applicant or employee with a disability to participate in the application process or to perform essential job functions. Reasonable accommodation also includes adjustments to ensure that a qualified individual with a disability has rights and privileges in employment equal to those of employees without disabilities.

Enforcement of ADA Provisions

Source: U.S. Department of Justice Civil Rights Division. (2008). Americans with Disabilities Act questions and answers. From <http://www.ada.gov/q%26aeng02.htm> (accessed June 8, 2011).

- The employment provisions of the ADA are enforced under the same procedures now applicable to race, color, gender, national origin, and religious discrimination under Title VII of the Civil Rights Act of 1964, as amended, and the Civil Rights Act of 1991.
- Complaints about actions that occurred on or after July 26, 1992, may be filed with the Equal Employment Opportunity Commission or designated State human rights agencies. Available remedies will include hiring, reinstatement, promotion, back pay, front pay, restored benefits, reasonable accommodation, attorneys' fees, expert witness fees, and court costs.
- Compensatory and punitive damages also may be available in cases of intentional discrimination or where an employer fails to make a good faith effort to provide a reasonable accommodation.

Informational Resources for Persons With Disabilities

Disability.gov

https://www.disability.gov/home/about_us

- Disability.gov is an award-winning Federal Government Web site that provides an interactive, community-driven information network of disability-related programs, services, laws, and benefits. Through the site, Americans with disabilities, their families, veterans, educators, employers, and many others are connected to thousands of resources from Federal, State and local government agencies, educational institutions, and nonprofit organizations.
- New resources are added daily across 10 main subject areas: benefits, civil rights, community life, education, emergency preparedness, employment, health, housing, technology, and transportation.
- Disability.gov is managed by the U.S. Department of Labor’s Office of Disability Employment Policy, in partnership with 21 other Federal agencies.

Disaboom.com

<http://www.disaboom.com>

- Disaboom.com was founded by Dr. J. Glen House, a physician specializing in physical medicine and rehabilitation who is also a quadriplegic. His firsthand knowledge of the challenges faced by individuals with disabilities and those whose lives they touch has driven the Disaboom.com mission: to create the first comprehensive, evolving source of information, insight, and personal engagement for the disability community. Disaboom.com is based on the following core beliefs:
 - **Expertise comes in many forms.** Often the best advice comes not just from medical experts but also from “peers”—others who’ve walked the path you’re on. That’s why, in addition to providing solid medical expertise, Disaboom.com also put together the largest online network of individuals to share their personal experiences with you, providing honest, practical answers to hard questions.
 - **Knowledge is power—and so is community.** Disaboom.com strives to provide you with the tools and guidance you need to live active, engaged lives. But when it comes to sharing stories and personal insights, there’s nothing stronger than the power of community, which is why Disaboom.com is connecting the millions touched by disability to both information and each other.
 - **You don’t have to be disabled to be touched by disability.** The Disaboom.com community is as diverse as the communities we live in, made up of mothers and models, surfers and surgeons, babies and baby boomers. Our network of 180 million and growing includes not just individuals with disabilities, but also medical practitioners, caregivers, employers, family members, and teachers. In

so many important ways, people with disabilities may be anyone—and everyone.

- **The word “disability” may apply to us, but it will never define us.** We decide who we are and what lives we will create. The goal of Disaboom.com is to provide the information, community, and connection you need to define who you are and what life you will lead.

Disabled-World.com

<http://www.disabled-world.com/disability/>

- Disability information—benefits, facts, and resources for persons with disabilities

Additional Resources

- SAMHSA’s Partners for Recovery Web site, <http://www.pfr.samhsa.gov>
- SAMHSA’s Know Your Rights brochure, in English and Spanish, http://partnersforrecovery.samhsa.gov/docs/Know_Your_Rights_English_2007.pdf
- Legal Action Center, <http://www.lac.org>
- National Alliance of Methadone Advocates, <http://www.methadone.org>
- National Alliance of Advocates for Buprenorphine Treatment, <http://www.naabt.org>

A link check was run on all the external Web sites listed in the discussion guide to identify and fix any broken links as of 6/10/11. However, we acknowledge that Web site URLs change frequently and may require ongoing link checks for accuracy. Last Updated: 6/10/11 will reflect last round of edits before document is finalized for distribution.