Nurses Are Special
ASAM Criteria

Key Criteria

1. **Responsibility to the public**
2. **Require cohort-specific treatment**
3. **Direct access to addicting substances**
4. **Difficulty adopting the role of a patient**

Responsibility to the Public

Impact assessment:

- The size of the population affected
- The depth of the effect from potential impairment
- The amount of public trust that is implied in that worker's occupation.

These factors place a burden on treatment, its efficacy, and the importance of that patient's recovery for overall public welfare. These factors color decisions that are made regarding the type, intensity, and setting of treatment provided to this special population.
It is important to note that aggressive treatment and continued monitoring does more than assure the safety of the public at large. The consistent and sustained care of one individual helps his or her entire cohort.

Cohort-specific Treatment

- Adequate Self Disclosure

Cohort Specific treatment facilitates adequate self-disclosure. Safety-sensitive workers need to disclose, accept responsibility, normalize, and the depth and breadth of the potential damage to the public and the shame that the breach of oath of duty engenders.

Safety Sensitive workers need to learn to prevent any future breach without excessive self-castigation. Participation in group therapy and/or support groups by individuals who have similar work issues and who conduct themselves under the same professional codes for ethical behavior is essential for a return of a healthy self-concept, and for a decreased probability of relapse. Such needs often prolong the treatment encounter.

Direct access to addicting substances

- Workplace specific relapse prevention

The treatment of such individuals should include management of drug access, drug refusal skills, work environment modification to decrease drug access, and other occupation-specific interventions geared to decrease relapse. This too may require additional time in treatment to allow the patient to learn the complex skills necessary to remain abstinent in an environment that is "hostile," or at least not "neutral," when it comes to providing support for abstinence and recovery.

Difficulty Adopting the Role of a Patient

- One needs to become a patient before treatment can successfully commence

The more responsibility an individual has in his or her day-to-day life, the more difficult it is to adopt the patient role—one that accepts suggestions and sets aside one's well- formed worldviews, which may have become distorted by substance use. Special expertise and depth of technical knowledge can interfere with accepting the recommendations of their own treating physician or other clinician.

Diagnostic Admission Criteria

Treatment placement is the norm for Dependence and Abuse diagnosis (under current DSM – IV criteria) because:

- Safety Sensitive Workers are motivated to under report, and
- The risk of under diagnosing and the resulting consequences to the public are high.

Pilots who meet DSM-IV criteria for substance abuse are to be treated in a fashion similar to those diagnosed with substance dependence.

The diagnostic admission criteria for safety-sensitive workers who have a substance use disorder do not differ in form from diagnostic admission criteria for patients from the general public. The final treatment placement, however, may need to be distinctly different for reasons described in this section.

One notable exception to the diagnostic admission criteria exists. In an effort to ensure all professional pilots are not underdiagnosed, and to ensure public safety, pilots in the United States are subject to 14 CFR 67.107.2. In this section of the U.S. Code of Federal Regulations, both the DSM-IV diagnoses of substance abuse and substance dependence are treated in a similar fashion.

Careful assessment is important with safety-sensitive workers, as they may derive intense secondary gain from underreporting symptoms of any substance use disorder. The final treatment disposition of a safety-sensitive worker with a substance use disorder should commence only after a thorough assessment is complete, including interviews with (usually more than one) a collateral source of information, such as a workplace superior, a coworker, and/or a spouse.

Treatment Placement

The setting of addiction treatment for safety-sensitive workers should:

- Shield the patient, coworkers in the work environment, and members of the general public from the potential dangers created by addiction in the workplace.
- Reflect the reality that treatment is best executed for such persons in a milieu containing one's peers.

During the initial diagnostic portion of the treatment experience, safety sensitive workers should discontinue work. They should stay away from work until:

1. Public risk issues have been addressed and appropriately managed.
2. All work regulations, licensure, and legal issues have been addressed and permit a return to the workplace.
3. Work cues and triggers have been delineated, and a management plan is in effect.
4. The work environment has made appropriate alterations to maximally encourage sustained recovery. This is especially important for workers who have steady personal access to their previously addictive drugs.
5. Supervisory personnel have training to address profession-specific workplace issues for the recovering addicted worker.

Finding a cohort specific program may necessitate travel to a specialized facility with expertise and a sufficient number of other patients with the same or similar professional training, licensure, and work environment as the safety-sensitive worker entering treatment. Once the patient (the worker with a substance use disorder) has accepted and internalized his or her need for addiction care, effective management of occupation-specific stressors is established, and triggers and recovery skills are addressed, safety-sensitive workers can usually continue their treatment in more generalized addiction care.

Staff

Treatment staff that work with safety-sensitive workers need a variety of therapeutic skills. Every staff member in a multidisciplinary setting need not have all skills, but all of the following skills should be at hand to ensure a positive outcome. These staff skills are as follows:

- Trained in the specifics of their patient's work environment
- Supervision to avoid reactive judgment and negative confrontive interpretations
- Training to be able to manage the dynamic defenses of the particular cohort

- Understanding of how to manage intellectualization in highly educated safety sensitive workers, and be sensitive, empathic, skilled, and firm when working with a patient whose occupation requires him or her to assume great responsibilities.
- Understand the stresses and traumas that often accompany safety-sensitive positions.
- Have direct experience.
- Understanding of the political context of addiction care in the patient's particular cohort.
- Ability to interface with, and work within the established continuum of care that may be present for a specific cohort, and know what will be expected at the next point of care, including reporting progress and raising concerns when appropriate.
- Knowledge of the specifics of drug testing in health care practitioners with substance use disorders, including the types of drugs typically used in that cohort and their effects on the brain and body.
- Possess confidence in addressing a patient's cognitive abilities, have access to neurocognitive testing, and understand when to take action to delay or prohibit a physically or cognitively impaired safety-sensitive worker from returning to work.

Therapies

Profession-specific Group Therapy

- Therapy skills of safety-sensitive workers vary according to their cohort. These tendencies need to be managed skillfully, without having patients feel ashamed when they realize how they have been conducting themselves.
- All types of safety-sensitive workers should have a setting where they talk openly with peers and staff about their responsibility to the public, and how this was potentially or actually breached in the course of their addiction.
- A specific reparative sequence occurs, where the patient discloses fully, and subsequently takes responsibility

for his or her past actions. The group then normalizes such events without minimizing them, and the patient learns to prevent any future breach without falling into nihilistic self-blame. This type of therapy is best performed in a group setting.

Profession-specific Support Groups

- Provide understanding about substance use disorders in that profession and normalize past behaviors.
- Members of the group who are further along in recovery provide mentorship, sponsorship, and hope for patients who have just entered the support group.
- Addresses the nuts and bolts of how to work in a safety-sensitive occupation with a history of a substance use disorder.

Job and Career Issues

- Address the pragmatic, logistical, and emotional problems that the worker will face in recovery.
- May occur in profession-specific group therapy and in individual sessions
- Therapist often works with a supervisor, credentialing body, licensing board, and workplace peers to structure work reentry.
- Reentry should be staged and timed to ensure the best possible prognosis for the safety-sensitive worker.

Drug Safety and Drug Refusal Skills

- Successful recovery and reintegration into work comes from proper environmental controls combined with drug refusal skills.
- Cue exposure, role-playing, workbook activities, and experiential therapies should all be used.

Medication Management

- Careful balance the need for medication with work place and licensing regulations

Assessment

- A multidisciplinary team should work on the balance between an individual's privacy needs and the imperative for public safety for each patient they assess.
- Need for more extensive cognitive testing in safety-sensitive workers.
- Involves family members and peers at work as collateral sources of historical clinical data.