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PROTECTING THE
WORKPLACE
AND SAVING
LIVES

When I meet with newly hired employees, I suggest they make a note to themselves and keep that note at their desks throughout their employment. The note says, **“Remember, you are saving lives every day.”**

The delivery of SAP services is a challenging endeavor. The SAP is a multi-tasking polymath who applies in-depth knowledge of addictionology, psychology, social work, complex federal regulations, legal contingencies, treatment options and substance use testing to the business of helping an individual successfully comply with DOT return-to-duty requirements. It's a lot of work and a lot of responsibility. What can easily get lost in the complexity of the job is the fact that lives are being saved. Every day.

We are all familiar with the costs in lives, dollars and lost-productivity that substance use impresses upon the American workplace, taxpayers and ordinary citizen: \$453 billion in lost dollars, 40,000 lives annually lost to drug overdoses and more than 10,000 lives annually lost to alcohol related traffic accidents. The list of losses goes on.

The answer, they say, is better detection of Substance Use Disorders (SUDs) and better access to good treatment. This can hardly be disputed. The problem is that SUDs can be complicated diseases and individuals who suffer from them have unique psychologies, physiologies, social stresses, family profiles, genetic histories and medical histories. One treatment does not fit all; in fact, good treatment nuances the process, constantly course-correcting and re-fitting according to individual needs.

The DOT's "Procedures for Transportation Workplace Drug and Alcohol Testing Programs" mandates a rigorous detection program that requires pre-employment, random, reasonable suspicion, post-accident and follow-up testing. When a DOT covered employee registers a positive test, he/she is referred to a qualified SAP. The SAP evaluates the individual and recommends suitable treatment and/or education. Ideally, the recommendations will

be to treatment programs that recognize the shape-shifting nature of SUDs and help the individual successfully navigate the twisting route to recovery.

Treatment success, as measured by national treatment completion records and reported in 2011 by SAMHSA (Substance Abuse and Mental Health Services Administration), averaged 59 percent. There is a good probability that, even at this level, too many lives are still being lost.

On the other hand, treatment success rates among those who participate in the DOT return-to-duty process are astoundingly and consistently high (in the 80 percent–86 percent range in our experience)! The DOT expressly does not endorse, prescribe or require any particular type of treatment, yet practically any type of treatment recommended by a SAP seems to thrive within its structure. Why is this?

A key to understanding the success of the DOT model is to remember a basic behavioral tenet of SUDs, A.K.A. addiction: repeated use despite negative consequences. Negative consequences, in the case of SUDs, do not deter use. In fact, negative consequences alone are associated with high treatment drop-out rates and higher levels of use.

The "secret sauce" of DOT return-to-duty success is in the selection and timing of imposed consequences. Yes, negative consequences are used; the violating individual is either suspended from employment or fired, but positive consequences are used too. This 'carrot and stick' formula has a formal name, Contingency Management (CM). CM, in the broadest sense, describes any intervention that drives behavior change by way of rewarding desired behavior and punishing behavior that is undesirable. You will recognize CM as representing the principles of B.F. Skinner's "operant conditioning": rewarded behavior is the behavior that is most likely to be repeated. The DOT return-to-duty process is actually a highly sophisticated and effective CM superstructure that can contain and empower virtually any treatment or treatment program prescribed by the evaluating SAP.

The selection of a suitable reward is a key element in a successful CM intervention. In CM parlance, the reward, or positive reinforcer, must be of sufficiently high “magnitude” to change the target behavior. In terms of substance use, this means the reward must be attractive enough to compete favorably with a psychoactive substance, a substance that is used and repeatedly abused for its intrinsic reward value. The DOT return-to-duty process rewards abstinence by granting eligibility to engage in a process that can lead to regaining or gaining employment, and it punishes substance use by removing the individual from the process. The success rates of the DOT process demonstrate that the reward magnitude of a well-structured opportunity to restore a livelihood is quite often powerful enough to usurp substance use and change behavior.

The structure of a reward system is known as a “reinforcement schedule.” A reinforcement schedule manages the delivery of rewards and punishments. A reward is most effective when there is a timely pairing of behavior and consequence, i.e., the shorter the interval between behavior and consequence, the more powerful the intervention. The DOT process quickly

supplies consequences to prohibited substance use by requiring immediate suspension or termination of safety-sensitive employment. Abstinence is rewarded by providing access to a process that ultimately rewards long-term compliance with eligibility to regain or gain a safety-sensitive job. If an individual who is matriculating in the process violates the requirement of abstinence, they are immediately removed from it. They are discharged from the process, but may choose to re-enter it by starting-over with a new initial SAP evaluation and complying with SAP recommendations. This is the DOT version of the proverbial “going back to GO, but not collecting \$200.”

A reinforcement schedule is also most effective when it is long enough to promote behavior change. Substance use treatment research supports the notion that longer treatment is usually the most effective treatment. Today’s emphasis on “continuing care” reflects this idea. To this important point, the DOT return-to-duty process allows for a treatment follow-up period that must extend, at minimum, for at least one year after the individual has been returned to safety-sensitive duties. The follow-up period can extend up to 5 years at the clinical discretion of the SAP. The DOT requirement for the follow-up phase of the care continuum includes an unannounced testing schedule designed by the SAP that calls for at least six tests during the first year of follow-up. The SAP may also recommend verifiable counseling and verifiable community support group attendance.

A hallmark of a successful CM intervention is that its benefits extend beyond the term of active treatment. In behavioral terminology, a CM intervention that accomplishes this activates a phenomenon called “response generalization.” This means that, as desirable behavior is rewarded and practiced, new rewards become associated

with the healthy choices the person makes and the new rewards invigorate and perpetuate the new behaviors. In terms of the DOT process, the recovering individual’s abstinence is rewarded by more than just gaining or re-gaining a job. Yes, employment is restored, but so are relationships, families, health, energy and a positive outlook on life. A life is not just saved, it’s enriched. The benefits do not stop here. The lives our employees save are not limited to the one life that is going through the DOT return-to-duty process. The other saved lives belong to pedestrians, automobile drivers and passengers on buses, trains, planes and boats. These are among the beneficiaries of life changing behaviors that pay life saving dividends! ■

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