

Overcoming Barriers to Intervention: Substance Abuse & Reasonable Suspicion

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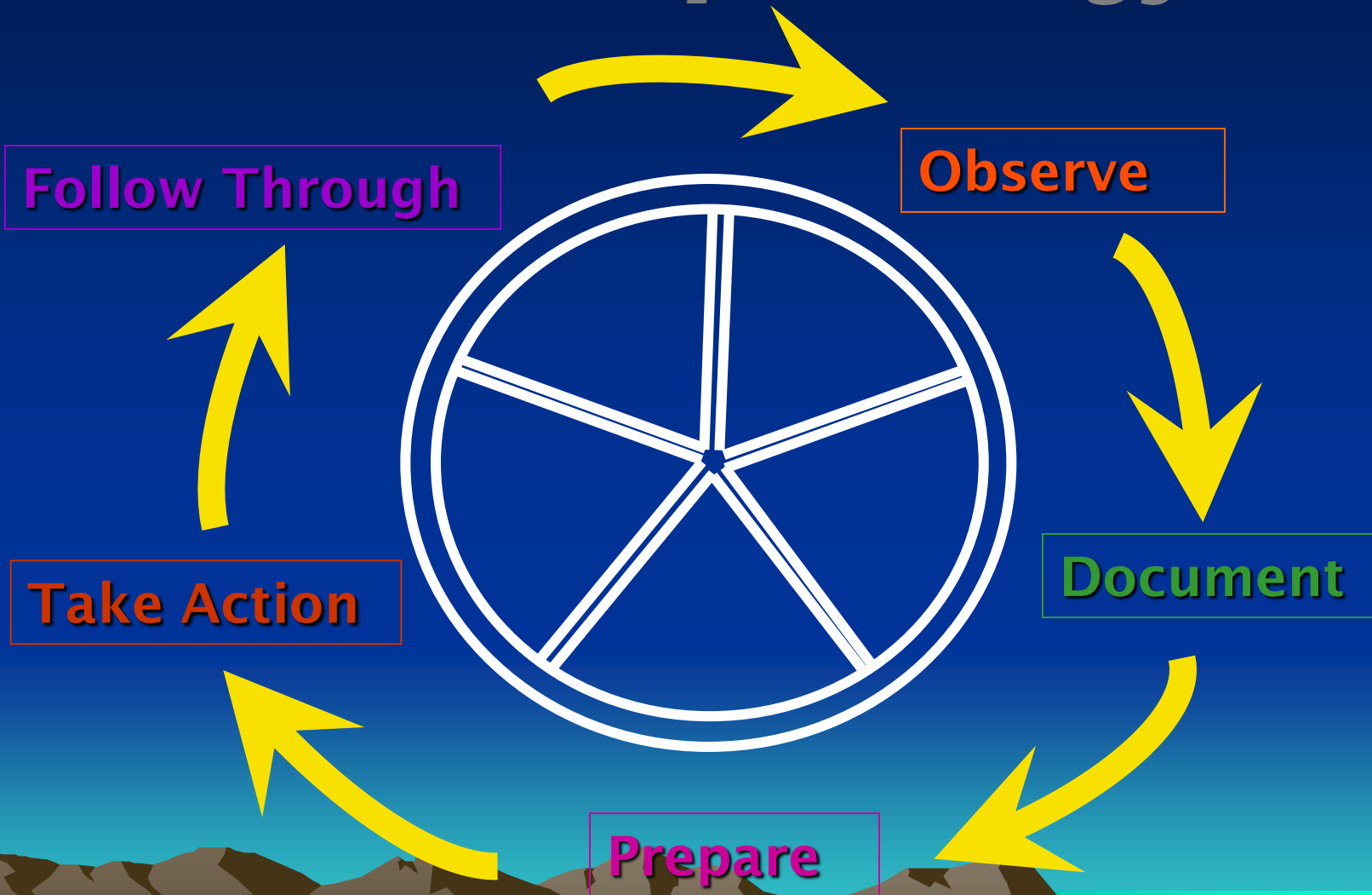
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Substance Use Continuum:

No Use → Use → Abuse → Addiction

- **No Use**
- **Experimentation: curiosity**
- **Use: seeking the mood swing & pleasure.** Generally non-hazardous, predictable results. Social, responsible use.
- **Abuse: patterns of relief use & signs of life unmanageability emerge:** social, behavioral, occupational, legal, medical, financial problems made worse by use.
- **Addiction:**
 - Loss of control
 - Life unmanageability
 - Withdrawal symptoms
 - Pre-occupation
 - Tolerance
 - ***Use to feel normal.***

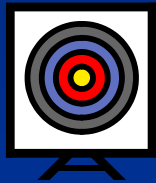
The 5-Step Strategy



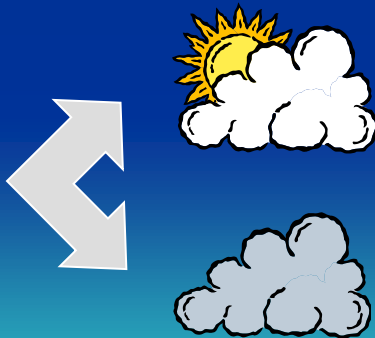
Constructive Intervention



CONCERNS about observed behaviors. Be firm and fair



EXPECTATIONS for conduct and behavior



Potential **CONSEQUENCES**: positive & negative. Respect the individual and hold responsible for improvement

It's not that simple!

History
Transference
Verbal skills
Fear of making things worse
Conflict avoidance
Defensiveness
Lack policy or management support
Embarrassment & many more complications

Key Communication Skills

Ladder of Inference
Behavior Descriptions
Perception Checks
Open Ended Questions
Feeling Descriptions

Ladder of Inference



- **Take action based on beliefs**
- **Adopt beliefs**
- **Draw conclusions**
- **Make assumptions based on meanings**
- **Add meanings**
- **Select data**
- **Observable data and experiences**

Ladder of Inference



- I can't count on John. He's too temperamental
- I've heard he is drinking more
- John has talked about family problems
- John seem tired & irritable this morning. He raised his voice with a critical tone when I asked him if he completed his assignment

What's the likely outcome?

- “John, you seem angry and impatient these days. I’m concerned that I can’t count on you anymore.”
- “John, you seem angry and impatient these days. I’m concerned about that I can’t count on you anymore. I hope drinking isn’t interfering with your job. Is your family still causing you to loose sleep?”

Ladder of Inference



- Take action based on beliefs
- Adopt beliefs
- Draw conclusions
- Make assumptions based on meanings
- Add meanings
- Select data
- Observable data and experiences

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Supervisory Intervention Skills

- **Behavior Description**: a report of observable events that create clear, visual pictures of what happened.
 - Less effective: *“Your attitude has become negative”*
 - More effective: *“You rolled your eyes, raised your voice and gave reasons why you missed the deadline”*

Avoid accusations, assumptions, conclusions, etc.

Supervisory Intervention Skills

- **Perception Check**: Check your hunch about what the person may be thinking or feeling
 - Less effective: “*What are you angry about?*”
 - More effective: “*I feel like you are mad at me. Is that true?*”

Does not tell another person what they think, feel or want. Inquires, does not judge.

Supervisory Intervention Skills

- **Open Ended Questions**: Require more than one or two word (Yes or No) answers; seek additional information; begin with “What...; How...; Tell me more about...”

Pros: Open-ended questions develop trust; are perceived as less threatening; allow an unrestrained response.

Cons: Can be time-consuming; may result in unnecessary information; and may require more effort.

Supervisory Intervention Skills

- **Feeling Description**: report of one's own emotion.
 - Less effective: *“You don't seem to think this job is important. I'm getting pretty frustrated and angry.”*
 - More effective: *“I'm concerned and worried about you.”*

If you can substitute the words “I think,” without changing the meaning, it's not a feeling description.

Where and when do you
draw the line?

What would you do?

History:

- Long term employee known for conscientiousness; commitment to excellence; strong work ethic.
- History of anger outbursts; including previous discipline.
- Reputation: “Hot Head” - tends to hold onto frustrations

Trigger:

- When caught by surprise, unaware of process changes

Behavior:

- Pops off, speaks mind, occasional profanity directed at those nearby. Menacing non-verbal posture, hostile tone of voice. Takes unplanned time off following outbursts.
- Believes anger is justified based on a long history of feeling mistreated and disrespected.

Another outburst occurred today

Intervention Components

- Reasonable Suspicion Determination
- Policy / Legal
- Supervisor Consultation (clarify action steps)
- Intervention (setting, language, witness, safety, “rule-in/out” etc.)
- Assessment & Treatment Recommendation
- Treatment Plan Implementation
- Return to Work Planning
- Return to Work
- Case Management

Variables in Play

- Substance Abuse Continuum
- Clear Policy... ?
- Key contributor...?
- Longevity
- Job performance history
 - technical
 - Interpersonal
- Labor market surplus or shortage
- FOTB or FOTO...?
- Last chance agreement
- “Almost second to the last chance agreement”
- Return to work agreement
- Equity
- Upper management support

Return to Work Considerations

- Clinically stable
- Return to work plan with input from treatment program, employer and EAP
 - Integrate safety risk and relapse prevention
- Case management
- Follow-up
- Lapse and relapse

Managing Substance Abuse

Complex

Requires high level communication skills

Knowledge of policy and law

Few people look forward to it

Contributes to safety, risk reduction, profits

Guidance and support is available

A few tips on Addiction and Recovery

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Addiction is a Brain Disease that Rewires the Brain

- Decrease in size of frontal lobe
- Strengthened linkages within the basal ganglion and between the basal ganglion and ventral tagmental area (pleasure center)
- Damage to VTA
- Decreased baseline levels of dopamine
- Long-term memory centers shut down when triggers are activitated

Stages of Change

- **Pre-contemplation:** unaware of the problem
- **Contemplation:** aware that there is a problem, but not ready to make the changes necessary to really make a change
- **Preparation:** getting ready to take action by learning about the problem and learning about resources
- **Action:** take action to address the problem
- **Relapse/Maintenance:** learning process to keep at it and make the change a long-term lifestyle

Developmental Process of Recovery

- **Addictive use**
- **Transition** (first 6-12 months): begin to learn about and engage in the recovering process
- **Early Recovery** (6 months to 3 years): rigidly engaged, “addicted” to recovery
- **On-going Recovery** (3-5 years and more): address underlying issues, gain emotional stability, gain wisdom and perspective

Support Groups & Recovery

- **Alcoholics Anonymous** and **Narcotics Anonymous** are self-supporting and self-governing groups of recovering people who help each other. People who fully engage in the 12-Step process are three times more likely to remain sober than folks who do not.
- Many churches sponsor effective support groups for recovering people.

Miracles Happen Every Day

- Stable recovery may take a number of tries
- Each person's path is unpredictable
- Over a period of two or three years a person's life can become completely different
- Each of you, as employers, have your limits. You help the person's recovery if you stick to your natural limits. The approach is compassion vs. caretaking.