Addictions in the Workplace, the Risk to ALL

Initial Introductions

Rigo Garcia

- RN, MSN, CRNA, MBA
- Parkdale Center for Professionals, Co-Founder & Executive Program Director
- Great Lakes Anesthesia, Chief Anesthetist
- Husband & Father
Understanding the Scope of Addictions in the Workplace

Every Org Chart is “Complicated”
Do You Know YOUR Addiction Stats?

- 1:3 People personally know someone with an addiction
- 1:10 Employees are suffer from “The Disease of Addiction”

Understanding the Risks?

of Addictions in the Workplace
Cost

Turnover

Higher
Premiums

Morale

Customers

Company-wide
Culture

Safety

Productivity

Legal Issues

Wellness

Cost?

What is the cost of treatment for the individual?

Soft & Hard Cost

- Time off work/away*
- Distance and emotional risk
- Treatment center fees*

*Note: Additional costs may apply depending on specific treatments and programs.
Cost?

What is the cost of NO treatment support for your company?

Soft & Hard Cost Calculator

Sample Company:

Community Health Network

1. # Employees 13,000
   (Volunteers not calculated)
2. Industry: Education, Health, Social Services
Remember Risk to ALL

- Workplace theft for the purposes of abuse of drugs/alcohol is called “diversion”
  - Medical employers (Hospitals/Pharmacies/First Responders/EMTs)
  - Employee clinics
  - Employee locker areas
  - Lounges
  - Suites/client entertainment areas
  - Desks/purses
Most Don’t Make Headlines for Good Reasons

Most Don’t Make Headlines at All! 😞

Understanding the Issue
Understanding Addiction

**Addiction is:**
- Chronic
- Progressive
- Characterized by denial
- Sometimes difficult to spot

*Hard to keep #StigmaFree*

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Disease Model –
*Medical fact not well understood by society*

**Cancer**
- Desire for recovery
- Behaviors can intensify
- Goal – Remission
- Chance of recurrence

**Addiction**
- Desire for recovery
- Behaviors can intensify
- Goal – Sobriety
- Chance of relapse
Addiction is a Disease (really?)

- Intelligent,
  - top 25% of class
- Well liked and respected
- Top performers
- Advanced degrees
- Supervisors and managers
The Treatment Spectrum is Vast
Identifying Addiction within the Workplace

Additional Introductions

Claudia Garcia

- Parkdale Center for Professionals, Co-Founder & Executive Director
- Family Services

J. Michelle Sybesma

- Parkdale Center for Professionals, Chief of Strategy
  and Development
Guest Speaker: Rodrigo Garcia, MSN, APN-CRNA, MBA

Role Play
Scenario

Hidden in Plain Sight

Guest Speaker: Rodrigo Garcia, MSN, APN-CRNA, MBA
Commonly Abused

<table>
<thead>
<tr>
<th>Alcohol</th>
<th>Rx</th>
<th>Other</th>
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<tbody>
<tr>
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- **Pain Relievers aka “Painkillers”** (opioid or narcotic pain relievers)
- **Central Nervous System Depressants aka “Depressants or Downers”** (treat anxiety or sleep disorders/also alcohol)
- **Stimulants “Uppers”** (attention deficit disorders, narcolepsy, and weight loss)

Watch for ____ in the Workplace

**Behavioral**
- Slow reaction time
- Impaired coordination
- Slowed or slurred speech
- Irritability
- Excessive talking
- Inability to sit still
- Limited attention span
- Poor motivation or lack of energy
- Change in behavior/isolation

**Emotional**
- Aggression
- Burnout
- Anxiety
- Depression
- Paranoia
- Denial

**Physical**
- Weight loss
- Sweating
- Chills
- Smell of alcohol
Watch for ____ in the Workplace

Soft Skills Changes!

Preparing Your Policies
Pre-Hire Background Check

Simply put…
The quality of your employee base creates less encouragement of issues in the workplace.

No, it does not solve everything, but prevention is better than damage control.

Drug Testing – Pros/Cons

Accuracy Summary - “You get what you pay for.”

- # of drug types screens
- ½ life of drugs (time they last in system)
- Blood lab, requires processing time
- Urine is instant, but less comprehensive

- Qualitative – Yes/No Result
- Quantitative – Amount of Drugs
When to Test?

• Pre-testing
• Random Testing
• Reasonable Suspicion/For Cause (Training*)
• Post accident/workers comp
• Re-entry/return to duty*

*USDOT workers are required to have
Responding in the Workplace

Compassion is Critical

Don’t have it?
Don’t try to fake it.
Before You Contact Your EAP

- Understand the roles
- Review your policy
- Be prepared to offer possible treatment support options BEFORE they being the process
  - Comprehensive Multi-disciplinary Assessment
  - Time off needed
  - Possible funding for treatment
  - Understand where individual therapy starts/stops

Even if You Don’t Have an EAP

- Assistance is still available - Research
- Have a game plan before dialogue
- Review your policy
- Express observed symptoms
  - Avoid “diagnosis”
  - Documentation for legal
- Stay positive (just like w/a PIP)
  - Express desire to help them
  - Recognize the value they can be to the organization
  - Look to re-entry program to help show belief if the person
- Two company reps, ideally
- Don’t expect immediate decision for all
Be Prepared for “That” Conversation

- Apologies
- Emotional outburst
- Claims of innocence
- Gaslighting
- Pity/sympathy
- Justifications/excuses
- Fear for “project failure” if sent to treatment

Re-Entry/Return to Work

- Work with treatment center focused on professionals
  - Signed release
- Establish initial expectations (ideally with center/family)
  - How long initial treatment
  - How long continued outpatient
  - Aftercare/meetings expectations
  - Pace of practical return
  - Performance improvement plan (on work activities)
- Revisit expectations as treatment progresses with CMA Team
- Team support
Team Support –
Remember Your Elephant in the Room

Do you currently “go for drinks” as a team? Try monthly ice cream or switch the focus to appetizers.

Get someone on the inside to be their champion. Note or words of encouragement for “30-days clean”, “60-days sober”. Send card while in treatment indicating that the team still values them.

Everyone finds pride in their sobriety differently. Re-entry should help encourage them to put co-workers at ease.

Next Steps for Your Team

- Review and update policies for employees with SUD
- Align yourself with properly trained specialists
  - Comprehensive multi-disciplinary addiction assessment and plan
- Promote the understanding of “Disease Model of Addiction” in your organization
No one should tackle the this issue alone.

We are All IN for you.
**Step 1 Assessment:** Comprehensive Multi-disciplinary Assessment* following the American Society of Addiction Medicine Criteria to determine level of care.

<table>
<thead>
<tr>
<th>Supervision</th>
<th>PHP with Co-op Housing**</th>
<th>Intensive Out Patient</th>
<th>Aftercare Program</th>
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<tr>
<td>Detox Alcohol, Mild-Moderate</td>
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<tr>
<td>Detox Drug &amp; Alcohol, Mild-Moderate</td>
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<td>n/a</td>
<td>n/a</td>
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<td>Detox Drugs, Severe</td>
<td>Referred Out</td>
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<tr>
<td>Detox Alcohol Severe</td>
<td>Referred Out</td>
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<tr>
<th>Services</th>
<th>Educational Programs</th>
<th>Group</th>
<th>One-to-One</th>
<th>Cognitive Therapy &amp; Counseling</th>
<th>Family Programs</th>
<th>Specialized Employment Re-entry Support</th>
<th>Recovery Portfolio Documentation</th>
<th>Alternative Therapies (Art, Yoga, Music, etc.)</th>
<th>Physical Activity Therapy &amp; Wellbeing</th>
<th>Responsibility Realignments (Co-op**)</th>
<th>Urine Drug Screens</th>
<th>Medication Assisted Therapy Transitions</th>
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<tr>
<th>Average Daily Hours Addiction Prog.</th>
<th>8-9+Hours</th>
<th>3 Hour 3x per Week+</th>
<th>1 Hour 1x per Week</th>
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<tr>
<td>Average Length</td>
<td>4-6 Weeks</td>
<td>8-12 Weeks</td>
<td>1-3 Years</td>
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<tr>
<td>Cost for Services</td>
<td>$ - $$$$$</td>
<td>$$</td>
<td>$</td>
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*Examples of some of the other considerations made during a Comprehensive Multi-disciplinary Assessment:
Mental health component (DSM/MMPI), court ordered, prior failures, licensure at-risk /assistance program, gender specifics, professionals-only (adult workforce), under 18, under insured, other.

**Co-Op Housing for Parkdale Center for Professionals is unique.
We offer sober-living style co-op for those in PHP program exclusively.
They job-share basic living responsibilities to offset their overhead stay in a converted bed and breakfast with 8 rooms.
This is an OPTIONAL part of the PHP program and patients may choose to live offsite, if they do not wish to participate in this portion of the program.
Fellow HR and EAP support system colleagues, we share a love of healing that we tailor to the needs of every person on their recovery journey. We seek to ensure this process is always clinically effective, comfortable, and remains as cost attainable as possible.

Among our methods include the following details:

**Recovery Treatment / Service Offerings**

- Multi-disciplinary Comprehensive Assessment Program (MCAP)
- Co-occurring Mental Health, Dual Diagnosis
- Substance Abuse Support
  - 12-Step Program Facilitation
  - Basic Detoxification
    - Alcohol
    - Benzodiazepines
    - Cocaine
    - Methamphetamines
    - Opioid
  - Buprenorphine Maintenance for Predetermined Time
  - Buprenorphine to Vivitrol®
  - Naltrexone (Oral) and Vivitrol® Injectable
- Employment Reentry Support for Employer and Professional
- Family Education and Support Assistance
- Trauma-Related Counseling
- Smoking/Tobacco Cessation
- Process Addictions

**Therapy Styles**

- Activity
- Anger Management
- Behavior Modification
- Cognitive/Behavioral
- Crisis Intervention
- Dialectical Behavioral
- Emergency Psychiatric Services
- Individual Psychotherapy
- Integrated Dual Disorders Treatment
- Intervention Support Based
- Matrix Model Substance Abuse
- Motivational Interviewing
- Psychotropic Medication
- Rational Emotive Behavioral
- Relapse Prevention
- Trauma Processing, EMDR
Parkdale’s Clinical Setting

- Partial Hospitalization
  - Short-Term Residential
- Outpatient Day Treatment
- Intensive Outpatient Treatment
- Aftercare Programming

Extras:

- Both Male and Female Adult Accepted
- Language Services
  - English
  - Spanish
  - Services for hearing impaired, when needed
    - American Sign Language (ASL)
- Smoking Policy
  - Smoking permitted only in designated area
- Intervention Assistance
- Professional Reentry Assistance - Occupational / Legal Advocacy
- Family Services / Resources / Support
- Tranquil, Serene, and Inviting Lodging

Payment/Insurance

- Cash or Self-Payment
- Private Health Insurance
- Payment Arrangements
- Financing Options Available

Questions? We are delighted to dialogue with you about the unique needs of your referrals. Please call us today (888) 883-8433.
'Problem Employee' or Employee With a Problem?

Posted: Jul 28, 2017 10:47 AM EDT
Updated: Jul 28, 2017 5:22 PM EDT

By J. Michelle Sybesma, Chief of Strategy, Parkdale Center for Professionals

For both management and HR, hiring the ideal candidate is often more time consuming than anticipated. Such a process makes a successful long-term employee that an investment of even greater value. However, for some employers, a once highly successful employee loses their effectiveness. The reason is rooted in a combination of factors that cause a problem for everyone around them. Problems with drugs and alcohol are at times elusive. Symptoms are not always obvious to the untrained eye, and they often first manifest themselves in other visible ways that make up declining performance reviews. You being to see new behaviors like being late, falling asleep on the job, lack of professionalism and other soft-skill gaps.

According to the Department of Labor, we know that one in ten employees have either a drug or alcohol abuse pattern that leads to addiction. The formal diagnosis classification is known as Substance Use Disorder. One of the most complicated workforce challenges can be when an employee, who was once terrific, becomes plagued by a disease such as addiction.

It is very easy to promote an ideal of being a "stigma-free" employer who cares about employees' health. However, if the response to the disease of addiction is accompanied by manager denial and HR landmines, then we have failed. If an employee is rapidly labeled a "Problem Employee," and the termination proceedings begin quietly in the background, have we offered mental health assistance? Documentation of productivity issues, decision-making capabilities, and safety begin to ensue. It is a perfectly logical response based on traditional workforce norms.

Stigma-free and traditional responses are not in concert with one another. When we separate the problem of the drugs or alcohol from the employee with the problem, historically we often see a model employee. This inner battle, which often intensified by stress both at home and in the workplace, is one the employee is struggling with primarily alone. The weight of chronic denial can be a burden of shame, unlike many others.

A Comprehensive Multidisciplinary Assessment approach is key to overall mental health outcomes. Accredited specialists in the field of treatment who practice to best practice standards should always conduct this CMA. This approach will help to ensure effective treatment can take place and benefits properly implemented. All too often, someone receiving an abbreviated treatment process will relapse and fall further. Outcomes from
rushed and incomplete treatment contribute to the mistaken belief that treatment does not work.

Encouraging the employee to complete a Comprehensive Multidisciplinary Assessment before any finalized decisions on potential treatment time off will help to clarify needs. This assessment also helps guide employers to other professional re-entry approaches. It is likely if a person is severe enough to be at the point of noticeability at work, they will need to be admitted into treatment into at the conclusion of their CMA. An employee assistance program (EAP) will often make a referral to a therapist, in cases not addressed by a CMA as being moderate to severe. The referral may come from an EAP therapist.

During preparation for such an assessment, employer-based decisions need to be considered. For private employers with 50 or more employees working within 75 miles of the employee’s worksite, the Family Medical Leave Act (FMLA) can be implemented to allow a person to complete treatment. It must accompany “treatment provided by a health care provider or by a provider of health care services on referral by a health care provider.” Smaller organizations can take steps to discuss time-off options with employees that meet the need.

If a positive track-record existed before this point, why not consider investing in the sustainability of an employee’s family, and their mental health as well? It is a ‘disruptive HR’ type of thought. It seems on the surface to be counterintuitive. Are we suggesting you invest in a “problem employee”? No, the suggestion is investing in an employee to help them with a problem can save a family, improve employee morale, and create a more overall sustainable outcome for many business situations.

J. Michelle Sybesma is the Chief of Strategy with Parkdale Center for Professionals serves the community by helping the adult workforce professional in need and their employer find a return to their success.
A special thank you to those who were for our presentation on Addictions in the Workplace.

We understand your job is very difficult. We are always here to support you with NO obligation. We truly must be All IN to make a difference for the health of our state and beyond.

If you have direct questions, feel free to contact our Chief of Strategy and Development, J. Michelle Sybesma at 317-258-5279 Direct/Text (EST). We are located in booth 419.

Please join us on LinkedIn or Facebook.

PARKDALE CENTER FOR PROFESSIONALS

Restoring Hope Rebuilding Lives through Recovery.

Best wishes and enjoy the remainder of your conference!