

Impaired Professionals

LCSW Supervision

March 23, 2012

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As social workers intensify their focus on impairment in the profession, they must be careful to avoid reductionistic explanations of the problems that colleagues experience.

Although it is certainly appropriate to emphasize psychotherapeutic and other rehabilitative efforts in instances that call for them (including chemical dependence or mental illness), one must not lose sight of the environmental stresses that often lead to such disabilities.

Distress experienced by social workers often is the result of unique challenges in the profession for which there are inadequate resources. Social Workers who work day by day with clients who are subjected to poverty, hunger, homelessness, child abuse, crime, mental illness, and so forth are prime candidates for stress and burnout.

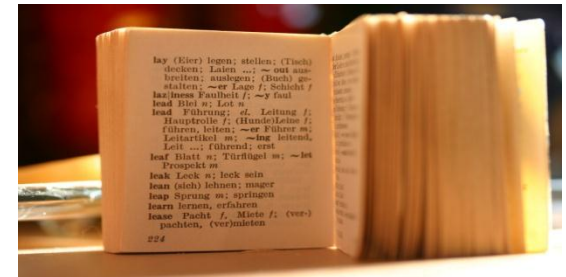
Inadequate funding, thin political support, and public criticism of social workers' efforts often combine to produce low morale and high stress

Frederic G. Reamer, 1992



- Interference in professional functioning that is reflected in one or more of the following ways:
 - an inability &/or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior;
 - an inability to acquire professional skills in order to reach an acceptable level of competency
 - an inability to control personal stress, psychological dysfunction, &/or excessive emotional reactions that interfere with professional functioning.

Definition

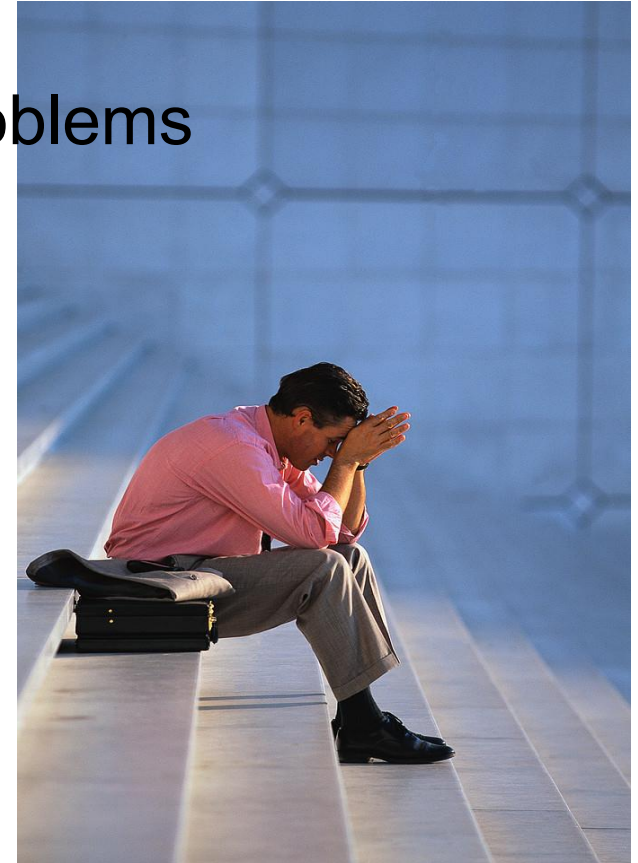


Causes of Impairment

- **Jobs**
- **Illness or death of family members**
- **Marital or relationship problems**
- **Financial problems**
- **Midlife crises**
- **Personal physical or mental illness**
- **Legal problems**
- **Substance abuse**

Most common:

- Personality disorders
- Depression & other emotional problems
- Marital problems
- Physical illness
- Academic problems & substance abuse are less frequently noted in the literature.



Substance abuse



- (1993) 8% SW drank almost daily; 4% drank daily
 - Of these, 5.7% classified “problem drinkers”
 - 36% of SW “knew a colleague with a problem”
- (2009) 8% used benzodiazepines; 6% cannabis; 2% narcotics; 2% stimulants; 2% hallucinogens; 2% cocaine

Social workers – sub misuse



- (2001) 22% respondents said moderate risk for problem drinking; 11% had serious risk
 - Moderate risk social workers – 40% agreed they had worked when too distressed to be effective
 - 32% reported negative consequence in the workplace (an impairment incident)
 - 22% had 3 or more impairment incidents
 - Serious risk s.w. reported similar %
 - Only 9% in moderate & serious risk categories thought they had a substance abuse problem

Help (?)

- NASW (1982) Social Workers Helping Social Workers
- CT & TX (1984) – NASW grants for programs in their states
- By 1994 – NASW chapters (12) colleague assistance problems
 - By 2004 – only 9 programs existed

Reporting



- More data needed to identify scope of the problem
 - Numbers of social workers involved
 - Types of substances
- More organized forms of assistance specifically geared to social work (?)
- Or... are current treatment resources adequate for identified professional social workers??

Clinicians - therapists



- Special problems associated with extension of role into non-work environments
- Lack of reciprocity in relationships with clients (“always giving”)
- Slow & erratic nature of the therapeutic process
- Personal issues that are raised as a result of their work with clients
- Expected by everyone (including themselves) to be paragons
 - Prime target for disillusionment, distress & burnout
 - Can lead to impairment

Seeking help - Literature



- Guy (1989)
- 70% seek therapeutic assistance
- 26.6% entered individual psychotherapy
- 10.7% entered family therapy
- 3.4% entered group therapy
- 4.1% rec'd meds
- 10% temporarily terminated their professional practice
- Wood (1985)
- 55% seek help
- 42% reported having referred colleague for help
- 7.9% reported impaired colleague to regulatory body
- 40.2% aware of instances where no action was taken to help an impaired colleague

Model Assessment & Action Plan

National Association of Social Workers

(steps 1 – 6 by colleagues or supervisors; steps 7 – 9 by supervisors, regulatory bodies or commission on inquiry, NASW chapters)

1. Identify & collect data on the professional's impairment
2. Speculate about the possible causes
3. Constructively confront with evidence
4. Urge professional to seek help – review options
5. Emphasize consequences of professional's failure to address problem

Cont'd – assessment & action

6. If necessary, notify local regulatory body or NASW committee
7. Formulate rehabilitation plan or impose sanctions, following standard due-process proceedings
8. Monitor & evaluate the professional's progress
9. Review practitioner's standing in the profession re licensure & employment – modify appropriately.



Why not get help?

- **They believed appropriate therapist not available**
- **Went to family/friends**



- **Feared exposure & confidentiality**
- **Too much effort or too much \$**
- **Believed they should be able to work out the problem themselves**
- **Believed therapy would not help.**

What problems have you seen?

- Types of impairment?
- Questions about action plans for impaired professionals?

