

What Do We Know (About Addiction)?



- **Addiction is Chronic**
- **Addiction is Relapsing**
- **Chronic Diseases are not Cured**
- **Chronic Diseases are Managed Over a Lifetime**
- **Recovery is Lifelong**



Who Are We?



- **In Recovery (in private tx: slightly less than 50%)**
- **Average age mid 40's to early 50's**
- **50-70% women**

- **Per SAMHSA/ ABT environmental scan**

What Do We Know (About Our Workforce)?



- **People in recovery are over- represented in our workforce**
- **People in recovery add a great deal to our workforce**
- **Our workforce faces significant retention challenges**

SO.....



- **The relapsing nature of addictive disease:**
 - contributes to turnover
 - leads to decreased effectiveness

What Can We Do?



- **Through Partners for Recovery:**
 - **Integrate what we know about addiction into workplace policies**
 - **Balance responsibilities to clients, staff and communities**
 - **Use what we know about addiction responsibly in the workplace**

Corporate and Clinical Values



- **Walk the Walk**
- **Genuine**
- **Authentic**
- **Lead the Way**
- **Use our Skills and Knowledge Responsibly**



Aligning Corporate and Clinical Values



- **I.D. Workplace “Red Flags”**
- **Informed Drug Use Policies**
- **Strengthen EAP**
- **Insurance and Disability Policies that Reflect our Needs**

Examples of PFR Products



- Guidelines for managers to talk to staff (legally and effectively)
- Components of strong health benefits (and how to talk to carriers).
- Clear policies about taking leave, getting treatment, back- to- work certification
- Components of high quality EAPs
- Return to work plans

Types of Policies



- Prevention
- Intervention
- Re-entry

...Sound Familiar??

One Policy may Incorporate all three components

Example: Sick Time Policies Prevention



- **Medical notes: mandatory after certain absences (length of time, frequency extending time off etc.)**
- **Managerial discretion at all times**
- **Drug test after extended illness/ disability claim for RTW**

Sick Time: Intervention



- Sick time can be used to attend treatment/ EAP
- Work time can be modified or reduced while seeking treatment
- Sick time can be used while staff go to another community to attend treatment/ EAP or self-help groups— important in smaller communities

Sick Time: Re-Entry (RTW)



- All sick time upon RTW must be medically confirmed
- Staff can use sick time to return to work on a modified or reduced schedule

Guidelines for Managers



- **Start with observable behavior**
- **Attentive to red flags**
- **Incremental response vs. Immediate Response**
- **Staff must feel safe**
- **Always invoke the EAP**
- **Ensure the EAP is used (don't need to know the content)**

Red Flags



- **Change in Performance (quality and quantity– not always a decline)**
- **Absenteeism (increased, patterns)**
- **Tardiness**
- **Accountability Issues**
- **Financial Issues (borrowing, garnishments, early checks , padding expenses etc...)**
- **Complaints (Pt., Co-worker, Allies)**

Components of Back to Work: *Before Return*

- **Medical certification (DSM and GAF?)**
- **Drug Testing**
- **Contract Discussion**

Components of Back to Work: *Upon Return*



- **Signing the Contract**
- **Incremental Responsibilities**
- **Modified Schedule?**
- **Increased Supervision (observation, file review, client interviews)**
- **Drug Testing after any absence and randomly**
- **Clear Benchmarks and expectations**
- **Clear timelines**
- **What do you need?**