

CARING FOR CAREGIVERS

BEST PRACTICES OF TEACHING

NATIONAL ORGANIZATION OF ALTERNATIVE PROGRAMS ANNUAL EDUCATION CONFERENCE

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ORLANDO, FL

Ashley McReynolds, BSN, RN, PMH-BC, CARN
and

Rachel Waters, LMHC
UF Health Florida Recovery Center

DISCLOSURES

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OBJECTIVES

1. Learn about treatment needs of healthcare workers with substance use disorders.
2. Gain knowledge about depression, anxiety, cravings, and abstinence self-efficacy scores in nurses compared to other individuals.
3. Identify evidenced based coping skills and areas for special consideration.

WHY DO HEALTHCARE WORKERS HAVE
DIFFERENT TREATMENT NEEDS?

Safety sensitive workers may derive intense secondary gain from underreporting symptoms.

Healthcare workers learn how to take care of others, but often times not themselves. Society reinforces this behavior.

Treatment Criteria for Addictive, Substance-
Related, and Co-Occurring Conditions
American Society of Addiction Medicine
Third Edition 2013

Persons in Safety Sensitive Occupations
Within Chapter 8

WHAT IS A SAFETY- SENSITIVE OCCUPATION?

- police officers
- healthcare professionals
 - airline pilots
 - attorneys

FOUR QUALITIES THAT LEAD TO IMPORTANT
AND DISTINCT TREATMENT NEEDS FOR SAFETY
SENSITIVE OCCUPATIONS

#1 QUALITY THAT LEADS TO IMPORTANT AND DISTINCT TREATMENT NEED

All safety-sensitive workers, by definition, have a responsibility to the public. The extent of the effect on the public comes from two factors:

- a. The size of the population safety-sensitive workers affect and the depth of the effect from potential impairment, and
- b. The amount of public trust that is implied in that worker's occupation.

#2 QUALITY THAT
LEADS TO
IMPORTANT AND
DISTINCT
TREATMENT NEED

Safety-Sensitive workers do best when offered cohort-specific treatment, which facilitates adequate self-disclosure and the subsequent repair of the damage produced by past substance-related behaviors.

#3 QUALITY THAT LEADS TO IMPORTANT AND DISTINCT TREATMENT NEED

Some safety-sensitive workers have direct access to addicting substances. Health Care workers (physicians, advanced practice registered nurses (APRNs), physician assistants, dentist and dental workers, veterinarians and animal workers, nurses, pharmacists, and drug manufacturers) commonly have ready access to addictive substances.

#4 QUALITY THAT
LEADS TO
IMPORTANT AND
DISTINCT
TREATMENT NEED

Healthcare professionals commonly have difficulty adopting the role of a patient.

**MOST COMMONLY
DIAGNOSED
SUBSTANCE USE
DISORDERS
IN NURSING POPULATION**

1. Alcohol Use Disorder
2. Opioid Use Disorder
3. Sedative/Hypnotic/Anxiolytic Related Disorders
4. Cannabis Use Disorder
5. Cocaine Use Disorder

ANA CODE OF ETHICS

Provision 3 The nurse promotes, advocates for, and protects the rights, health, and safety of the patient.

3.5 Protection of patient health & safety by acting on questionable practice.

Nurses must be alert to and must take appropriate action in all instances of incompetent, unethical, illegal, or impaired practice or actions that place the rights or best interest of the patient in jeopardy.

ANA CODE OF ETHICS, CONTINUED

3.6 Nurses must protect the patient, the public, and the profession from potential harm when practice appears to be impaired. The nurse's duty is to take action to protect patients and ensure that the impaired individual receives assistance. The nurse should extend compassion and caring to colleagues throughout the process of identification, remediation, and recovery. Care must also be taken in identifying any impairment in one's own practice and in seeking immediate assistance.

ANA CODE OF ETHICS, CONTINUED

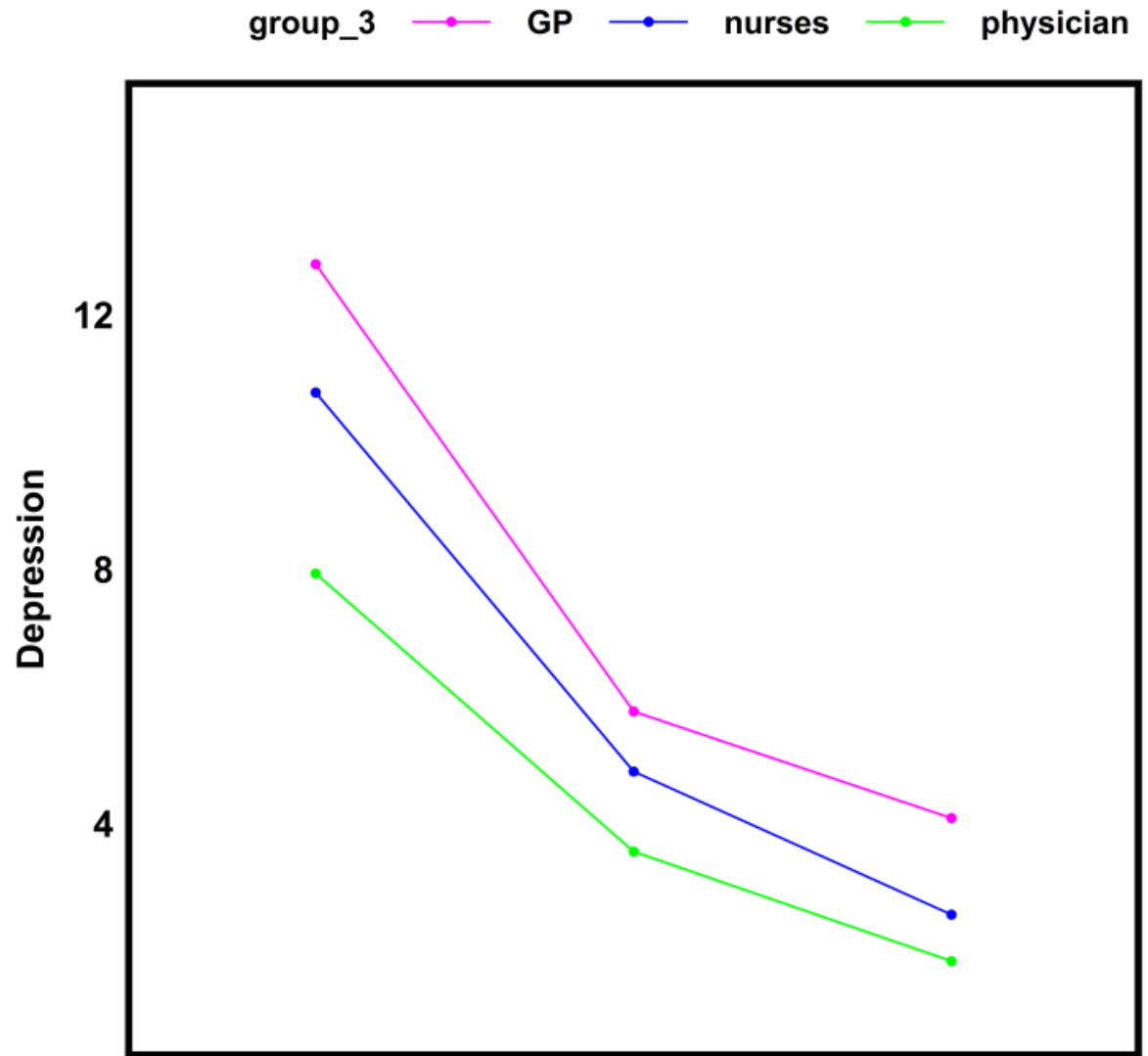
Provision 5 The nurse owes the same duties to self as to others, including the responsibility to promote health and safety, preserve wholeness of character and integrity, maintain competence, and continue personal and professional growth.

5.2 As professionals who assess, intervene, evaluate, protect, promote, advocate, educate, and conduct research for the health and safety of others and society, nurses have a duty to take the same care for their own health and safety.

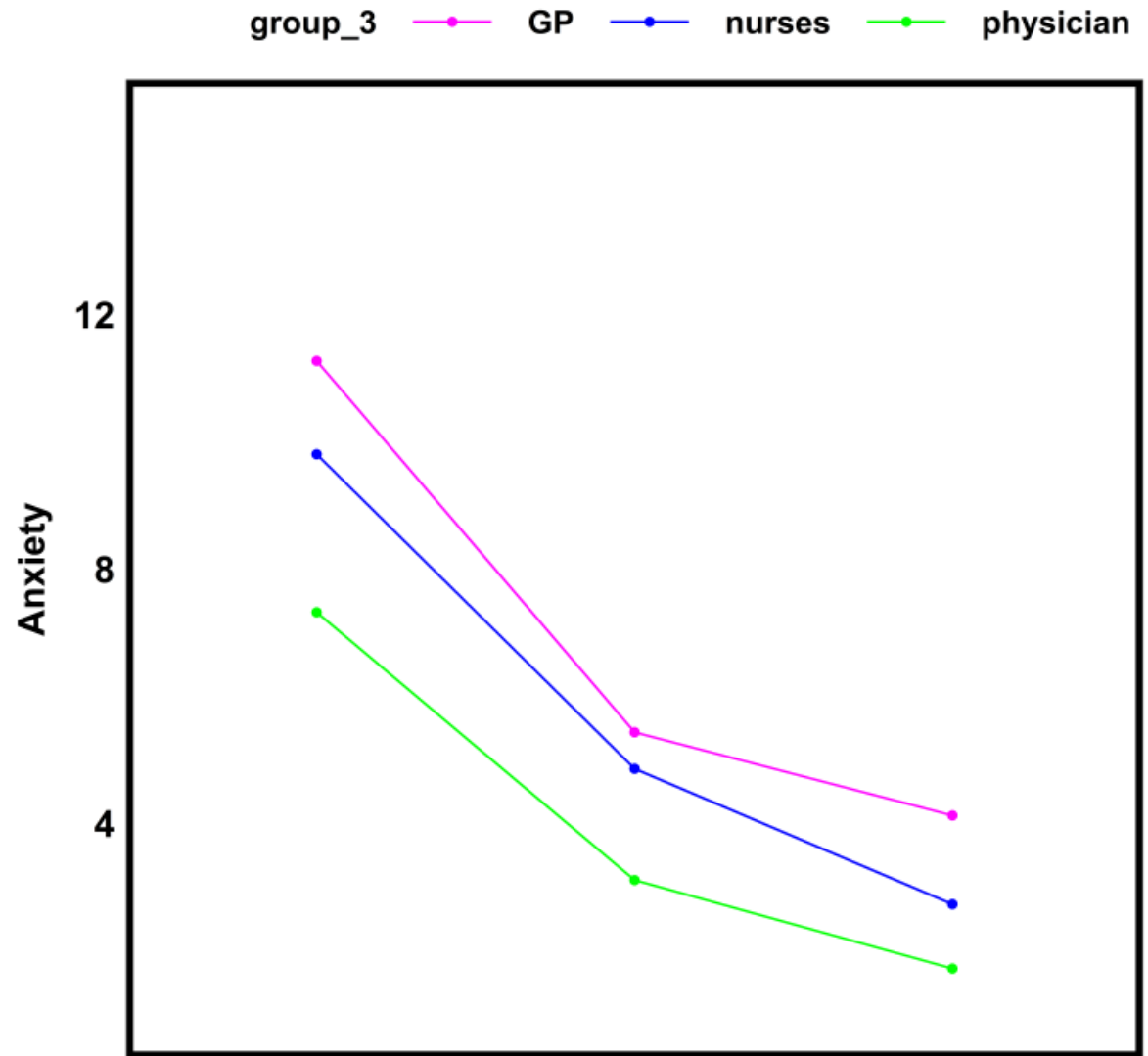
HOW DO HEALTHCARE PROFESSIONALS SCORE COMPARE TO OTHERS?

Depression, Anxiety, Craving and Abstinence Self-Efficacy Scores

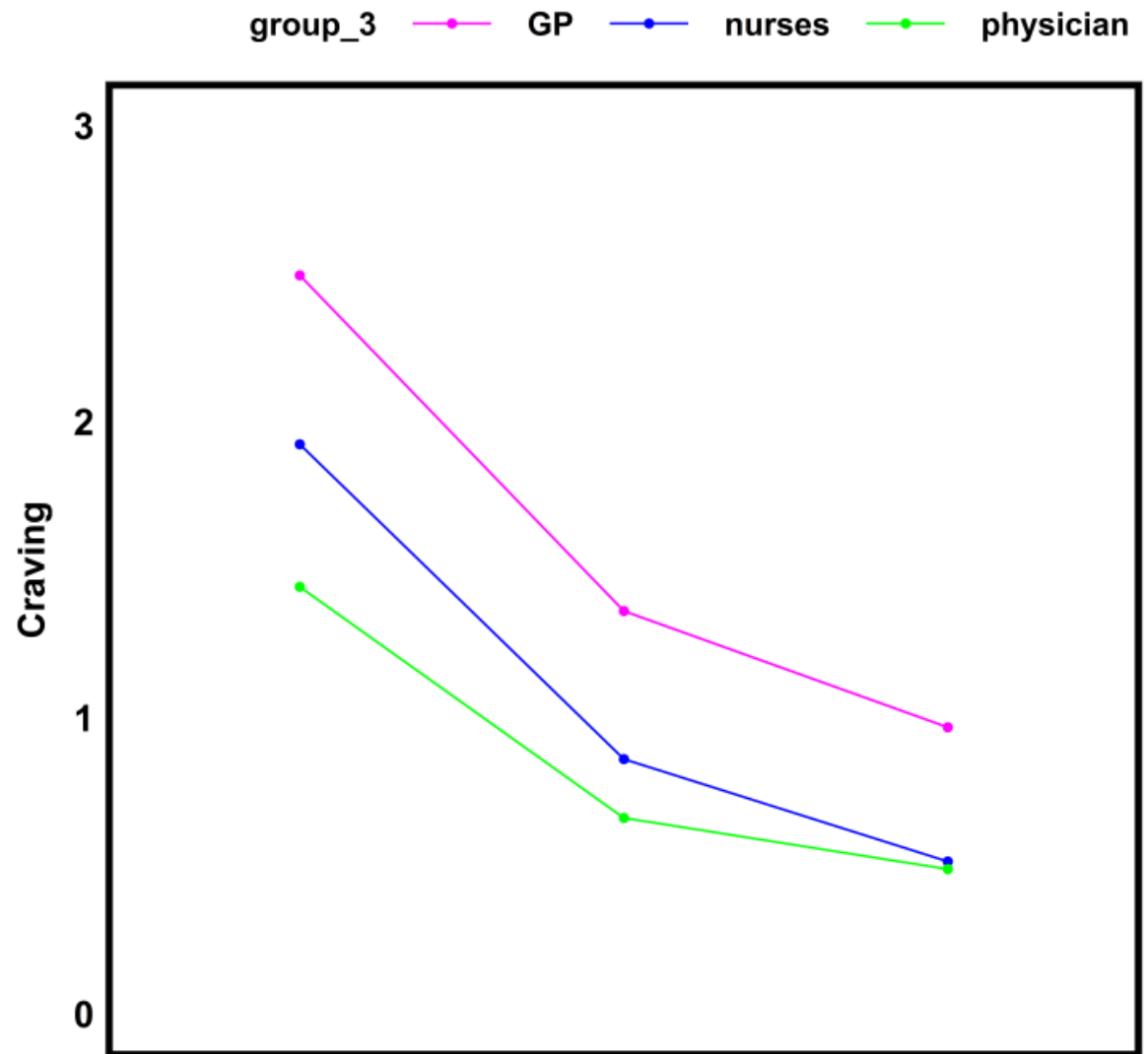
PHQ-9 depression rating scores at admission, 30-days after admission, and discharge.



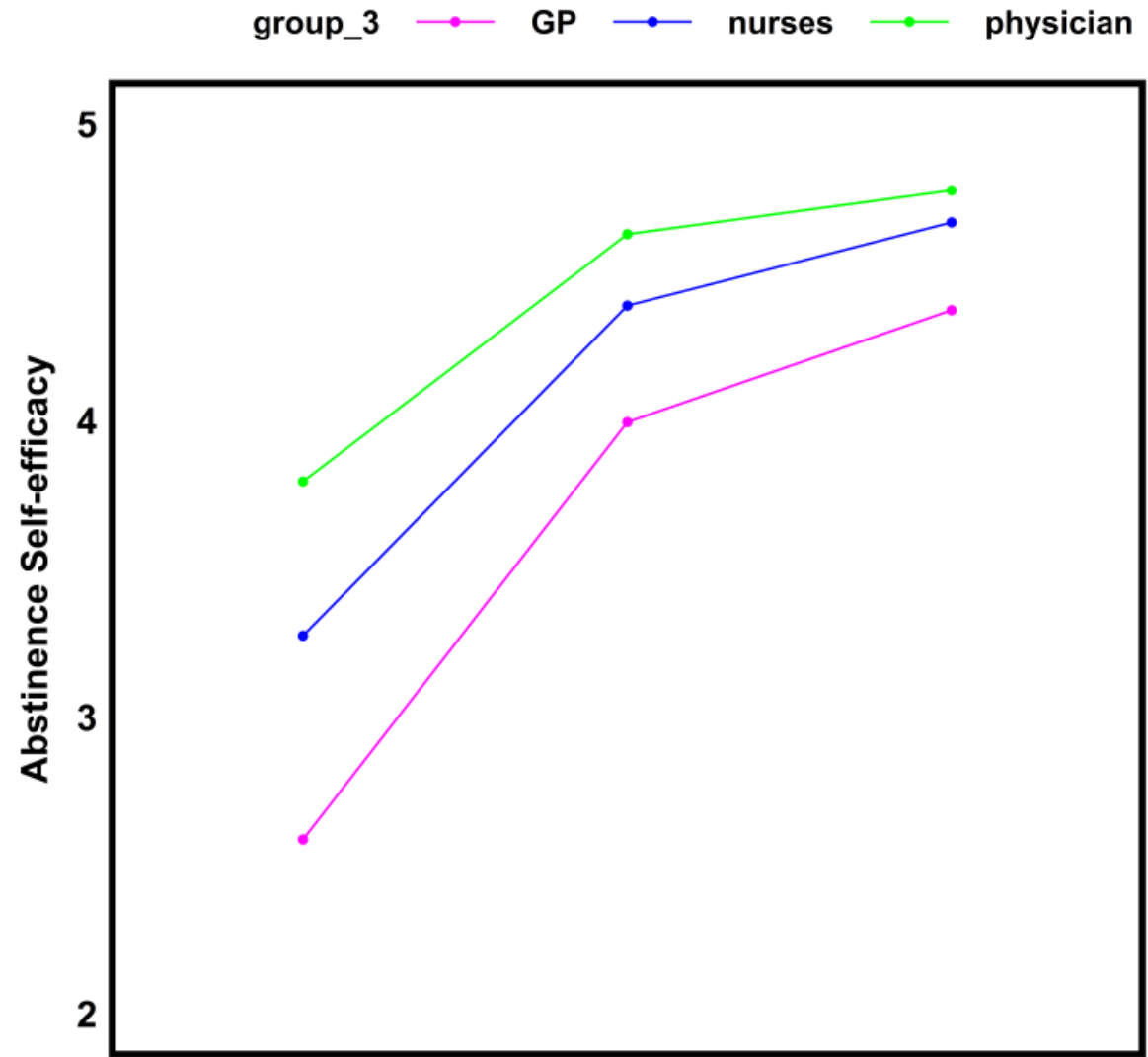
GAD-7 anxiety rating scores at admission, 30-days after admission, and discharge.



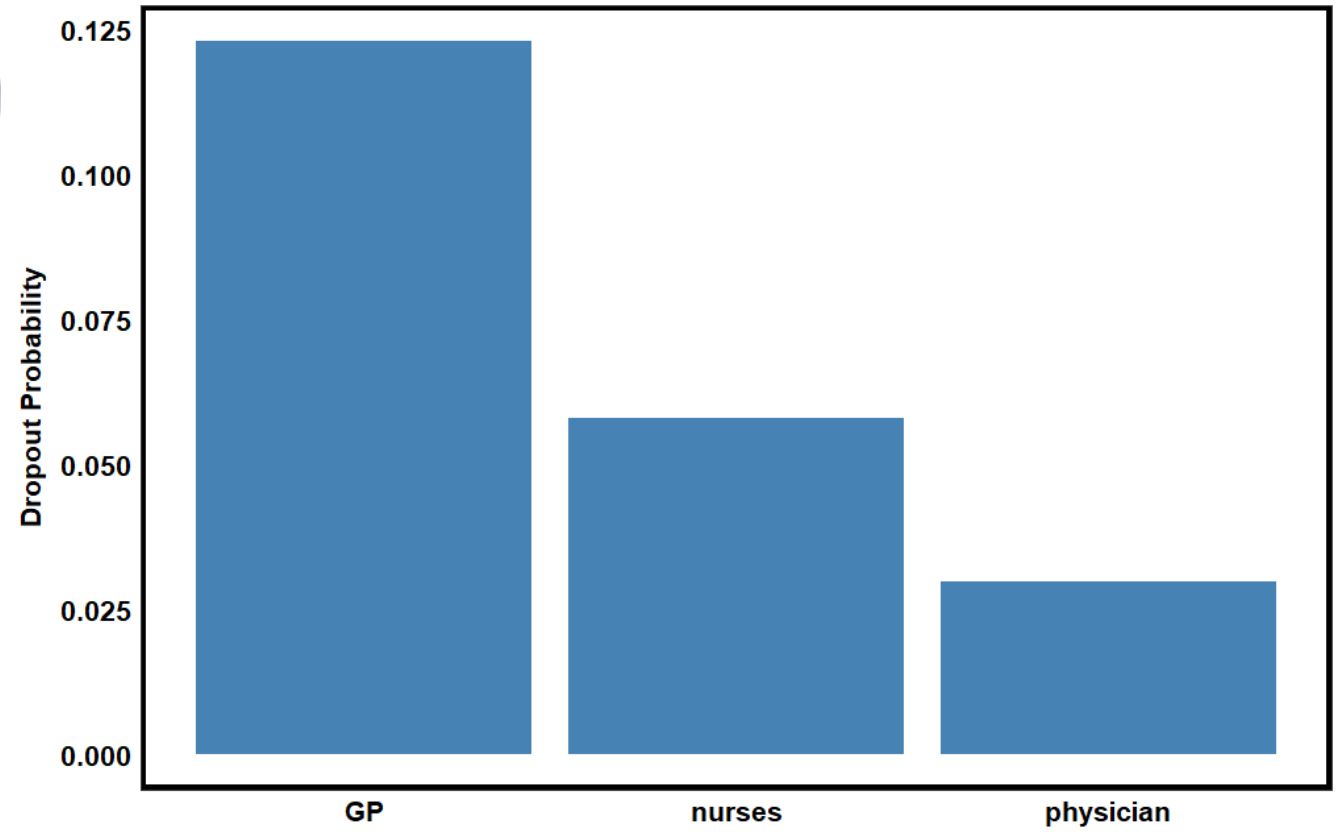
Cravings rating scores at admission, 30-days after admission, and discharge.



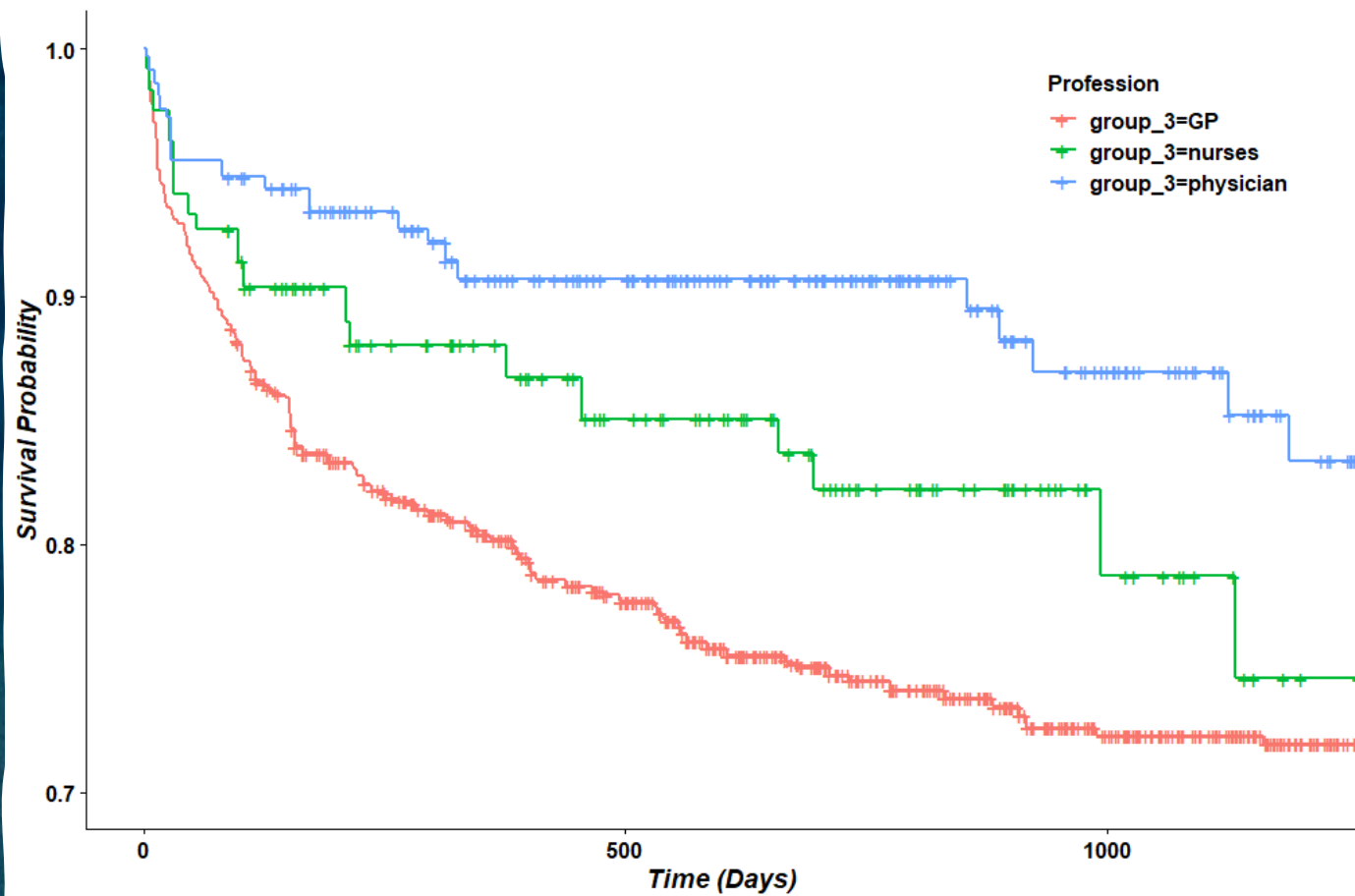
Abstinence self-efficacy
rating scores at
admission, 30-days after
admission, and discharge.



RATES OF AMA/ATR



READMISSIONS



**If you don't
make time for
your wellness,
you will be
forced to make
time for your
illness.**



SO WHERE DO WE GO FROM
HERE?

HOW DO WE HELP.....

- someone who may have difficulty adopting the role of a patient?
- someone who has difficulty asking for help?
- someone who is afraid of working through shame and pride?
- someone not deflect, not focus on themselves, and look at themselves?

HOW TO HUG A PORCUPINE



101 WAYS TO LOVE
THE MOST
DIFFICULT PEOPLE
IN YOUR LIFE

PERFECT WORLD



REALITY



SEEING THE BIG PICTURE

- Treatment Setting/Environment
 - Staff
 - Therapeutic Approach
- Job/Career Issues and Concerns
 - Logistical Considerations
 - Feedback from patients



TREATMENT SETTING/ENVIRONMENT



Treatment should be aggressive and *definitive*. Initial level of care should be selected that provides the best possible prognosis. This differs to the norm of the general public, of the least restrictive environment.

TREATMENT SETTING

Cohort Specific

-Group vs Individual

Ex: Boundaries

Time matters

-chemo treatment

Peasants

Soldiers

Emotional Bootcamp

Warriors

STAFF

- Should be trained (have knowledge of) the specifics of their patient's work environment.
- Needs training to be able to manage the dynamic defenses of the particular cohort. (ex: how to circumvent arguments with attorneys)
- Needs to manage intellectualization in highly educated safety-sensitive workers, and be sensitive, empathetic, skilled, and firm when working with a patient whose occupation requires him or her to assume great responsibilities.

STAFF CONT.

- Needs to understand the stresses and traumas that often accompany safety-sensitive positions.
- Will have to develop 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.

TRUST



Building
Rapport

Self Disclosure

Competence



MAKE IT PERSONAL

- They have to have the buy in.
- Connect to what makes sense to them.
- Comparing it to whatever field of medicine they are in.



SHOW ME THE EVIDENCE

Family Therapy

Domestic Violence Support

TMS

Motivational Interviewing

CBT

Trauma Informed Care

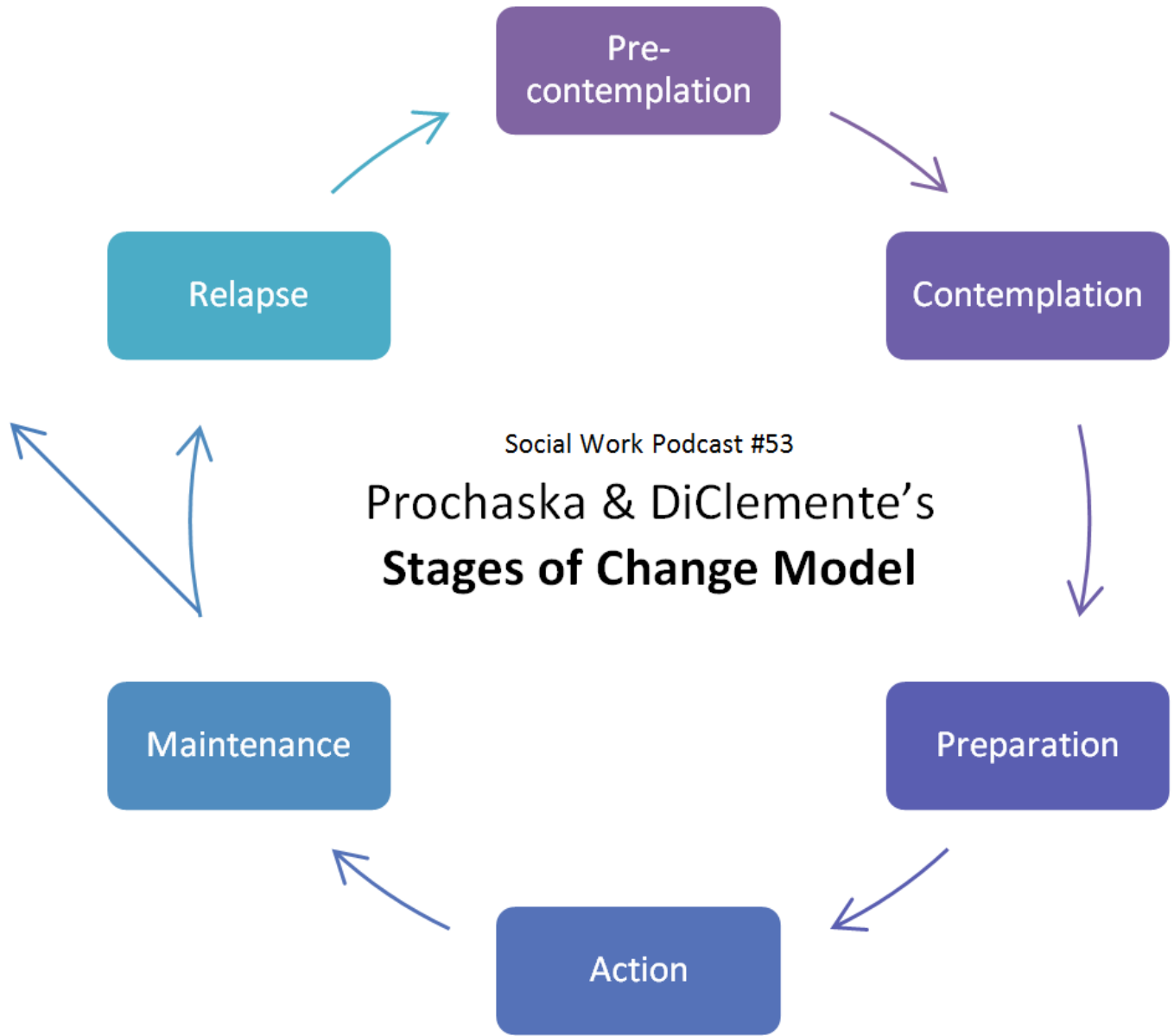
DBT

Professional Monitoring

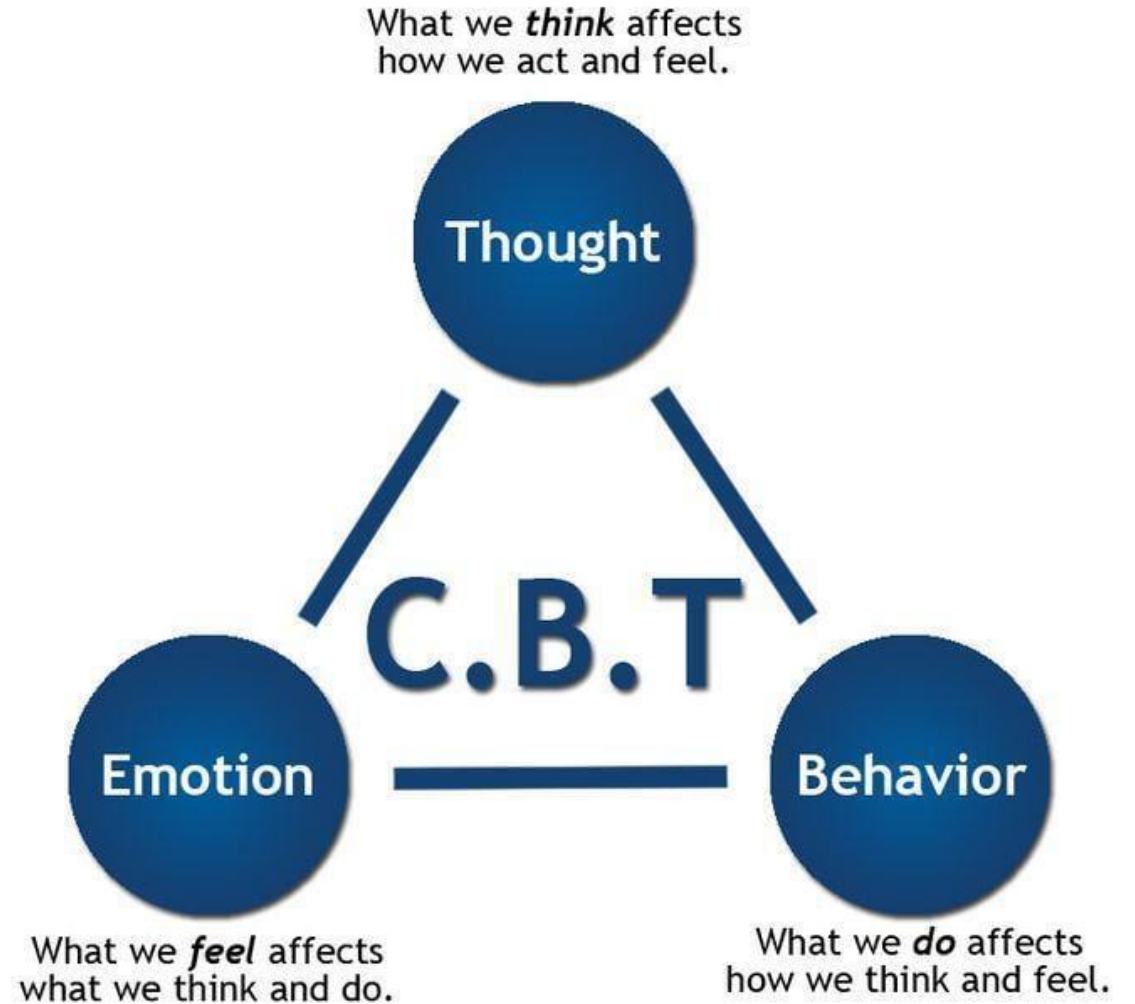
12-Step Meetings

SBIRT

Grief Counseling



COGNITIVE BEHAVIORAL THERAPY



THERAPEUTIC APPROACH



Sometimes
holding on does
more damage



better to let go.

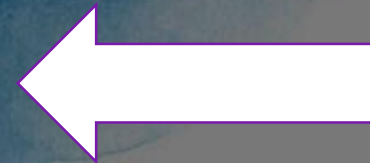
DIALECTICAL BEHAVIORAL THERAPY

Two seemingly opposing thoughts can both be true.

Acceptance



Middle Path



Change

DIALECTICAL BEHAVIORAL THERAPY

EMOTION REGULATION

PL

1. Treat Physical Illness

Take care of your body. See a doctor when necessary. Take prescribed medication.

E

2. Balanced Eating.

Don't eat too much or too little. Eat regularly and mindfully throughout the day. Stay away from foods that make you feel overly emotional.

A

3. Avoid Mood-Altering Substances

Stay off illicit drugs and use alcohol in moderation (if at all).

S

4. Balance Sleep

Try to get 7–9 hours of sleep a night, or at least the amount of sleep that helps you feel good. Keep to a consistent sleep schedule, especially if you are having difficulty sleeping.

E

5. Get Exercise

Do some sort of exercise every day. Try to build up to 20 minutes of daily exercise.

DIALECTICAL BEHAVIORAL THERAPY

DISTRESS TOLERANCE

- When someone is triggered
- Top Down vs Bottom Up



Radical Acceptance

Accepting reality as it is,
not as we wish it to be.

TOPICS THAT NEED TO BE ADDRESSED

- Toxicology Testing
- Return to work
- Neurocognitive consideration and implications
- Monitoring expectations
- Stigma
- Ethics/Values
- Gratitude/Purpose
- Relationships

JOB AND CAREER ISSUES AND CONCERNS

Considerations

- Were there workplace concerns? Is the person welcomed back? Is the workplace safe for them to return?
- Has their cognitive status been impacted by use?
- Treatment is idealistic, and not real world. The world outside didn't go to treatment.
- Monitor?

Recommendations

- How much time out should they have before returning to practice? Do they need a workplace supervisor?
- Are they cleared to return to practice? More time?
- Do they have appropriate follow-up to ensure that there is continued support after discharge?
- Monitor!!!

GENERAL TOPICS

- Humility vs arrogance
- Soft skills
- Imposter Syndrome
- Moral Injury
- Burnout/Stress
- Integrating Wellness
- Gender differences
- Stereotypes

WORKPLACE TRAUMA



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HUMOR



THE STRENGTH WE'RE
TAUGHT TO ADMIRE



THE STRENGTH WE
SHOULD ALSO ADMIRE



LIZ FOSSLIE

LOGISTICAL CONSIDERATIONS

- Individualizing treatment
- Childcare or caregiver responsibilities
- Gender, racial, and financial inequities
- Support systems and relationships

WHAT HAS BEEN MEANINGFUL TO YOU IN TREATMENT THAT HAS HELPED YOU TO TAKE CARE OF YOURSELF

- Community connections
- Meeting exposure
- In hindsight, people acknowledged needing time in treatment.
- Family Education and Support



HOPE

Motivation moves from External Consequences to
Internal Desires

CASE STUDY

#1

33 year old Caucasian female in 10+ year relationship. First entered treatment for diversion, completed successfully and began monitoring contract. At work, she had a headache and asked a peer for OTC ibuprofen. After taking medication, she noted feeling "different". She contacted her monitoring agency and completed an evaluation.

How caring for yourself can actually work.

CASE STUDY

#2

a 45-year-old divorced Caucasian female APRN, admitted for AUD and SUD. Not involved with monitoring at time of admission. Complex MH hx with previous SA, domestic violence, legal issues, and health co-morbidities identified in treatment.

Comprehensive Care

**Ashley McReynolds, BSN,
RN, PMH-BC, CARN
PHP/Evaluation Nurse**

mcreya@shands.ufl.edu

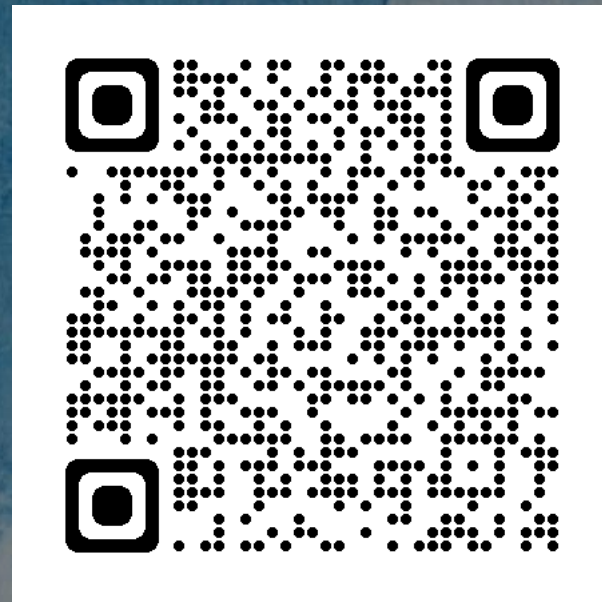
Phone 352-265-5522



**Rachel Waters LMHC
Director for Professional
Services**

waterr@shands.ufl.edu

Cell 352-454-2158



The background features a watercolor-style wash of colors. On the left, there is a deep, dark blue. This transitions into lighter, more muted blues and greys towards the right. The edges of the colors are soft and irregular, characteristic of watercolor painting. The overall effect is a textured, artistic backdrop.

THANK YOU