

Texas Peer Assistance Program for Nurses (TPAPN)



Helping nurses | Safeguarding patients

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Learning Objectives



Upon completion of this offering, the Learner will be able to:

- Explain services the Texas Peer Assistance Program provides to Texas nurses
- Identify substance use and mental health conditions among nurses.
- Reduce stigma surrounding substance use and mental health conditions in the nursing profession.
- Understand reporting requirements and self-referral
- Support Nurses in their recovery journey

TPAPN Mission

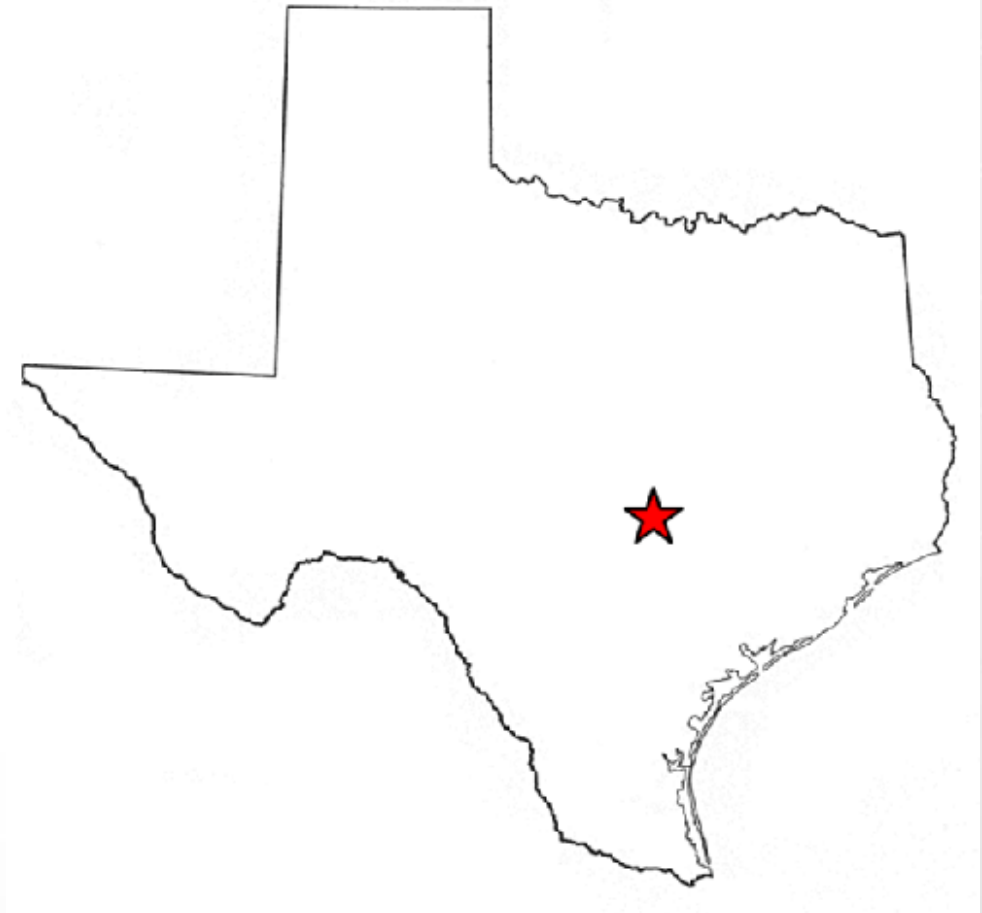


TPAPN safeguards patients by providing early identification, support, monitoring, accountability and advocacy to Texas nurses who have an identified substance use and/or mental health condition or related incident, so they may practice nursing safely.

TPAPN Team



- Program Director
- Program Operations Coordinator
- Case Management Team Lead
- Intake Coordinator/Case Manager
- Six full-time Case Managers
- Two Case Manager Assistants
- Outreach Coordinator/Case Manager (currently recruiting)



Meet the new TPAPN!



TPAPN empowers Texas nurses with substance use disorders, mental health conditions or both to make healthy changes and be proactive in their recovery journey so they can practice nursing safely.



Helping nurses | Safeguarding patients



TPAPN is a person-centered program supporting nurses in recovery from substance use, mental health concerns or both. Our evidence-based approach strives to help nurses improve their health and wellness, live a self-directed life and reach their full potential.

We are devoted to keeping nurses employed and encourage early intervention in the workplace as well as self-referrals to help nurses avoid practice violations before they occur.

TPAPN Statistics



600 nurses participating:

- 90% substance use or dual
- 10% mental health conditions
- 12,290 drug tests(2021)
- 1.8% positive tests(2021)

TPAPN Statistics (retrospective study)



75% of TPAPN participants who withdrew from the program were disciplined by the Texas Board of Nursing

70% of nurses who were referred to TPAPN and did not enroll were disciplined by the Texas Board of Nursing

92% of TPAPN participants that did not complete due to non-adherence were disciplined by the Texas Board of Nursing

100% of TPAPN participants who did not complete TPAPN due to a second relapse were disciplined by the Texas Board of Nursing

Sample size: 196 participants between 2014-2021

Substance Use Disorder & Mental Health in the Workplace



Substance Use Disorder



- It is estimated that 10 to 15 percent of all nurses may be actively impaired or in recovery from drug or alcohol addiction (Thomas & Siela, 2011).
- The odds of a nurse not reporting a co-worker for suspected substance abuse while at work were 5 to 1 (Beckstand, 2005).
- Nurses enrolled in alternative to discipline programs have nearly double the retention rates of nurses involved in disciplinary programs (NCSBN, 2011).

Workplace Risk Factors



- Access
- Work overload
- Role Strain
- Lack of support
- Burnout
- Poor coping skills
- Attitude toward drugs and drug use
- Enabling by peers and manager
- Isolation



Attitudes toward Substance Use



- Substance use is seen as an acceptable means of coping
- Faith in drugs as a means of promoting healing
- Sense of entitlement by a nurse that they need to continue to work and can lead to a rationalization of substance use as a means to an end
- Special status of health care providers as being invulnerable to the illnesses of their patients
- Professional training about powerful medications is used to self-diagnose and self-medicate

Typical Warning Signs



CHANGES

Behavioral changes:

- Attendance and performance
- Secretive, suspicious behavior
- Appetite, sleep pattern
- Personality or attitude
- Mood swings, irritability, anger
- Lack of motivation
- Fearful, anxious, paranoid

Physical changes:

- Bloodshot eyes, abnormal sized pupils
- Sudden weight loss or gain
- Deterioration of physical appearance
- Unusual smells on breath, body, clothes

Social changes:

- Sudden change in friends, hangouts, hobbies
- Legal problems related to substance use
- Unexplained need for money or financial problems

Workplace Warning Signs



CHANGES

In the workplace:

- Medication and documentation errors
- Poor charting
- Many mistakes
- Large number of wasted narcotics
- Obsession with narcotics or Pyxis machine
- Maximum use of needed pain medication for patient's
- Frequent reports of patients not getting adequate pain relief
- Altered orders
- Dishonesty

Mental Health Conditions



According to the National Alliance on Mental Illness:

- 1 in 5 U.S. adults experience mental illness each year
- 1 in 20 U.S. adults experience serious mental illness each year
- 50% of all lifetime mental illness begins by age 14, and 75% by age 24
- 18% of U.S. adults with mental illness also have a substance use disorder
- 1 in 8 of all visits to U.S. emergency departments are related to mental and substance use disorders
- Suicide is the 2nd leading cause of death for people ages 10-34

Mental Health & Covid-19



- Development of new psychiatric symptoms
- Worsening of pre-existing illnesses
- Fear of becoming ill or dying
- Fear of getting family sick
- Excessive worry/anxiety
- Helplessness
- Depression, panic attacks, somatic symptoms, posttraumatic stress disorder, psychosis, suicidality



Post-Traumatic Stress



- Flashbacks
- Nightmares
- Anxiety
- Emotional distress
- Hopelessness
- Feeling detached
- Lack of interest in activities you once enjoyed
- Irritability
- Overwhelming guilt or shame





Early Intervention

- Recognizing early warning signs before a practice violation occurs helps to safeguard patients from harm and protects employers and peers from involvement in potentially serious, harmful or uncomfortable situations.
- Practice violations are serious and may result in the loss of a nurse's license, employment or insurance benefits as well as the nurse incurring other fees such as a board order fee.
- Peers and employers who recognize early warning signs should encourage the nurse in question to self-refer to TPAPN before a practice violation occurs, rather than overlooking signs that may lead to patient neglect or harm.

Stigma and Attitudes Toward Substance Use Disorder and Mental Health Conditions.



Stigma



The term “stigma” represents the complexity of attitudes, beliefs, behaviors, and structures that interact at different levels of society and manifest in prejudicial attitudes about and discriminatory practices against people with substance use disorders and mental health conditions.

- Structural Stigma: The societal and institutional manifestation of the attitudes, beliefs, and behaviors that create and perpetuate prejudice and discrimination.
- Public Stigma: The attitudes of the general public and also to attitudes of subgroups, such as first responders or clergy.
- Self-Stigma: As people with mental and substance use disorders become aware of public stigma and of related discriminatory practices, they internalize the perceived stigma and apply it to themselves.

Reducing Stigma



- Develop a Culture of Transparency and Support
- Creating an organizational culture that promotes staff health and well-being and is committed to combating stigma in patient care is likely to have a positive impact on staff and patient safety as well as the financial bottom line (Knaak, Mantler & Szeto, 2017).
- It is critical to create cultures of safety where health care workers can candidly approach each other about their concerns (Maxfield, Grenny, McMillian, Patterson, & Switzler, 2005).
- Create an environment that encourages reporting. This is vital to reducing the stigma, maintaining transparency, rehabilitating the nurse and protecting the public.
- Nurses need to talk more among themselves and examine their complicit code of silence (the don't talk rule) that infiltrates their nursing units (Dunn, 2005).

- Address institutional and structural discrimination

- Educational campaigns
- Mental health literacy campaigns
- Social support
- Peer support
- Legal and policy
- Advocacy



(National Academies of Sciences, 2016)

Leadership Responsibility



- Increase camaraderie and trust
- Raise awareness and appreciation of the differences and strengths in others
- Strengthen relationships
- Improve team communication
- Create tools to navigate tough moments and challenging communication
- Support diverse relationships

Code of Ethics



- Provision 3.6 in the ANA code of ethics for nurses discusses extending compassion and caring to colleagues throughout the process of identification, remediation and recovery. This provision also discusses supporting the return to practice of individuals who have sought assistance and, after recovery, are ready to resume professional duties.



Reporting

Reporting is Required



- The Nursing Practice Act (NPA) for the State of Texas, Section 301.402(b), states that a nurse has the responsibility to submit a written, signed report to the Board when he/she has cause to suspect wrong-doing by another nurse. Failing to do so is a violation of the Act.
- All states and territories legislated an NPA which establishes a board of nursing (BON) with the authority to develop administrative rules or regulations to clarify or make the law more specific.
- All state and territory rules and regulations must be consistent with the NPA and cannot go beyond it.

Reporting is Required



To TPAPN or Nursing Peer Review if:

- A nurse is impaired or suspected of being impaired by chemical dependency or mental illness.

AND

- there is NO Nursing Practice Act violation.



Reporting is Required



To the Texas Board of Nursing if:

- Nurse's practice is, or is suspected of, being impaired by chemical dependency or diminished mental capacity

AND

- the person believes or suspects that the nurse committed a practice violation.

How to Choose?



TEXAS of BOARD
NURSING



TPAPN

Helping nurses | Safeguarding patients

- Guidance, support & monitoring
- May be an alternative to discipline
- Social peer support provided by volunteer nurses

BON

Protecting the Public

- Investigations
- Monitoring
- Discipline

TPAPN referral



Referrals are:

- Written
- Confidential
- Non-anonymous

TPAPN referrals come from:

- Oneself
- 3rd Parties
- Board of Nursing

Self-referral



There are numerous advantages to self-referring before a practice violation occurs, making this the best way for nurses to engage with TPAPN.





Participation

TPAPN MATRIX OVERVIEW

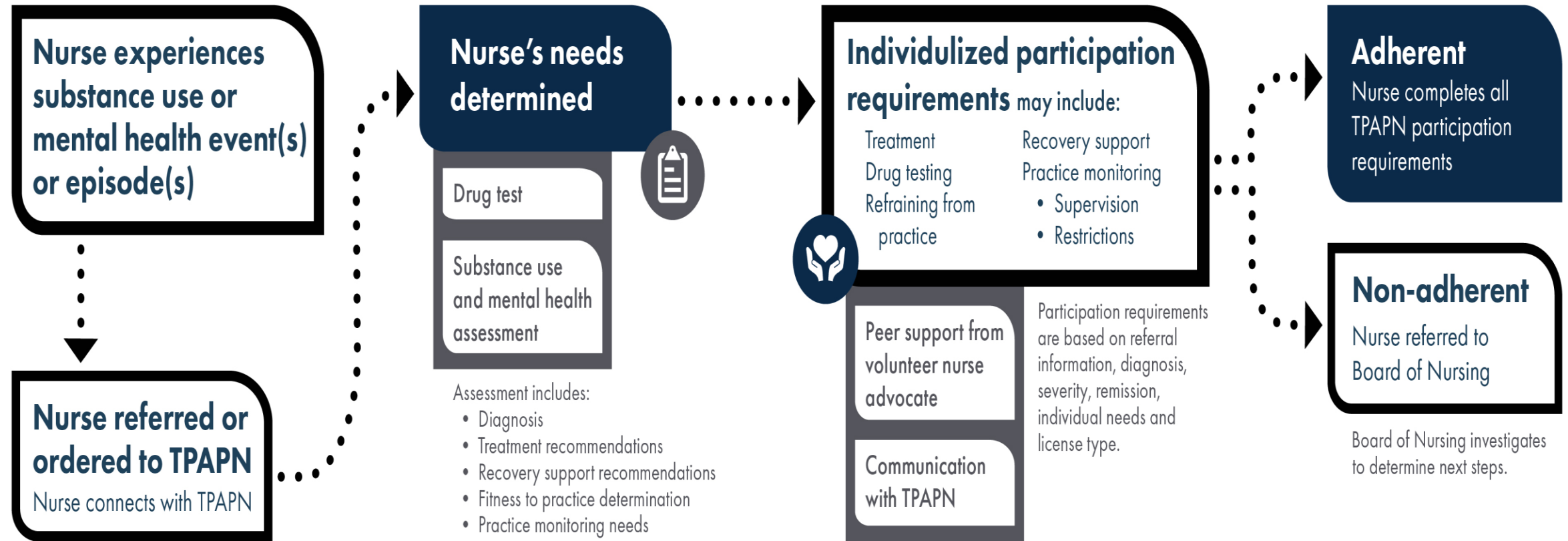
Track and tier placement is based on diagnosis (DX), severity, remission, needs and license type. Individualized TPAPN participation components are determined based on track and tier placement and need **as determined by** the Texas Board of Nursing, referral information, toxicology tests, substance use and mental health evaluations, treatment providers, other clinicians, and TPAPN. Note: Within each tier the level of severity and/or remission moves from less severity to more severity.

<u>Track A:</u> Help for nurses with SUBSTANCE USE or SUBSTANCE USE & CO-OCCURRING MENTAL HEALTH CONDITIONS For nurses with a substance use, or substance use and co-occurring mental health condition and/or history. <i>(drug testing <u>required</u>; practice monitoring <u>usually required</u>)</i>					<u>Track B:</u> Help for nurses with MENTAL HEALTH CONDITIONS For nurses with either a mental health condition or a history of a mental health condition. <i>(drug testing <u>may be required</u>; practice monitoring <u>may be required</u>)</i>	
<u>TIER 0-EE</u> Extended Evaluation BON* APPROVAL REQUIRED	<u>TIER 1</u> No/Provisional DX	<u>TIER 2</u> Mild DX	<u>Tier 3</u> Moderate DX	<u>Tier 4</u> Severe DX	<u>TIER 1</u>	<u>TIER 2</u>
Participation Components Least ←-----→ Most					Participation Components Least ←-----→ Most	
TPAPN participation components are individualized and depend on numerous factors including one's referral information, diagnoses, severity, remission, needs and license type. There are special considerations for APRNs due to the nature of their practice.					For nurses who have disclosed a mental health condition and/or treatment, are stable and do not have nursing practice concerns or a criminal history and who do not require nursing practice monitoring.	For nurses with either a mental health condition or a mental health condition history and who require nursing practice monitoring.

* BON: Texas Board of Nursing

Texas Peer Assistance Program for Nurses

TPAPN safeguards patients by providing early identification, support, monitoring, accountability and advocacy to Texas nurses.



Participation



- Evaluation
- Random drug testing
- Determination of fitness to practice
- Treatment: current and ongoing
- Peer support
- Monitoring with/without drug testing
- Returning/continuing to practice nursing
- Provider release to return to work
- TPAPN authorization to return to work
- Employer & Participant Work Agreement
- Possible practice restrictions
- Regular communication with TPAPN
- Re-evaluation/updated evaluation
- Discharge: completion or closure

Participant Focus



- **Recovery** from substance use and/or mental health conditions
- **Self Care** to maintain long term recovery
- **Maintenance and demonstration** of sobriety and/or mental fitness
- **Safe nursing practice** to maintain nursing license and successful career



Participation goals



- Substance use & mental health evaluation
- Treatment (If recommended)
- Recovery support services
- Sobriety and/or mental fitness
- Drug testing

Communication with:

- ✓ Case manager
- ✓ Peer support Partner
- ✓ Employer



Abstinence Required



Abstinence from all abusable drugs including alcohol, in general, is a requirement for participation in TPAPN.



Recovery Support

Support Recovery



Recovery-oriented care and recovery support systems help people with mental and substance use disorders manage their conditions successfully.

- Recovery is a process of change through which people improve their health and wellness, live self-directed lives, and strive to reach their full potential. There are four major dimensions that support recovery:
- Health—overcoming or managing one's disease(s) or symptoms and making informed, healthy choices that support physical and emotional well-being.
- Home—having a stable and safe place to live.
- Purpose—conducting meaningful daily activities and having the independence, income, and resources to participate in society.
- Community—having relationships and social networks that provide support, friendship, love, and hope.

TPAPN Peer Support Partners



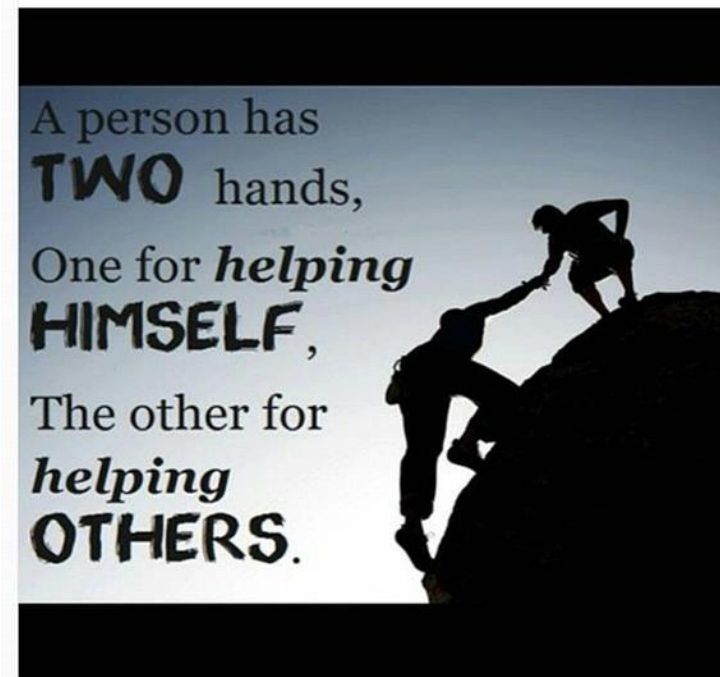
- Provide person centered support
- Develop trust
- Maintain regular supportive communication
- Support goals
- Listen
- Inspire hope
- Quarterly Reporting



TPAPN Peer Support Partners



- Encourage
- Support
- Listen
- Positive feedback
- Honesty
- Compassion



Innovative Recovery Support!



Deprexis®

Digital Therapeutics



us.deprexis.com

WILD 5★ Wellness®
Wellness Interventions for Life's Demands

KickStart30
A Proven 30-Day Mental Wellness
Program



Free for ALL TPAPN Participants!!

- **Driven by Individual Input**

Consistent interaction is at the core of every deprexis experience

- **Guided by Cognitive Behavioral Therapy**

Digitally integrates an evidence-based approach to alleviate negative thought and behavior patterns

- **Grows with You**

Learns from information you share to provide a customized experience that evolves over the three-month duration of therapy

- **24/7 Access**

100% cloud-based ensures discretion and confidentiality for all Deprexis users

KICKSTART30 WELLNESS STUDY



- Partnership with the University of Texas School of Nursing
- Research project that aims to study wellness practices of nurses enrolling in TPAPN
- No obligation to participate
- TPAPN connects new participants who are interested to study personnel
- No-cost wellness information/practices for both physical and mental wellbeing
- Help researchers in the advancement of research regarding clinician wellness

TPAPN Outreach!!



- TPAPN Overview
- Education presentations
- Peer Support Partner Recruitment
- New employee Orientation
- In person visit/presentations (when safe)
- Self-care wallet cards
- TPAPN swag

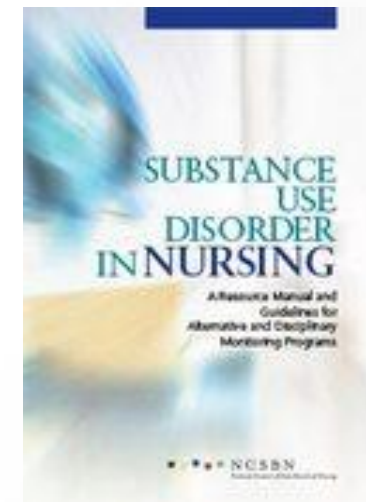
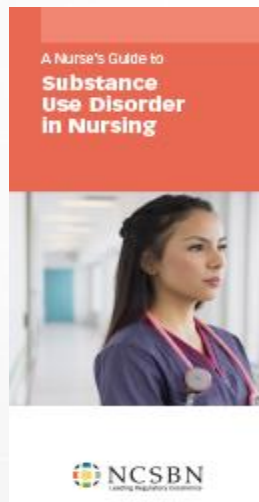
Please email us:

TPAPNOutreach@texasnurses.org

Resources



Substance Use Disorder in Nursing Video
<https://www.ncsbn.org/333.htm>



Thank you!



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REFERENCES



Knaak, S., Mantler, E., & Szeto, A. (2017). Mental illness-related stigma in healthcare. *Healthcare Management Forum*, 30(2), 111–116. <https://doi.org/10.1177/0840470416679413>

National Academies of Sciences. (2016). Ending Discrimination Against People with Mental and Substance Use Disorders: The Evidence for Stigma Change. Retrieved from <https://www.nap.edu/catalog/23442/ending-discrimination-against-people-with-mental-and-substance-use-disorders>.

National Alliance on Mental Illness (NAMI). (n.d.). Mental health by the numbers. Retrieved from <https://www.nami.org/Learn-More/Mental-Health-By-the-Numbers>

National Council of State Boards of Nursing (NCSBN). (2011). Substance use disorder in nursing: A resource manual and guidelines for alternative and disciplinary monitoring programs. Chicago, IL: NCSBN NCSBN (Producer). (n.d.) Substance use disorder in nursing. Video retrieved from <https://www.ncsbn.org/333.htm>

Recovery. (2015). Substance Abuse and Mental Health Services Administration (SAMHSA). Retrieved from <https://www.samhsa.gov/recovery>

Spoorthy, M. S., Pratapa, S. K., & Mahant, S. (2020). Mental health problems faced by healthcare workers due to the COVID-19 pandemic-A review. *Asian journal of psychiatry*, 51, 102119. <https://doi.org/10.1016/j.ajp.2020.102119>