

Welcome
2015
OEAP Annual Resource
Conference



Drug Free Workplace

PRESENTED BY: ED FLYNN

Learning Objectives

This presentation will help you understand the:

- 1) History of drug testing in the State of Ohio
- 2) Steps taken if an employee test positive
- 3) Trends in drug testing

**State of Ohio
Drug Testing History**

Pre 1988 - reasonable suspicion policy
1988 - Federal Drug Free Workplace act...

- 1) Federal funding or grants = must ensure a drug free workplace
- 2) Safety sensitive positions = Pre-employment drug screening

State of Ohio Drug Testing History

1988 – State of Ohio Drug Free Workplace Policy...

- 1) State funding or request for Proposals = must ensure drug free workplace.
- 2) Safety sensitive positions = pre-employment drug screening. 300 classifications State-wide.

State of Ohio Drug Testing History

1995 – Federal Omnibus Employee Testing Act (1991)...

- 1) Started random drug and alcohol testing
- 2) CDL drivers, pilots, railway workers, etc...

State of Ohio Drug Testing History

Collective bargaining Agreements:

- 1) FOP – 2000
- 2) 1199 – 2000 for Maximum security facilities and pharmacists; 2006 for other direct care employees
- 3) OCSEA – 2006
- 4) OEA – Not presently required to have random testing
- 5) All agreements contain Drug Free Workplace Policy

Positive drug or Alcohol Test

If a classified employee tests positive for drugs, or tests .04 or above for alcohol:

- 1) Employee may be provided with a copy of result.
- 2) Employee is removed from duty.
- 3) Pre-disciplinary meeting should be held (scheduled and waived).
- 4) Last chance agreement (5 Years), and OEAP Participation Agreement signed.
- 5) Contact OEAP, they will schedule an initial screening and refer to the appropriate SAP.
- 6) Return to duty and follow up testing required. Direct observation tests and employee responsible for payment.

Refusal to Test

The test will be considered POSITIVE. This includes, but is not limited to:

- 1) Delay in reporting to collection site.
- 2) Refusal to provide adequate breath/urine .
- 3) Any refusal to cooperate that prevents completion of test.
- 4) Exception: Medical reason for not being able to provide specimen. Must provide medical documentation to MRO.

Trends

Synthetic Drugs

- 1) Bath salts
- 2) Synthetic marijuana
- 3) Krocodile

Positive test covers

- 1) " Water Beds and Stuff"
- 2) On- Line (no test.com, wisinator,etc...)

Questions?



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SBIRT

SCREENING, BRIEF INTERVENTION, REFERRAL TO TREATMENT

SBIRT

A comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders. Primary care centers, hospital emergency rooms, trauma centers, and other community settings provide opportunities for early intervention with at-risk substance users before more severe consequences occur.

Screening

Screening quickly assesses the severity of substance use and identifies the appropriate level of treatment.

- Must be quick, accurate, and efficient
- Not just a drug screen
- Mild, Moderate, and severe (Abuse vs. Dependence)
- Use a motivational approach for more effective results

Screening Tools

- **AUDIT** (Alcohol Use Disorders Identification Test) is a 10-item questionnaire that screens for hazardous or harmful alcohol consumption. Developed by the World Health Organization (WHO), the test correctly classifies 95% of people into either alcoholics or non-alcoholics.
- **AUDIT-C** is a simple 3-question screen for hazardous or harmful drinking that can stand alone or be incorporated into general health history questionnaires.
- **CAGE AID** is a commonly used, 5- question tool used to screen for drug and alcohol use. The CAGE Assessment is a quick questionnaire to help determine if an alcohol assessment is needed. If a person answers yes to two or more questions, a complete assessment is advised.
- **DAST-10** (Drug Abuse Screen Test) is a 10-item, yes/no self-report instrument that has been condensed from the 28-item DAST and should take less than 8 minutes to complete. The DAST-10 was designed to provide a brief instrument for clinical screening and treatment evaluation and can be used with adults and older youth.

Brief Intervention

Brief intervention focuses on increasing insight and awareness regarding substance use and motivation toward behavioral change.

- What is an intervention
- Motivational Interviewing
- Meet the individual where they are. Use interventions that complement the Stage of Change.
- Stay within your scope
- Education on the drug of abuse or diagnosed mental health disorder

Referral to Treatment

Referral to treatment provides those identified as needing more extensive treatment with access to specialty care.

- Mental health vs. Dual Diagnosis vs. Dual Diagnosis
- Which modality fits the individual.
- Willingness

Treatment Modalities

Detox – individual is treated medically for withdrawal symptoms.

Residential - the individual is housed at the treatment center. Programs vary in length (2 weeks, 30 days, 60 days, 90 days, 1 year, some even longer).

IDDT (Integrated Dual Diagnosis Treatment) – community mental health approach to supporting individuals diagnosed with co-occurring substance abuse and mental health disorders.

Intensive Outpatient – individual participates in treatment in but does not reside at the treatment center. Programming is more frequent and longer in duration than standard outpatient treatment.

Outpatient - individual participates in treatment in but does not reside at the treatment center.

12 Steps/Community Support Groups – organizations operated mainly by the consumer or individuals with common goals.

Resources

- http://www.integration.samhsa.gov/AUDIT_screener_for_alcohol.pdf
- http://www.integration.samhsa.gov/images/res/tool_auditc.pdf
- <http://www.integration.samhsa.gov/images/res/CAGEAID.pdf>
- http://www.emcdda.europa.eu/attachements.cfm/att_61480_EN_DAST%202008.pdf
- <http://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/alcohol-misuse-screening-and-behavioral-counseling-interventions-in-primary-care>
- <https://findtreatment.samhsa.gov/>

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OHIO EMPLOYEE ASSISTANCE PROGRAM

OHIO
RECOVERY SERVICES

Effectively Addressing Substance Abuse and Mental Illness (SAMI) in the Workplace

John Dye, MRC LICDC
SAMI Clinician, Ohio MHAS

**Motivational Interviewing
The Basics**

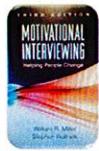
John Dye, MRC LICDC
SAMI Clinician

The Definition of MI

Motivational Interviewing is an effective way of talking with individuals about the work of change.

What makes MI effective?

MI is **evidenced based**, 1200 publications or more supports it's effectiveness.



Core Principles

There are four core principles of MI:

- Express empathy---Build rapport
- Roll with resistance---respect client autonomy
- Develop discrepancy---Elicit pros and cons....identify between goals and current behavior.
- Support self-efficacy---communicate to the client he/she is capable of change.

"We think we listen, but very rarely do we listen with real understanding, true empathy. Yet listening, of this very special kind, is one of the most potent forces for change that I know."
Carl Rogers

Join the Empathy Movement
CarlRogers.org

Change is not quick or easy.

What kind of change are we talking about?

People face many decisions that require change at every stage of life.

Addictions/Drugs Housing Career Marriage/Relationships



That's just to name a few.



Difficult decisions later in life include.

- Medical Decisions
- Retirement
- Living alone
- Accepting Help



Stages of Change



When change is hard its **NOT** always because of



- Lack of information
- Laziness
- Oppositional personality
- Denial



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When change is hard its often because of ...

Ambivalence

Wanting and not wanting change at the same time.

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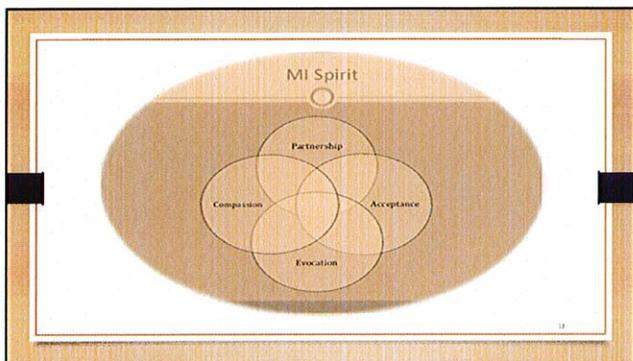
Because **ambivalence** is uncomfortable it often leads to

Procrastination

Which is often seen by the counselor as **resistance**. In motivational interviewing we revert from the term resistance.



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- **Partnership:** Work together, avoid the role of the expert. Equal partnership working with the client. "I value you and am delighted to work with you".
 - **Acceptances:** Respect the clients autonomy strength and hope.
 - **Compassion:** Keep the clients best interest in mind.
 - **Evocation:** The best ideas come from the client.
- 

- ### 4 Skills of MI (OARS)
1. Open Questions
 2. Affirmations
 3. Reflections
 4. Summaries

1. Open Questions



You might ask your client:

How much alcohol do you drink everyday?

Translated into MI speak:

What role does alcohol play in your life?

2. Affirmations



Words of Encouragement

- Awards
- Attempts
- Achievements
- Accomplishments



Anything the clinician see's positive about the client.

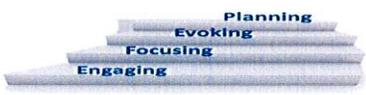
Affirmation Examples

You really care about your family.

This is hard work that you are engaged in.

It took a lot of courage coming in today knowing that you would test positive today.

The Four Processes



Adapted from Miller and Rollnick, 2013, p. 26

Planning

Developing a specific change plan that the client agrees to and is willing to implement.

Evoking

Eliciting a clients own motivation for change.

Eliciting Change Talk



Focusing

- An ongoing process of seeking and maintaining direction.
- Agreeing on an agenda, goals & priorities, clear direction.

Engaging

- Feeling Welcome
- Feeling comfortable
- Feeling Understood
- Having mutual goals
- Feeling Hopeful





"I've learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel."

-Maya Angelou

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STOP AND THINK

Dis-engaging

Assessing—
Telling—
Client is seen as impaired, unable to understand situation;
Counselor imposes "reality" of situation
"Client is assumed to lack capacity for self-direction;
Counselor tells patient what he/she must do"

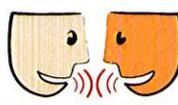


Power--Authority figure. "I'm the Counselor"
Labeling—

Change Talk

Client speech that favors movement in the direction of change.

"I want" ... "I wish" "The reasons are" "I can" ... "It would solve"



Planning

Developing a specific change plan that the client agrees to and is willing to implement.




Smart Plan

- Specific
- Measurable
- Attainable
- Realistic
- Timely

Develop a Change Plan

**SMART: Specific...Measurable...Attainable...
Reasonable...Timely...**

"I will try to quit smoking"
vs.
Starting on Monday, I will cut back on 1 cigarette per day until I have reached zero cigarettes."



Questions...



Additional Resources

Miller, William and Rollnick, Stephen, *Motivational Interviewing: Helping People Change, Third Edition*. New York: Guilford Press, 2012.

Prochaska, J., Norcross, J. and DiClemente, C. *Changing for Good*. New York: Harper and Collins, 1994

Rollnick, S. and Miller, W.R., 'What is Motivational Interviewing?' *Behavioral and Cognitive Psychotherapy*, 23, 325-334, 1995.

Rollnick, Stephen, Miller, William, and Butler, Christopher, *Motivational Interviewing in Health Care*, New York, Guilford Press, 2008.

Rasmussen, David, *Building Motivational Skills: A Practitioner Workbook*, Guilford Press, 2009.



MOTIVATIONAL INTERVIEWING

an evidence-based treatment



Encouraging Motivation to Change **Am I Doing this Right?**

Motivational Interviewing encourages you to help people in a variety of service settings discover their interest in considering and making a change in their lives (e.g., to manage symptoms of mental illness, substance abuse, other chronic illnesses such as diabetes and heart disease).

REMIND ME

Use the back of this card to build self-awareness about your **attitudes, thoughts,** and **communication style** as you conduct your work. Keep your attention centered on the people you serve. Encourage *their* motivation to change.

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Encouraging Motivation to Change

Am I Doing this Right?

- 1.** ✓ **Do I listen more than I talk?**
✗ Or am I talking more than I listen?
- 2.** ✓ **Do I keep myself sensitive and open to this person's issues, whatever they may be?**
✗ Or am I talking about what I think the problem is?
- 3.** ✓ **Do I invite this person to talk about and explore his/her own ideas for change?**
✗ Or am I jumping to conclusions and possible solutions?
- 4.** ✓ **Do I encourage this person to talk about his/her reasons for *not* changing?**
✗ Or am I forcing him/her to talk only about change?
- 5.** ✓ **Do I ask permission to give my feedback?**
✗ Or am I presuming that my ideas are what he/she really needs to hear?
- 6.** ✓ **Do I reassure this person that ambivalence to change is normal?**
✗ Or am I telling him/her to take action and push ahead for a solution?
- 7.** ✓ **Do I help this person identify successes and challenges from his/her past *and* relate them to present change efforts?**
✗ Or am I encouraging him/her to ignore or get stuck on old stories?
- 8.** ✓ **Do I seek to understand this person?**
✗ Or am I spending a lot of time trying to convince him/her to understand me and my ideas?
- 9.** ✓ **Do I summarize for this person what I am hearing?**
✗ Or am I just summarizing what I think?
- 10.** ✓ **Do I value this person's opinion more than my own?**
✗ Or am I giving more value to my viewpoint?
- 11.** ✓ **Do I remind myself that this person is capable of making his/her own choices?**
✗ Or am I assuming that he/she is not capable of making good choices?