Impairment Proofing Your Work Place
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Objectives
- Promote more efficient identification of employees needing help
  - Limited Workplace knowledge / awareness
  - uncertainty and ambivalence
  - unproductive responses (gossip)
- Support employees needing help
- Maintain work place integrity

Process
1) Create a culture of awareness
2) Remove uncertainty and ambivalence from leadership
3) Establish guidelines for
   - Accountability
   - Structure
   - Support
4) Provide peer assistance
5) Monitor and track outcome process
Culture of Awareness

- Work place: use of ‘human capital (HC)’ to perform, monitor, improve work flow
- High correlation between impaired HC, and impaired work flow
- Identify level of impairment and awareness
  - Work place survey
  - Relevant (to work setting) literature review

Culture of Awareness

- Survey management and workforce
  - Meet with leadership
  - Survey workforce
- Survey:
  - “How likely am I to recognize impairment…”
  - “How confident …know what to do…”
  - “…If I get help it is confidential…”
  - “How certain am I that the EAP will be helpful…”

Surveys

Demonstrate Sincerity
Culture of Awareness

- Educate entire workforce
  - On EAP
  - Prevalence of problems
  - Types of problems
  - How to recognize coworkers needing help

- 2002 study: 86% of EAP clients suffered from serious mental illness/substance abuse issues

Culture of Awareness

- Workplace: use of ‘human capital (HC)’
  - To perform, monitor, improve work flow
- Correlation between impaired HC, and impaired work flow
- Identify level of potential impairment
  - Workplace surveys
  - Literature review

Awareness- LAP’s Role

- Support judges, attorneys and law students
- Evaluate, assess, recommend
- Educate the legal community and peer support volunteers
- Provide referrals, interventions, manage & monitor clients in treatment
- Identify and evaluate treatment resources
LAP: Who We Serve

How they got to LAP

Who We Serve

Gender (ARDC: 62%M, 38%F)

- Male - 66%
- Female - 34%

Who We Serve

Age range of LAP clients
Who We Serve and Why

Issues

- Substance: 37%
  - Anxiety - Stress: 26%
  - Depression: 11%
  - Career: 15%
  - Other: 7%
- Access: 1%
- Confidence: 2%
- Referral: 2%
- Goals: 2%
- Recommendation: 7%

Lap Satisfaction Survey Results

2016 National Study – Lawyers (JAM, Feb 2016)

- 12,825 responses: % meeting clinical criteria
- 20.6% problems with alcohol vs. 10% general population
- 28% depression vs. 3% - 9% general population
- 19% anxiety
- 23% stress
- Younger Attorneys < 30, reported greater impairment
Self Reporting of Mental Health Concerns
(JAM, Feb 2016)

- Anxiety 61%
- Depression 45.7%
- Social Anxiety 16.1%
- ADHD 16.1%
- Panic Disorder 8.0%
- Bipolar Disorder 2.4%

Age, position and years in the field (JAM, Feb 2016)

- Age 30 and under higher scores-more hazardous drinking
- Less years working in the field = higher impairment
- Working in a private firm or for a bar association yielded higher impairment

Substances Used Weekly
(JAM, Feb 2016)

<table>
<thead>
<tr>
<th>Substances Used Weekly</th>
<th>Percent of Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stimulants</td>
<td>74.1%</td>
</tr>
<tr>
<td>Sedatives</td>
<td>51.3%</td>
</tr>
<tr>
<td>Tobacco</td>
<td>46.8%</td>
</tr>
<tr>
<td>Marijuana</td>
<td>31.5%</td>
</tr>
<tr>
<td>Opioids</td>
<td>31.6%</td>
</tr>
</tbody>
</table>
Reported Treatment Rates from Study

<table>
<thead>
<tr>
<th>% Received Mental Health services, treatment or help</th>
<th>% Received AODA services, treatment or help</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes 17%</td>
<td>Yes 67%</td>
</tr>
<tr>
<td>No 83%</td>
<td>No 33%</td>
</tr>
</tbody>
</table>

Stressful Work Place

STRESS = “Event(s) requiring responses we can’t provide”

- High stakes / expectations/accountability
- Time pressure
- Equivocal information: ‘decisional ambivalence’
- Intense competition - business driven
- Zero-sum encounters
- Real or perceived

Suicidal Thoughts

(JAM, Feb 2016)

- 11.5% reported suicidal thoughts during their career
- 2.9% reported self injurious behaviors
- 0.7% reported at least one suicide attempt


- 36 states reporting
- 19 states had 42 suicides
- Tennessee had 6 suicides
Suicide - What to do?

- Suicidal thinking warning signs:
  - Depression (“I don’t feel right”) +
  - Pessimism (“it won’t get better”) +
  - Overwhelmed / anxiety (“I can’t cope”)

- Listen, ask them if they are feeling suicidal

- Find out if they have a plan, or the means

- If they don’t have a plan – encourage them to seek professional help/reach out to family. Call LAP

Creating Awareness - What to Look For

“Follow the MAP”
(Pacione & Belleau, ABA Solo Practice Journal April, 2015)

- Mood or attitudinal disturbances
- Appearance or physical changes
- Productivity / quality of work issues

Increase Certainty of Response

- Uncertainty, ambivalence, or denial?

- Appoint a CAO (Chief Assistance Officer)
  - A senior level executive
  - Liaison to EAP
  - Receives concerns, questions, and reports of impairment

- Confidential??
The 'Right' Chief

Increasing Certainty, Eliminating Ambivalence
LAP provides training for the CAO role:
• Confidentiality and immunity
• MH and SU disorders; suicide
• Peer assistance and boundaries
• Organizational and family dynamics
• Interventions and role play
• Working with LAP (EAP)

Cover Your A.S.S.
• Establish guidelines for:
  Accountability (outcomes)
  Structure (process)
  Support (integration)
• Written Agreement
• Assign a work coach for peer review
### Accountability

<table>
<thead>
<tr>
<th>Employer (Ensures)</th>
<th>Employee (Responsibilities)</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Confidentiality</td>
<td>✓ Compliance:</td>
</tr>
<tr>
<td>✓ Liaison with EAP</td>
<td>✓ UDS / medication</td>
</tr>
<tr>
<td>✓ Work accommodations</td>
<td>✓ Consents</td>
</tr>
<tr>
<td></td>
<td>✓ Recommendations</td>
</tr>
<tr>
<td></td>
<td>✓ PR / EAP meetings</td>
</tr>
</tbody>
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### Structure

<table>
<thead>
<tr>
<th>Employer (Obligations)</th>
<th>Employee (Schedule)</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Work schedule and number of hours</td>
<td>✓ Treatment and self help Meetings</td>
</tr>
<tr>
<td>✓ Set meetings with peer review</td>
<td>✓ Daily work schedule</td>
</tr>
<tr>
<td>✓ Bi-weekly updates with PR (4-6 months)</td>
<td>✓ Bi-weekly updates with EAP (4-6 months)</td>
</tr>
</tbody>
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### Support

<table>
<thead>
<tr>
<th>Employer (Provides)</th>
<th>Employee</th>
</tr>
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<tbody>
<tr>
<td>✓ Access to TX/EAP</td>
<td>✓ TX/Support Group(s)</td>
</tr>
<tr>
<td>✓ Access to PR / LAP</td>
<td>✓ Regular meetings with PR/EAP</td>
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</table>
Peer Review Supervisor
- Mentor client in daily work activities
- Review client’s work frequently
- Same training as CAO
- Consultation with EAP
- Support / enforce written agreement
- Maintain confidentiality

Written Agreement
Known as “Last Chance Agreements”
(Several elements recommended)
We prefer “Best Chance Agreements”

EAP as Process Monitor
- Monitors employer, employee, treatment provider
- Conference calls with PR and client
- Liaison to CAO and treatment provider
- Responsible for getting consents
EAP as Process Monitor

Provider

CAO

Client

PR

Monitor: Treatment Failure Expectancy - Individual Client

Warning Line!
Monitoring
Identify Potential Treatment Failures

Getting Started in Your Work Place
1. Talk to management- ‘sales pitch’
2. Survey Employees
3. Do your research
4. Become more visible
5. Train management
6. Train peer support
7. Get providers on board
8. Prepare your presentation
9. Talk and demonstrate confidentiality