Update on Treatment of Health Care Professionals

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- **The prevalence of addiction in health care professionals (HCPs) is similar to that of the general population (8-13%)**
  - Physicians use less nicotine, but consume more opioids and sedatives (5x more likely than the general population)
- **Substance use is highest in psychiatrists and ER physicians**
  - Family physicians might also be overrepresented
  - Anesthesiologists are overrepresented in treatment and are frequent users of highly potent opioids

- **The reasons for higher rates of opioid and benzodiazepine substance use disorders among physicians and other HCPs are multi-factorial:**
  - Easier access
  - Frequently used in professional's line of work
  - Stressful work environment
  - Personality factors (perfectionism)
  - Feelings of omnipotence (or impotence)
  - Intellectualization

TRENDS

- Disease being recognized more among HCPs and being identified by coworkers
- Higher abuse of tramadol than the general population
- Use of potent IV drugs, including sufentanil and propofol
- Need to examine criminal behavior in the course of an illness from a therapeutic, not legalistic, framework
  - Stimulated by frequent negative press, especially of addicted nurses who divert
- Clearer need for more affordable and realistic treatment options for nurses and other allied health professionals

- **Ways that HCPs enter treatment:**
  - Physician Health Program (majority)
  - Licensing Board (less likely)
  - Self-referral
  - Family intervention
  - Work intervention
  - Criminal justice system (much less likely)

HCP Program Options

- **Residential Evaluation (3-5 days)**
- **Direct Admission**
  - Intensive Residential (30 days)
- **Extended Care**
  - Residential (30-60 days)
- **Relapse Evaluation (Residential 14 days)**

Hazelden HCP Program

- **Hazelden's Program:**
  - Comprehensive evaluation begins prior to admission
    - Intake evaluations with an LADC
    - Records obtained from other facilities, monitoring programs
  - Full nursing and counseling evaluation upon admission
  - H&P by an HCP physician
    - Testing includes blood chemistries, urine toxicology screening (including EtG), PETh, and hair/nail sampling
  - Medical stabilization and detoxification provided on-site

Program Specifics for HCPs

- **Assessments**
  - H&P
  - Practice
    - Initial & Ongoing
  - Psychological
  - Psychiatric
  - Chemical Dependency
  - Family & Spiritual
  - Return to Work

Hazelden's Program:

- HCP treatment requires a team of knowledgeable staff including MDs, nurses, LADCs, wellness specialists, psychologists, etc., that work within a system familiar with the treatment of addicted health care professionals
  - This allows for comprehensive assessment and true multi-disciplinary treatment of these patients
  - Treatment plans are individualized but based on addressing core issues that are typical to health care professionals, eg, family of origin, need to excel, propensity to be the "hero" of the family, fulfilling roles to the exclusion of self-care, guilt and shame around "should-ing to have known better"

- **Hazelden's Program:**
  - Case management:
    - LADC team oversees all of the evaluations, is present for treatment planning sessions, and begins to make plans for recovery management from day one
    - Help to determine what resources are available for after discharge, how best to access these resources, and coordinate safe transition back to home and work
    - A **major** part of this is education and facilitation of enrollment in available PHPs and diversion programs
    - Continuing care recommendations are formulated throughout the stay and are amended depending on progress
    - MORE Program and coaching that offers 18 months of personalized recovery support

Hazelden HCP Program

- **Hazelden's Program:**
  - Phased approach: patients tend to stay in primary treatment for 4-6 weeks and then "step-down" to a less intense level of care while remaining on campus
    - However, recommendations are flexible and may range from Extended Residential Programming to IOP or EOP
  - Primary treatment phase is more structured
  - Frequent personal contact with counselor (focal therapist) and HCP Program Director
  - Immersion in the unit cohort of other HCPs
  - Peer-driven

Hazelden HCP Program

- **Hazelden's Program:**
  - The second phase (Phase 2) of treatment ranges from 6-8 weeks and is focused on 12-step fellowship and step work as well as continued evaluation of "causes and conditions" of drug and alcohol use
  - Dan Anderson Renewal Center
  - This phase is invaluable as the intellectualization turns to acceptance and focus becomes more on the solution
  - Living a sober life rather than learning about it
  - Involvement in outside 12-step fellowship activities
  - Introduction to documentation of recovery with urine screening and evidence of participation

Program Summary for HCPs

- **HCP Treatment Team and Initial Process**
  - Multidisciplinary Assessments
  - Treatment Planning
  - Regular Reviews for Progress Updates
  - Lectures
- **Assessment and Care Planning for HCPs**
  - Return to work considerations
  - Practice Assessment
  - Regular, scheduled meetings with HCP Director during stay
- **Health Care Professionals Group**
  - Twice Weekly
  - Weekly Nurses Group
  - Assignments
  - Attendance at community-based Caduceus and Nightingale groups
- **The Lodge (Dan Anderson Renewal Center)**
- **Reverse Family Week**

Practice (Return to Work) Assessment

- Performed near end of treatment stay by HCP-MD
- Includes educational history, C.V. of work history, description of practice, investigation of peer and work relationships, home-life, financial stressors
- Detailed look at work hours and intensity, call frequency and intensity
- In-depth investigation of drug prescribing habits, availability of drugs, history of diversion
- CONCRETE PLAN to provide highest likelihood of success and safety at work
- Direct communication with professional referents, employers, monitoring programs

The 90-day "rule"

- *"Remaining in treatment for an adequate period of time is critical. The appropriate duration for an individual depends on the type and degree of the patient's problems and needs. Research indicates that most addicted individuals need at least 3 months in treatment to significantly reduce or stop their drug use and that the best outcomes occur with longer durations of treatment. Recovery from drug addiction is a long-term process and frequently requires multiple episodes of treatment. As with other chronic illnesses, relapses to drug abuse can occur and should signal a need for treatment to be reinstated or adjusted. Because individuals often leave treatment prematurely, programs should include strategies to engage and keep patients in treatment."*

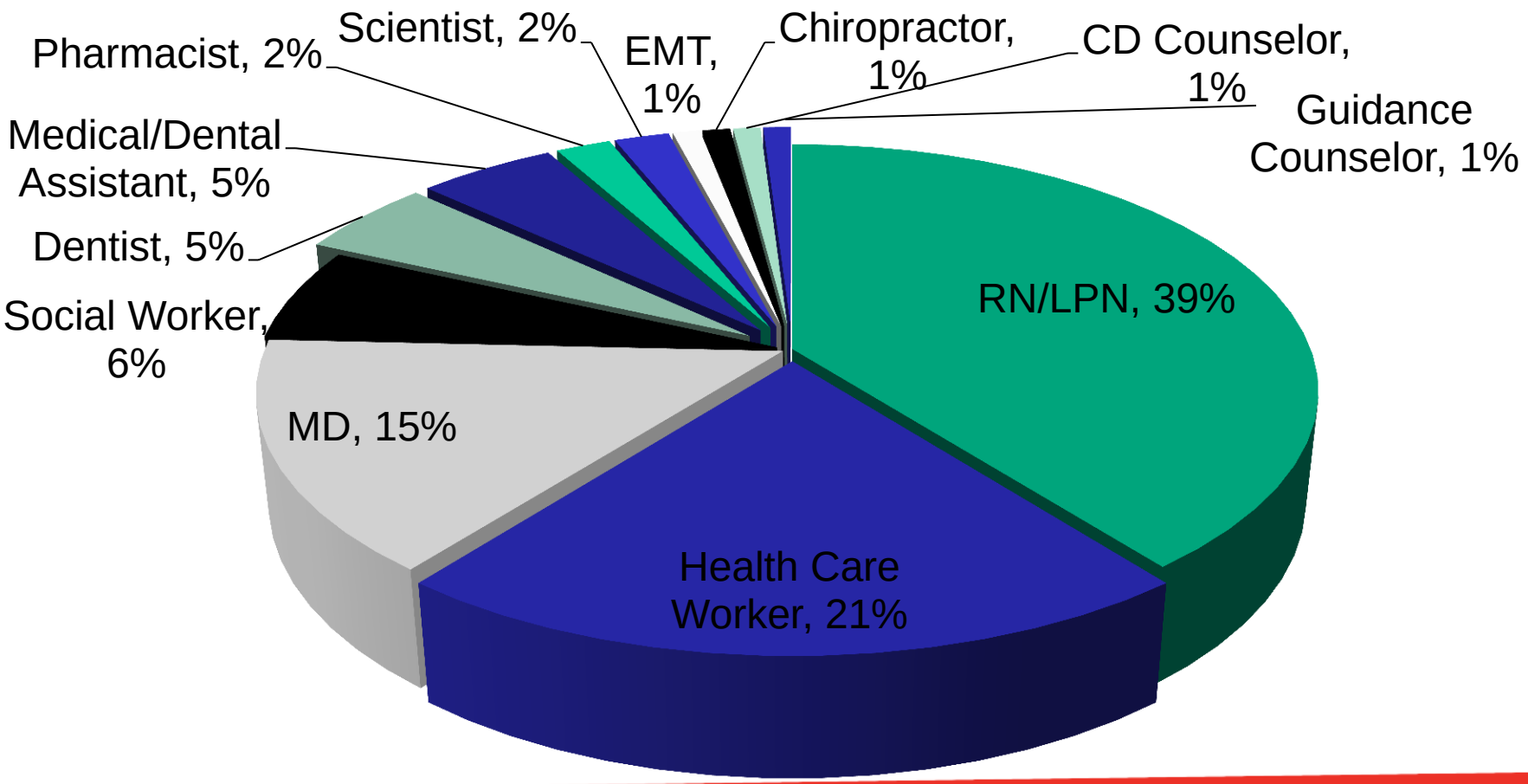
- **http://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/principles-effective-treatment**

The 90-day "rule"

- Domino, KB, et al., 2005. Risk factors for relapse in health care professionals with substance use disorders. JAMA 293:1453-1460.
- Dupont, RL, et al., 2009. Setting the standard for recovery: Physicians' Health Programs. J. Substance Abuse Treatment 36: 159-171.
- Dupont, RL, et al., 2009. How are addicted physicians treated? A national survey of physician health programs. J. Substance Abuse Treatment 37: 1-7.
- McLellan, AT, et al., 2008. Five year outcomes in a cohort study of physicians treated for substance use disorder in the United States. BMJ 337: a2038

- **Special considerations in the treatment of HCPs:**
  - One field of healthcare is not like every other
  - **Nurses** have special issues:
    - Majority female population
    - In general, can't afford same length/intensity of treatment – the "90 day rule" becomes an issue
    - Breadwinners of the family
    - Tend to be more "moralized" in the press, etc.
    - More likely to come in having been terminated from the workplace
    - Don't have the same access to support after treatment

- **Occupation (Jan.-July 2012):**



Concurrent treatment

Specialized tracks within treatment:

- **Trauma track**
- **LGBTQ track**

Concurrent treatment

The need for a specialized Trauma track:

Intrusive recollections

Avoidance & numbing

Hyperarousal

Hypervigilance

Avoidance of memories or feelings associated with trauma

Dissociation

Somatization

Concurrent treatment

- **LGBTQ track**
- Hazelden has been offering LGBTQ-Affirmative treatment services, primarily at Hazelden Springbrook, for the last 3 years.
- LGBTQ client census ranges from 10%-25% of the site's overall client census.
- Staff training in sexual diversity occurs on an annual basis.

LGBTQ Points of Differentiation

- **Privacy –** Anonymity for those early in the process of coming out or with identity confusion
- **Affirmation –** Healing happens within the heterosexual community that traditionally has rejected many non-heterosexual persons.
- **Sexuality Counseling –** Opportunity to work one-on-one with a sexuality counselor on issues related to “problematic” or “out of control” sexual behavior and drug-linked sexual behaviors.

Data Analysis

Total number of patients - 258			
		LGBTQ	non-LGBTQ
Number of patients		115	143
Springbrook		97	109
Center City		18	34

Data Analysis

Total number of patients - 258			
		LGBTQ	non-LGBTQ
Average age		39.01	41.59
Male		62%	65%
Female		38%	35%

Data Analysis

Percent of patients with	LGBTQ	non-LGBTQ	p =
Axis I disorder	92	78	.003
Depressive disorder	70	50	.001
Anxiety disorder	68	50	.003
Emotional abuse	73	44	.000
Physical abuse	51	28	.001
Sexual abuse	48	15	.001

Data Analysis

Percent of patients with dependence on		LGBTQ	non-LGBTQ	p =
Alcohol +1 or more other drugs		43	29	.03
Cocaine		23	7	.001
Amphetamine		28	10	.000
Cannabis		30	16	.011

Data Analysis

Percent of patients with average of	LGBTQ	non-LGBTQ	p =
Drinking days past 90 days	37.25	46.63	.037
Heavy drinking past 90 days	21.78	30.14	.045
Drinks consumed on drinking days	6.01	7.26	
Cocaine use days past 90 days	6.17	1.32	.004
Amphetamine use days past 90 days	17.28	4.92	.000

Data Analysis

Percent of patients with prior	LGBTQ	non-LGBTQ	p =
Number of detoxifications	1.54	0.65	.002
Number of inpatient CD episodes	2.08	1.32	.015

Summary Point Slide

- **Higher Rate of Multiple Substance Use**
- **Elevation on Nearly All Baseline Measures**
  - The Majority Reaching Statistical Significance
- **Greater Instance of Comorbid Mental Health Diagnosis**
  - Higher Rates of Depression, Anxiety, Abuse History

Hazelden®

Individualized Treatment Planning Focused On:

- Coping with Coming Out
- Sexual Orientation / Gender Identity
- Societal Stigmas
- HIV/AIDS
- Death and Dying
- Discrimination
- Same-Sex Relationships
- Homophobic family members, employers, and coworkers

LGBTQ Overview

- 2 Weekly Process Groups
- Attendance at an Offsite LGBTQ AA Meeting
- LGBTQ Family Programming
- Multidisciplinary LGBTQ Treatment Development Team
- Service Opportunities at the Q-Center in downtown Portland
- Annual Retreat at Dan Anderson Renewal Center

In closing……..

- **Differences in treatment:**
  - Multi-disciplinary team knowledgeable about the treatment of HCPs
    - Reducing intellectualization
    - Exploration of resistance to 12-step approaches
    - Addressing “model student” profiles, compliance, covert acting-out, personality disorders
  - Longer treatment (60-90 days average)
  - Phased treatment: Residential→Supervised Living/Partial Hospitalization→Outpatient Treatment
  - Specific after care planning, including how to return to work
  - Enrollment in and communication with monitoring programs (PHP/diversion programs)

- **Differences in outcomes:**
  - Success rates are disputed, but most agree that outcomes are excellent in >80% of physicians treated
  - 5-year sustained abstinence rates (rated as a “good outcome”) range from 75-92% compared to ≤50% at 1 year in the general population
    - ~25% of physicians have at least one relapse
    - 74% of those had only one episode of alcohol or drug use
  - Outcomes are less impressive for lower levels of care, shorter lengths of stay, and when no monitoring program is involved

SUMMARY

- Prevalence of addiction in HCPs is similar to that of the general population
- Drugs of choice differ, especially by specialty
- Treatment requires a structured program with knowledgeable staff and exposure to a cohort of other recovering HCPs
- Longer treatment stays, higher levels of intensity, external and internal motivators, and continued structured support after discharge (that includes involvement of a monitoring program) results in unmatched 5-year success rates

SUMMARY (cont.)

- One standard of HCP treatment does not fit all
- We need more scientific data on how to better serve nurses and allied health professionals
- Content of treatment needs to be better individualized; however, HCP treatment followed by recovery management (ie, within a monitoring program) is a proven model
- Emphasis needs to be on education and improving access to this rehabilitation model

What is the Hazelden Betty Ford Foundation?

The world's leading organization singularly dedicated to combating addiction to alcohol and drugs with a full continuum of services:

- Recovery Services
- Research
- Higher Education
- Publishing
- Public Advocacy
- Prevention

So…we are now: