

Supporting a Colleague with an Addictive Disorder: A Peer Assistance Model

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Program Objectives:

- ▶ Understand the risk factors for SA/addictions in nursing
- ▶ Describe the complexities of SA/addictions in nursing and why we don't talk about it
- ▶ Examine how your own history and experiences can affect your reaction to a peer with a SA or addiction problem
- ▶ Learn about "Peer Models" – A Proven track record for successful support and sustained recovery
- ▶ Discover how the early introduction of peer assistance with initial intervention can support recovery
- ▶ Discuss how to bring Peer Assistance Models into the workplace or chapter organizations.
- ▶ Introduce the MNA Guidebook for Impaired Practice

Nursing: A Profession at Risk for Substance Use Problems

Why?

- ▶ Compassion Fatigue
- ▶ Risk for Physical Injury
- ▶ "Expectation for Perfection" in an imperfect setting
- ▶ Knowledge of pain and stress-relieving medications
- ▶ Access to medications
- ▶ Denial of our own vulnerabilities

Who is most at Risk?

Profile of a nurse with a substance use problem

- ▶ High achievers
- ▶ Initial outstanding employees
- ▶ Find failure difficult
- ▶ Perfectionist
- ▶ Caregivers at a young age
- ▶ Highly skilled and competent
- ▶ Often have advanced degrees or certifications

Why is impaired practice... an "untold story?"

- ▶ Disbelief that it could be happening
- ▶ Fear of:
 - false accusation
 - not knowing how they will react (emotionally unstable)
- ▶ Lack of preparation to address the issue
- ▶ (Perceived) Lack of resources & support
- ▶ Fear of public relations issues
- ▶ If we acknowledge the problem, we have to act
- ▶ Changing clinical practice is difficult to do and labor intensive.
- ▶ Cost of compliance and surveillance
- ▶ Denial of the magnitude of the issue

Reality Check - Your Own Bias & Beliefs

- ▶ What is your own personal history with substances
- ▶ What is your family history with substances
- ▶ What are your perceptions of colleagues with impaired practice
- ▶ What comes to mind when you hear about a nurse with impaired practice
- ▶ How do you separate your history from the nurse in front of you, who is in need?

Introspection is a lot of work

“Reality Check” (continued)

- We often make excuses or “cover” for them in effort to provide support.
“**she has been under a lot of stress lately**”
- We can also be initially angry toward the nurse.
“**how could she/he do that to his/her patients?.... We trusted her/him.**”
- For some nurses, seeing a fellow nurse with impaired practice, brings up the related emotions of a substance users in their family. “**they never stop using... they just hurt everyone around them**”
“**they don’t care about anyone but themselves**”

Initial Reactions to Impaired Practice

- Regardless of the initial reaction it is important to understand that the nurse is suffering with a tremendous amount of shame and guilt associated with their substance use problem.
- The disease of addiction, can result in the individual doing some of the most un-thinkable actions as a nurse, like diverting narcotics from their patients for their own use or using other nurse’s passwords to divert narcotics.

When assisting a nurse colleague with a substance use disorder, it is so important to examine your own reactions and emotions related to the situation. The nurse with impaired practice needs an empathetic colleague who is willing to assist, support and guide them toward recovery.

**Identifying the Problem:
Occupational Signs of Drug Use**

- ▶ High absenteeism & tardiness
- ▶ Vague or Dramatic illnesses & excuses
- ▶ Frequent trips to bathroom
- ▶ Unusually willing to float
- ▶ Readily volunteers to medicate other patients
- ▶ "in work" when not assigned/scheduled
- ▶ Poor job performance
- ▶ Illogical charting / Med Errors
- ▶ Frequent breakage and un-witnessed spills of medication
- ▶ Discrepancies between patient reports of pain relief and charted meds
- ▶ Consistently signing out the maximum amount of narcotics

Signs and Symptoms of Substance Use

- Poor Concentration and/or Judgment
- Memory loss for events or conversation
- Frequent accidents
- Sloppy appearance
- Wearing long sleeves
- Hand tremors
- Uses breath purifiers
- Calling colleagues at odd hours
- Argumentative
- Becomes defensive easily
- Diaphoretic
- Jittery-jumpy-nervous
- Flushed appearance
- Bloated appearance
- Alcohol on breath
- Drowsiness on duty
- Frequent bruises/burns
- Mood swings
- Ocular changes: pin point or dilated pupils , glossy eyes,

Signs of Diversion with Automated Medication Administration Systems:

- Over-riding medication profiles
- Removing the maximum dose (when range is provided)
- Not returning or wasting properly
- Medicating patients that are not assigned to them
- Discontinuing Narcotic drips for other patients
- Volunteering to remove medications for other nurses
- Multiple "null-transaction" entries . (browsing patient profiles)
- Consistently identified as the "highest user" on a unit or facility



The problem has been identified, now what do I do about it?

- This greatly depends on several factors:
- Your role at the facility
 - Your relationship to the nurse identified
 - Resources available to you
 - Mandatory reporting laws in your state
 - Facility Policies and Procedures related to substance use on the job
 - Union Contract governing procedures

The MNA Nurses Guidebook to Impaired Practice



Designed as a user's guide to addressing the issue of Impaired Practice in the workplace. Available as a PDF on the home page of the MNA Peer Assistance Program at www.peerassistance.com. This resource will be referenced for the remainder of this program.

Why a Guidebook?

- ▶ Quick Reference for Labor Representatives and others
- ▶ Sets the standards for how to address substance use in the workplace
- ▶ Opens discussion about the "untold issue" within our profession!

Effectiveness of Peer Models with Impaired Practice:

- › History of peer models— A proven track record
- › Use of Peer Models in Substance Use Disorders
- › Peer models in Impaired Practice
- › Peer Assistance at the time of initial intervention
- › MNA Peer Assistance Model Overview
- › Benefits of having a Peer Assistance Program separate from the State Board of Registration in Nursing Model (alternative to discipline)

How to establish peer assistance models within workplace settings or chapter organizations

- › Start with a caring and motivated group of nurses who are either in recovery or knowledgeable about the disease of addictions
- › Utilize existing models already developed within nursing
- › Identify funding sources for advertising and marketing
- › Get the word out!

Questions?

For further information please visit the MNA website at www.peerassistance.com or contact Carol Mallia at 781-830-5755
