

DIFFERENTIAL CHARACTERISTICS OF PHYSICIANS REFERRED TO A TREATMENT PROGRAM: SUBSTANCE USE DISORDERS VERSUS DISRUPTIVE BEHAVIOR

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PURPOSE

The single most common problem that causes physicians to be referred to professional treatment programs in the United States is suspicion of a substance use disorder. In recent years many of these programs have also had referrals for disruptive workplace behavior. While the issues of these two groups are different, there are few reports of differential risk factors or psychological characteristics in these two groups. This poster reports on the analysis of five years of data from a professional treatment program to determine differential psychological characteristics of these two groups.

METHOD

The data consisted of a retrospective sample of five years of cases from an assessment and treatment program for professionals. The cases for analysis were selected based on complete data being present for either the WAIS III and/or the MCMI 2. Cases that were either referred for assessment and/or treatment for substance abuse or disruptive behavior but not both were included.

RESULTS

A significant discriminate function was developed which allowed classification of the sample as to referral question (Substance Use Disorder versus Disruptive Behavior)

based on WAIS III subtest pattern. This function included subtests: Vocabulary, Similarities, Arithmetic, and Picture Arrangement. A significant discriminate function was also developed using individual scale scores from the MCMI 2. This function included scales: Z (Debasement), 4 (Histrionic), 8A (Negativistic), C (Borderline), A (Anxiety Disorder), and not surprisingly B and T (Alcohol Dependence and Drug Dependence).

CONCLUSIONS

These data suggest that physicians who present with substance use disorders have different cognitive strengths and weaknesses along with different personality profiles than physicians who present with workplace behavioral problems (disruptive behavior). As these descriptive findings are confirmed, it is hoped they will inform treatment approaches and interventions that are adapted to the specific cognitive strengths and behavioral predilections of each group.