



Editor’s Note On

TIP 38, *Integrating Substance Abuse Treatment and Vocational Services*

2017

Published in 2000, Treatment Improvement Protocol (TIP) 38 contains much information that remains useful to today’s reader. Noted below are several topical areas in the TIP where more current terminology, information, and resources supplant or add to the content found in the TIP.

Changes in Language Usage

Federal legislation adopted in 2010 (see the Legislative Updates section, below) mandates the use of certain terms in federal health, education, and labor law. Below are terms used in TIP 38 and each one’s corresponding mandated term.

Term Used in TIP 38	Mandated Term
mental retardation	intellectual disability
mentally retarded	individual with an intellectual disability

Terminology has evolved since the publication of TIP 38, reflecting efforts to (a) reduce negative perceptions and discriminatory attitudes that can adversely affect individuals in need of behavioral health services, and (b) establish more consistency and clarity across the behavioral health field. Below are examples of terms used in TIP 38 and currently preferred terms.

Term(s) Used in TIP 38	Currently Preferred Term
alcoholic	individual with alcohol use disorder
alcoholism	alcohol use disorder
clean, sober	abstinent

Clinical Updates

The Consensus Panel was not reconvened to review and update the clinical information in TIP 38. However, a literature search covering 2011 to early 2017 found little information that would affect the recommendations in the TIP.



The search did identify two studies, not available for consideration when TIP 38 was developed, that explored the effectiveness of an evidence-based employment intervention. The intervention, Individual Placement and Support (IPS), has been used with clients in substance use treatment who are affected by certain conditions such as spinal cord injuries and severe mental illness. IPS involves eight principles:¹

1. **Competitive employment as an obtainable goal**—IPS programs focus on assisting clients to enter the competitive job market directly (as opposed to using the stepwise approach of traditional vocational counseling).
2. **Eligibility based on client choice**—the requirement for admission to an IPS program is the desire to work; eligibility is not based on client limitations such as symptoms or disability level.
3. **Integration of vocational rehabilitation and mental health services**—employment services are closely integrated with mental health services.
4. **Attention to client preferences**—services are based on client preferences rather than providers' judgments.
5. **Personalized benefits counseling**—counseling for benefits such as Medicaid and Social Security is tailored to the individual client.
6. **Rapid job search**—the job search starts early, as opposed to starting after preemployment assessment, training, or the like.
7. **Systematic job development**—employment specialists develop a network of relationships with employers to facilitate matching clients with jobs.
8. **Individualized and time-unlimited support**—ongoing job support is available as long as the client needs and wants it.

One study explored the use of IPS with veterans who had a history of at least one felony conviction and a substance use disorder, a mental disorder, or both.² IPS was added to a traditional program for veterans called About Face (AF). Thirty-eight participants received only AF, and 46 received AF + IPS. After 6 months, 46 percent of the AF + IPS group had found employment versus 21 percent of participants who received only AF.

Another study explored the effectiveness of IPS for participants with opioid use disorder who were taking methadone in an opioid treatment program.³ Half of the participants began receiving IPS when the study started, and the other half were placed on a 6-month waitlist. After 6 months, the waitlist group also received IPS. Six months after the study started, 50 percent of the IPS participants had found competitive employment versus 5 percent of the waitlist group. After 12 months (6 months after the waitlist group had received IPS), 50 percent of the participants in the original IPS group had found competitive employment, and 22 percent of the original waitlist group had found employment.

Also of clinical relevance to readers is that TIP 38 makes reference to the fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV).⁴ Since publication of the TIP, the DSM has been revised twice. The current version, DSM-5,⁵ differs significantly from previous versions in many ways. The American Psychiatric Association has published several useful [fact sheets](#) that explain changes in the new edition.⁶

Statistical Updates

Substance use incidence and prevalence information have changed since TIP 38 was published. Exhibit 1 shows 2003–2007 and 2008–2012 substance use disorder rates by industry.

Legislative Updates

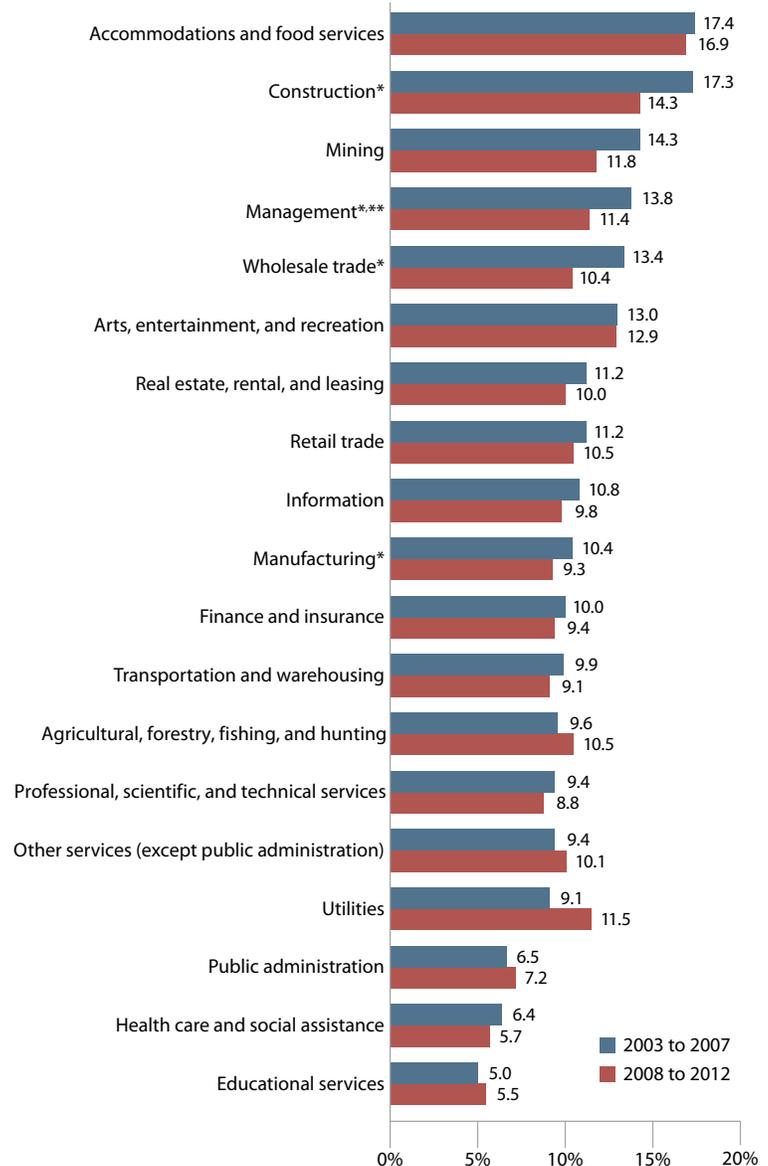
Federal, state, and local policies that have been adopted since TIP 38 was published have altered the behavioral health services landscape. Of particular relevance to TIP 38 are the following:

2008: The [ADA Amendments Act of 2008](#) broadens protection from discrimination for people with disabilities; the Act was created to “restore the intent and protections of the Americans with Disabilities Act of 1990.”⁷

2010: [Rosa’s Law](#) mandates changing terminology from “mental retardation” to “intellectual disability” in federal health, education, and labor law.⁸

In addition, a number of states and many localities have adopted “[ban-the-box](#)” laws that require public employers to delay inquiries about job applicants’ criminal histories until some point after the initial application; some states and localities have also extended ban-the-box laws to private employers.⁹

Exhibit 1. Past-Year Substance Use Disorder Among Adults Ages 18–64 Employed Full Time, by Industry: 2003–2007 and 2008–2012¹⁰



*Difference between 2003–2007 and 2008–2012 estimates are statistically significant at .05 level.

**Full title of category is “Management of companies and enterprises, administration, support, waste management, and remediation services.”

Adapted from material in the public domain.

Resources

Some of the tools and resources recommended in TIP 38 have been updated with newer content, replaced by other resources, or moved to new web addresses. Some of the most pertinent updates are listed below.

TIP 38 Resource	Current Resource
America's Job Bank and America's Talent Bank	CareerOneStop
America's Career Info Net	CareerOneStop
America's Learning eXchange	CareerOneStop
The Psychological Corporation	Pearson Clinical Assessment

Additional Resources

Potentially useful resources that were not listed in TIP 38 include the following:

[America in Recovery](#)

www.americainrecovery.org

[Are You in Recovery From Alcohol or Drug Problems? Know Your Rights](#)

<https://store.samhsa.gov/shin/content/PHD1091/PHD1091.pdf>

[Ensuring People With Convictions Have a Fair Chance To Work](#)

www.nelp.org/campaign/ensuring-fair-chance-to-work

[The National H.I.R.E Network](#) (National Helping Individuals with criminal records Re-enter through Employment Network)

www.hirenetwork.org

Notes

- 1 Drake, R. E., Bond, G. R., & Becker, D. R. (2012). *Individual placement and support: An evidence-based approach to supported employment*. New York, NY: Oxford University Press.
- 2 LePage, J. P., Lewis, A. A., Crawford, A. M., Parish, J. A., Ottomanelli, L., Washington, E. L., & Ciper, D. J. (2016). Incorporating Individualized Placement and Support principles into vocational rehabilitation for formerly incarcerated veterans. *Psychiatric Services, 67*(7), 735–742.
- 3 Lones, C. E., Bond, G. R., McGovern, M. P., Carr, K., Leckron-Myers, T., Hartnett, T., & Becker, D. R. (2017). Individual Placement and Support (IPS) for methadone maintenance therapy patients: A pilot randomized controlled trial. *Administration and Policy in Mental Health and Mental Health Services Research, 44*(3), 359–364.
- 4 American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (4th ed.). Washington, DC: Author.
- 5 American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.
- 6 American Psychiatric Association. (2013). DSM-5 fact sheets [Webpage]. Retrieved September 3, 2017, from www.psychiatry.org/psychiatrists/practice/dsm/educational-resources/dsm-5-fact-sheets
- 7 U.S. Equal Employment Opportunity Commission. (n.d.). ADA Amendments Act of 2008 [Webpage]. Retrieved September 1, 2017, from www.eeoc.gov/laws/statutes/adaaa.cfm
- 8 Rosa's Law, Pub. L. No. 111-256, 124 Stat. 2643. Retrieved July 5, 2017, from www.gpo.gov/fdsys/pkg/PLAW-111publ256/pdf/PLAW-111publ256.pdf
- 9 Lawrence, A. (2017, March). From jails to jobs. *State Legislatures*. Retrieved July 5, 2017, from www.ncsl.org/bookstore/state-legislatures-magazine/trends-march-2017.aspx
- 10 Bush, D. M., & Lipari, R. N. (2015, April). *The CBHSQ Report: Substance use and substance use disorder by industry* (Figure 6). Retrieved September 3, 2017, from www.samhsa.gov/data/sites/default/files/report_1959/ShortReport-1959.pdf

This publication lists nonfederal resources to provide additional information to consumers. The content and views in these resources have not been formally approved by the Substance Abuse and Mental Health Services Administration (SAMHSA) or the U.S. Department of Health and Human Services (HHS). Listing of these resources does not constitute an endorsement by SAMHSA or HHS.

Editor's Note on TIP 38, *Integrating Substance Abuse Treatment and Vocational Services*

HHS Publication No. (SMA) 12-4216

Published 2017

Substance Abuse and Mental Health Services Administration