Healthcare Professionals in Substance Abuse and Recovery

A New Perspective

Introduction/Purpose of Study

- Conservative estimates suggest that between 8 and 12 percent of physicians will develop a substance use problem during their careers (Cicala, 2003)
- Drug and alcohol impairment are among the leading reasons for disciplinary action against physicians in the United States (Morrison & Wickersham, 1998).
- However, physicians tend to have better treatment outcomes than the general population, when long term monitoring is conducted (Reading, 1992)

Purpose of Study

- What are the factors that make treatment of physicians with substance abuse disorders unique, and what are their psychometric profiles?
- Are there correlations or predictors between these factors?
- How can this information assist in treatment planning?
- What are the implications for aftercare?

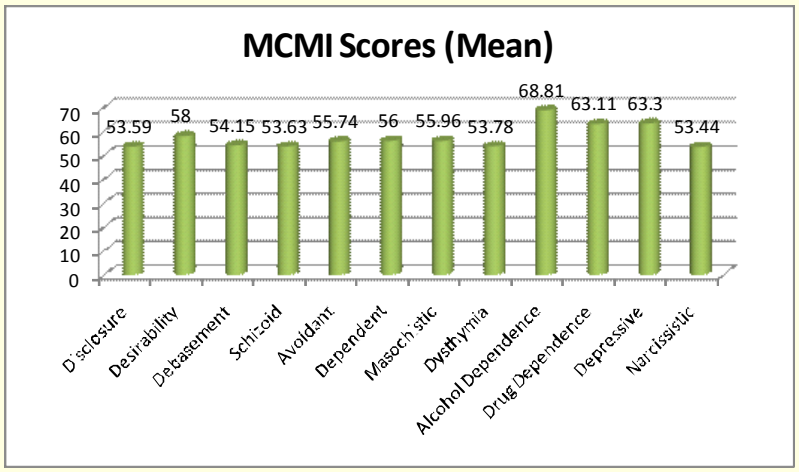
Design of Study/Methods

- 27 medical records of physicians who entered substance abuse treatment
  - Admitted from 2003 – 2007
  - Demographics
  - Psychometric testing
    - Millon Clinical Multiaxial Inventory (MCMI)
    - Substance Abuse Subtle Screening Inventory (SASSI)
    - Quality of Life Inventory (QOLI)
  - Means, T-Tests, Correlations between factors

Design of Study/Methods

- MCMI
  - Psychometric test measuring traits
  - Tied to DSM-IV TR diagnostic criteria
- SASSI
  - Screening inventory for substance dependence
  - Also reveals insight, defensiveness and ability to relate to other substance dependent individuals
- QOLI
  - Measures overall quality of life based on satisfaction in multiple areas, including home, family, work and community

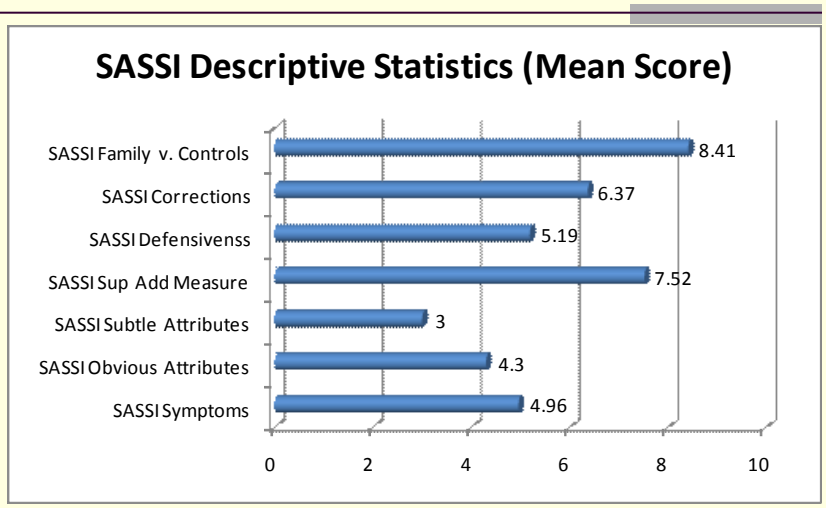
MCMI Patterns and Profiles



MCMI Interpretation

- Low disclosure indicates minimization, possible denial
- Low debasement and higher than average desirability indicates desire to be seen in a positive light despite dysfunction
- Depressive score may indicate hopelessness
- High alcohol dependence scores

SASSI Profile and Patterns



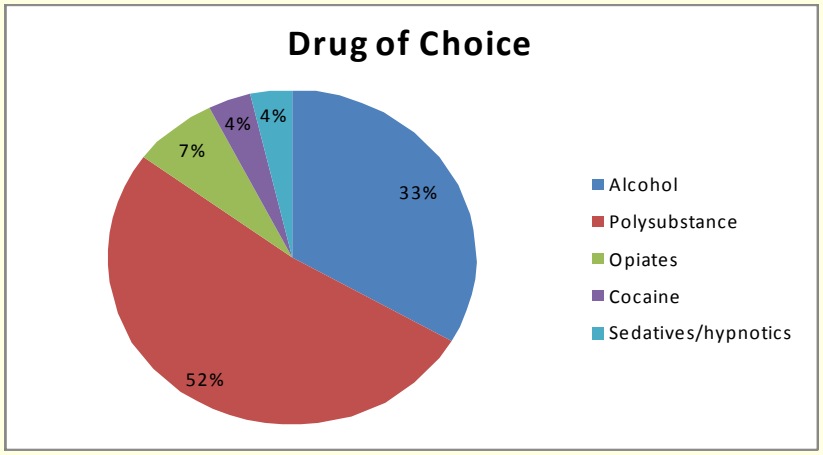
SASSI Interpretation

- Lower obvious attributes and symptoms than other patients
- Some insight regarding degree to which dysfunction is related to substance abuse
- Much higher levels of defensiveness

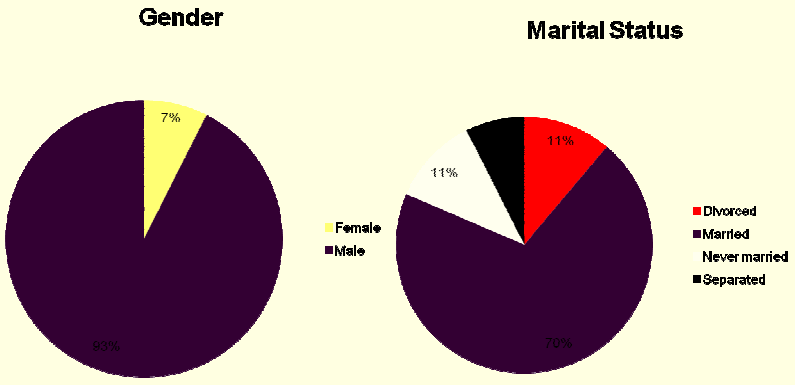
Correlations Between SASSI and MCMI (2-tailed/.05 level)

- Higher SYM scores positively correlate with higher avoidant and desirability scores on MCMI
- Age positively correlates with alcohol dependence scores
- High SAT scores (lack of insight) positively correlate with higher narcissistic scores on MCMI
- High DEF scores positively correlate with higher dysthymia and depressive MCMI scores

Demographics



Demographics



Demographics/Means

- QOLI Score
  - 1.174
- Age
  - 48.3
- Number of prior substance abuse treatments
  - 1.37

Implications for Treatment and Aftercare

- Need for comprehensive testing and evaluation for physicians in treatment
  - Identifying co-morbidity and issues which may complicate the treatment process
- Use testing to help physicians recognize common patterns of defensiveness, minimization within their testing profiles

Implications for Treatment and Aftercare

- Need for physician specific tracks for treatment
  - To address common factors among this vocationally specific group
- Work closely with state and other monitoring groups
- Focus on connection/support groups
  - Sense of vocational identity very important, stress involvement in Caduceus 12-step programs