

Work as a Critical Component of Recovery

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Work, as a component of recovery has been the subject of extensive research and debate. What is the relationship of work to treatment outcomes? What factors contribute to a client's success with employment? What employment-related services are most beneficial to an individual in recovery and when should the issue of work be addressed?

Work is becoming increasingly recognized as a critical component of recovery and therefore requires that treatment services provide vocational and educational services to individuals in treatment. Currently, 70% of those individuals admitted to treatment are unemployed (Comerford, 1999). Incidentally, treatment programs have traditionally not paid a great deal of attention to employment outcomes (Platt, 1995), and so changes need to occur.

Cognitive therapies that aim at developing positive self-efficacy, self-concept and self-esteem are showing significant promise in helping substance abusers move through the stages towards positive change (Comerford, 1999). Bandura's (1986) self-efficacy model, an individual's belief that s/he can solve a problem, has been found to successfully predict outcomes in relationship to alcohol consumption, drug craving, relapse to substance abuse, abstaining from drinking after relapse, recovery from addictions without treatment, ability to cope with stress and enhancement of bio-immune functioning, level of interest developed, and performance attainments (Comerford, 1999). Successful performance has impact on self-concept (Harrison, Rainer, Hochwarter, & Thompson, 1997). It is therefore imperative that counseling related to the employment process be guided by this theory. Helping clients develop self-efficacy, self-esteem, self-concept, and the belief that positive outcomes are possible, holds promise for the future of substance abuse treatment (Comerford, 1999).

A review of the literature helps one to understand the reasoning behind this theory and gives legitimacy to calls for reform in the delivery of employment related services to clients in treatment. The literature on employment and substance abuse can be synthesized into six broad categories: 1) importance of work; 2) pre-treatment factors; 3) treatment outcomes; 4) treatment approaches (staff and services); 5) an integrated treatment approach and 6) post-employment services.

Importance of Work

Work provides the individual in recovery the ability to enhance self-esteem and to build confidence and self-worth by providing the person with the opportunity to invest in something in which s/he can be successful. Clients see working as equivalent to normalcy, being a part of society, doing what adults do, being “something” and “somebody”. Not working is seen as being nothing (Co-Star, 1993). Employment becomes the primary vehicle for reintegrating the client into the community as a productive and contributing member of society and makes him/her feel worthwhile and self-confident; it becomes a means for social readjustment (Platt, 1995).

Work carries with it many benefits for the substance-abusing individual in recovery:

- It becomes a source of legitimate and stable income, establishes responsibility and builds self-esteem.
- Work provides structure to the addict’s life and structure interferes with addiction (Valliant, 1988, p.1154).
- It allows the individual to once again recognize his/her self-worth and integrates the person back into mainstream society.

- Work provides an atmosphere where the individual in recovery can express him/herself and be listened to; it shows society one's importance and participation.
- It provides a gateway into productive new relationships, whether social or professional.
- It establishes a sense of independence contributing to reduced dependence on drugs/alcohol.

Pre-treatment Factors in Relation to Employment Outcomes

Personal characteristics and pre-treatment factors contribute greatly to post-treatment employment status. Many drug addicts are unemployed prior to treatment, particularly heroin addicts. Similarly, more unemployed individuals are drug/alcohol abusers than employed individuals. The 1997 National Household Survey on Drug Abuse revealed that 13.8% of unemployed adults over age 18 were current substance users, compared with only 6.5% of full time employed adults (SAMHSA, 1998). For those alcohol/drug abusers that are currently employed and for those that have or will become unemployed as a result of alcohol/drug abuse, it is important to identify the impact that substance abuse may have on workplace attitudes and beliefs which may essentially allow for the loss of employment. Substance abuse impacts on workplace attitudes and performance, work alienation and heavy drinking (Blum, Roman, & Martin, 1993; Greenberg & Grunberg, 1995). Workplace conditions may act as predisposing factors to substance abuse. For example, work stressors such as discrimination or work overloads, structural features of the workplace such as work roles with very little supervision or subcultures that support substance abuse on or off the job, and socioeconomic influences can have a profound impact on an individual's decision to use (Howlands, Mangione, Kuhlthau, & Bell, 1996; Richmond, Flaherty, & Rospenda, 1996; Trice, 1992; Trice & Sonnenstuhl, 1990).

In someone whose daily life is unpatterned by a job, addiction poses a very definite and gratifying, if rather stereotyped, pattern of behavior (Valliant, 1988, p. 1150).

In essence, it becomes a substitute for employment. Studies have shown that several personal characteristics of addicts may place them at a higher risk for unemployment than non-addicted individuals. Addicts are often individuals of minority groups and in a lower educational bracket than the general population (Platt, 1995).

Early studies on employment and substance abuse examined pre-treatment employment status and its effect on employment after treatment. It was often found that poor employment history prior to treatment will predict a poor employment history after treatment (Simpson, 1984). It has also been shown that improvements in treatment success have been correlated with the existence of pre-treatment income from jobs and illegal activities. Those that received their income from public assistance had less substantial treatment improvement (McLellan et al., 1981). Pre-treatment employment has also been found to be related to retention in naltrexone treatment (Cappone et al., 1986). While pre-treatment employment is related to outcomes, it does not mean that treatment is ineffective. Rather, it suggests for an individualized treatment and rehabilitation plan that emphasizes the individual's limitations.

Treatment Outcomes

The role of employment in addiction treatment is a critical one. It is not only viewed as an element of treatment but also as a desired outcome, particularly in treatment evaluation research. Substance abuse treatment and its employment-related components have shown to positively impact post-treatment functioning in number of days employed, monthly income, absenteeism, and on the job problems (Gerstein et al., 1994; Young, 1994). In addition to

contributing to successful outcomes in treatment, it plays a critical role in retention and in the reduction of the occurrence and severity of relapse (Peters, Witty, & O'Brien, 1993; Platt, 1995; Wolkstein & Spiller, 1998).

In examining employment related measures, Siegal et. al (1996) found that clients in treatment who expressed interest in employment benefited significantly from strengths- based case management. This case management approach is holistic as opposed to a core substance abuse treatment regimen. It addresses functioning in other areas such as medical, drug/alcohol status, legal, family, social, and psychiatric. Strengths-based case managed clients worked more days, reported fewer days of employment problems and identified less need for employment counseling than the clients who received core services only (Siegal et. al, 1996). Additionally, improvement in employment correlated positively with improvement in all of the seven areas examined by the Addiction Severity Index (Siegal et. al, 1996).

Other research shows lower relapse rates among clients in methadone maintenance for those who receive more services especially employment and mental health (Joe, Simpson, & Sells, 1992).

Treatment Variables and Employment

Treatment Goals

For treatment to be successful, certain conditions must be met. Some of these include economic independence, cessation from drugs and/or alcohol, anger management, self-esteem, self-efficacy, and social reintegration. By setting goals, the individual in recovery may be more ready to achieve these conditions. Employment as a goal may represent a motivational factor for the reduction of substance use (Comerford, 1999). Gender, ethnicity and criminality impact the

person's treatment experience. Differing patterns emerge and suggest the need for an individualized approach to treatment.

Gender

Personal characteristics affecting employment status play an important role in successful employment outcomes for the individual in recovery. One needs to examine these characteristics to be able to adequately assess the potential for each individual in recovery to obtain and maintain successful post-treatment employment. Studies have shown that gender plays an important role in describing employment trends. In a recent study, it was demonstrated that female clients had worked significantly less amounts of time and earned significantly less monthly income than their male counterparts, and had significantly more income from public assistance (Mathis et al., 1994). Female clients were reported to be less likely to be looking for work and to report that they actually wanted employment (Mathis et al., 1994).

Ethnicity

Race also plays a significant role in treatment and post-treatment employment patterns. In a methadone maintenance study, Blacks receiving higher doses of methadone than Hispanics were more likely to acquire work in the study period that followed (Metzger, 1987). When all other variables were held constant, race was determined to be the most powerful explanatory variable for the employment characteristics of the study clients (Metzger, 1987). Blacks also seemed to be helped more by employment readiness interventions than White clients (Metzger, Platt, Zanis, & Fureman, 1992). The effect of this intervention may have also had more of a lasting effect on Blacks than Whites as is evidenced by results at 12-month follow-up. At this

follow-up, the employment rate of Black participants was double the rate immediately following the intervention whereas employment for White participants decreased by more than three times over the same time period (Platt, Husband, Hermalin, Cater, & Metzger, 1993).

Criminality

Among substance-abusing individuals, criminality tends to be a common characteristic. This carries tremendous significance as there is a clear relationship between higher unemployment and higher levels of criminal activity (Platt, 1986). Addicts generally tend to rely more heavily on acquiring money illegally through criminal activity than through legitimate jobs. However, decreases in criminal involvement are evident after treatment admission (Marsh and Simpson, 1986). Those individuals in recovery with a past history of judicial involvement have been shown to have the greatest employment increases after treatment (Platt, 1995).

Services

That persons in recovery need to be treated individually was mentioned earlier in relation to characteristics of gender, ethnicity and criminal background. What works for one person may not work well for another and people need to be triaged according to their personal circumstances. Certain additional categorizations serve as a potential method for matching clients with specific employment interventions. For example, those individuals that are chronically unemployed may need to be provided with basic skills, or education toward a general equivalency diploma to prepare them for employment; workers with an inconsistent work history might set goals for the elimination of drug use and symptoms that interfere with employment.

Those with a prior stable work history may be provided with resources and training to better position themselves for employment (Comerford, 1999).

Most treatment programs accord a very low priority to vocational and educational services. This is evidenced by the disparity between those who say they need employment services versus those who actually receive them. For example, Joe, Simpson, and Hubbard (1991) reported that 39.8% of the clients in their study (methadone maintenance programs) were in need of employment services while only 8.8% actually received these services. This population is in great need of these services as a general lack of problem-solving skills exists among addicts. This lack of problem-solving skills may only exacerbate the stress and anxiety experienced by the addict which may subsequently result in work failure and/or relapse for the individual in recovery (Platt, 1995). By making resources available to individuals in recovery through client-centered vocational interventions in substance abuse treatment, outcomes can be improved (Comerford, 1999).

When including vocational services in substance abuse treatment, it is beneficial to individually address priority needs, long-term continuity of care and social inclusion. To contribute to an individual's sense of self-efficacy, it is also crucial to pay special attention to the individual's sense of his/her own productivity, value, and being paid adequately for work performed (Comerford, 1999).

Integrated Model

The integrated model can be described as strengths-based case management (Siegal et al., 1996). It can also be viewed as a holistic rehabilitation model that includes evaluation of all areas of development and functioning including medical, social, psychological, vocational, legal,

economic, and spiritual. The model is individualized and consumer-oriented (Wolkstein & Spiller, 1998). In a literature review by Miller (1995), it was found that substance abuse disorders respond to very specific treatments and so the client must be treated in an individualized manner with an individualized treatment plan.

Multiple factors contribute to successful employment and recovery including such things as psychiatric status, outside responsibilities, income and type of insurance, criminal justice involvement, lack of motivation, fear of work, lack of child-care services, poor education, and language barriers, only to name a few (Platt, 1995). The use of an integrated model results in improved functioning in one area which increases functioning in other areas (Room, 1998). This model goes beyond substance abuse recovery and addresses all other life domains. Improved employment status supports areas such as alcohol/drug use, psychological status, and family and social relationships (Comerford, 1999). Therefore the need for a model that incorporates and integrates all the service providers addressing these issues is necessary for the successful rehabilitation of substance-abusing clients. In order for treatment to be effective, all services must be provided in collaboration with one another.

The application of any occupational intervention should also be guided in relation to a substance abuse client's functioning and level of care (Zanis, Metzger, & McLellan, 1994).

Post-employment Services

In order to maintain a client's current level of functioning after treatment, and to progress even further, ongoing services must be provided.

It is suggested that additional support would be necessary in order to maintain the employment gains realized as a result of these interventions (Platt et al., 1993).

It has been found that additional support is necessary to maintain the employment gains realized as a result of treatment interventions (Platt et. al, 1993). This is consistent with the relapse prevention model that emphasize the need for long-term follow-up in order to maintain positive changes (Gorski, 1990; Marlatt & Gordon, 1985).

These services include job coaching regarding job retention, problem solving, dealing with supervisors and anger management, leisure planning, stress management and assertiveness training. As the individual accomplishes employment goals, new goals need to be set. Since employment is frequently a relapse trigger, associated with new stress, new relationships and financial resources, ongoing counseling for employment retention and sobriety are extremely important.

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