



Welcome!

HOUSEKEEPING:

- Please keep your microphone muted.
- Please keep your video turned off.
- Please send questions and comments only by way of the chat box - you may send them 'All' or in a direct message to Sarah Damiani or Katie Trausch.
- If you need CE credit for this course, please complete the survey at the end of this presentation.



OhioPHP

When a Healthcare Professional Needs Help

A guide for licensees of the OTPTAT Board

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1 Continuing Education credit is approved by the OTPTAT Board for this course

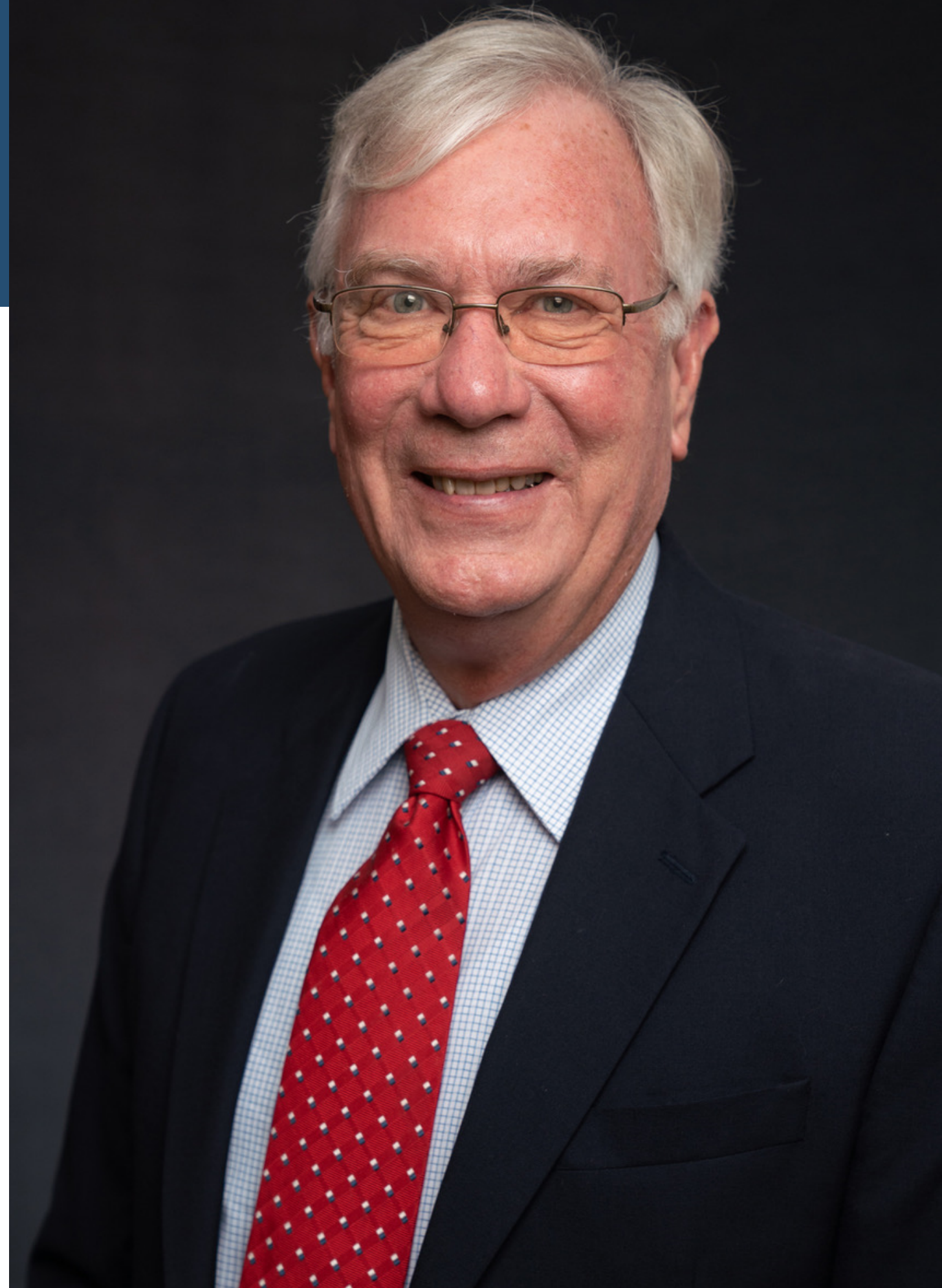




Who am I?

Richard N. Whitney, MD, DABAM, FASAM
Medical Director

- Joined OhioPHP in 2021
- Served as Medical Director at Shepherd Hill for 17 years
- Diplomate of the American Board of Addiction Medicine
- Fellow of the American Society of Addiction Medicine





What is OhioPHP?

OhioPHP (Ohio Professionals Health Program) is a nonprofit organization that provides confidential services to the fullest extent allowed by law.

OhioPHP provides a compassionate, supportive, and safe environment for healthcare professionals to receive confidential services to improve their health and well-being.



What is OhioPHP?

OhioPHP believes that by providing **confidential services** to healthcare professionals, we can help facilitate and encourage individuals to seek treatment and improve their health and well-being.

A person wearing a red, white, and blue checkered shirt is holding a large white rectangular sign. The sign contains the word 'AGENDA' in large blue letters and a list of six items. The person's hands are visible on the left and right sides of the sign.

AGENDA

- Stress
- Burnout
- Mental Health Disorders
- Substance Use Disorders
- Safe Haven Program
- Q&A



Why are healthcare professionals at an increased risk for stress, burnout, mental health or substance use disorders?



What is Stress?

The discrepancy between the demands of a situation and the capacity of the individual or group to deal with it comfortably.



Potential Difficulties During Training

- Extreme competition
- Social isolation
- Sleep deprivation
- Pressure to excel
- Self-neglect
- Cynicism
- Expectations of perfection
- Conflict of values
- Making difficult decisions
- Lack of limits
- Suppressed emotions
- Lack of balance
- Hierarchical culture
- Minimal control of situations



Causes of Stress in the Workplace

- Increased workload
- Decreased autonomy
- Feeling a loss of control
- Pressure to increase productivity and quality with insufficient resources
- Inability to balance obligations



Symptoms of Stress

Behavioral Symptoms

- Sleep difficulties
- Increased smoking
- Increased alcohol consumption
- Increased casual sex
- Dietary changes/extremes
- Grinding of teeth
- Finger or foot tapping

Emotional Symptoms

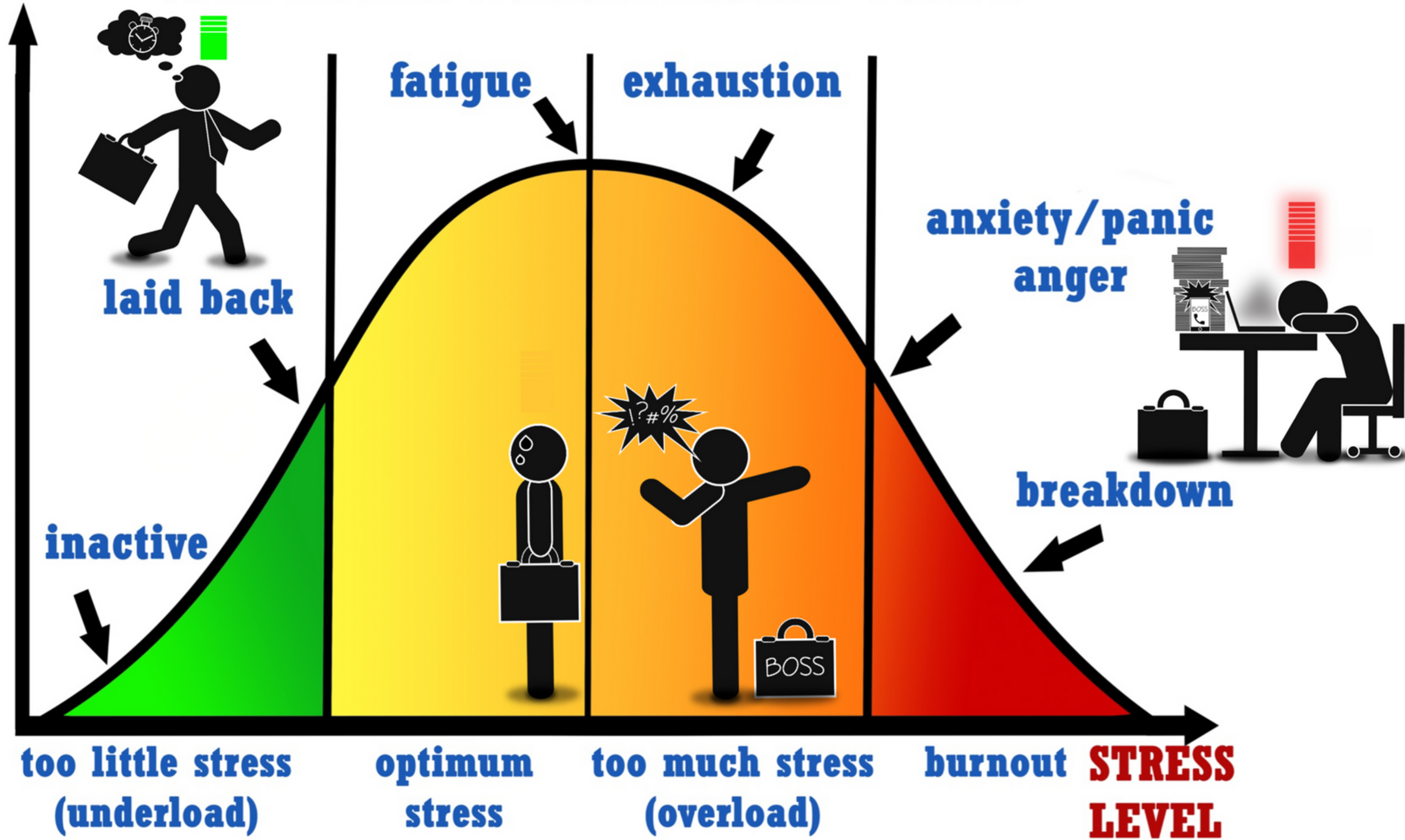
- Feeling overwhelmed
- Irritability
- Feeling depressed
- Intolerance of others
- Aggressiveness and/or anger
- Suspiciousness
- Restlessness
- Anxiety



Signs of Stress in the Workplace

- Absenteeism
- Working excessive hours
- Missing deadlines
- Drop in productivity
- Conflicts with co-workers
- Defensiveness
- Boredom
- Frustration

The Stress Performance Curve





How is
Burnout Different?



Burnout

Burnout is a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed.

–WHO ICD 11 (Z73.0)



Symptoms of Burnout

Identifies three core symptoms:

- **Emotional exhaustion**
- **Depersonalization:** usually showing up as compassion fatigue, sarcasm, cynicism and blaming your patients
- **Lack of efficacy:** thoughts of “what’s the use”, doubting that your work makes any difference and/or questioning the quality of your work



Consequences of Burnout

- Suboptimal patient care
- Double the risk of medical error
- Decreased professionalism
- Lower patient satisfaction
- Increased rates of substance use, thoughts of suicide, and intent to leave practice



Mental Health Disorders

Prevalence of Mental Illness



1 in 5 U.S. adults
experience
mental illness

1 in 20

1 in 20 U.S. adults
experience serious
mental illness

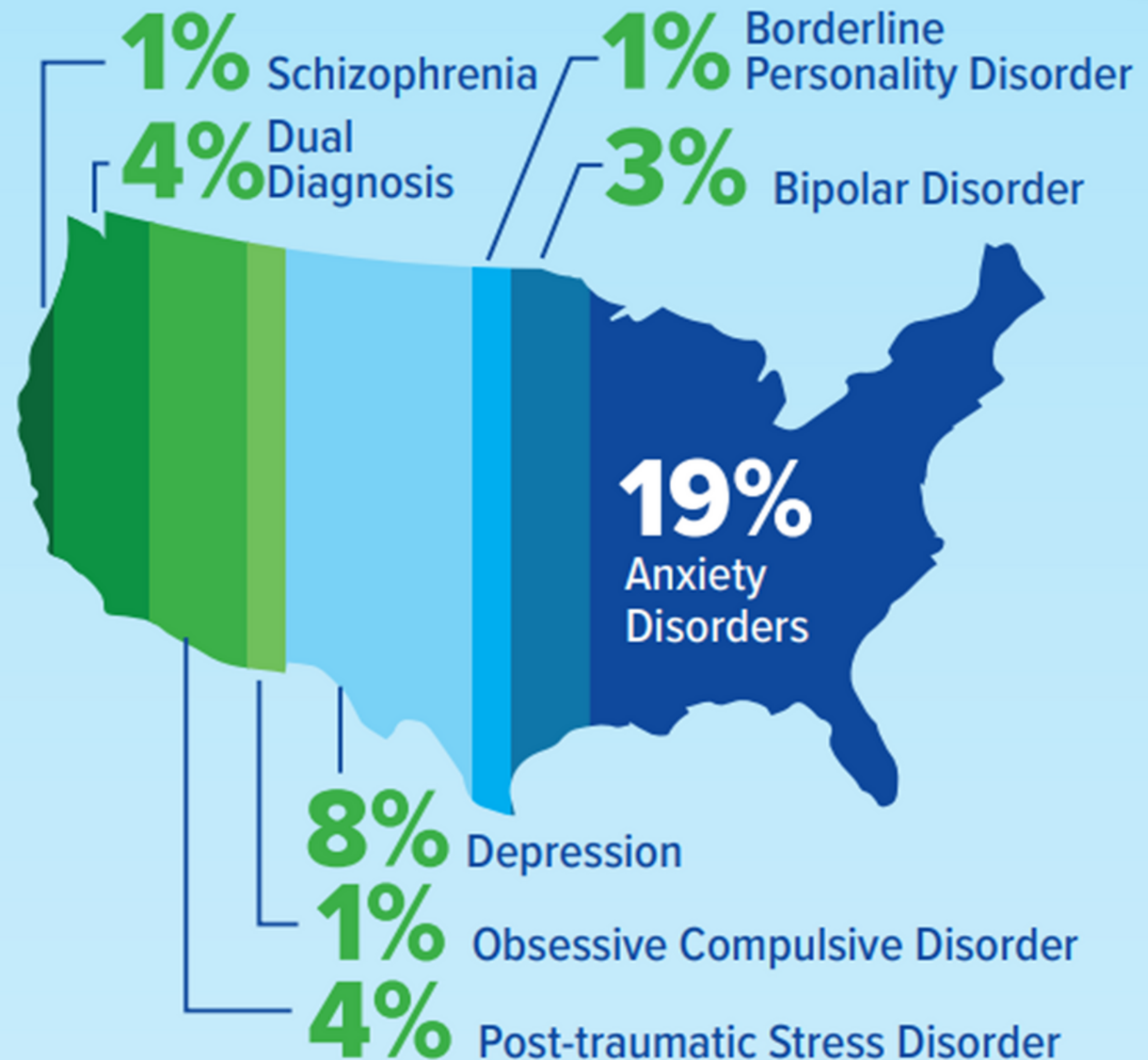
National Alliance on Mental Illness



Prevalence of Mental Illness

National Alliance on Mental Illness

12 MONTH PREVALENCE OF COMMON MENTAL ILLNESSES (ALL U.S. ADULTS)





Anxiety Disorders

SYMPTOMS

- Excessive anxiety and worry about a number of events or activities
- Difficulty controlling the worry
- Restlessness, fatigue, difficulty concentrating, irritability, muscle tension, sleep disturbance
- Impairment in social, occupational, or other areas of functioning



Depressive Disorders

SYMPTOMS

- Feelings of sadness, emptiness, or hopelessness
- Diminished interest or pleasure in activities
- Significant weight loss
- Insomnia or hypersomnia
- Fatigue or loss of energy
- Feelings of worthlessness, excessive or inappropriate guilt
- Trouble concentrating, indecisiveness
- Recurrent thoughts of death



Substance Use Disorders



23 million

Adults suffer from substance use disorders in the US.

UNDER DIAGNOSED & UNDER TREATED

"Only 10% of Americans diagnosed with a substance use disorder receive treatment"
-National Institute of Health



Substance Use Disorders

ADDICTION

Chronic Disease

Underlying changes in brain circuits persist beyond detoxification, particularly in individuals with severe disorders.

Treatable

With professional treatment, substance use disorder remission rates approach 50% for general population and exceed 80% in healthcare professionals.

Progressive Disease

Persists over time and physical, emotional, and social changes are cumulative and progresses as substance use continues.

Potentially Fatal Disease

Substance use disorders cause premature death through overdose, organic complications involving vital organs, and by contributing to suicides, homicides, motor vehicle crashes and other traumatic events.



Addiction: The Disease

TWO PRIMARY AREAS OF MALADAPTIVE FUNCTIONING

Physical

- Tolerance
- Withdrawal
- Craving
- Pathological organ changes (liver, kidneys, heart, lungs, brain, etc)

Cognitive Functioning

- Distorted thinking
- Irrational beliefs (false perceptions)
- Pathological defense mechanisms (primarily denial)
- Combination leads to unhealthy behaviors



Symptoms and Diagnostic Criteria

Impaired Control

1. Substance is taken in larger amount or over a longer period than is intended
2. There is a persistent desire or unsuccessful efforts to cut down or control substance use
3. A great deal of time is spent in activities necessary to obtain and use substances, or recover from it's effects
4. Craving, or a strong desire or urge to use mood altering substances



Symptoms and Diagnostic Criteria

Social Impairment

5. Recurrent substance use resulting in a failure to fulfil major role obligations at work, school, or home
6. Continued substance use despite having persistent or recurrent social or interpersonal problems, cause or exacerbated by the effects of mood-altering substances
7. Important social, occupational, or recreational activities are given up or reduced because of substance use



Symptoms and Diagnostic Criteria

Risky Use

8. Recurrent substance use in situations in which it is physically hazardous
9. Substance use is continued, despite knowledge of having a persistent or recurrent physical or psychological problems that s likely to have been caused or exacerbated by substance use



Symptoms and Diagnostic Criteria

Pharmacological Criteria

10. *Tolerance as defined by either of the following:*
 - a. A need for markedly increased amounts of the substance to achieve intoxication or the desired effect
 - b. Markedly diminished effect with continued use of the same amount of the substance

11. *Withdrawal, as manifested by either of the following:*
 - a. The characteristic withdrawal syndrome for the substance
 - b. The substance or a closely related substance is taking to relieve or avoid withdrawal symptoms



Symptoms and Diagnostic Criteria

DSM 5

MILD

2- 3 Criteria

MODERATE

4 - 5 Criteria

SEVERE

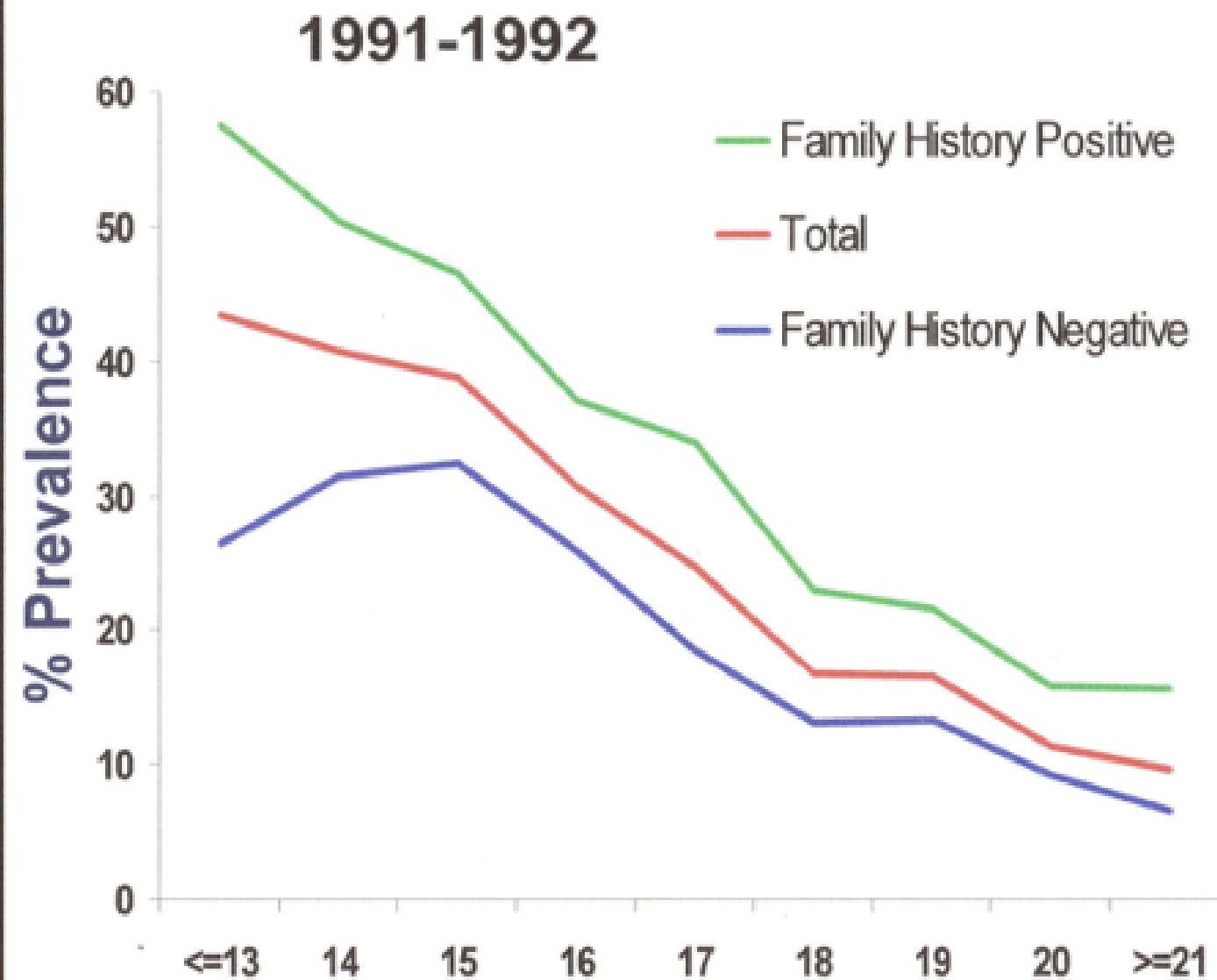
6+ Criteria



Factors Increasing Likelihood of Addictive Disease

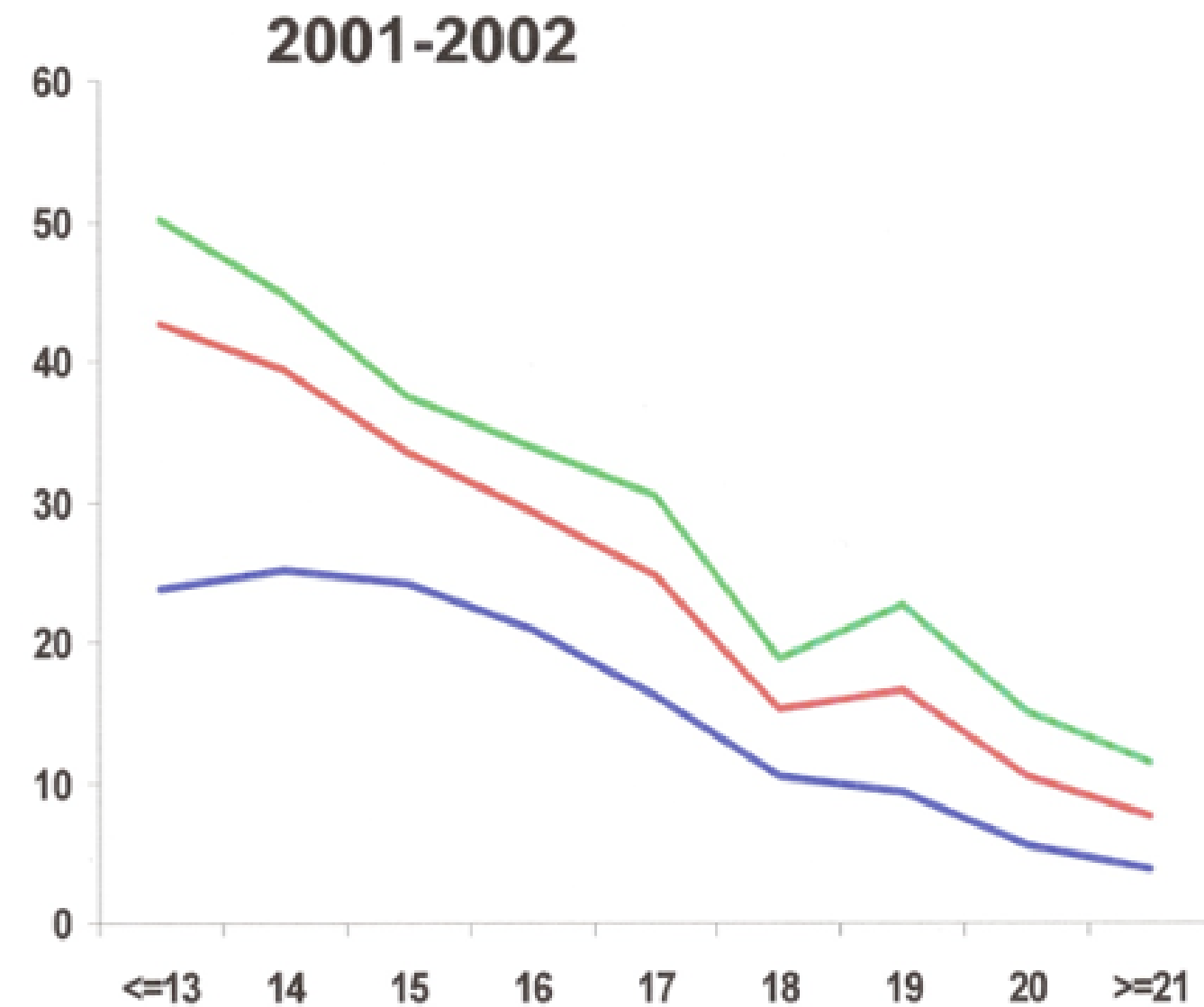
- Genetic Predisposition
- Early exposure to alcohol and drugs
- Self-treatment for another mental health disorder
- Traumatic life event
- Combination of all of the above

Prevalence of Lifetime Alcohol Dependence by Age of First Alcohol Use



Age at First Alcohol Use

Source: Grant and Dawson. *J Subst Abuse*. 1998. 10(2):163-73.



Age at First Alcohol Use

Source: 2001-2002 National Epidemiologic Survey on Alcohol and Related Conditions





Best Treatment Practices

SUBSTANCE USE DISORDERS



- Abstinence from all mood-altering chemicals
- Treatment as recommended by ASAM Criteria
- Consideration of medication for addiction treatment (MAT)
- Education on the disease of addiction
- Counseling and appropriate medication for co-occurring emotional/mental conditions
- Family/spouse/SO education and therapy
- Ongoing community support (AA/NA/Caduceus Groups), etc.



Relapse in Addiction

Relapse is any return to use of mood-altering chemicals

Most people have behavioral and attitudinal signs before use called "relapse patterns"

Relapse and recovery rates are similar to other chronic diseases



Relapse Prevention

Includes:

1. Appropriate treatment
2. Continuing care/aftercare
3. Developing community support through mutual aid support groups
4. Professional monitoring



Poll Question #1:

Why are healthcare professionals at an increased risk for stress, burnout, mental health or substance use disorders?



Substance Use Disorders in Healthcare Professionals



Primary Reasons Healthcare Professionals Do Not Seek Help

- Denial
- Fear of loss of employment
- Fear of loss of licensure
- Fear of financial loss
- Fear of loss of professional reputation
- Uncertainty as how and where to seek help



Primary Reasons Healthcare Professionals Do Not Seek Help

Data from 2021 OhioPHP Covid-19 Well-being Survey

56%
time
commitment

40%
did not know
where to turn
for support

31%
confidentiality
concerns



Primary Reasons *OTPTAT* *Licenseses* Do Not Seek Help

Data from 2021 OhioPHP Covid-19 Well-being Survey

44%
time
commitment

27%
cost of
counseling or
treatment

27%
did not know
where to turn
for support



Possible Indicators of SUD in Healthcare Professionals

- Family indicators
- Community indicators
- Physical status indicators



Possible Indicators of SUD in Healthcare Professionals

- Place of employment indicators
- Professional history indicators



Poll Question #2:

Do you think a healthcare professional can seek confidential assistance for burnout, mental health or substance use disorders?



THE ANSWER IS YES!

SAFE HAVEN PROGRAM

*A confidential resource for
licensees of the Occupational
Therapy, Physical Therapy, and
Athletic Trainers Board*

Ohio Administrative Code 4755-2-01



What is a Safe Haven Program?

- A clearly defined *confidential* path for individuals to seek help for burnout, mental health disorders, or substance use disorders
- A *safe space* for early intervention before patient safety becomes a concern
- Access to *quality* clinical screening/evaluation, treatment, long-term monitoring and support
- A *therapeutic* alternative to disciplinary action for illnesses such as mental health disorders or substance use disorders



What is the OTPTAT Board's Safe Haven Program?

Developed in collaboration with the OTPTAT Board for licensees with burnout, mental health disorders, or substance use disorders

Program became effective on January 9, 2023



Who is *Eligible* for the Safe Haven Program?

Any OTPTAT licensee or applicant who needs assistance with a potential or existing impairment due to behavioral health, mental health disorders, or substance use disorders or other medical condition or illness is eligible for the safe haven program.



Who is *Eligible* for the Safe Haven Program?

OTPTAT Licensees and Applicants:

- Athletic trainers
- Occupational therapists
- Occupational therapy assistants
- Orthotists
- Pedorthists
- Prosthetists
- Prosthetist-orthotists
- Physical therapists
- Physical therapist assistants



Who is *Ineligible* for the Safe Haven Program?

Any licensee who is unwilling or unable to complete or comply with any part of the safe haven program, including screening/evaluation, treatment, or monitoring.



Safe Haven Program Services

Ohio Administrative Code 4755-2-01

Services include but are not limited to the following:

- Screening and/or evaluation for possible impairment
- Referral to treatment providers for the purpose of evaluating and/or treating impairment
- Establishment of individualized monitoring criteria to ensure the continuing care and recovery from impairment
- Case management



Poll Question #3:

As a licensee of the Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board, do you have a duty to report impairment?



Duty to Report Impairment

Yes! An OTPTAT license holder must report to the board any unprofessional, incompetent, unethical, or illegal behavior of a colleague of which the person has knowledge.

If a licensee believes a colleague is suffering from a substance use disorder or physical or mental impairment, they may contact OhioPHP in lieu of making report to the board.



Duty to Report Impairment

Unless they are a participant in the safe haven program, a licensee must *self-report* a potential or existing impairment to the Board within thirty (30) days.



Poll Question #4:

What would you do if you were concerned that a colleague is suffering from burnout, mental health or substance use disorder?



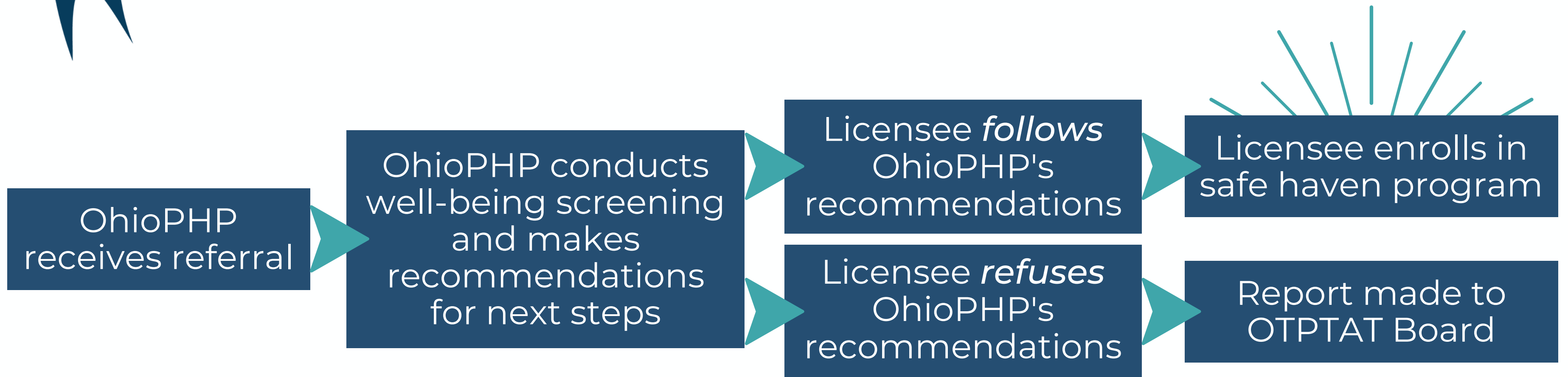
Call OhioPHP!



OhioPHP Services



OhioPHP Process





Well-being Screenings

OhioPHP's Well-being Screenings are designed for individuals experiencing symptoms of:

- Burnout
- Stress
- Anxiety/Depression
- Mental health or substance use disorders
- Other issues impacting your health and well-being



Well-being Screenings

- Scheduled upon request from the licensee
- OhioPHP's clinical team will provide recommendations regarding the results of the screen to the participant
- Recommendations may include referrals for:
 - Additional diagnostic evaluations
 - Appropriate treatment programs as indicated
 - Individual counseling
 - Medication management
 - Others as clinically indicated
 - OhioPHP monitoring recommended as needed for additional support



Therapeutic Monitoring

- Monitoring may be recommended when an assessment indicates that a healthcare professional is experiencing an illness that could benefit from long-term, ongoing, and therapeutic support.
- A standard monitoring agreement is used as a tool to observe and check the progress of a person's illness and may range from 1-5 years.
- All monitoring agreements are individualized to best meet the needs of each participant and may include recommendations for therapy, group support, toxicology testing, self-assessments, and advocacy from OhioPHP regarding their success and progress.



Program Impact

Sustained recovery from a substance use disorder for the *general population* is below 50% during the first year following treatment.



Question?

What is the impact of quality, professional treatment and long-term monitoring on this statistic?



OhioPHP's Program Impact

90% of healthcare professionals who have completed substance use disorder treatment and *OhioPHP's Monitoring and Advocacy Program* remained in sustained recovery with no relapse

Data cumulative from 2004 - 2020



By The Way...

OhioPHP Services are offered at no charge to participants!

OhioPHP participants are only responsible for the costs of toxicology screens.



The Well-Being Checkup And Referral Engagement Service

OhioPHP in partnership with the American Foundation for Suicide Prevention and the Ohio State Medical Association has launched a customized prevention interactive screening program.

This screening program allows any healthcare professional in Ohio to:

- Take a brief stress and depression questionnaire anonymously
- Receive a personalized response from a professional counselor
- Exchange deidentified messages with the professional counselor
- Ask questions and learn about available services
- Get feedback and encouragement
- Request a referral for appropriate therapeutic support

wellbeingcare.org



So, that was a lot...

HERE IS WHAT YOU NEED TO KNOW

- There is a confidential program for licensees of the OTPTAT Board. This is the safe haven program.
- Quality, professional treatment and long-term monitoring (support) has an immensely positive impact on recovery rates.
- An OTPTAT licensee's "Duty to Report" impairment is fulfilled by contacting OhioPHP.
- OhioPHP can also provide screening, assessment and treatment referrals for primary or co-occurring mental health conditions.
- *When in doubt, call OhioPHP!*



Thank you!

info@ohiophp.org

ohiophp.org

614-841-9690

Program Brochure

FAQ

SAFE HAVEN PROGRAM RULE:

- OAC 4755:2-01

REPORTING & ETHICS REQUIREMENTS:

- OAC 4755-7-08
- OAC 4755-27-05
- OAC 4755-27-06
- OAC 4755-41-01
- OAC 4755-41-03
- OAC 4755-64-01

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