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Recognizing Workplace Impairment



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Goals

- Identifying the signs of impairment in the workplace
- Employer initiatives to promote safety and provide assistance
- The essential steps to make a report or referral
- Treatment programs for impaired practitioners
- Your role as a practicing health information management professional

What is Impairment?

- “Impairment results when a health professional, such as a physician, nurse, or allied health professional, is unable to provide competent and safe patient care because of impairment by alcohol, prescription or nonprescription drugs, or mind-altering substances.”

- Toney-Butler & Siella, last update 2022

American Health Information Management Association

- The 2019 American Health Information Management Association (AHIMA) Code of Ethics directly refers to impairment:
 - “seek resolution if there is a belief that a colleague has acted unethically or if there is a belief of incompetence or impairment by discussing one’s concerns with the colleague when feasible and when such discussion is likely to be productive.”

American Health Information Management Association

- The 2019 American Health Information Management Association (AHIMA) Code of Ethics directly refers to impairment:
 - “consult with a colleague when feasible and assist the colleague in taking remedial action when there is direct knowledge of a health information management colleague's incompetence or impairment.”

Substance Use Disorders Among Medical Students

- Data is scant (as in doesn't exist) regarding substance use specifically among Health Information Management Professionals
- As opposed to other healthcare professionals, Health Information Management Professionals do not typically go to medical school
- However, their work is allied with other professionals that attend medical school

Substance Use Disorders Among Medical Students

- Recent work (Mannes et. al., 2021) suggests among medical students:
 - concerning rates of substance use among medical students
 - documentation of little explicit substance use policies among medical schools

Substance Use Disorders Among Medical Students

- Recent work (Mannes et. al., 2021) suggests among medical students:
 - recommendations for policies to be less punitive and stigmatizing

“Because of their age and stressors, medical students are at substantial risk of developing substance use disorders.”

Substance Use Disorders Among Medical Students

- Additional suggestions based on research include:
 - substance use awareness and prevention educational programs
 - professional organizations assist in identifying, assisting professionals with substance use issues

Substance Use Disorders Among Medical Students

- Additional suggestions based on research include:
 - acknowledge professionals are not immune from effects of substance abuse
 - that programs should take an educational/therapeutic philosophy toward substance abuse

Substance Use Disorders Among Other Health Professionals

Drug addiction among nurses: Confronting a quiet epidemic

Many RNs fall prey to this hidden, potentially deadly disease.



Addiction: An Occupational Hazard in Nursing

MaHer-Brisen, Patricia MSN, APRN, BC



Substance Use Disorders Among Other Health Professionals

- Several have highlighted substance use disorders (SUDs) among other health professionals, such as nurses:
 - but how do we define “drug addiction”, “addiction”, and “substance use disorders?”

Symptoms of SUDs

- DSM-5 symptoms for substance use disorders (SUDs; including substances): 2 of 11 to meet diagnosis:
 - tolerance (using more to obtain same effect/same amount less effect)
 - withdrawal (e.g., trouble sleeping, shakiness, restlessness, sweating, etc.)
 - craving

Diagnostic and Statistical Manual of Mental Disorders (DSM)

Symptoms of SUDs

- DSM-5 symptoms for substance use disorders (SUDs; including substances): 2 of 11 to meet diagnosis:
 - using a substance in larger amounts/over longer period of time than intended
 - spending significant time obtaining, using, and/or recovering from a substance
 - repeated failed efforts to cut back/quit using a substance

Symptoms of SUDs

- DSM-5 symptoms for substance use disorders (SUDs; including substances): 2 of 11 to meet diagnosis:
 - continued use despite medical problems caused/worsened by a substance
 - hazardous use
 - interferes with responsibilities at work and/or at home

Symptoms of SUDs

- DSM-5 symptoms for substance use disorders (SUDs; including substances): 2 of 11 to meet diagnosis:
 - continued use despite contributing to interpersonal problems
 - cut back on important activities because of substance use

Symptoms + Distress and Impairment

- To obtain SUD, must have at least 2 symptoms/year plus (substance use that leads to clinically significant impairment or distress)
- Many professionals may use substances (including illicit substances) but not experience SUD or impairment (designations of “illicit” substances evolving currently in US and elsewhere)

Symptoms + Distress and Impairment

- Vast majority of individuals who use psychoactive substances do not meet criteria for SUDs (including illicit substances)

Barriers to Treatment

- Only in the 1970s-1980s were addicted professionals offered treatment prior to disciplinary action (Torkelson et. al., 1996)
- Though SUDs were considered treatable, this perspective was not extended to healthcare professionals

Barriers to Treatment

- Professionals denied non-punitive approach that was offered to patients (often professionals did not receive treatment until they had been criminally charged)

Changing Tide

- Perspectives changed as professionals petitioned state legislatures to approve legislation
- New legislation made it possible to offer treatment to addicted professionals without negative impact on their licenses (as long as they continued to meet certain criteria)

Changing Tide

- Vast majority of states now have programs to place professionals with SUDs into treatment (also monitored their return to work and tried to prevent licenses (where applicable) from being revoked or suspended)

Importance of Detecting Impairment

- It is important for professionals to be aware of signs of impairment and how to report a fellow professional suspected of substance abuse
- Negative consequences to patients
 - poor documentation
 - coding errors
 - illegal and unethical breaches of confidentiality

Importance of Detecting Impairment

- Negative consequences to professional's health (SUDs linked to mental illness, cardiovascular disease, hypertension, liver disease, hepatitis, HIV, injuries, overdose)

Signs and Symptoms of SUD-Related Impairment

- Signs and symptoms of SUDs (general)
 - medication/documentation errors
 - leaving work early/arriving late, absences from the unit
 - excessive use of sick time
 - mood changes after breaks
 - working at odd times
 - dishonesty/suspicious attitude towards others

Signs and Symptoms of SUD-Related Impairment

- Physical signs of SUDs (general)
 - watery eyes
 - constricted/dilated pupils
 - shakiness/tremors
 - unsteady gait
 - sleepiness
 - constant runny nose
 - sweating

Signs and Symptoms of SUD-Related Impairment

- Physical signs of SUDs (general)
 - fatigue
 - diminished alertness
 - changes in weight (gains or losses)
 - change in appearance
 - frequent use of gum, mints, etc.
 - frequent nausea/vomiting
 - track marks from needles

Signs and Symptoms of SUD-Related Impairment

- Behavioral signs of SUDs (general)
 - poor concentration
 - outbursts of anger
 - attempts to hide track marks (long sleeves in warm weather)
 - frequent pain complaints
 - hypoactivity/hyperactivity
 - frequent accidents

Signs and Symptoms of SUD-Related Impairment

- Signs and symptoms of alcohol use:
 - slurred speech
 - lack of coordination
 - impaired memory or attention
 - leaving the workplace (to consume alcohol)

Signs and Symptoms of SUD-Related Impairment

- Signs and symptoms of alcohol use:
 - the smell of alcohol on the breath
 - frequent tardiness or poorly explained absences
 - Parsley et. al., 2022 found an association between workplace absenteeism and alcohol use disorder, such that mean days missing from work was higher among individuals with an AUD, and missing work increased with AUD severity

(Griffith, 1999; Parsley et al., 2022; Sloan & Vernarec, 2001)

Employer Initiatives to Promote Safety and Provide Assistance

- Workplace interventions for SUDs are typically offered through employee assistance programs (EAP)
- However, these resources are generally underutilized
- Eligible professionals remain unidentified and underreported
- Workplace supervisors and other professionals are often reluctant to intervene and make referrals to EAPs

Employer Initiatives to Promote Safety and Provide Assistance

- Employers and other professionals may be reluctant to use EAP for several reasons
 - concern that those treating alcohol or drug use will not have the workplace's best interest in mind and will be unreasonable, costly, and impede work productivity
 - concern that workplace is contributing to SUDs
 - concern that reducing problems will be costly and only benefit the individual and not the employer
- (Roman & Blum, 2002)

Employer Initiatives to Promote Safety and Provide Assistance

- Employees may also not participate in EAP for several reasons
 - concerns about confidentiality
 - shame for seeking help
 - fear that they must get permission from supervisor
 - unaware that EAP exists
 - employee awareness

Employer Initiatives to Promote Safety and Provide Assistance

- Individuals who use company EAP are more likely to engage in SUD treatment: factors such as major depression, black race/ethnicity, SUDs are associated with greater use of EAP (Jacobson & Sacco, 2012)

Employer Initiatives to Promote Safety and Provide Assistance

- Factors that enhance EAP use:
 - when EAP is promoted optimistically in company policy
 - belief in EAP
 - supervisor training
 - employee awareness

Employer Initiatives to Promote Safety and Provide Assistance

- Factors that enhance EAP use:
majority of studies indicate that EAPs provide positive economic benefits and improved work/clinical outcomes (Levy-Merrick et. al., 2007)

Employer Initiatives to Promote Safety and Provide Assistance

Fray et. al., (2018) reviewed pros and cons of internal EAPs (summarized in Couser et. al., 2020)

Employer Initiatives to Promote Safety and Provide Assistance

- Pros
 - customizability
 - higher utilization
 - insider knowledge of the organization
 - better communication

Employer Initiatives to Promote Safety and Provide Assistance

- Pros
 - increased number of substance abuse case finding
 - prompt response to incidents
 - additional consultation
 - more assertive case management

Employer Initiatives to Promote Safety and Provide Assistance

➤ Cons

- perception of being linked to the company
- concerns about confidentiality
- less diversity in staff, scheduling
- better communication
- harder to serve dependents, domestic partners,
- cost and complexity

Employer Initiatives to Promote Safety and Provide Assistance

- Couser et. al., 2020 notes challenges to EAPs relating to the COVID-19 pandemic
 - reports of COVID-19 concerns affecting mental health, finances, relationships
 - fear about future health and work
 - challenges of working remotely

Employer Initiatives to Promote Safety and Provide Assistance

- Employers should:
 - implement strategies to promote safety and provide assistance
 - offer assistance to professionals who suffer from SUDs and other impairing conditions

Employer Initiatives to Promote Safety and Provide Assistance

- Employers should:
 - develop guidelines to promote safety for professionals and their patients
 - drug-free workplace
 - all professionals fit to practice
 - pre-employment drug testing
 - “cause testing” – when drug use is suspected
 - fitness to practice evaluations

Employer Initiatives to Promote Safety and Provide Assistance

- Health Information Management Professionals with SUDs should be openly helped (clear expectations and guidelines to promote an environment of transparency)
- Those with SUDs may be helped through identification at the workplace
 - workers spend a lot of time with supervisors, co-workers
 - detection of problems can lead to help for the impaired

Essential Steps to Make a Report or Referral

- What should a professional do if they recognize signs or symptoms of substance abuse?
- Be aware of hospital's/institution's policies (notifying supervisor best interest of impaired professional and the organization)
- To detect impairment, professionals must be aware of signs and symptoms of impairment (as reviewed previously)

Essential Steps to Make a Report or Referral

- Essential steps:
 - be able to recognize signs of impairment (consistent with today's training)
 - observe job performance
 - record clear, concise, and objective factual data
 - includes date, time, any witnesses

Essential Steps to Make a Report or Referral

- Essential steps:
 - look for patterns consistent with impairment
 - compile results and determine likelihood of impairment
 - understand patterns may vary as stage of addiction

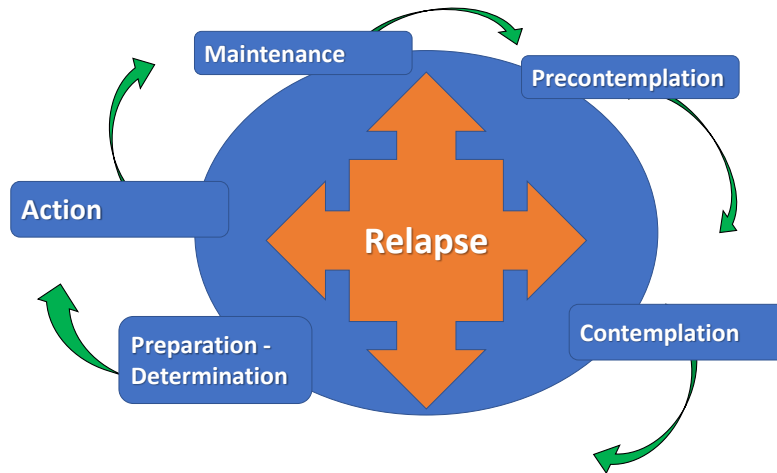
Essential Steps to Make a Report or Referral

- Stages of “addiction”
 - contact (first use of drug, experiences the pleasure of using)
 - experimental use (occasional, using to feel good)
 - excessive use (chasing, using to feel good)
 - addiction (use despite negative consequences)
 - recovery (restoring the mind, spirit and body to health equilibrium) - SAMHSA, 1999

Essential Steps to Make a Report or Referral

- Use can shift to compulsive use (attempts to satisfy craving)

Theoretical Framework Informing MI



Theoretical Framework Informing MI

- Prochaska and DiClemente identified five stages of change for substance use:
 - precontemplation
 - contemplation
 - preparation
 - action
 - maintenance

Theoretical Framework Informing MI

- Precontemplation
 - the patient (impaired professional) is not yet recognizing problem or considering change
 - may exhibit “denial” of problem

Theoretical Framework Informing MI

- Contemplation
 - the patient is evaluating reasons for and against change.
 - may still show resistance to change

Theoretical Framework Informing MI

➤ Preparation

- the patient is planning for change
- may have yet to start changing behaviors

Theoretical Framework Informing MI

➤ Action

- the patient is making the identified change(s)
- may reduce activities related to impairment

Theoretical Framework Informing MI

- Maintenance
 - the patient is working to sustain change(s)
 - would not show signs of impairment at work

Theoretical Framework Informing MI

- Relapse
 - event(s) trigger the individual to return to previous behaviors
 - “recovering” professional may slip and show signs of impairment

Essential Steps to Make a Report or Referral

- Essential steps:
 - if impairment suspected, discuss with supervisor
 - directly connect impairment with workplace performance
 - if immediate impairment is detected, intervene with assistance from colleague
 - current impairment may require transportation for impaired professional

Essential Steps to Make a Report or Referral

- May lead to workplace intervention
 - time and place to address issues with impaired professional
 - done in a group setting
 - involvement varies across institutions (be aware of local policy)

Essential Steps to Make a Report or Referral: Intervention

Workplace Intervention: Do's and Don'ts

Do

- Prepare a plan
- Review documentation
- Request help
- Ensure security is readily available
- Decide who will present what
- Expect denial
- Conduct a for-cause drug test

Do

- Provide for safe transport
- Report as necessary to state alternative program and/or board of nursing
- Debrief with interveners
- Leave the healthcare professional with a sense of hope that they are a good human being deserving of help

Do

- Ask healthcare professional to listen to everyone before responding to interviews
- Stick to the job performance
- Have evaluator options ready

Don't

- Just react
- Intervene alone
- Try to diagnose the problem
- Expect a confession
- Give up
- Use labels

Treatment Programs for Impaired Practitioners

- A successful intervention of an impaired professional will involve agreement of next steps (may include a “contract” with institution)

Treatment Programs for Impaired Practitioners

- Recommendations for treatment may involve:
 - assessment
 - screening and brief intervention
 - psychological treatment
 - access to medications
 - aftercare
 - long-term continuing care to promote recovery
 - (National Quality Forum, 2007)

Treatment Programs for Impaired Practitioners

- Many positives of early identification and referral to treatment
 - reduced severity of problems when entering program
 - more likely to have a better outcome when leaving treatment
 - reduce time professionals are practicing with SUDs

Treatment Programs for Impaired Practitioners

- Many positives of early identification and referral to treatment
 - improve social/personal functions of impaired professionals
 - reduce threats to public health and safety
- McLellan et al., 1996; Simpson & Flynn, 2009

Treatment Programs for Impaired Practitioners

- Treatment of SUDs difficult, but effective when:
 - of sufficient intensity
 - is matched to the needs of the patient
 - followed by continued participation/support
- McLellan et. al., 2000; NIDA, 1999

Treatment Programs for Impaired Practitioners

- Main treatment goal
 - teach individual a healthy, drug-free lifestyle and motivate him/her to maintain a stable, long-term recovery from a SUD in order to ensure he/she remains a safe practitioner
- Evidence of effective outcomes for professionals involved in treatment (DuPont et al., 2009)
- SUD treatment should be personalized to individual needs
 - family therapy
 - menu of behavioral therapy

Treatment Programs for Impaired Practitioners

- NIDA (1999) listed 13 principles of treatment
 - no single treatment is appropriate for all individuals
 - treatment needs to be readily available
 - effective treatment attends to the multiple needs of the individual
 - treatment plans must be assessed and modified continually to meet changing needs

Treatment Programs for Impaired Practitioners

- NIDA (1999) listed 13 principles of treatment
 - remaining in treatment for adequate period of time is critical for treatment
 - counseling and other behavioral therapies are critical components of effective treatment
 - medication is an important element of treatment for many clients

Treatment Programs for Impaired Practitioners

- NIDA (1999) listed 13 principles of treatment
 - co-existing disorders can be treated in an integrated way
 - medical detoxification is only the first stage of treatment
 - treatment does not need to be voluntary to be effective
 - treatment must be monitored continuously for possible drug use

Treatment Programs for Impaired Practitioners

- NIDA (1999) listed 13 principles of treatment
 - treatment programs must assess for HIV, AIDS, hepatitis B&C, tuberculosis and other infectious diseases and help modify at-risk behaviors
 - recovery from drug addiction can be a long-term process and frequently requires multiple episodes of treatment

Treatment Programs for Impaired Practitioners

- Assessment essential in choosing most appropriate treatment
- Different types of treatments include:
 - long-term residential rehabilitation services that range from six to eighteen months
 - short-term residential rehabilitation services that range from 28 days to the three months

Treatment Programs for Impaired Practitioners

- Assessment essential in choosing most appropriate treatment
- Different types of treatments include:
 - intensive outpatient services that range from two to six months
 - outpatient services that include group and individual treatment

Treatment Programs for Impaired Practitioners

- Assessment essential in choosing most appropriate treatment
- Different types of treatments include:
 - medication-assisted treatment that includes methadone and buprenorphine
 - aftercare treatment that ranges from six months to two years

Treatment Programs for Impaired Practitioners

➤ Treatment for alcohol use disorders (AUDs):

- brief intervention
- social skills training
- motivational enhancement
- community reinforcement
- behavioral contracting

- Miller et. al., 1995

Treatment Programs for Impaired Practitioners

➤ Treatment for SUDs generally:

- relapse prevention
- cognitive behavioral interventions
- support-expressive psychotherapy
- individualized drug counseling
- multi-dimensional family therapy
- motivational enhancement

(NIDA, 1999, U.S. Department of Health and Human Services, National Institutes of Health, 2002;NIDA,2992)

Treatment Programs for Impaired Practitioners

- Treatment for SUDs generally:
 - community reinforcement
 - contingency management
 - social skills training
 - participation in a 12-step program
 - pharmacological therapies
 - multi-systemic therapy
 - matrix model (for stimulants)

NIDA, 1999, U.S. Department of Health and Human Services, National Institutes of Health, 2002;NIDA,2992)

Treatment Programs for Impaired Practitioners

- Two complementary models:
 - continuum-of-care model
 - ongoing follow-up
 - begins with early identification
 - continues throughout process of treatment and aftercare
 - recognizes individuals need different levels of care at various times during recovery process
 - treat SUD as chronic condition

Treatment Programs for Impaired Practitioners

- Two complementary models:
 - recovery management model
 - quick admission into future treatment
 - intensive case management
 - motivational interventions
 - goal: obtain treatment objectives

(Deitch et. al., 2005; Denis et. al., 2003; McKay, 2009; White, 2007, 2008)

Treatment Programs for Impaired Practitioners

- Recovery management model
 - most potent component:
 - provide recovery management checkups over extensive period of time after treatment discharge
 - effective treatment programs use these strategies to:
 - obtain client motivation
 - keep individuals engaged in treatment
 - retain individuals in follow-up activities post treatment

(Simpson, 2002)

Treatment Programs for Impaired Practitioners

- Continuum-of-care model for professionals: has been implemented for over 20 years
- Tenants of recovery management models have also been essential
- Both models: contain evidence-based components of effective treatments and monitoring of long-term care required by programs for impaired professionals

Psychotherapies for Impaired professionals

- Cognitive behavioral therapy (CBT): can help impaired professionals overcome substance abuse by teaching them to recognize and avoid destructive thoughts and behaviors

Psychotherapies for Impaired professionals

- **Motivational interviewing/enhancement:** involves structured conversations that help patients increase their motivation to overcome substance abuse
- **Contingency management:** involves giving patients tangible rewards to reinforce positive behaviors such as abstinence

Summary: Workplace Impairment and Your Role as Health Information Management Professional

- Health Information Management Professionals have the ethical duty to report any substance-abusing professional
- Requires professionals to understand signs and symptoms of impairment and be willing to act when necessary
- “Enabling” impaired professionals by ignoring signs/symptoms can cause problems for professional, patient, employee

Summary: Workplace Impairment and Your Role as Health Information Management Professional

- Fortunately, employee assistance programs (EAPs) provide valuable initiatives to promote safety and assistance
- After obtaining data, professionals should pursue reporting/referring the impaired professional
- For benefit of professional and professional's work related to patient data
- Many treatment programs available to help impaired professionals

Summary: Workplace Impairment and Your Role as Health Information Management Professional

<https://www.ahima.org/>

Main site for the American Health Information
Management Association



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