

## Evaluation Template

➤ **Statement of “No” confidentiality/Waiver of confidentiality:**

Examples: We encourage you to provide informed consent to the licensee. Below are provided only as examples.

1. An independent evaluation was requested by UPHP or DOPL to determine whether “participant name” suffers from a psychiatric, psychosexual, personality, professional boundary issue, or substance use disorder that prevents them from practicing *fill in their profession* with reasonable skill and safety. “Participant name” was informed of the purpose and non-confidential nature of the examination, that we were not establishing a doctor/patient or provider/patient relationship, their right not to participate, their right to stop the examination at any time, and that a report based on record review, contact with collateral sources, psychological testing results, a polygraph (if indicated), and that the evaluation results would be sent to UPHP/DOPL. They were also advised that the report could impact the status of their license to practice *fill in their profession* in the state of Utah. Knowing such, they agreed to proceed, both verbally and in writing.

Or

2. The purpose of the evaluation was explained to “Participant name.” “Participant name” was informed that the usual provider/patient relationship would not exist. He was told the information obtained from the evaluation was not confidential, would be provided to UPHP/DOPL, and would be summarized in a written report. He was informed the evaluation is voluntary and that he could stop it at any point. “Participant name” acknowledged and appeared to understand these conditions. He provided his verbal consent to participate in the evaluation.

Or

3. “Participant name” was given a written waiver of confidentiality, which she signed and dated xxxx. The written statement was verbally reviewed by “Participant name” and me, in which she was informed that this forensic independent evaluation was being performed at the request of UPHP and that she was here of her own free will. She was further advised that this evaluation did not constitute the creation of a typical doctor-patient relationship and that the information provided and possibly corroborated would form the basis of a written report to be forwarded to UPHP. She understood that this report would become a matter of her record with UPHP. “Participant name” was advised and understood that she could terminate this evaluation at any time. It was stipulated and understood by “Participant name” that this evaluation and any subsequent recommendations are based on currently known information and that subsequent to its completion, should further information be ascertained, this assessment and its recommendations may be amended. Having agreed to all the aforementioned, “Participant name” elected to proceed with the evaluation.

➤ **Identifying participant information**

- Job title and status of employment
- Type of license, license number and status of license (Refer to Licensee lookup & Verification System <https://secure.utah.gov/llv/search/index.html>). Include all states where licensee holds a license
- Employment Goals
- Education and professional training
- Performance issues or concerns
- History of prior participation in a PHP
- History of discipline against license

➤ **List of collateral information sources/assessment tools:**

- Collateral sources:
  - UPHP/DOPL (required)
  - Current or previous employer
  - Family member
  - Close friends
  - Colleague (s)
- Record reviews
- Review of stipulation (public probation) or current monitoring agreement (UPHP)
- Toxicology testing
- Instruments administered

➤ **Presenting history:**

- What's the presenting problem?
- Why are they being referred?

➤ **Substance use history:**

- First use, frequency, last use, amount, route of use for each substance used
- Please list for each of the 10 classes of drugs in DSM-5. (Synthetics, Kratom, Spice, Anabolic steroids can be listed under Other).
- For substances used, please evaluate each criterion to determine mild, moderate or severe
  - Use has led to problems at health, work, social, and relationships
  - Failed to do because of substance use
  - Have a friend or family ever recommend they stop or cut down?
  - Ever tried to cut down or stop?
- Longest period of abstinence

➤ **Current psychiatric symptoms including:**

- Mood, anxiety, and psychotic symptoms (The symptoms of disorder should be reviewed with the individual)
- Other process disorders (i.e., eating, gambling, spending, sex)
- Motivation to participate in treatment, if recommended

- Current suicide/violence risk?
- **Past psychiatric and substance use disorder treatment history:**
- Type of treatment: substance abuse, psychiatric, IOP, PHP, residential, group therapy, MAT and Detox episodes etc.
  - When/where was treatment? Hospitalized?
  - Medications used? Please include dose, side effect and how long they took it.
  - How long was treatment?
  - How long did they remain abstinent/stable after treatment?
  - History of suicidal/homicidal behaviors- substance use involved/not involved. Risk assessment is important. For suicide, Columbia Suicide Severity Rating Scale is suggested.
- **Medical history:**
- Allergies
  - Medications with dose, how prescribed, and how actually taken
  - Operations
  - Hospitalizations
  - Injuries/head trauma/concussions
  - Seizures and other neurological conditions
  - Major medical problems
  - History of cognitive problems or cognitive testing abnormalities
- **Family history: (With emphasis on SUD/Psych histories)**
- Mother
  - Father
  - Sister(s)
  - Brother(s)
  - Grandparents
  - Biological children
  - Adoption history
- **Social history:**
- Physical or emotional abuse
  - Sexual abuse (do not need a lot of details but do need ages, type)
  - Sexual history (if pertinent)
  - Military history including type of discharge and any discipline while serving
  - Education/professional training
  - Job history and performance. Reason for any changes. Current employment and any issues
  - Religious and spiritual history
  - Socioeconomic status and any financial stressors
  - Marital/relational history with children from each. Custody issues/arrangements.
  - Other social circumstances or need for support systems that could affect compliance

- **Mental Status Exam:**
  - Complete with current suicide, homicide/violence risk assessments
  - Psychological testing (include self-report questionnaires) if warranted
  - Appearance
  - Orientation
  - Gait
  - Mood and Affect
  - Speech and Tone
  - Thought Content and Progression
  - Attention and Concentration
  - SI/HI
  - Hallucinations- auditory, visual and tactile
  - Insight
  - Interview Behavior
  
- **Legal history:**
  - Arrests
  - DUIs
  - Convictions
  - Jail/prison
  - Pending legal charges or cases
  - History of violence
  - Hospital or administrative charges
  - Liability cases and outcome
  - Reports to the National Practitioners Data Bank
  
- **Collateral information (Must have 3 collaterals or more. Should include information from UPHP/DOPL and from workplace when possible and explain if not.):**
  - Can either summarize collateral information here:

**Example:**

The sources felt like “participant name” was a caring provider who is technically a good surgeon. However, multiple collateral sources noted that he used extensive profanity daily and even though he had been counseled on the fact that this was now unacceptable, he had continued to do so.

- Things to consider: Avoid attributing specific quotes to specific individuals unless you have told the reporter that they will be identified in the report, which the evaluatee may obtain. A description of their relationship with the evaluatee is important. Remember that an evaluatee will nearly always obtain copies of their evaluations, and if the source of specific information wishes to remain unknown to the evaluatee due to fear of retribution, you should take this into consideration.

Or

- Summarize throughout the report and state: “The information obtained from the collateral sources was integrated into this report in summative form where appropriate and relevant.”

Or

- List Collateral information:

**Example:**

1. Phone Interview Mrs. Doe, Mother, on XXX, XX. Ms. Doe reports she sees her son once per week when he visits him for dinner. She believes “Participant” drinks beer in a recreational fashion but does not use any other substances. She reports that at night “participant” perhaps will consume a “a few beers” when he returns from work as well as at a restaurant. “Participant” “Doesn’t have much of social life as he works 80 hours or more a week. He is very busy with work.” She has never witnessed him impaired nor intoxicated, but also reports that she only sees him once a week when he comes over for dinner. Ms. Doe noted that “participant” has discussed on several occasions that his job is “stressful and demanding.”

2. Phone Interview xxxx, MD, friend, on XXXX, XXX. Dr. XXX reports he has known “participant” for over 20 years as they have worked together on and off and also remain friends. They remain friends and they talk at least once or twice a month and visit at least once a month. He reports that “Participant name” does drink alcohol, which he believes he has been using more at his current job. He noted one recent incident in which he and “participant name” met on the weekend for dinner. He noted that “participant” drank four beers over the course of one hour, which he thought at the time was more than usual. Outside of this, he has never had any concerns about excessive drinking but has seen him intoxicated outside of the work setting on a few occasions. He noted a few years ago when they worked together, he was aware that “participant” was known for frequent tardiness and ultimately left the job due to disagreements with upper management. He noted “participant name” does not appear to have much of a social life and has observed he seems to work most of the time.

3. Attempted Phone Interview XXX, MD; previous supervisor and Director at XXX, was unsuccessful due to Dr. xxx’s refusal to answer any questions and suggested referral to Human Resources.

4. Attempted Phone Interview XXX, Friend, was unsuccessful on multiple attempts.

5. Prescription Verification, Pharmacy, Hollywood, Utah, reveals monthly prescription for xxxx 10 mg, #30, from December 17, 20xx, through May 14, 20xx, prescribed by XXXX.

➤ **Laboratory Data to include:**

- Everyone evaluated minimally needs a confirmed test with a minimum of a 10-panel urine with EtG/EtS, PETH and minimum 5-panel hair/nail.
- UPHP will coordinate testing for the evaluation, prior to the evaluation, unless on your application you have indicated you can provide/coordinate your own testing

- If you coordinate your own testing and you decide not to do one of the required tests, you must fully explain that you have not and why.
      - Send to reference laboratory with chain of custody procedures (no in-office “dipsticks”)
    - A Dilute or out of range low creatine urine test is not an acceptable test.
- **Dynamic Formulation using ASAM Dimensions**
- **Impression:** include how you came to your final diagnosis
  - Please delineate diagnostic criteria for all SUD and other mental health diagnoses given, according to DSM-5
  - List all the criteria they met for the diagnosis and severity rating
- **DSM-5 diagnosis listed**
  - If using code numbers, spell out condition and severity rating
    - i.e.; Alcohol Use Disorder, Severe
- **Always make a safety to practice statement**
  - **Report must say one of following:**
    - This practitioner is able to practice his/her profession with reasonable safety without UPHP/DOPL monitoring
    - This practitioner is able to practice his/her profession with reasonable safety only with UPHP/DOPL monitoring
    - This practitioner is not currently able to practice his/her profession with reasonable safety.
  - **Make conclusions and recommendations that indicate what, if any, steps can be taken to attempt to restore the ability to practice with reasonable safety**

**Example:**

Dr. xxx is considered not able to continue his/her practice of medicine at the present time until she/he has completed the recommended levels of treatment and has the approval of all treatment providers and of UPHP as to his/her safety to return to the workplace. Further, it is recommended that he/she be successfully monitored with all negative toxicology studies for a three-month period prior to consideration of returning to work. He/she will need to be appropriately monitored by UPHP and she should provide a negative PEth toxicology study prior to any consideration of returning to the workplace

- **Statement about practicing with reasonable safety under license, should address:**
  - Problem solving
  - Judgment
  - Ability to psychologically cope with stressful situations

- Decision making ability in crisis situations

➤ **Making Treatment Recommendations:**

- Need to address the potential risk to the public
- Need to **not** be based on what an individual can afford or wants
- Need to be based on what will be best level of care for the individual and their diagnosis (\*Remember safety sensitive population)
- If you are disagreeing or changing something from a previous evaluation or evaluator, you need to say why you differ or disagree
- Treatment recommendations need to define treatment type/level of care:
  - i.e.; ASAM level 3.5 clinically managed medium-intensity residential, ASAM level 2.5 PHP (with or without sober living), ASAM level 2.1, IOP, ASAM level 1.0, general outpatient treatment, ASAM level .05, early intervention individual therapy pain management and type, healthcare specific treatment etc.) and reasons justifying why that level of treatment is needed.
  - **Evaluators may not recommend a treatment facility, only level of care**
- Any specific monitoring considerations (i.e., special testing, period of successful monitoring before considered safe and why, Fitness for Duty re-evaluation after a period of monitoring or some type of treatment, safety to practice relative to any potentially impairing or sedating medications, etc.)

**Example: Treatment recommendations**

1. It is recommended Dr. XXX engage in ASAM level 2.5, PHP with a UPHP approved treatment provider with expertise in treatment of the healthcare professional. Length of treatment should be based on his/her progress in treatment and the recommendations of his/her treatment provider. It is suggested that following completion of the initial phase of treatment, that he/she step down to an IOP level of treatment and that during treatment, institution of long-acting naltrexone (Vivitrol) therapy be considered. He/she should undergo a thorough Psychiatric Evaluation during their treatment process with possible institution of psychotropic medications.

**Example: Monitoring considerations**

2. Following completion of treatment, it is recommended Dr. xxx be monitored by UPHP under an SUD/Mental Health Monitoring Contract for a period of time to be determined by the UPHP Clinical Leadership Team. Monitoring requirements should include the need for attendance at live, peer-facilitated, community mutual support groups. Toxicology monitoring should include frequent usage of EtG/EtS, and they should have PEth testing performed at least quarterly. Should he/she be placed on any psychotropic medications, he/she will require a Psychiatric Medication Management component to their monitoring, and it is also recommended that he/she engage in Individualized Therapy with a licensed Master's clinician with expertise in treatment of Trauma and SUDs. The treatment milieu should consider usage of CBT and EMDR as therapeutic options.

➤ **Additional:**

- Having ONLY a “rule out” diagnosis is **not acceptable except as a last resort.** (Example: If you are ruling out a moderate SUD, you should be able to diagnosis mild, and you should go with the definite diagnosis.)
  - If you cannot make even a provisional diagnosis, re-consider your conclusions carefully.
  - If you think that the individual presents a moderate to high risk for workplace impairment, then explain your thinking.
- Please **do not** recommend the length for a contract
- If you are sending an individual for psychological or other type of testing that will not be available for several weeks, please send your report ahead without it regardless (You are asked to send an addendum after review of the data you have recommended.)
- **PLEASE** do not tell evaluee or treatment clients/patients that UPHP/DOPL require a certain finding or specific recommendations including length of stay. **These are evaluator (your) decisions and recommendations.**