Monitoring Nurses with Mental Health Diagnoses

John C. Tanner, D.O., DABAM, DFASAM, CCFC, MRO

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Disclosure of Relevant Financial Relationships *

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* None of these financial relationships pertain to this lecture

John C. Tanner, DO, DFASAM, DABAM, CCFC, MRO
- Medical Director for Intervention Project for Nurses (IPN) - Florida
- One of the 6 elected Directors at Large for the American Society of Addiction Medicine’s Board of Directors for two consecutive terms from 2011 to 2019
- Distinguished Fellow of the American Society of Addiction Medicine (DFASAM)
- Serving on the Board of Directors for the Florida Society of Addiction Medicine since 2013
- Inaugural Diplomate of the American Board of Addiction Medicine (DABAM)
- Assistant Professor - Department of Psychiatry – University of Florida School of Medicine (courtesy appointment)
- Private Addiction and Behavioral Medicine Practice since 1984
- One of 3 Principle Investigators for the FDA Phase 2 and 3 Clinical Trials for approval of Suboxone® Film
- Certified Medical Review Officer by MROCC (MRO)
- Clinically Certified Forensic Counselor and Diplomate of The Board of Clinical Forensic Counseling (CCFC)
- Former Assistant Medical Director for the Professionals Resource Network (PRN) of Florida
Objective 1
Upon completion of this activity the learner will be able to discuss the why mental health problems can result in behavior that may jeopardize safety and why they should be monitored.

- Safety issues for the public receiving healthcare.
- Safety issues for the nurse or healthcare professional themselves.
- Alternative to board or legal discipline.
- Issues (i.e. lack of professionalism) that create an unsafe or unstable workplace or an environment that is less therapeutic for patients and disrupts their care.

Time Frame: 15 to 20 minutes
Presenter: John C. Tanner, D.O., DFASAM, DABAM, CCFC, MRO
Method: Lecture/discussion; PowerPoint; Q&A

Objective 2
Upon completion of this activity the learner will be able to list the safety issues related to mental health that can impact patient care or jeopardize the work environment.

- Impulse control, mood disturbances and judgment problems.
- Cognitive impairments, memory deficiencies, motivation issues.
- Medical disorders that mimic or create behavioral problems.
- Lack of sexual and other boundaries and disrespect issues.

Time Frame: 15 to 20 minutes
Presenter: John C. Tanner, D.O., DFASAM, DABAM, CCFC, MRO
Method: Lecture/discussion; PowerPoint; Q&A

Objective 3
Upon completion of this activity the learner will be able to discuss the importance of first establishing an accurate diagnosis and then deciding if monitoring is needed to ensure patient safety.

- Accurate diagnosis requires thorough evaluation by an experienced evaluator who understands safety sensitive issues.
- Accurate diagnosis may require psychological evaluation, psychometric or neurocognitive testing, medical or even neuroimaging.
- Diagnosis, severity and prior history of problems are factors to consider in deciding if treatment is needed.

Time Frame: 15 to 20 minutes
Presenter: John C. Tanner, D.O., DFASAM, DABAM, CCFC, MRO
Method: Lecture/discussion; PowerPoint; Q&A

Objective 4
Upon completion of this activity the learner will be able to understand what monitoring "tools" are available for monitoring programs to implement to help ensure patient safety.

- Psychiatric, psychological, workplace supervision and facilitated support group quarterly reports.
- Drug levels, serial psychometric or neurocognitive testing.
- Documented injections of long-acting psychotropic medications.
- Workplace restrictions or limitations, self-reports.

Time Frame: 15 to 20 minutes
Presenter: John C. Tanner, D.O., DFASAM, DABAM, CCFC, MRO
Method: Lecture/discussion; PowerPoint; Q&A

Joint Commission Sentinel Event Alert

End intimidating and disruptive behavior among physicians, nurses, pharmacists, therapists, support staff and administrators.

“behaviors that undermine a culture of safety”

Why should there be monitoring with mental health diagnoses & behavioral disorders?

- Safety issues for the public receiving healthcare.
- Safety issues for the nurse them self.
- Alternative to Nursing Board, DOH or legal discipline.
- Issues (i.e. lack of professionalism) that create an unsafe or unstable workplace or an environment that is less therapeutic for patients and disrupts their care.

GENERAL ISSUES

- Monitoring of problem behavior and mental health disorders are more complex than monitoring of substance use disorders.
- This may be the reason why many state monitoring programs do not address behavior and mental health issues, even though these disorders clearly can pose a risk of impairment and jeopardize public safety.
**GENERAL ISSUES**

- Most psychiatric disorders may transiently or episodically have a significant negative impact on emotions and behavior.
- Based on neuroscience; strong emotions increase limbic activity and decrease cognitive activity; thereby adversely impacting concentration, focus, judgment and even impulse control.
- Negative effects on these areas of important functioning can potentially jeopardize public safety.

**GENERAL ISSUES**

- Must always be mindful that the monitoring program does not diagnose and does not treat; but should be aware of diagnostic criteria and appropriate treatments.
- Evaluators provide an IME and therefore should not be a treatment provider for the participant they are evaluating.
- Careful distinctions need to be made so the boundaries not crossed.
- There are benefits to using program vetted and approved evaluators and treatment providers.
- Monitoring program oversight and feedback may be provided to evaluators.
- Significant monitoring program research is needed in this behavioral area of medicine to more clearly define best practices and assure public safety.

**Increasing legal issues/attorney involvement**

**Good Lawyer**

- Understands safety sensitive and administrative law issues and effectively resolves these issues in a “win-win” way.
- Works for common good of their client and public safety.
- Primary focus is on helping, not making money.

**Bad Lawyer**

- Ignorant or doesn't care about safety sensitive and administrative law issues.
- Works for self-serving goals without regard of the client or public safety.
- Primary focus is on making money, not helping.

*“Guardian Attorney”*  
*“Just flinging stuff and see what sticks”*

**SAFETY ISSUES INVOLVED**

Behavioral issues impacting on patient care:

- Jeopardize the therapeutic work environment
- Medication errors
- Procedure mistakes
- Other types of negative patient outcomes
Impulse control issues i.e. impulsively shooting a syringe full of blood onto the ceiling of an operating room during surgery, in a fit of rage.

Impulse or anger control issues i.e. slapping or striking a patient.

Cognitive impairment in various realms such as impaired math or calculating capacity, word finding, spatial awareness, etc. (i.e. impairment disrupting or ending a surgical procedure in mid-procedure, impaired spatial awareness when assisting in or performing a procedure, or miscalculating the dose of a medication to be administered etc.).

“Dental debacle”

Cognitive impairment comes from various etiologies (injury & disease)

“The Cog Wheel”
Complex thought disorders (i.e., with schizophrenia or schizoaffective disorder with active disordered and irrational belief system uncontrolled by medication).

Impairment of fine or gross motor skills (sometimes linked to stress, mental health disorders or neurobehavioral disorders).

Judgment or reasoning impairment (i.e., resulting in poor decision-making regarding when to intervene in an urgent medical situation or poor decision-making).

Boundary violations (sexual, such as inappropriate touching (even if not sexual); dis-respecting personal privacy or dignity; and other personal boundaries such as breach of a patient’s confidentiality with HIPAA violation).
Dis-respecting patient’s personal privacy, dignity, or confidentiality.

- Not all cases have an established mental health diagnosis, yet still need monitoring.
- Individuals with allegations of sexual misconduct, must have a polygraph evaluation.
- If they refuse the polygraph, then the evaluation is not complete.
- It is understood that at times the participant’s attorney will not allow a polygraph. However, the evaluation will still be considered incomplete without the polygraph.

“He flashed then she flashed”

- Psychotic disorders (reacting to visual, auditory, or tactile hallucinations or having delusions).

- Impairment of focus or concentration (i.e. with Attention Deficit Hyperactivity Disorder or Attention Deficit Disorder or impairment in concentration due to strong emotions - for instance this could cause carelessness resulting in wrong side surgery or other errors).
Harming thought or actions towards others – may be associated with a number of psychiatric disorders.

Anger or rage (i.e. Volatile emotions or explosive disorder issues resulting in violent or dangerous behaviors or threats made towards a patient or co-worker).

Strong religious preoccupation with negative effects on the patient/provider role and/or relationship(s). Disrespect for a patient's personal beliefs.

'Cultural/ethnic intolerance issues'

Kahlil Gibran
SAFETY ISSUES INVOLVED
LGBT or gender insensitivity or disrespect issues

SAFETY ISSUES INVOLVED
Dissociative identity disorder (DID) and role confusion.

SAFETY ISSUES INVOLVED
Impaired memory (both short-term and long-range memory resulting in confusion about a situation or loss of previously learned skills).

SAFETY ISSUES INVOLVED
Patient abandonment (i.e. abandoning a patient in the midst of receiving important treatment – leaving a suicidal for ECT patient w/IV access and lethal paralytic medication in the room).
Impaired motivation and/or drive (resulting in an inability to maintain workload or accomplish needed patient care demands of a position).

Disorders such as Munchausen by proxy or personal beliefs about who should live or die (i.e. intentionally causing death or infections in patients).

Axis II issues, primarily Cluster B (resulting in counterproductive manipulation or other disruptive behaviors in the work environment).

Use of psychiatric medications that impair functioning (including: various sedatives/benzodiazepines, psychostimulants and a variety of sedating psychiatric medications).

Traumatic brain injury or craniotomy, which are known to result in; complex forms of impairment, secondary psychiatric complications and substance use disorders.

A variety of medical conditions which can result in behavioral types of impairment (i.e. hypoglycemia, small vessel disease, cerebrovascular accident or transient ischemic attack, tuberose sclerosis, temporal lobe seizures, Pick’s disease, mesial temporal sclerosis, metabolic syndromes etc.).

Poorly regulated blood sugar's impairing potential.
A. Is it a primary psychiatric disorder and are appropriate psychiatric treatment/medications being utilized?

- Requires an accurate baseline diagnosis followed by appropriate therapeutic treatment and medication implementation.

Dx + Tx + Rx = 😊😊

A. What types of evaluation can be done?

- Licensing board or health department compelled evaluation
- Fitness for duty/safety to return to work
- Psychiatric/mental health/psychological evaluation
- Chronic pain evaluation
- Second opinion evaluation
- Neurocognitive evaluation
- Multi-day comprehensive inpatient or outpatient evaluation

Scrutiny of the medications being used and appropriate medication management:

- Scheduled medications may need neurocognitive or psychiatric evaluation prior to approval.
- Use of antidepressants in the participant with Bipolar Affective Disorder may need close scrutiny.
- Medications that are excessively sedating or cause daytime somnolence may need to be switched to alternatives.

"Can you see what the doctor is doing down there?"
The effects of benzodiazepines

- Secondary effects after prolonged use include psychomotor, cognitive and memory impairments.\(^1,2\)
- The effects of long-term use or misuse include the tendency to cause or worsen cognitive deficits, depression, and anxiety.\(^3,4\)


Benzodiazepines & Generalized Anxiety Disorder

- Benzodiazepines have robust efficacy in the short-term management (GAD), but were not shown to be effective in producing long-term improvement overall.\(^1\)
- According to National Institute for Health and Clinical Excellence (NICE), benzodiazepines can be used in the immediate management of GAD, if necessary. However, they should not usually be given for longer than 2-4 weeks.
- The only medications NICE recommends for the longer term management of GAD are antidepressants.\(^2\)

OBJECTIVE: A review of amphetamine treatment for attention-deficit/hyperactivity disorder (ADHD) was conducted, to obtain information on the long-term neurological consequences of this therapy.

METHOD: Several databases were accessed for research articles on the effects of amphetamine in the brain of laboratory animals and ADHD diagnosed individuals.

RESULTS: In early studies, high doses of amphetamine, comparable to amounts used by addicts, were shown to damage dopaminergic pathways. More recent studies, using therapeutic regimens, appear contradictory. One paradigm shows significant decreases in striatal dopamine and transporter density after oral administration of “therapeutic” doses in primates. Another shows morphological evidence of “trophic” dendritic growth in the brains of adult and juvenile rats given systemic injections mimicking “therapeutic” treatment. Imaging studies of ADHD-diagnosed individuals show an increase in striatal dopamine transporter availability that may be reduced by methylphenidate treatment.

CONCLUSION: Clarification of the neurological consequences of chronic AMPH treatment for ADHD is needed.

Benzedrine and Dexedrine are amphetamines prescribed to increase focus for people with attention deficit hyperactivity disorder and narcolepsy. They are also used to treat traumatic brain injuries.

The study involved 66,348 people in northern California who had participated in the Multiphasic Health Checkup Cohort Exam between 1964 and 1973 and were evaluated again in 1995.

The average age of the participants at the start of the study was 36 years old. Of the participants, 1,154 people had been diagnosed with Parkinson’s disease by the end of the study.

Exposure to amphetamines was determined by two questions: one on the use of drugs for weight loss and a second question on whether people often used Benzedrine or Dexedrine. Amphetamines were among the drugs commonly used for weight loss when this information was collected.

According to the study, those people who reported using Benzedrine or Dexedrine were nearly 60 percent more likely to develop Parkinson’s than those people who didn’t take the drugs. There was no increased risk found for those people who used drugs for weight loss.

If further studies confirm these findings, the potential risk of developing Parkinson’s disease from these types of amphetamines would need to be considered by doctors before prescribing these drugs as well as be incorporated into amphetamine abuse programs, including illicit use,” said study author Stephen K. Van Den Eeden, PhD, with the Division of Research at Kaiser Permanente Northern California in Oakland, Calif.

Van Den Eeden explained that amphetamines affect the release and uptake of dopamine, the key neurotransmitter involved in Parkinson’s disease. He explained that more research needs to be completed to confirm the association and learn more about possible mechanisms.

Presented at the American Academy of Neurology's 63rd Annual Meeting in Honolulu April 9 to April 16, 2011

The study was supported by Kaiser Permanente Northern California.

Treatment should be provided in a safe environment. Issues of potential suicide or harming behaviors need to be treated at a sufficient level and duration to assure safety of the participant and other people.

B. Is the behavioral problem related to an underlying medical condition that may mimic a psychiatric disorder?

Is a medication causing behavioral problems? Example: Testosterone, when replaced at higher than therapeutic levels can trigger aggressive behaviors.

Some of our participants have been bodybuilders who have had issues with anger and aggression.

Testosterone levels may be requested quarterly or every 6 months.
B. Is it psychiatric disorder related to an underlying medical condition that may mimic behavioral disorders?
- Is there an undiagnosed or inadequately treated medical condition? Example: Hypoglycemia can trigger impaired judgment and irritability. Traumatic brain injuries can trigger a constellation of psychiatric disorders.
- Is there a neurological disorder that may be triggering abnormal behaviors? Examples: brain tumor, tuberous sclerosis with temporal lobe seizures, small vessel disease etc.

C. What are the tools used to establish an accurate diagnosis?
- Thorough and careful psychiatric evaluation by an experienced psychiatrist who understands and respects the healthcare and safety sensitive related issues.
- The psychiatrist should be one experienced in doing forensic evaluations and with a very good understanding of both substance use disorders and problematic medications.
- Having a panel of program vetted and approved psychiatric evaluators would be preferred.

Neurocognitive psychometric testing can help clarify deficient areas to address in monitoring or therapy.
Small sample of types of psychological or neurocognitive psychometric testing available:

- Wechsler Test of Adult reading (WTAR)
- Wechsler Adult Intelligence Scale - Fourth Edition (WAIS-IV)
- Wechsler Memory Scale (WMS-IV)
- California Verbal Learning Test (CVLT)
- Controlled Oral Word Association Test (COWAT)
- Rey-Osterrieth Complex Figure (RCFT)
- Judgment of Line Orientation (JLO)
- Grooved Pegboard
- Boston Naming Test
- Category Fluency Test
- Test of Memory Malingering (TOMM)
- Wechsler Memory Scale (Logical Memory and Visual Reproduction)
- Wisconsin Card Sorting Test (SCST)
- Stroop Interference Procedure
- Trail Making Test-A and B
- Conners Continuous Performance Test (Conners CPT™)
- Advanced Clinical System Test of Premorbid Functioning
- Delis-Kaplin Executive Functioning System - Selected Subtests
- MAE Token Test
- Beery Developmental Test of Visual Perception
- Beery Developmental Test of Motor Coordination
- Frontal Assessment Battery
- Minnesota Multiphasic Personality Inventory-2 (MMPI-2)
- Million Clinical Multiaxial Inventory-III (MCMI-III)

C. What are the tools used to establish an accurate diagnosis?

- In some cases it may be appropriate to have neurological imaging including: 3 Tesla magnet MRI scanning that in some select cases includes: functional MRI (fMRI); diffusion tensor imaging (DTI); neuroquantitative analysis; magnetic resonance spectroscopy (MRS). - i.e. may diagnose mesial temporal sclerosis, metabolic syndromes, gliomas and a variety of others
- Medication trial may be needed in some cases (i.e. trial and error process to establish the most therapeutic medications and thereby the underlying diagnosis).

53 Year Old WF w/DID

fMRI showing identical verbal paradigm imaged in red and yellow then superimposed

Case 28 Year Old Male

- History: Intractable Seizures for 5+ years and Depression
- Imaging:
  - MRI with and without contrast
  - MRI Diffusion Tensor Imaging
  - MR Spectroscopy
  - NeuroQuant
  - PET/CT
- Findings:
  - Significant structural, diffusion, spectroscopic and volumetric abnormalities
- Final Diagnostic Impressions:
  - Mesial Temporal Sclerosis
  - Pre-clinical schizophrenia

05/17/16
Chemical – MR Spectroscopy (MRS)

• Safe (No X-Rays)
• Noninvasive
• Provides a snapshot of the neurochemistry within a defined volume of interest
• Significantly increases the accuracy and specificity of conventional MR imaging in differentiating between disease states

Case 28 year old Male with Intractable Seizures for 5+ years and Depression

MR Spectroscopy & MRI localization
Myo-inositol peak c/w Mesial Temporal Sclerosis

D. What mental health diagnoses should be monitored and why should they be monitored?

• Attention Deficit Disorder or Attention Deficit Hyperactivity Disorder (Impulse control, inability to focus, poor judgment).
• There are similarities and overlap in the symptoms of ADD/ADHD and bipolar disorder. Both may include hyperactive or restless behaviors, distractibility, poor concentration, impulsivity and racing thoughts. Both are also thought to have a strong genetic link. Both can result in sleep disturbances, poor social relationships, feelings of anxiety, depression, frustration and self-doubt. Both can significantly impact daily functioning.

D. What mental health diagnoses should be monitored and why should they be monitored?

• Bipolar Affective Disorder Type I, II and NOS (Impulse control, poor judgment and psychosis). 😊------😢
Delay in mood stabilizer initiation may lead to poorer outcomes. Exposure to antidepressants as monotherapy may precipitate switching into manic or mixed states or cycle acceleration.

Prior to initiating treatment with antidepressants as monotherapy, patients with depressive symptoms should be adequately screened to determine if they are at risk for bipolar disorder.

**Misdiagnosis Is Common for Bipolar Disorder - May Lead to Unwanted Consequences**

- **Bipolar Disorder Misdiagnosis Was Frequent According to a Patient Survey**
  - Were you ever misdiagnosed? (N=600)
  - *YES = 69% (N=411)*
  - How many times?
  - ≤5 (70%)
  - 6-10 (14%)
  - ≥11 (16%)
  - How many physicians did you consult before receiving a proper diagnosis?
  - ≤3 (70%)
  - ≥4 (26%)

*Not all patients responded to the subsequent questions.


**Executive function domains for Bipolar Disorder (BD) and Attention-Deficit Hyperactivity Disorder (ADHD)**

- **Often, there is diagnostic confusion between bipolar disorder (BD) and attention-deficit hyperactivity disorder (ADHD) due to similar behavioral presentations.**
- Both disorders have been implicated as having abnormal functioning in the prefrontal cortex; however, there may be subtle differences in the manner in which the prefrontal cortex functions in each disorder that could assist in their differentiation.
- Executive function is derived from prefrontal cortex functioning. Performance of executive function tasks for BD and exhibit subtle differences in task performance and neurocognitive profile.
- There are primary differences in executive function in the areas of interference control, working memory, planning, cognitive flexibility, and fluency.
- These differences may begin to establish a BD profile that provides a more objective means of differential diagnosis between BD and ADHD when they are not reliably distinguished by usual clinical diagnostic methods.

**Potential consequence of misdiagnosis for bipolar disorder patients**

- Executive function domains for Bipolar Disorder (BD) and Attention-Deficit Hyperactivity Disorder (ADHD)

- Planning
- Spatial Working Memory (CANTAB)
- Set-shifting
- Flexibility
- Inhibition (TMT)
- Interference Control
- Response Inhibition (ETP)
- Verbal Working Memory (CANTAB)
- Spatial Working Memory (CANTAB)
- Category
- Planning

- Average Weighted Effect Sizes

**IMPORRTANCE OF STARTING WITH AN ACCURATE DIAGNOSIS, PROVIDING PROPER TREATMENT AND DECIDING IF IT SHOULD BE MONITORED**

D. What mental health diagnoses should be monitored and why should they be monitored?

- Major Depressive Disorder that has not been in remission for 5 years, especially if there has been suicidal risk or psychotic features.
D. What mental health diagnoses should be monitored and why should they be monitored?

- Severe Obsessive Compulsive Disorder (getting caught up in minutia and losing the big picture to accomplish what is needed).

More severe forms of Anxiety Disorder, Panic Disorder or Phobias that may interfere with practice.

Limited or poor coping skills

- Posttraumatic Stress Disorder.

- Schizophrenia (poor judgment and psychosis).
D. What mental health diagnoses should be monitored and why should they be monitored?

- Cognitive Disorders, TBI or Learning Disorders (Inability to process needed requirements for job, impulse control, poor judgment).

- Eating Disorders (Anorexia Nervosa and Bulimia Nervosa).
  - Hypoglycemia and malnutrition can interfere with cognitive functioning and judgment.
  - Electrolyte imbalance can jeopardize health and mental functioning.

- Axis II or personality disorders which are potentially problematic in a healthcare setting (Sociopathic, Borderline, Narcissistic).

Eating Disorders have many facets

Ref: M. De La Hunt
D. What mental health diagnoses should be monitored and why should they be monitored?

- Pain Disorder Associated with Psychological Factors and medical Condition interferes with concentration and emotions.

- Impulse Control Disorders not otherwise specified.

- Sexual Disorders (especially those associated with significant risk of boundary violation).

- Dissociative Disorders (Dissociative Identity Disorder, Dissociative Amnesia).

C. What are the tools used to establish an accurate diagnosis?

- So-called "Diagnostic Monitoring Contract" or monitoring for a briefer period of time to assure that an underlying psychiatric diagnosis does not manifest during that time is indicated.

- Some disorders do not have consistent manifestations and only present with symptoms on an episodic basis. A one or two year "tincture of time" period of monitoring will almost always allow sufficient time for identification that a problem does or does not exist.
C. What are the tools used to establish an accurate diagnosis?

A Diagnostic Monitoring Contract is useful when there is not sufficient information to establish a clear diagnosis; however there is significant concern based on historical issues and safety concerns to the point that there needs to be monitoring to assure that a significant problem does not exist and protect public safety.

- Outpatient individual psychotherapy (with a minimum masters level therapist)
- Outpatient group therapy (with a minimum masters level therapist)
- Intensive weekly profession or other specific focused work
- Outpatient Cognitive Behavioral Therapy, Psychodynamic or other Trauma therapy (i.e. EMDR or Rapid Trauma Resolution Therapy)
- Focused on a designated area of need (i.e. mindfulness, coping skills)
- Inpatient or residential psychiatric treatment
- Outpatient psychiatric medication management with a psychiatrist

Level of Care Determinations
Based on evaluator assessment, recommendations and diagnosis

- Outpatient individual psychotherapy (with a minimum masters level therapist)
- Outpatient group therapy (with a minimum masters level therapist)
- Intensive weekly profession or other specific focused work
- Outpatient Cognitive Behavioral Therapy, Psychodynamic or other Trauma therapy (i.e. EMDR or Rapid Trauma Resolution Therapy)
- Focused on a designated area of need (i.e. mindfulness, coping skills)
- Inpatient or residential psychiatric treatment
- Outpatient psychiatric medication management with a psychiatrist

E. Contract development/formulation and monitoring issues should be based on establishing an accurate diagnosis.

- Consider duration of monitoring depending on the diagnoses and severity (i.e. Bipolar Affective Disorder Type I, Schizophrenia, Schizoaffective Disorder or other significant psychotic disorders may need licensure-long monitoring for assurance of medication compliance issues due to being life-long diagnoses with poor outcomes if medications are discontinued).

- Depending on the diagnosis and the severity of the mental health issue, psychiatric disorders may otherwise range from 5 years to 1 or 2 years.
- Having a program Medical Director who can directly interact with the evaluators to mentor and suggest possible monitoring options or challenge evaluations that are not appropriate or do not take into consideration safety sensitive issues can be helpful.
**E. Contract development/formulation and monitoring issues should be based on establishing an accurate diagnosis.**

- The monitoring program should have ultimate decisions on monitoring and what is implemented in the monitoring process based on having the "big picture"; even if it does not agree with the recommendations of the evaluator.

**IV - DISORDERS/Criteria for Diagnosis/Approved Medications/Monitoring Considerations**

**List of some specific depressive disorders.**

- Major depression - severe symptoms that interfere with ability to work, sleep, study, eat, and enjoy life. An episode can occur only once in a person's lifetime, but more often, a person has several episodes.
- Persistent depressive disorder - depressed mood that lasts for at least 2 years. A person diagnosed with persistent depressive disorder may have episodes of major depression along with periods of less severe symptoms, but symptoms must last for 2 years.
- Psychotic depression - occurs when a person has severe depression plus some form of psychosis, such as having disturbing false beliefs or a break with reality (delusions), or hearing or seeing upsetting things that others cannot hear or see (hallucinations).
- Postpartum depression - is much more serious than the "baby blues" that many women experience after giving birth.

**List of some specific types of psychotic disorders, including:**

- Schizophrenia - changes in behavior and other symptoms -- such as delusions and hallucinations that last longer than six months, usually with a decline in work, school, and social functioning.
- Schizoaffective disorder - symptoms of both schizophrenia and a mood disorder, such as depression or bipolar disorder.
- Schizophreniform disorder - symptoms of schizophrenia, but the symptoms last between one and six months.
- Brief psychotic disorder - sudden, short periods of psychotic behavior, often in response to a very stressful event, such as a death in the family. Recovery is often quick -- usually less than a month.
- Delusional disorder - have a delusion (a false, fixed belief) involving real-life situations that could be true, such as being followed, being conspired against, or having a disease. These delusions persist for at least one month.
**IV - DISORDERS/Criteria for Diagnosis/Approved Medications/Monitoring Considerations**

List of some specific types of psychotic disorders, including:

- **Shared psychotic disorder** (also called folie à deux) - when one person in a relationship has a delusion that the other person in the relationship adopts for him or herself.
- **Substance-induced psychotic disorder** - caused by the use of or withdrawal from some substances, such as hallucinogens and crack cocaine, that may cause hallucinations, delusions, or confused speech.
- **Psychotic disorder due to a medical condition** - Hallucinations, delusions, or other symptoms may be the result of another illness that affects brain function, such as a head injury or brain tumor.
- **Paraphrenia** - similar symptoms as in schizophrenia that starts late in life and occurs in the elderly population. It is not officially recognized as a formal diagnosis in current classification systems of mental illness, and is usually described as an atypical form of psychosis.

**List of anxiety disorders includes:**

- **Agoraphobia** – a fear of being in a public place where escape would be embarrassing or difficult. This is particularly prevalent when a person fears they may have a panic attack.
- **Anxiety due to a general medical condition** – this type of anxiety disorder can be short- or long-term depending on the medical condition. Anxiety often develops in relation to illnesses like heart conditions.
- **Generalized anxiety disorder (GAD)** – anxiety symptoms occur in multiple environments and due to multiple objects or situations. Anxiety symptoms may not have a known cause.
- **Panic disorder** – consists of severe, immediate anxiety symptoms (a panic attack) due to a variety of causes, as well as the worry over having another panic attack.
- **Posttraumatic stress disorder (PTSD)** – anxiety symptoms that occur after a trauma and are long-term in nature.
- **Social phobia, also referred to as social anxiety disorder** – anxiety symptoms occur in social or performance situations and stem from the fear of being humiliated or embarrassed.
- **Specific phobia (also known as a simple phobia)** – anxiety symptoms occur around a specific object or situation which results in avoidance.

**V - Mental Health Monitoring Tools**

- Workplace restrictions
- Self reports i.e. MH mutual support groups
- Evaluations (Psychiatric, Neurocognitive and/or Medical)
  - Quarterly workplace supervisor reports
  - Reports of drug levels
  - Verification of long-acting psychotropic medication administration
  - Quarterly psychotherapist reports
  - Quarterly facilitated mental health support group reports
  - Quarterly psychiatric medication management reports

**V - Monitoring Tools Available**

Monitoring must be modeled around having a good evaluation with accurate diagnoses:

- i.e. differentiating Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder from Bipolar Affective Disorder spectrum, which has many shared symptoms
- Identification of all significant safety risks
- Arranging appropriate treatments (medications and psychosocial treatments/supports) - then developing and implementing an appropriate monitoring process designed to assure public safety.
V - MONITORING TOOLS AVAILABLE

- Psychiatric medication management with a psychiatrist or psychiatric nurse practitioner with quarterly reports.

- Therapeutic drug level testing intermittently may be indicated in select cases, especially when there is a history of medication noncompliance (i.e. atypical medication blood level tests every 3 to 6 months).

FDA Approved Medications

**FDA Approved Drugs for Mania**
- Aripiprazole (Abilify)
- Carbamazepine
- Chlorpromazine
- Divalproex (Depakote)
- Lithium
- Olanzapine (Zyprexa)
- Quetiapine (Seroquel)
- Risperidone (Risperdal)
- Ziprasidone (Geodon)

**FDA Approved Drugs for Bipolar Depression**
- Olanzapine-Fluoxetine Combination
- Quetiapine (Seroquel)
- Lurasidone (Latuda)

Some other FDA Approved Drugs for Bipolar Maintenance include:
- Lamotrigine (Lamictal), Asenapine (Saphris), Paliperidone (Invega)

**Therapeutic drug monitoring (TDM) is available for:**

Typical Antipsychotics: to help assure medication compliance and avoidance of extrapyramidal side effects:
- clozapine, risperidone, olanzapine, quetiapine, amisulpride, ziprasidone, lurasidone, and aripiprazole.

Atypical Antipsychotics: clozapine, risperidone, olanzapine, quetiapine, amisulpride, ziprasidone, lurasidone, and aripiprazole.

Optimal plasma level concentrations have been established for:
- clozapine (350-600 ng/mL)
- risperidone (20-60 ng/mL)
- olanzapine (20-80 ng/mL)

Studies reported mean concentrations of 68 ng/mL for quetiapine and 317 ng/mL for amisulpride at therapeutic doses.

Ref: Ther Drug Monit. 2004 Apr;26(2):156-60

V - MONITORING TOOLS AVAILABLE

In some cases a psychological evaluation with an appropriate battery of neurocognitive psychometric testing

- For diagnostic clarification of unclear diagnoses
- To guide therapy,
- Evaluate medication effect on cognition
- Verification of cognitive functioning sufficient for safety to practice nursing.
Psychometric testing

- Attention deficit/hyperactivity disorder (ADD/ADHD) patients show impairment in: attention, reaction time, psychomotor speed, and cognitive flexibility.
- With true ADD/ADHD, these deficits should be normalized when patients are on therapeutic doses of psychostimulants.
- Bipolar depression can be associated with cognitive dysfunction including: poor memory, inattention, problems with planning, initiation and perseverance.

In some cases such as after head trauma, this psychometric testing may need to be done serially until reaching a sufficient safety level; or in some cases to assure there is not deterioration resulting in impairment.

* Consideration may be given to establishing on-line video mental health groups if availability is a problem
Mindfulness therapy activates these areas of the brain, helping the recovery process.

Mutual support groups: (i.e. support groups for Bipolar Disorder or other specific mental health diagnoses) and/or therapy groups with a psychologist.

Work performance evaluation by supervisor with quarterly reports.

Disruptive monitoring with behavioral contracting and specific behavioral interventions (a number of programs are available).
V - MONITORING TOOLS AVAILABLE
Implementation of limitations or restrictions of the workplace environment

- Gender specific settings for some sexual boundary violators.
- Slower paced, less requirement for critical thinking, reduced patient load or work demands.
- More direct supervision for those participants with cognitive limitations.

V - MONITORING TOOLS AVAILABLE
Implementation of limitations or restrictions of the workplace environment

- This may entail reviewing a job description in detail and avoiding high paced or higher stress settings such as a critical care unit or emergency room or limitation to low acuity work.
- Much of this may be decided on the basis of neurocognitive testing results.

V - MONITORING TOOLS AVAILABLE
Implementation of limitations or restrictions of the workplace environment

- Must clearly define safety sensitive and healthcare issues (i.e. case management where there is no direct patient contact, but in our program is still considered safety sensitive because it ultimately impacts on the care that a patient receives).
- An example of a non-safety sensitive position might be retrospective chart review for quality assurance, medical malpractice or for research.

How do People Change? Is it a
Motivational Interviewing

A better way to interface with participants

Motivational techniques

Using proper motivational interviewing can:

- Make a difference in a person’s compliance with components of their recovery and participation with the monitoring program.
- Communicate, educate and facilitate recovery more effectively with an empathetic understanding of the person’s situation and motivating them to understand and achieve their positive goals.

VI – SUMMARY

- There is good justification to monitor mental health conditions in healthcare providers in the best interest of public safety and the healthcare provider themselves.
- Mental health problems can impair judgment, impulse control, cognitive functioning, emotions, thought disorders and other brain functions that may pose a risks to both the public and the healthcare provider them self.
VI – SUMMARY

- It is imperative to make every effort to establish an accurate diagnosis prior to proceeding with any monitoring management decisions. It is also important to implement and complete an adequate duration appropriate treatments, provide psychosocial supports and utilize the best medications for the underlying condition(s).

- There are numerous monitoring tools that may be set into place in the monitoring contract to assist with protection of the public as well as healing for the health care professional.

Thank you for listening
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Questions