

CSAT's
Knowledge Application Program

KAP Keys

For Clinicians

Based on TIP 29
***Substance Use Disorder Treatment
For People with
Physical and
Cognitive
Disabilities***



***Physical and
Cognitive
Disabilities***



KAP KEYS Based on TIP 29

Substance Use Disorder Treatment for People With Physical and Cognitive Disabilities

Introduction

These Kap Keys were developed to accompany the Treatment Improvement Protocol (TIP) Series published by the Center for Substance Abuse Treatment (CSAT), Substance Abuse and Mental Health Services Administration. These KAP Keys are based entirely on TIP 29 and are designed to meet the needs of the busy clinician for concise, easily accessed "how-to" information.

For more information on the topics in these KAP Keys, readers are referred to TIP 29.

Other Treatment Improvement Protocols (TIPs) that are relevant to these KAP Keys:

TIP 9, *Assessment and Treatment of Patients With Coexisting Mental Illness and Alcohol and Other Drug Abuse* (1994) **BKD134**

TIP 15, *Treatment for HIV-Infected Alcohol and Other Drug Abusers* (1995) **BKD163**

TIP 24, *A Guide to Substance Abuse Services for Primary Care Clinicians* (1997) **BKD234**

TIP 27, *Comprehensive Case Management for Substance Abuse Treatment* (1998) **BKD251**

TIP 34, *Brief Interventions and Brief Therapies for Substance Abuse* (1999) **BKD341**

TIP 35, *Enhancing Motivation for Change in Substance Abuse Treatment* (1999) **BKD342**

TIP 37, *Substance Abuse Treatment for Persons With HIV/AIDS* (2000) **BKD359**



**KAP KEYS Based on TIP 29
Substance Use Disorder Treatment for People With Physical
and Cognitive Disabilities**

Please answer the following questions keeping in mind that we are trying to get to know you better and to identify areas that may create difficulty for you in treatment if we don't know about them.

1. Do you have a disability or have you ever been told that you have a disability?
 Yes No
2. Are you currently under the care of a doctor or other medical care professional?
 Yes No
3. Do you take medications?
 Yes No
4. Do you have difficulty hearing in group settings (e.g., theaters, classrooms, family dinners)?
 Yes No
5. Do you frequently need people to repeat what they have said to you?
 Yes No
6. Have people complained that you don't hear or don't listen to them?
 Yes No
7. Do you wear glasses or contact lenses?
 Yes No
8. Do you have difficulty seeing things that are far away or very close?
 Yes No
9. Do you have frequent eye pain or headaches?
 Yes No
10. Have you ever hit your head and lost consciousness?
 Yes No
11. Have you ever received health or disability benefits?
 Yes No
12. Have you ever been unemployed for a long period of time?
 Yes No
13. Have you ever been fired from a job, asked to leave a job, or passed over for a promotion?
 Yes No
14. Did you ever have special classes or tutoring in school?
 Yes No

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15. In a school or work setting, do you like to learn or learn best by

- Listening to someone talk
- Watching someone perform a task
- Reading on your own
- Performing tasks yourself
- Discussing things with another person
- Discussing things with a group of people

16. Have you had problems or difficulty with any of the following?

- Getting your point across to others
- Sitting still
- Focusing on the task at hand for more than several minutes at a time
- Understanding the point that others are making to you or what others are saying to you
- Communicating your feelings or thoughts to others

17. Have you ever had problems with or been bothered by any of the following?

- Controlling anger
- Remembering things
- Following instructions (verbal, written, or demonstrated)
- Concentrating
- Becoming tired easily
- Getting along with others

18. Have you ever had problems or been bothered by any of the following?

- Depression
- Anxiety
- Forgetfulness
- Sleep problems
- Nervousness
- Muscle tension or soreness
- Uncontrolled worry
- Excessive worry
- Irritability
- Restlessness (feeling on edge)
- Mind "going blank"
- Rapid heart rate
- Pounding in chest
- Heart burn or stomach pain
- Uncontrolled feelings of happiness or euphoria

Potential Community Resources to Assist with Treatment

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Substance Use Disorder Treatment for People With Physical and Cognitive Disabilities

All Disabilities

Centers for Independent Living
United Way
Vocational rehabilitation agencies
State disability councils

Learning Disability (LD)

Local or national Learning Disabilities Association
Community, school, or university LD program
Community mental health centers
Literacy council

Developmental Disability (DD)

School or community DD program
Parent organizations
Goodwill Industries
Special Olympics

Blind or Visual Impairment

Vocational rehabilitation providers
Senior citizens' center
Public library
Society for the Blind
Lion's Club

Deaf and Hard of Hearing

Agencies for the deaf
Vocational rehabilitation providers
Senior citizens' centers
State chapters for the Registry of Interpreters for the Deaf
Commission for the Deaf and Hard of Hearing (located in numerous states)

Spinal Cord Injury

Hospital rehabilitation programs
Paralyzed Veterans of America
Hospital or pain management program
United Cerebral Palsy

Developed by D. Moore and J. A. Ford for the Rehabilitation Research and Training Center on Drugs and Disability (RRTC).

Questions for Counselors to Think About

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- What books about people with disabilities did I read as a child?
- What view of people with disabilities do I get from the media?
- What scholarly information have I read concerning people with disabilities?
- What experience have I had with significant others who are disabled?
- Who else from the Disability Community have I had contact with?
- What are my issues, hot spots, fears, and stereotypes concerning disabilities?

Benefits of Modifying Programs to Accommodate Persons With Disabilities

- Improved treatment completion rates
- New service population
- Legal compliance insulates program from liability
- Many grants and contracts are contingent upon Americans With Disabilities Act compliance
- Different funding sources available for a new population base
- Niche area or specialty area for the program
- Communities need to have this service available
- Expand scope of approaches and services to use with all clients
- Broader connection to disability agencies and the Disability Community provides political benefit

People's Understanding and Acceptance of a Coexisting Disability

People vary in how well they understand or accept their own disabilities. Some persons entering treatment for substance use disorders know what interventions their disabilities require. Others do not. Some people appreciate and benefit from accommodations to their disability, whereas others may be reluctant to acknowledge that some condition limits their functional capacity. The following are some of the factors that affect a person's willingness to accept the realities of her disability:

- The severity, duration, or specific functional limitations of the disability

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- Societal reaction to and expectations of the person with a disability
- The developmental stage at time of the disability's onset
- Access to resources and societal mobility
- A history of risk-taking behaviors prior to the onset of the disability
- A history of having used substances to cope with a disability
- Recurring and episodic forms of personal grieving due to disability issues
- The amount of independence resulting from a person's lifestyle and personality
- Age (generally, younger people are more willing to eventually accept their disability)
- Marital status (married people are more willing to accept disability than single or unattached)
- Income (the greater someone's income, the more willing he is to accept disability)

Source: Chart modified from Li and Moore 1998



Physical Access Can Be Readily Achieved

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Substance Use Disorder Treatment for People With Physical and Cognitive Disabilities

Under the Americans with Disabilities Act, privately operated alcohol and drug programs should remove architectural (or physical) barriers to program areas in existing facilities where it is readily achievable to do so. Readily achievable is defined by the Department of Justice as "easily accomplishable and able to be carried out without much difficulty or expense." The regulation contains a list of 20 examples of modifications that may be readily achievable:

1. Installing ramps
2. Making curb cuts in sidewalks and entrances
3. Repositioning shelves
4. Rearranging tables, chairs, vending machines, display racks, and other furniture
5. Repositioning telephones
6. Adding raised markings on elevator control buttons
7. Installing flashing alarm lights
8. Widening doors
9. Installing offset hinges to widen doorways
10. Eliminating a turnstile or providing an alternative accessible path
11. Installing accessible door hardware
12. Rearranging toilet partitions to increase maneuvering space
13. Insulating lavatory pipes under sinks to prevent burns
14. Installing a raised toilet seat
15. Installing a full-length bathroom mirror
16. Repositioning the paper towel dispenser in a bathroom
17. Creating designated accessible parking spaces
18. Installing an accessible paper cup dispenser at an existing inaccessible water fountain
19. Removing high pile, low density carpeting
20. Installing vehicle hand controls

The list is intended to be illustrative. Each of these modifications will be readily achievable in many instances, but not in all.



Ordering Information

TIP 29

Substance Use Disorder Treatment For People With Physical and Cognitive Disabilities

Easy Ways to Obtain Free Copies of All TIP Products

1. Call SAMHSA's National Clearinghouse for Alcohol and Drug Information (NCADI) at **800-729-6686**, TDD (hearing impaired) **800-487-4889**.
2. Visit CSAT's Web site at **www.csat.samhsa.gov**

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