

Pacific Northwest Economic Region (PNWER)  
Annual Meeting Health Care Working Group:  
Mental Health and Addictions in the Workplace



# Substance Abuse Expert Assessment

Minimizing risk in the workplace

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# Agenda

Keeping your workforce safe!

## SAE Planning Perspectives

- Clinical practices
- Legal considerations
- Customer needs, especially safety

## Case Example

Assessment Process, Outcomes, Report

Case Example Recommendations/Report

Two Year Relapse Prevention Program

Supervisor Training Agenda

# Planning perspectives







The individual wants to retain the right to privacy and non-discrimination, and

The employer seeks to meet its duties, i.e. obligation to ensure the individual does not present a safety risk in the work place

# Best Practices Guidelines





Accurate Assessment of the Individual

Privacy Rights

Discrimination Legislation

Informed Consent

Risk Management

Safety



# Case Example

Stan



# Stan

Safety-sensitive, highly technical manufacturing job

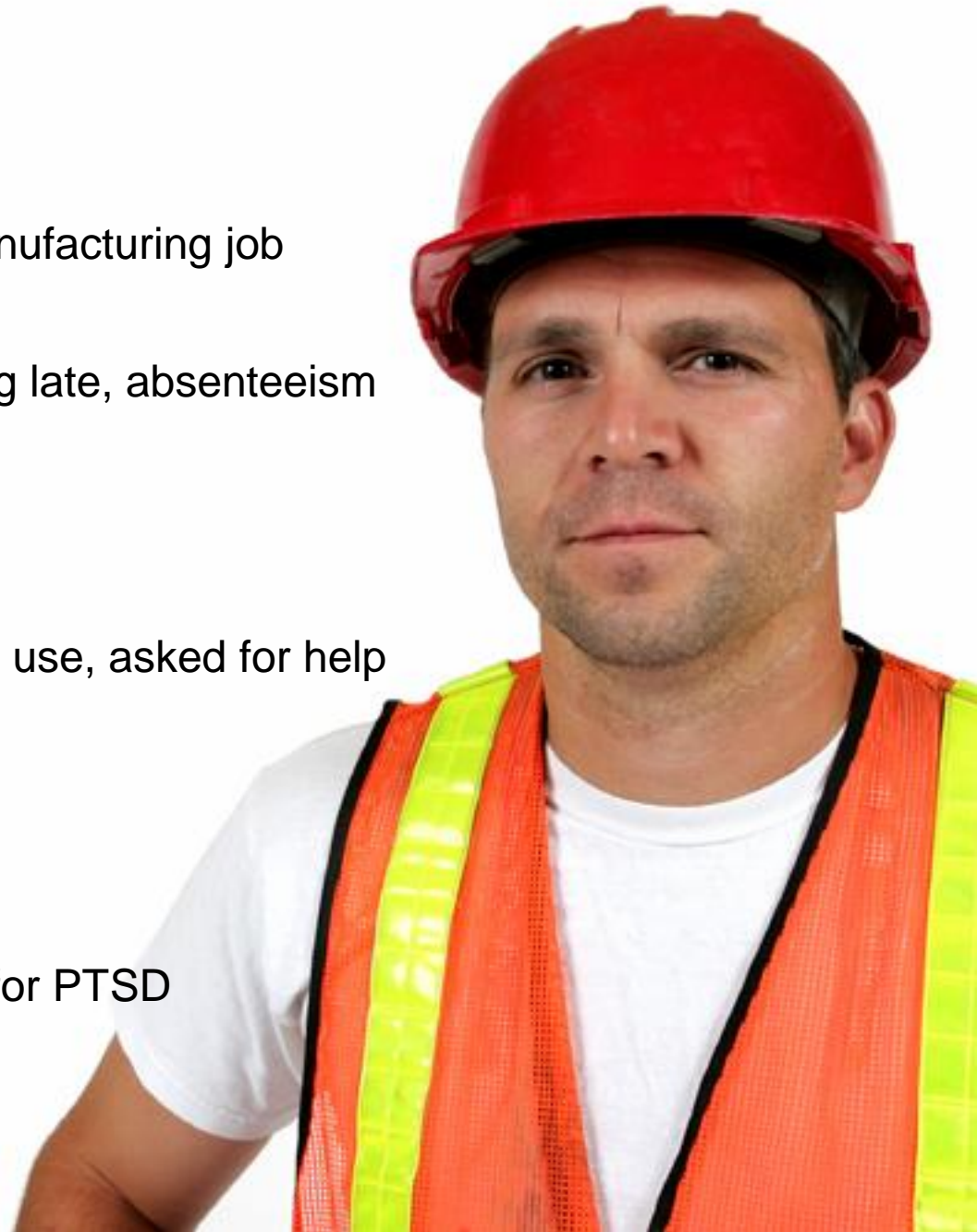
Missing work — leaving early, coming late, absenteeism

Called in sick, spoke to manager

Expressed suicidality, disclosed drug use, asked for help

Knee surgery due to work accident  
several years before

Military Veteran, previous treatment for PTSD



## Response to Stan's referral

Immediate crisis appointment to assess suicidality and stabilize

Schedule SAE assessment with 1-3 business days of initial referral

Gather employer's input

- Observations of behaviour
- Concerns with performance
- Previous assessments/testing
- Any other pertinent work history



## Why do SAE assessment?

To determine whether or not Stan poses a risk within the workplace due to drugs and/or alcohol

To provide Stan with an appropriate diagnosis and treatment recommendations

To provide the employer with diagnosis and relevant treatment recommendations to determine accommodations and/or return to work



# SAE Assessment Process



# What can I expect?



A qualified expert in addictions

A competent, standardized assessment

Clinical interview including:

- MAST/DAST
- DSM-IV-TR diagnostic questions (e.g. Mini International Neuropsychiatric Interview-Substance Abuse)
- Psychosocial history & full review of alcohol/drug use history

Objective testing (SASSI-3)

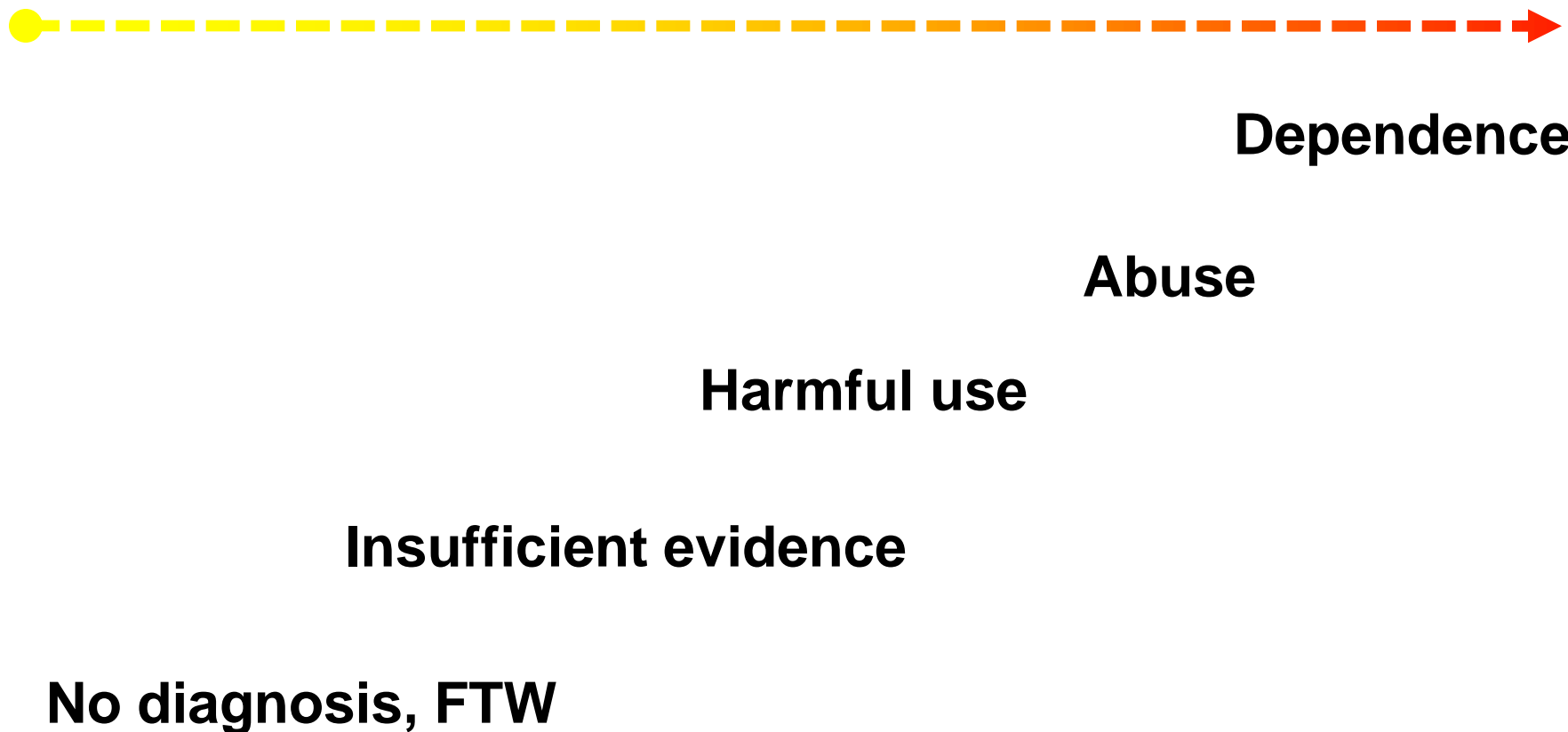
Recommendations for treatment, return to work statement, unannounced substance testing

- Based upon diagnosis & understanding of Canadian Human Rights/Privacy laws

Standardized reporting

Risk reduction

# SAE Assessment Outcomes





Medically no clinical diagnosis of substance use and no recommendations unless clinical interview identifies other issues relevant to safety

*Example: Medical condition such as uncontrolled diabetes can mimic intoxication. Report will include statement of client compliance or non-compliance with assessment process*

Does not mean they are necessarily fit to return to work but rather that the assessment has no medical input

*Being referred back to employer to make decision on employee return to work based on other known factors – performance failures, attitude etc.*



## **Identification of Harmful Use of Substances:**

Below DSM-IV-TR diagnosis of Substance Abuse

Above casual use

Use incurs negative consequences to physical or mental health, or occupational or financial well-being

- Suspended from work, barred from work placement, a loss of income
- Purchase of illegal drugs with risks of legal consequences
- Problematic work performance due to hangover

Identification promotes early intervention & reduces risk in workplace



# SAE Assessment Reports





## ***There are several components to our SAE Reports***

Name, date, reason for referral (post-incident, pre-access or with reasonable cause)

1. Summary statement of assessment practices/tools used
2. Diagnostic conclusions
3. Recommendations for treatment
4. Fitness for work statement

*In addition, we offer related services:*

- Psychoeducational & short term counselling sessions
- Relapse prevention
- Pre-treatment case management
- Psychological Assessments

# Stan's SAE Assessment

## Dual Substance and MH Assessment

- SASSI-3, MCMI-III, clinical interview, consultation with ER physician

## Findings

- Prescribed pain medications for surgery recovery
- Using prescription pain medication bought on street; multiple failed attempts to abstain

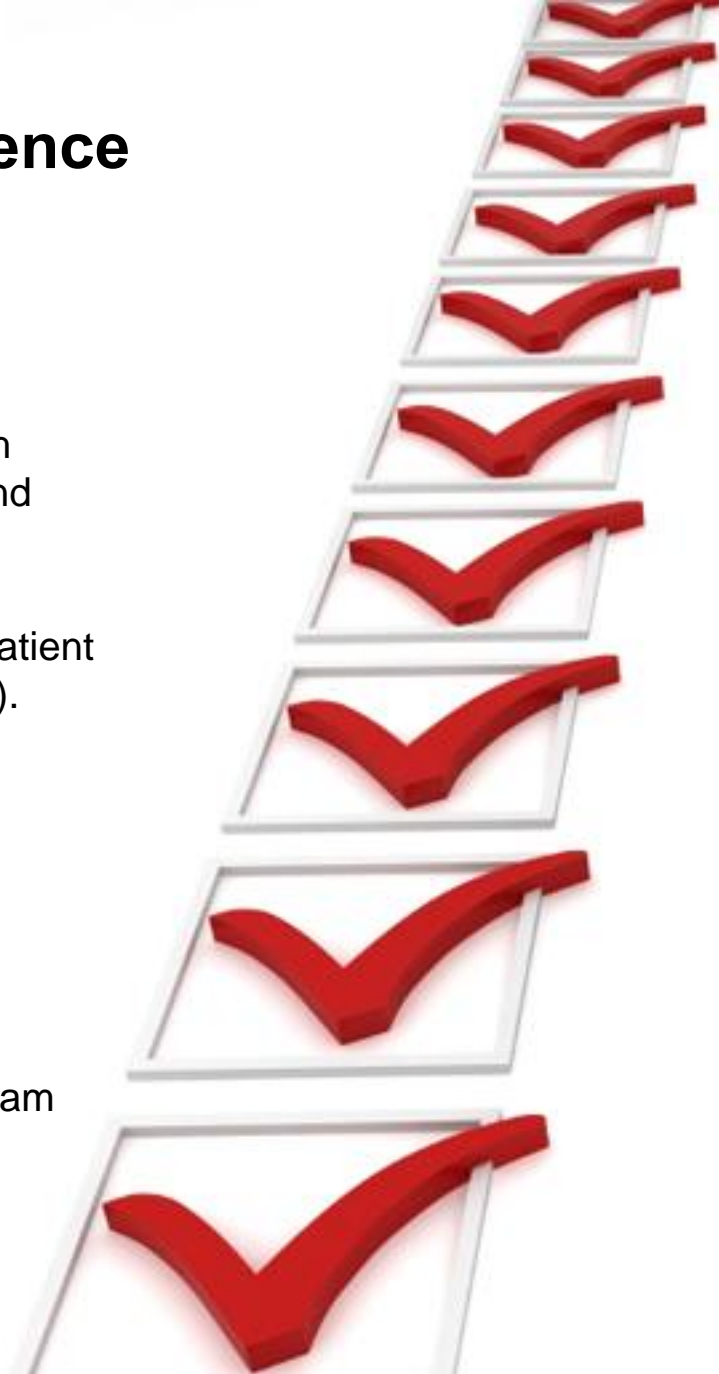
## Diagnoses

- Substance dependence
- Alcohol abuse
- PTSD



# Stan's Assessment Report: Dependence

1. Abstinence from all illicit or non-prescribed mood altering substances including alcohol.
2. Complete a medical evaluation by a physician familiar with opioid dependence. Referral to specific physician given and release of information obtained.
3. Complete detoxification with timing in conjunction with inpatient treatment bed opening (specific detox resources provided).
4. Complete an inpatient treatment program at an approved treatment facility. The names and numbers of two recommended facilities have been provided.
5. Short term counselling by a qualified counsellor for crisis management, relapse prevention and monitoring of any additional treatment recommendations (e.g. 12-step program or other appropriate abstinence support).



# Assessment Report (cont'd)

6. Obtain a negative substance screen prior to work re-assignment in a safety-sensitive position.
7. Recommend unannounced substance testing at the rate of 8 tests over the next 12 months of employment, and 8 tests in the following 12 months of employment, to reduce safety-risk.
8. Other risk factors identified in the assessment include concurrent mental health diagnosis (PTSD) that might interfere in performance of safety sensitive position and/or complicate substance dependence treatment. Concurrent treatment of PTSD recommended after inpatient substance abuse treatment completed.
9. Stan has been informed of the results of the assessment as well as the treatment recommendations. He may be ready to return to work after successful completion of recommendations 2, 3, 4, 6.
10. If you have further questions, please contact the Clinical Manager at 1-800-663-1142.



# Two Year Relapse Prevention





## Program Contents:

- Set schedule of counselling & case management appointments over 24 months
- Case management begins with liaison and referral to inpatient/residential program
- Review and monitoring of compliance with SAE assessment recommendations, e.g. inpatient treatment, abstinence, & 12-step programming
- Regular reporting of attendance, compliance, and prognosis
- Option to coordinate on-going substance testing

# Supervisors Need To Know







Policies are only as good as their enforcement  
Managers need to know how to act and react

## **Sample agenda**

(3 hour training)

Substance Abuse Defined  
Health and Safety in the Workplace  
Employee Health, Privacy, Rights  
Employer Obligations  
Employee Obligations  
Treatment, Support, Accommodation  
Performance Management  
Prevention, Recognition, Response Skills

# Discussion

What can go right

What can go wrong

Questions

# Resources

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# Contact

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