



# IMAGINING IN TIME

*Diana Quinlan, CRNA, MA*

## Peer Assistance Reaches its 25th Year

*This column traces the history of the efforts of the American Association of Nurse Anesthetists to provide assistance to members struggling with addiction. The work of the Ad Hoc Committee on Chemical Dependency, the Peer Assistance Advisors, Anesthetists in*

*Recovery, the Council on Public Interest in Anesthesia, and the Wellness Program are examined.*

**Keywords:** Addiction, chemical dependency, history, peer assistance, wellness.

### The Beginning

In the early 1980s, the American Medical Association (AMA) declared addiction a disease. The AMA recognized that colleagues with addiction were not receiving the same opportunities for treatment as the general public because the healthcare community held its own to a higher standard. Failure to report and/or seek help was fueled by a conspiracy of silence among physicians and nurses. Interestingly, while the medical community was addressing workplace addiction, AANA Executive Director Florence McQuillen, CRNA, had coauthored a paper on this topic 2 decades earlier.<sup>1</sup> The AMA formed a physician health advocacy initiative that included educational seminars, literature for members, and a major push to have legislation in every state that offered a nonpublic alternative to discipline for physicians seeking help for their addiction. Within a decade each state had legislation for doctors as well as functioning advocacy committees. Concurrently, the American Nurses Association (ANA) realized the need for something similar for nurses and wrote a monograph and model legislation for state alternative programs with the assistance of the National Nurses Society on Addictions, now called

the International Nurses Society on Addictions (IntNSA)

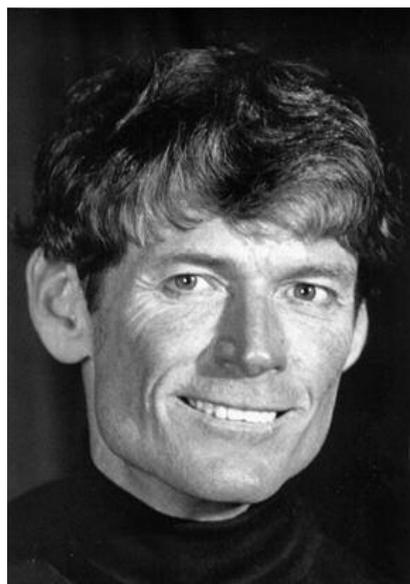
At the 1983 AANA Business Meeting, a resolution was introduced in response to inquiries about how to respond to a colleague suspected of addiction. The Board of Directors responded by appointing an Ad Hoc Committee on Chemical Dependency. The AANA was thus on the forefront of the advocacy movement as a specialty nursing organization. During the following year, the committee, chaired by Ruth Long, CRNA, with members Mary Devlin, CRNA, BA; David Fletcher, CRNA, MA; and Patrick Price, CRNA, PhD, developed a position statement,<sup>2</sup> a *Well-Being Manual*,<sup>3</sup> peer advisors for each state, and an educational seminar on chemical dependency.

Although the AANA anticipated that a representative from each state would attend this seminar, nearly 200 Certified Registered Nurse Anesthetists (CRNAs) arrived in Chicago, Illinois, including a number in recovery. When one of the keynote speakers suggested an open Alcoholics Anonymous (AA) meeting, 20 CRNAs gathered. Bill Farley, MD, suggested that those individuals organize and support each other in some ongoing manner and offered the name Anesthetists in Recovery (AIR). His recommendation was

accepted, and the group kept in touch by mail, phone calls, and a newsletter.

### Anesthetists in Recovery Becomes a Cornerstone of Support

Beth Visitine, CRNA, and Rusty Ratliff, CRNA (Figure 1), were the first AIR coordinators and initiated communication with the rest of the group and encouraged attendance at other meetings where they might meet to support each other. AIR continued to progress with the guidance of Visitine, Ratliff, and Maggie



**Figure 1.** Rusty Ratliff, CRNA

Olsen, CRNA, the first AANA peer assistance advisor.

The advent of the Internet was a boon for instantaneous support. AIR expanded as calls to the newly established AANA peer assistance hotline became a source of frequent referrals. AIR went online at Yahoo<sup>4</sup> in March 2002 at the suggestion of Art Zwerling, CRNA, MSN. It began with 8 online members and quickly expanded to more than 200 in less than a year, evidence of a need to share energy, strength, and hope with others seeking to improve their life through the fellowship of a recovery group. AIR continues to be a facilitated online support network and meets at each AANA Annual Meeting. Scheduling of AIR meetings at state or regional meetings and the use the tenets of AA as their format also are encouraged by AIR members.

Another benefit of AIR has been the cultivation of future state peer advisors. As those in recovery gained knowledge from their experiences, they often became mentors, sponsors, and even peer advisors. Furthermore, they became champions for change in state committees, especially those needing legislative options for advocacy programs. Serving as a sounding board and research group for the AANA Peer Assistance Advisors Committee, the state advocates evaluated the need for newer guidelines, advocacy models, and material for the website. The online group was frequently surveyed to determine what factors worked best in recovery and reentry.

In 2006, AIR expanded its outreach to add a second online group<sup>5</sup> for family and friends of anesthetists in recovery, calling the group Partners of Anesthetists in Recovery (PAIR). Family members can share concerns and seek support, advice, and resources from others with this common experience. Members of PAIR and anyone wanting to support an anesthetist in recovery are welcome at the AIR gatherings at AANA Annual Meetings.

## Building the Committee

As the advocacy movement grew, more regulatory nursing boards became comfortable with the establishment of alternative programs. These programs were designed to offer nurses an opportunity for intervention, treatment, and monitoring under a contract that would protect their license in a nonpublic process. However, many nursing boards continued with the traditional disciplinary process and published the name of the impaired licensees in newsletters or public websites. These disclosures, meant to protect the public, sent a strong message that nurses seeking help were more likely to lose their license than find any supportive assistance.

The second peer advisor was Diana Quinlan, CRNA, MA, who teamed up with Olsen to offer counsel and education wherever CRNAs gathered. In 1987, they organized the first of many brown bag sessions at AANA meetings, providing policy statements for school directors, information on the Practitioner Data Bank, mandatory reporting laws, and curriculum material, as well as cultivating the growing network of state peer advisors.

During its first decade the committee grew from 2 to 3 members. When Olsen retired, Howard Armour, CRNA, MS, became the committee chair, with Quinlan and Daniel Longo, CRNA, BS, filling out the group. Legislative, legal, and ethical issues were introduced, and the nurse anesthesia educational programs became a larger focus, including the introduction of a model policy (spring 1987), as well as recommended curriculum materials.

The role of the committee expanded to a more interactive function with a lecture series and presentations at state meetings. At the 1989 Annual Meeting, the first role-playing occurred with a mock intervention that was so powerful it left many in the audience in tears. Since that time there have been 3

other very successful Annual Meeting sessions featuring role-playing with family members and colleagues.

## The Decade of the Nineties

The committee conducted several surveys of the nurse anesthesia educational programs over an 8-year period. The results led to the introduction of policies, guidelines, and curricula recommendations. *Professional Aspects of Nurse Anesthesia Practice*<sup>6</sup> included a chapter by Quinlan that addressed peer assistance. The text included a model alcohol and drug policy for nurse anesthesia educational programs, outlined the federally mandated requirements for educational institutions, and provided an overview of substance misuse among healthcare professionals including symptoms, behavioral signs, and guidelines for colleagues.

The hotline that began as a simple voicemail referral to the committee members' home phones was expanded to include information on recommended treatment. The *Well-Being Manual* underwent revision, and there were more Box Lunch Rap Sessions (later called Focus Sessions). A memorable session for many attendees was a presentation by a new widow talking about her CRNA husband and the impact of his death on their young family. That session highlighted the need for earlier identification and intervention because his addiction had gone unnoticed by colleagues.

After years of nurturing callers to AIR, Ratliff was appointed to the committee and soon authored an article on AIR in the *AANA NewsBulletin*.<sup>7</sup> Among his many contributions to peer assistance, Ratliff saw the need for understanding the diversity of our members, especially our gay and lesbian colleagues. In his 20 years as the dominant voice of the hotline, he personally salvaged many lives and careers, often offering his own worksite as a reen-

try point where he would closely monitor the newly recovered CRNA. While awaiting a lung transplant, Ratliff was still taking hotline calls and offering hope to colleagues from his hospital bed. Just before his passing, the IntNSA recognized him for his work by making him the recipient of the 2001 Peer Assistance Award. Few have worked as tirelessly and unselfishly to help others in need.

Gary Clark, CRNA, MS, joined the committee and helped focus efforts on the educational process and school surveys, and Quinlan expanded her onsite visits to treatment centers.

### **Educating Our Members**

The committee offered sessions at the Annual Meeting for more than 2 decades and eventually was granted continuing education credit for their informative presentations. These sessions were extremely helpful to state peer advisors, school directors, and CRNA managers, as well as to students planning their research. Nurse anesthesia students were often mentored by the committee during various stages of their thesis work.

Students are entitled to many AANA membership privileges including access to peer assistance. Their education should include all of the challenges they may face in their practice including the workplace issues addressed under peer assistance. The more prepared they are to identify and meet the challenges, the more likely they are to succeed.

Education of our members, including our students has always been a major focus of the committee. In 2002, Quinlan contributed 2 chapters to *A Professional Study and Resource Guide for the CRNA*.<sup>8</sup> The chapters were designed specifically as a curriculum guide for schools and included study questions. It also served as an excellent resource for state peer advisors and others interested in assisting colleagues.

Committee members also served as resource speakers at state and regional meetings for anesthetists as well as the broader nursing community. This process enabled greater networking, forged alliances, and brought greater insight to regulatory boards and anesthesia departments.

### **New Challenges in the Millennium**

By the end of the millennium progress had been made, but there were a number of states lacking an alternative process despite 20 years of effort by many nursing organizations. The AANA peer assistance committee organized a 1-day invitational seminar with key nursing organizations—IntNSA, National Council of Chemical Dependency Nurses, National Council of State Boards of Nursing, and ANA—to draft a resolution that would address this problem.

Seventy nurses from those 5 organizations managed the impossible and completed the draft in 4 hours. It was then sent to the ANA with the participating organizations as signatories, and with support of state nursing associations it was brought before the 2002 ANA House of Delegates, where it passed by 98% vote. The framers of this resolution felt that after 2 decades of limited progress it was necessary for the largest national nursing organization—the ANA—to speak for members and the public by resolving that addiction is a diagnosable, treatable disease and that nurses should be afforded nonpunitive options for early recognition and treatment without loss of career. Also from that 1-day seminar came the concept for the National Organization for Alternative Programs (NOAP), which formed with many of the same nurses as its nucleus.

With the advances offered by the Internet and the growth of AIR as an online support group, communication was greatly enhanced with the state peer advisors and other advo-

cacy contacts to help form a network and to grow the website<sup>9</sup> to include publications, links to services, and the peer assistance resource directory.<sup>10</sup> This directory is still the only global compendium of peer assistance resources, although IntNSA and NOAP are currently creating a directory that will expand it. The 1990s brought the hotline, website, and several publications including a booklet, *Chemical Dependency and the Certified Registered Nurse Anesthetist*,<sup>11</sup> that was widely distributed in hardcopy and eventually online. A speaker databank and a lending library were also created.

The peer assistance focus expanded to include all aspects of issues that have an impact on the workplace well-being including harassment, stress, and workplace violence. These issues became apparent as the hotline was a good barometer of the changing needs of our members. Anxiety associated with the year 2000 problem (also known as Y2K) and then the September 11 bombing of the World Trade Center brought a dramatic spike in calls to our telephone hotline. We began to understand situational stressors as contributors to CRNA distress. In reviewing the volume of calls during those years, call levels around holidays and times of national strife seemed to increase.

Staying current with trends on aftercare and the use of naltrexone as part of a viable reentry plan, committee member Saundra Hudson Dockins, CRNA, BA, conducted multiple surveys of treatment centers to see how it was being utilized and began to encourage its use for our members returning to the workplace after opiate abuse.

As the Internet became more pervasive, the major conduit for incoming hotline calls changed from telephone to email. This less intimate form of contact made it easier for some to reach out for help and the ensuing exchange in written form often helped the CRNA and



**Figure 2.** Jan Stewart, CRNA, ARNP, AANA President, 1999-2000

peer advisor more clearly understand the essential elements of their situation. When offered, it generally led to further communication by telephone for both the CRNA and significant other, as well as referral to AIR and other resources within the state while still maintaining the confidentiality of the contact.

### **Building an Advocacy Network**

While trying to be a change agent for advocacy, the committee found that working with other organizations was essential. In addition to the work to bring about a new resolution within the ANA in 2002, committee members served on the boards or chaired peer assistance committees for other organizations, guest edited special issues on peer assistance in other journals, were founding members and committee chairs in NOAP, participated in the Association of Medical Education and the Research Society on Addiction, provided lectures and poster presentations for ANA, and collaborated with the Citizens Advocacy Center forum.

Elemental to the work of the committee is the network of state peer advisors. The ad hoc committee that



**Figure 3.** Wellness Walk at the 2008 AANA Annual Meeting in Minneapolis

began this advocacy within our Association recognized that our large membership would need CRNA resource contacts all across the country, and thus the state peer advisors network began to grow. Although peer advisors are appointed by state association presidents, they generally serve many years because of the confidential nature of their mission and the dedication required to be available to any caller.

### **A Wellness Program Emerges**

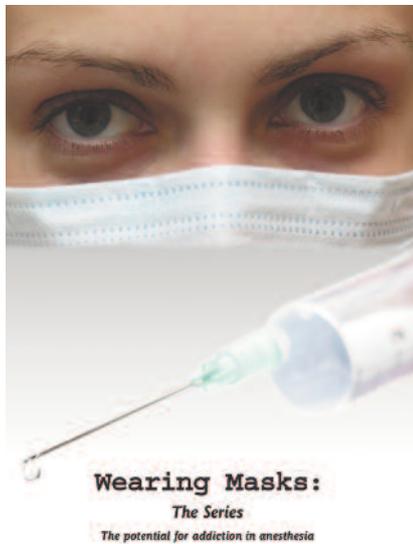
With the untimely passing of AANA past President Jan Stewart, CRNA, ARNP (Figure 2), our Association received a wakeup call. Her death affected many CRNAs, but in particular our leadership, as she had been such a strong and compassionate officer. Stewart's many colleagues and her daughter Sarah helped us understand the many facets of substance misuse and challenged us to refocus her legacy in a way that would be constructive for others. The immediate result was an initiative focusing on wellness rather than disease.

In 2004, the AANA Board of Directors proposed several approaches including the formation of a Blue Ribbon Panel of Experts in the field of addiction and wellness. The result of this panel and other initiatives led to a variety of ongoing projects including the Jan Stewart Memorial Wellness Lecture at the

Annual Meeting, a wellness booth, and a wellness walk (Figure 3). Sandra Tunajek, CRNA, DNP, launched an ongoing series of wellness articles in the *AANA NewsBulletin*.

Another major project was updating the *Wearing Masks: The Series* DVD series. The newly revised video (Figure 4) was expanded to include CRNAs and committee members as well as anesthesiologists. The DVD was distributed to every nurse anesthesia program, nursing regulatory board, and state peer assistance organization, and it is available to all CRNAs and student nurse anesthetists free of charge. It is hoped that family members as well as faculty and colleagues who view the video will gain the skills for earlier recognition of practice and personal difficulties.

In September 2005, the AANA Peer Assistance Advisors Committee became part of the Council for Public Interest in Anesthesia where it will enjoy more structure and support as together the 2 entities focus on many aspects that affect the CRNA workplace. One recent activity was collaboration with other organizations to draft a letter to The Joint Commission suggesting it establishes a standard for all healthcare providers to have access to a wellness process. In May 2007, an invitational workshop was held for state peer advisors;



**Figure 4.** Cover of *Wearing Masks: The Series* (DVD).

Jan Stewart's daughter was an integral part of that seminar.

The AANA is a stellar organization that cares for its members as well as the public. The investment made to assist the members through the Ad Hoc Committee on Chemical Dependency, the peer assistance advisors and the wellness program demonstrate the role of advocacy over the last quarter century. The peer assistance website

and the products that have been produced are referenced by health-care providers in the United States and beyond. No other nursing organization has been this committed to this cause, or as effective. I invite everyone to visit the AANA Peer Assistance homepage at <http://www.aanapeerassistance.com> to see the variety of resources available today. Additionally you'll find a link to a list of past and current committee members and state peer advisors who have served their colleagues and the profession. As we review our history, it is important to thank those who have dedicated many years to helping their colleagues.

#### REFERENCES

1. Lundy JS, McQuillen FA. Narcotics and the anesthetist: professional hazards. *J Am Assoc Nurs Anesth.* 1962;30(3):147-176.
2. AANA Position Statement 1.7: Substance Misuse and Chemical Dependency. Park Ridge, IL: American Association of Nurse Anesthetists; 1984 (revised 2007).
3. *CRNA Well-Being...Helping Ourselves: Peer Assistance Manual.* Park Ridge, IL: American Association of Nurse Anesthetists; 1986.
4. Anesthetists in Recovery. Yahoo Health Groups. <http://health.groups.yahoo.com/group/airforsobriety>. Accessed April 15, 2009.
5. Partners of Anesthetists in Recovery. Yahoo Health Groups. <http://health.groups.yahoo.com/group/PAIRforsobriety>. Accessed April 15, 2009.
6. Quinlan DS. Chemical dependency. In: Foster SD, Jordan LM, eds. *Professional Aspects of Nurse Anesthesia Practice.* Philadelphia, PA: FA Davis Company; 1994:347-368.
7. Ratliff C. Chemical dependency in the profession. *AANA NewsBulletin.* 1996; 50(1):16-17.
8. Quinlan DS. Peer assistance – parts 1 and 2. In: Foster SD, Faut-Callahan M, eds. *A Professional Study and Resource Guide for the CRNA.* Park Ridge, IL: American Association of Nurse Anesthetists; 2001:425-487.
9. AANA Wellness and Peer Assistance. American Association of Nurse Anesthetists. <http://www.aana.com/wellness.aspx>. Accessed April 15, 2009.
10. Peer Assistance Resource Directory. American Association of Nurse Anesthetists. <http://webapps.aana.com/Peer/directory.asp>. Accessed April 15, 2009.
11. AANA Peer Assistance Advisors. *Chemical Dependency and the Certified Registered Nurse Anesthetist.* Park Ridge, IL: American Association of Nurse Anesthetists; 2000.

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