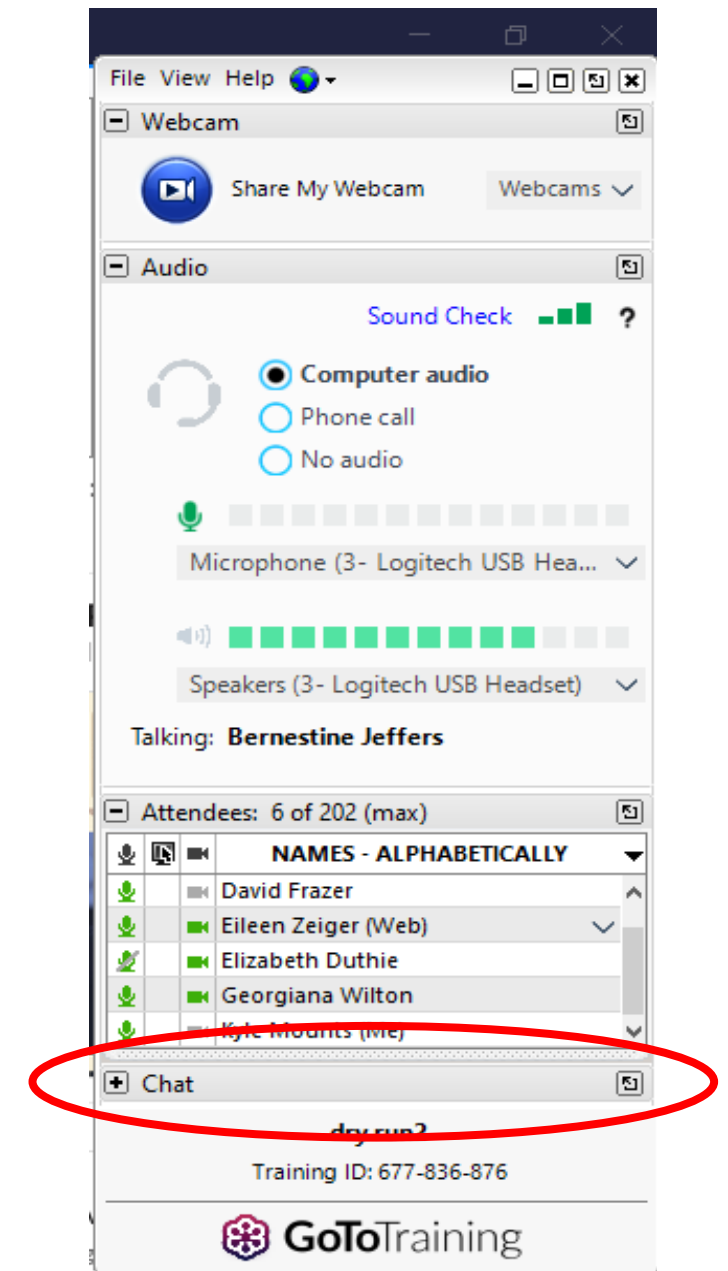


# Introductions

- Thank you for joining us today.
- To introduce yourself, please enter your name and agency/organization in the chat box and send to all.





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Welcome and Thank You  
for attending

# ECHO Etiquette

- Stay muted when we are not speaking to reduce extraneous noise
- Use the “raise hand” function to ask a question or make a comment, or put it in the Chat Room
- Be respectful of everybody, even if their ideas don’t resonate with you
- Never disclose protected health information or any identifying information regarding the case study
- Help us keep the learning environment productive, positive, helpful, and safe

# Reminders

- If you ever have questions or comments about any of our programs, please use the “Contact” function on the Wisconsin CONNECT website
- The didactic will be recorded and posted on the website along with responses to your questions.
- This is your last chance to **“introduce yourself”** to your colleagues in the **chat room**. Once the didactic begins, we’ll reserve that space for questions.
- If the PowerPoint slides aren’t large enough on your screen, drag the “gray bar” above the slide up or down to change the size—and you can remove the webcam coverage to just see the slides.

# Accreditation for CME and CNE

- CME

- The Wisconsin Association for Perinatal Care (WAPC) is accredited by the Wisconsin Medical Society to provide continuing medical education for physicians.
- The Wisconsin Association for Perinatal Care (WAPC) designates this internet live course for a maximum of 1 *AMA PRA Category 1 Credit™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

- CNE

- The Wisconsin Association for Perinatal Care (WAPC) is approved as a provider of nursing continuing professional development by the Wisconsin Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.
- This internet live activity meets the criteria for a maximum of 1 contact hour.



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# Women with Disabilities: Implications for Treatment and Recovery

Georgiana Wilton, MA, PhD  
Emerita

University of Wisconsin-Madison  
School of Medicine and Public Health

# Learning Objectives

- By the end of the didactic, participants will be able to:
  - Understand the impact of disabilities on SUD treatment
  - Identify resources to serve women with disabilities
  - Name screening tools to assess risk for intellectual disabilities

I have no conflicts of interest to disclose.





# Disability

- Perceived impairments in a person's body, emotions, and mind
  - Long- or short-term
  - Physical, mental, developmental, emotional, behavioral, social
  - Occurring at any time during life
    - <https://www.addictioncenter.com/addiction/disability/>

# Prevalence of Disabilities

- Disabilities are common in the US
  - 26% of adults in the US have disability
    - 13.7% Mobility
    - 10.8% Cognition
    - 6.8% Independent Living
    - 5.9% Hearing
    - 4.6% Vision
    - 3.7% Self-care
  - [cdc.gov](http://cdc.gov)

# Compounding the issue...

- Adults with disabilities disproportionately experience other health risks that can complicate recovery:
  - Obesity: 38.2% (vs. 26.2%)
  - Smoke: 28.2% (vs. 13.4%)
  - Heart disease: 11.5% (vs. 3.8%)
  - Diabetes: 16.3% (vs. 7.2%)
- <https://www.cdc.gov/ncbddd/disabilityandhealth/infographic-disability-impacts-all.html>

# Disabilities and Substance Use Disorder

- People with physical disabilities have an SUD rate 2-4x higher than those without a disability
  - Disability + lack of support =
    - Depression
    - Anxiety
    - Unhealed trauma
      - <https://www.addictioncenter.com/addiction/disability/>
- People with intellectual disabilities may have lower prevalence of alcohol & drug use but have a higher risk of having an SUD
  - Indicates less exposure needed for SUD
  - This may not hold true for those with borderline or mild ID
    - Chapman & Wu, 2012

# Ideas why SUD rates may be higher?

- May be using substances to cope with physical or emotional pain (i.e., trauma)
  - Physical or sexual trauma
- Social isolation
- Stigma (and shame)
- Impulsivity associated with certain mental health diagnoses

# Screening for Cognitive and Limitations During Intake

- The best way to learn about potential challenges is to screen
  - All clients
  - At intake



# Assessing Clients isn't enough...

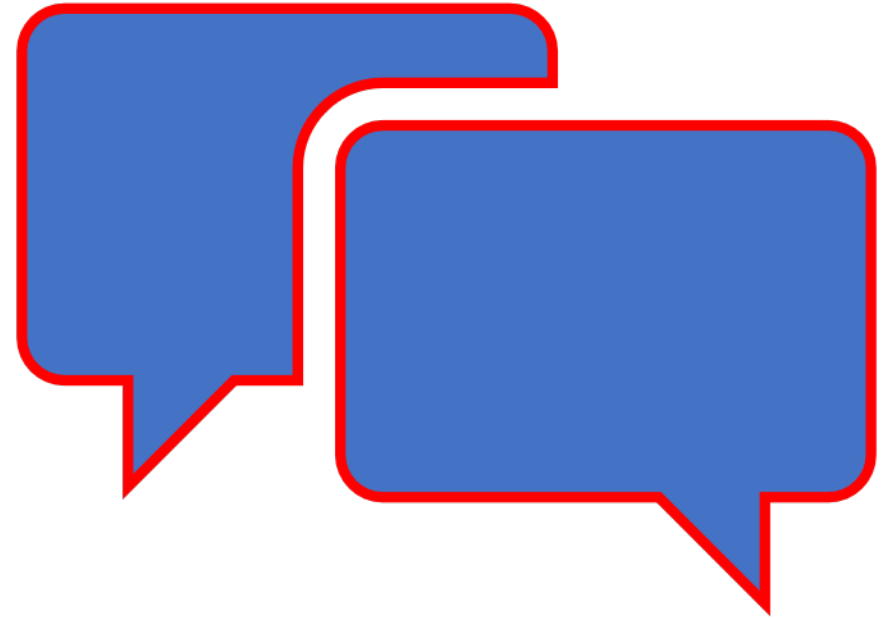


- Have you assessed your agency lately?

Photo by Kevin Woblick on Unsplash

# Poll Question

- How many of you work at an agency that may have an access barrier (consider all areas):
  - Language (including sign language, braille, etc.)
  - Physical accessibility (including bathrooms and all transition spaces)
  - Counseling strategies not adapted for cognitive challenges (i.e. MI), other languages, etc.
  - Lack of cognitive screening during intake
  - Fail to inform all clients at first contact about your program's ability to meet a range of access needs and inform how to make access requests
  - Website accessible for people with cognitive challenges
  - Acceptance of service/therapy animals
  - Other



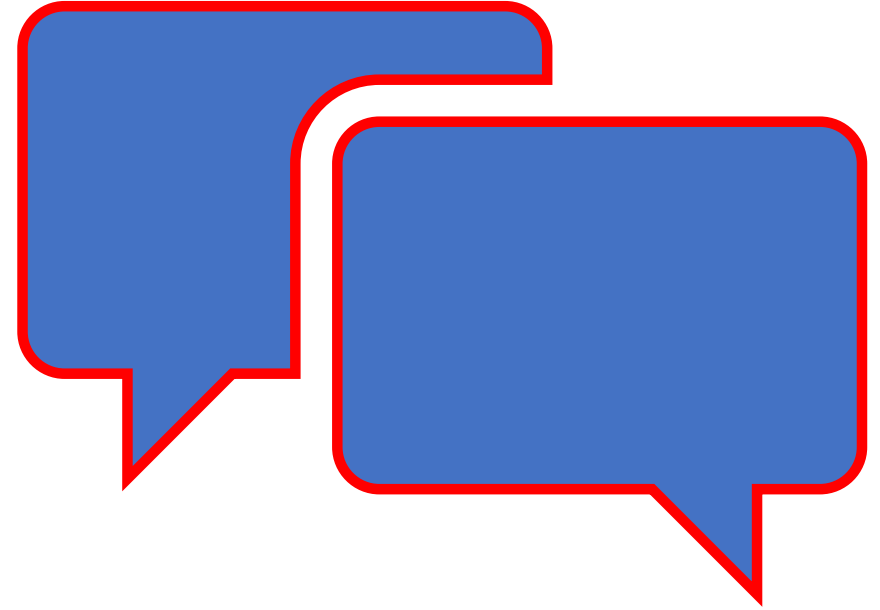


# Client Pathway Analysis

- One way to evaluate your agency's facility and policies for inclusion.
- Involve people with various challenges in the analysis. Staff may not recognize all challenges.
  - Physical access
  - Communication
    - Varying language accommodations
    - Accommodations for intellectual disabilities
  - Policies and practices
    - Assessment strategies, counseling strategies, etc.
    - Look for what may impede progress
  - Webpage and online presence review
  - Do you make accessibility known in your advertising?
    - Bowen, 2015

# Poll Question

- How many of you have participated in a Pathway Analysis (or something similar)?




# How do providers define success?

 Completion rates?

 Percent of appointments attended?

 Percent of plan completed?

 Reduction in substance use?

 Increase in health status?

 Increase in Recovery Capital?

 Etc., etc., etc...

# Barriers to Success

- Inaccessibility (physical, sensory, cognitive, etc.)
- Fewer facilities able to serve women with physical challenges
  - i.e., DHS 83.02 (CBRF)
- Lack of adequate support structure at each ASAM level of care
  - Example:
    - Non-residential treatment options often require increased executive functioning skills
      - Grant, Brown, Graham & Ernst, 2014
- Lack of training/experience developing programs for women with physical/sensory/cognitive disabilities
  - Understanding the disability “culture”

# Laying the foundation for success

- Conduct a Pathway Analysis
- Implement universal screening for physical and cognitive disabilities (and other medical conditions)
  - Medical exam
  - Screen for cognitive challenges
- Train adaptations to counseling techniques and support services for women with disabilities
- Increase professional development in this topic area

# Screening and Diagnosis Resources

- Screening

- HASI (HASI-IV): **H**ayes **A**bility **S**creening **I**ndex

- Validated for clients with SUD in inpatient settings

- RAPID: **R**apid **A**ssessment of **P**ossible **I**ntellectual **D**isabilities

- Developed for offenders with intellectual disabilities

- FASD Risk Assessment Screen:

- [https://www.wisconsinconnect.org/uploads/2/5/8/0/25803255/fasd-fetalalcoholdisordersmanual2020-3.tb\\_2\\_1.pdf](https://www.wisconsinconnect.org/uploads/2/5/8/0/25803255/fasd-fetalalcoholdisordersmanual2020-3.tb_2_1.pdf)

- Diagnosing

- Vineland Adaptive Behavior Scales (VABS-3)

- Diagnosis and information for treatment plans

# General Resources

- Mental and Substance Use Disorder Treatment for People with Physical and Cognitive Disabilities (2019)
  - <https://store.samhsa.gov/product/Mental-and-Substance-Use-Disorder-Treatment-for-People-With-Physical-and-Cognitive-Disabilities/PEP19-02-00-002>
- TIP 29: Substance Use Disorder Treatment for People with Physical and Cognitive Disabilities (2012)
  - <https://store.samhsa.gov/product/TIP-29-Substance-Use-Disorder-Treatment-for-People-With-Physical-and-Cognitive-Disabilities/SMA12-4078>
- US Health and Human Services
  - <https://www.hhs.gov/programs/social-services/programs-for-people-with-disabilities/index.html>
- National Council on Disability
  - Independent federal agency
  - <https://ncd.gov/resources>
- Renewing the Commitment: An ADA Compliance Guide for Nonprofits
  - <https://cct.org/wp-content/uploads/2015/08/2015ADAComplianceGuide.pdf>

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- Shapiro, J. (2018). The Sexual Assault Epidemic No One Talks About. National Public Radio: <https://www.npr.org/2018/01/08/570224090/the-sexual-assault-epidemic-no-one-talks-about>

# Questions?



# Closing

- Thank you for participating today.
- Plan to attend the next ECHO
  - Thursday, July 8, 2021
  - Topic: *The Gift of Self-Care and Wellness: “You can’t give what you don’t have”*
  - Speaker: Lonnetta Albright
  - Case presentation: If you have a case to present, let us know!
- We will put a link to this session’s evaluation in the chat box now. Please take the time to fill it out and help us make this ECHO as useful to you as possible. If you want CE credits, an evaluation is required.