

HealthProCHOICES

A newsletter for participants in the Health Professionals' Services Program (HPSP)

January 2013

Inclement Weather Guideline

Winter is here and this is a good time to review the Inclement Weather Guideline.

1. If the collection site is closed due to inclement weather, the licensee is excused once the agreement monitor has confirmed that the site was closed.
2. If the licensee informs HPSP that s/he cannot test due to inclement weather, the licensee may use one of the 21 toxicology exemptions allotted to each licensee per year if the licensee has been in compliance with all requirements for a period of nine consecutive months. This follows the toxicology testing guideline which has been approved by the advisory committee consisting of participating boards and the Oregon Health Authority.
3. If the licensee fails to inform HPSP of the failure to test due to inclement weather, the missed test is reported as substantial non-compliance.
4. If the licensee informs HPSP of the failure to test due to inclement weather and does not meet the criteria for an exemption, the missed test is reported as substantial non-compliance.
5. If the licensee has less than 9 months in the program and has been compliant in the program but informs HPSP that the licensee cannot test due to inclement weather, the licensee in this situation will be granted a onetime use of one of the 21 toxicology exemptions allotted per year to each licensee.

If you are interested in reviewing the HPSP program guidelines, they are on the HPSP website at www.rbhhealthpro.com under the Policies tab.

Reminders and Program Changes

1. Licensees have different ways of doing the weekly check-in with their agreement monitor. Regardless of how you do your check-in, the following information needs to be provided:

- Any changes in address, health, medication, employment, credit card?
- What support services did you attend in the past week?
- How many support group meetings were attended, did you meet with your sponsor and what did you learn to support you in recovery?

Please do not leave a message or send an email that only states "great week". Your agreement monitor cannot count that as a contact due to inadequate information.

2. If your physician changes your medication or provides you with a new medication, you need to obtain approval from HPSP in non-emergency situations when possible. Otherwise please fax or mail a copy of the prescription within 24 hours of receipt and notify your agreement monitor. Your physician also has to complete a Medication Management Form. This form can be found on the website under the forms tab.
3. The Advisory Committee which is made up of representatives from the Oregon Health Authority and the Dental, Nursing, Medical, and Pharmacy Boards has determined that licensees no longer need to be surveyed quarterly but can be surveyed twice a year in December and June. We at HPSP appreciate all of your feedback on a quarterly basis over the past two and half years. A summary of the results of the December 2012 satisfaction survey should be in the February newsletter.
4. If you are unable to access the Interactive voice response system, please contact the HPSP Customer Service Center at 888-802-2843. The lines open at 7:00amPT and the CSR will be able to give you your testing information and a confirmation number.



HPSP: 888.802.2843
www.RBHHealthPro.com



Resilient Aging - Accepting What You Can't Change

This article was recommended for the newsletter by a licensee in the program. It appeared in the Ukiah Daily Journal. We welcome other articles for the newsletter that licensees feel would be relevant and helpful to others. This licensee's initiative is very appreciated.

Resilient Aging - Accepting What You Can't Change
by Haven Logan PH.D

*Resilience is accepting your new reality, even if it's less good than the one you had before.
You can fight it, you can do nothing but scream about what you've lost, or you can accept that
and try to put together something that's good.*
-- Elizabeth Edwards (UK), Author

Aging provides limitless opportunities to practice acceptance. Each decade seems to challenge us with at least one new decline of our physical bodies. For example, changes in our vision usually begin around age forty. My first reaction to these changes is either panic or denial—usually both. Things started to get blurry near my forty-second birthday so I was sure I must have a brain tumor. My doctor ruled that out and suggested I try reading glasses. I'd always had 20/20 vision, so why would I need glasses? My denial lasted a few months until I started to notice my peers standing at the reading eyeglass displays. Maybe I'll just try a pair. A miracle—I could read again until I couldn't and needed to go back for a higher strength pair. Little did I ever imagine that in a decade I would be shopping for variable lens glasses.

Acceptance is a complex and much debated concept. Philosophers, theologians, politicians, psychologists, and laypeople have argued over its meaning for centuries. Does acceptance mean approval? If we accept something as it is, does it mean we have no need to change it? If we accept our aches and pains as a reality of our current lives, aren't we just giving in to them?

Acceptance can mean many things, but it is not necessarily liking or approving of or even being happy about something. Acceptance starts with acknowledging that a condition exists. An important step in the process of moving toward acceptance—no matter what the problem—is that of surrendering. To surrender in this case does not mean to give up. It means to cease resisting or denying. This is a process our egos find difficult, for they want to always be in charge and to be proven right. The letting go of control and judgment that surrender requires is very uncomfortable for our egos.

Surrendering must take place on both the mental and emotional levels. In our health, for example, we surrender on a mental level when, after gathering all the information we can about the range of treatments for our problem or condition, we cease the search and decide we will take action. On the emotional level, we surrender when we let go of the hurt and anger we may be feeling about our condition—the “woe is me” attitude or the “why me?” questions. Emotional surrender means moving past self-pity, which often immobilizes us and stalls the healing process.

Most of us are resistant to change. We continue doing things the way we have always done them until circumstances force us to do things differently. My book *Choosing to Be Well* is based on my study of people who have overcome their resistance to change in terms of taking care of their health problems. I found one thing that all my respondents had in common—until they reached a state of acceptance they were unable to mobilize themselves for true self-care.

The truth is that each stage of life or change of circumstances requires us to go through the process of acceptance one more time. With the multitude of physical and situational changes we face as we age, mastering acceptance is essential for our well-being. When we accept what is, we can begin to make the changes needed for what Elizabeth Edwards calls putting together “something that's good.”

Millions of people have been helped by the simple lines below from the Serenity Prayer which is attributed to Reinhold Niebuhr and found in the book *Alcoholics Anonymous*:

*God, grant me the serenity
To accept the things I cannot change,
Courage to change the things I can,
And wisdom to know the difference.*

Staffing Information

There have not been any staff changes since we last published a list of staff and contact information but the New Year is a good time to again provide you with this information.

HPSP Program Manager: Dale Kaplan, LCSW-C (Maryland), MAC, 503-802-9842, dkaplan@reliantbh.com

Administrative Manager: Perla Sloane, LMSW, 503-802-9865, psloane@reliantbh.com. Perla oversees the work of the Assistant and Administrative Case Coordinators.

Monitoring Manager: Kate Manelis, LMSW, 503-802-9843, kmanelis@reliantbh.com. Kate oversees the work of the agreement monitors.

Agreement Monitors: The role of the agreement monitor is to act as a guide and support to licensees in order to successfully complete the monitoring program.

- Lesley Burke, LPC, 503-802-9809, lburke@reliantbh.com
- Niaz Larsen, LPC, CADC I, 503-802-9848, nlarsen@reliantbh.com
- Christa Lee, LGSW (Maryland), 503-802-9819, clee@reliantbh.com
- Rebecca Sinclair, MS, CEAP, 503-802-9840, rsinclair@reliantbh.com
- Karen Veteran, LMFT (Washington), 503-802-9877, kveteran@reliantbh.com

Associate Case Coordinators: The role of the Associate Case Coordinators is to guide the licensees through the enrollment process and support the agreement monitors.

- Pam Aldersebaes, 503-802-9816, pama@reliantbh.com
- Veronica Vargas, 503-802-9867, vvargas@reliantbh.com

Administrative Case Coordinator: The role of the Administrative Case Coordinator is to respond to requests from licensees for CCF forms, collection sites, forms, and also provides support to the agreement monitors in facilitating quick responses to licensee questions and concerns.

- Tina Khalaf, 503-802-9866, tkhalaf@reliantbh.com

If you need a collection site due to travel, you can send an email to hpsp@reliantbh.com or call 888-802-2843, with dates of travel and the zip code of where you are going to be. HPSP must have two weeks notification prior to the date you are traveling.

State Holiday Dates for 2013

Licensees in toxicology program are not required to check in on Sundays and state holidays to determine if a toxicology test is required. Below is the list of state holidays for 2013.

New Year's Day – Tuesday, January 1

Martin Luther King Jr. Day – Monday, January 21

President's Day – Monday, February 18

Memorial Day – Monday, May 27

Independence Day – Thursday, July 4

Labor Day – Monday, September 2

Veterans Day – Monday, November 11

Thanksgiving Day – Thursday, November 28

Christmas Day – Wednesday December 25

Upcoming Educational Programs and Updates

- Screening, Brief Intervention and Referral to Treatment. Online OSBIRT Training, in partnership with Clinical Tools, Inc. For more information: <http://www.sbirtraining.com/>.
- The Professionals Health Network (a dental, non-physician health care, and select licensed professionals monitoring and advocacy program) and the University of Mississippi Medical Center School of Medicine in association with the MS Department of Mental Health, Division of Professional Development presents the 5th Annual Mississippi Addictions Conference. Presented by The Jackson Marriott, East Amite Street, Jackson, MS. February 7-9, 2013. For more information, please call Donna Young at Professionals Health Network at (601)261-9899 or cell (601)516-0382.
- 34th Annual Training Institute for Behavioral Health and Addictive Disorders, 2/11-2/14/12, Clearwater, FL.
- Buprenorphine and Office Based Treatment of Opioid Dependence. Online Buprenorphine Training, in Partnership with Clinical Tools, Inc.. For more information: <http://www.buppractice.com/>.
- Counseling Advances Conference Impact of Trauma, Addiction and Attachment on the Self and Family. March 13-15, 2013, Las Vegas, NV.

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Feedback from Satisfaction Survey 10/1/2012-12/31/2012

This past survey will be the last quarterly survey sent to licensees. The Advisory Committee has determined that licensees will no longer be surveyed quarterly but will be surveyed semi-annually since there is not significant change in responses quarter to quarter. Licensees and the other stakeholders will be surveyed again at the end of June 2013.

The response rate for the licensees was strong at 31.1% based on 96 responses received. This is the highest response rate to date. Licensees from the Board of Nursing (51%) responded in the greatest number followed by licensees from the Medical Board (39.6%), Pharmacy Board (5.2%) and Dental Board (4.2%). The results from the licensees indicate that satisfaction with the program continues to improve. When rating overall satisfaction with the program, HPSP received the highest rating to date: 57.3% of licensees surveyed rated the service Excellent or Above Average, compared with 43.2% of licensees surveyed in October 2012, and 42% of the licensees surveyed at the end of year two. The breakdown of respondents by board is representative of the percentage of licensees enrolled in the program, with only a slight skew toward the Medical Board.

When thinking about their most recent call to RBH, 89.6% of licensees indicate that they "Agree" or "Strongly Agree" that their questions/concerns were responded to promptly. Similarly, 78.1% indicate that they "Agree" or "Strongly Agree" that information was communicated clearly and professionally. Both of these figures improved from the October survey.

Agreement Monitors continued to receive strong ratings: 84% of respondents "Agree" or "Strongly Agree" that (his/her) Agreement Monitor is knowledgeable about (his/her) case. Similarly, 76% of respondents "Agree" or "Strongly Agree" that (his/her) needs and concerns are understood.

When rating how various components contribute towards the successful completion of the program, all of the listed components received a mode response of "Helpful." Agreement Monitor contacts continue to be rated the most helpful which underscores the strong ratings noted previously. Toxicology testing is rated the next most helpful.

Overall, 57.3% of respondents rated the services as "Excellent" or "Above Average." This figure continues to show significant improvement between each survey.

34 comments were received, which represents 35% of respondents. Of these, 50% were negative, 24% were positive, 18% were neutral and 9% were mixed (both positive and negative.) Negative comments about the Program Structure continue to be the most frequent with 25%, although there were also positive comments about Program Structure this survey (7%). Negative comments regarding Toxicology/Lab Locations were the second most frequent with 11%.

There were 34 comments. Responses to the comments will appear in the March and April newsletters. Licensees do not have to wait for the satisfaction survey to give feedback regarding the Program. Licensees are encouraged to send an email to HPSP@reliantbh.com or contact the Program Director, Dale Kaplan at dkaplan@reliantbh.com or call 503-802-9842. Although this is not anonymous, it allows the Program to specifically address your concern or problem. It is difficult to respond to specific concerns when we don't know who has the problem e.g. test results are not being sent to treatment counselor. That is a good example of a problem that can be shared with Dale or Kate Manelis, Monitoring Manager, kmanelis@reliantbh.com or call 503-802-9843.

Reminders and Program Information

1. Be sure to know your Saturday testing site. Please do not wait until you are scheduled to test on a Saturday and then begin searching for a Saturday site. There is no way to contact Medtox or HPSP on Saturday to find a site. If you are in an area that does not have a Saturday collection site, double check with your agreement monitor to confirm no Saturday site availability.
2. Please request more Chain of Custody forms when you are down to 2 forms. Missing a test because you do not have a CCF form is still reported as non-compliance. You can request forms by sending an email to HPSP@reliantbh.com or calling 888-802-2843. You can also let your agreement monitor know that you need more forms. There is no cost to the licensee involved in ordering more forms.



HPSP: 888.802.2843
www.RBHHealthPro.com

3. If you go to a healthcare provider and are prescribed a medication with addicting or mood altering potential, you must notify HPSP immediately. In addition, the prescriber needs to complete a Medication Management Form (MMF). It is a good idea to keep some forms on hand. You may download them from the HPSP website: www.rbhhealthpro.com or call and request some forms be sent to you.

4. This is now cold and flu season. Please be aware that if you are participating in the toxicology testing program, you may not be able to use some common over the counter medications. The following is a list of OTC medications judged to be safe for people in recovery. Please note that this list is not inclusive of all safe medications and its listing here does not represent an endorsement of its effectiveness. If you need other medications, please have your physician complete a MMF form or write a letter to HPSP supporting your use of the OTC medication. For a complete list of medications to use or avoid, please go to www.rbhhealthpro.com. **Any medication or treatment (OTC, prescription, herbal treatment, tincture, etc) containing alcohol should be avoided under all circumstances.**

Sinus/Cold/Flu Medications:

- Halls Mentholypus
- Ricola Cough Drops
- Robitussin-Guiafensin Syrup
- Tessalon Pearles

Avoid: Any medication containing Pseudoephedrine or Dextromethorphan ("DM")

Any Use requires documented physician approval which can be completion of the Medication Management form or a letter.

Nasal Sprays:

- Saline Nasal Spray

Avoid: Medicated nasal sprays

Any use of NeoSynephrine, Sudafed or products containing Pseudoephedrine requires documented physician approval which can be completion of the Medication Management Form or a letter.

Sinus/Cold/Flu Medications:

- Airborne
- Alavert
- Claritin
- Zycam Cold Remedy

Any use of Benadryl, or products containing Dextromethorphan (DM), Antihistamine or Pseudoephedrine requires documented physician approval which can be completion of the Medication Management Form or a letter.

5. If you are having problems with the Interactive Voice Response system (IVR), please consider going online to check if you are scheduled to test. The feedback from licensees is that the online service is easy to access and quick. The website is <https://www.rbhmonitoring.com>. The log in for this website is the ID number and the 4 digit PIN (identical to logging into the IVR on the phone).

Mark Your Calendar: Annual PRN Conference 4/13/13

Northwest Annual Healthcare Professional Recovery Network Conference at the Salem Kroc Center, 1865 Bill Frey Dr. NE Salem, Oregon 97301. For more information contact: Edwin Schneider, Phone: 971-563-3893.

This program is good for 8.4 CMEs for physicians toward the 20 CMEs needed to complete the HPSP program. Feedback from licensees who attended last year was very positive. The speakers are great, the topics are relevant and the cost is reasonable. Please consider attending. Speakers include:

Andrew Mendenhall, MD

Medical Director
Hazelden, Beaverton
Board Certified in Pain
Management, Addiction,
and Family Medicine

Eric Martin, MAC, CADC III, CPS

Policy & Legislative Liaison
ACCBO
Jerry Gjesvold, BS
Mgr. of Employer Services
Serenity Lane Health Services

Marv Seppala, MD

Chief Medical Officer
Hazelden Foundation

Douglas Querin, JD, LPC, CADC I

Attorney Counselor
Oregon Attorney Assistance Program
Adj. Prof. PSU & George Fox Univ.

Chris O'Neill, RN, DMin

Director of WorkHealthy Oregon
Oregon Nurses Foundation

Harold Fleshman, RN

Staff Nurse & Drug Free Taskforce
OHSU & Nurse Assistance Network

Routes to Success

Article Recommended by Licensee for Newsletter:

From The New York Times: PERSONAL HEALTH: Picking Addiction Help. In a helpful new book called "Now What? An Insider's Guide to Addiction and Recovery," William Cope Moyers explains that "there's no one-size-fits-all approach" to addiction treatment. For entire article <http://nyti.ms/11AtuYW>.

For those who need a structured program, Mr. Moyers described what to consider to maximize the chances of overcoming addiction to alcohol or drugs.

Most important is to get a thorough assessment before deciding where to go for help. Do you or your loved one meet the criteria for substance dependence? Are there "co-occurring mental illnesses, traumatic or physical disabilities, socioeconomic influences, cultural issues, or family dynamics" that may be complicating the addiction and that can sabotage treatment success?

While most reputable treatment centers do a full assessment before admitting someone, it is important to know if the center or clinic provides the services of professionals who can address any underlying issues revealed by the assessment. For example, if needed, is a psychiatrist or other medical doctor available who could provide therapy and prescribe medication?

Is there a social worker on staff to address challenging family, occupational or other living problems? If a recovering addict goes home to the same problems that precipitated the dependence on alcohol or drugs, the chances of remaining sober or drug-free are greatly reduced.

Is there a program for family members who can participate with the addict in learning the essentials of recovery and how to prepare for the return home once treatment ends?

Finally, does the program offer aftercare and follow-up services? Addiction is now recognized to be a chronic illness that lurks indefinitely within an addict in recovery. As with other chronic ailments, like diabetes or hypertension, lasting control requires hard work and diligence. One slip need not result in a return to abuse, and a good program will help addicts who have completed treatment cope effectively with future challenges to their recovery.

Professional Recovery Network Support Group Meetings

Professional Recovery Network
15949 So Harding Rd,
Oregon City, OR. 97045
www.prnoforegon.org
edwins@prnoforegon.org
971-563-3893cell
503-631-3942fax

The PRN program was established to aid all Healthcare professionals whose health or effectiveness has been adversely affected by chemical dependency. Healthcare Peer Support Meetings are AA base support opened to all Healthcare professionals and hoping to establish more groups as the interest expands.

Vancouver, WA: Meetings are the last Tuesday of each month, 6:30PM at Duck Tales Kitchen:
612 N. Devine Road
Vancouver, WA. 98661
Contact Bob K: 360-909-1809

Salem, OR: Meetings the 2nd & 4th Mondays of each month at 7:30 PM at Rich's house:
1585 Cherrybloom Ct SE
Salem, OR. 97317
Contact John S: 503-49-7327 or Rich H: 503-569-1624

Clackamas, OR: Meetings are the last Tuesday of each month, left as you enter the front door at:
Elmer's Pancake House
16087 SE 82nd Dr
Clackamas, OR. 97015
Exit 12a off I-205 next to Fred Meyer Clackamas
Contact Ed S: 971-563-389.

Pendleton, OR: Meetings are held monthly at various times. Contact for details, Ken R : 541-310-9247

Grants Pass, OR: Meetings are held monthly at various times. Contact for details, Andrew S: 541-912-3733

Bend, OR: Contact for details Brandon T: 503-360-5817

Klamath Falls, OR: Contact Brad C: 541-778-3561

Scappoose, OR: Geoff L: 503-396-7128

Upcoming Educational Programs and Updates

- Screening, Brief Intervention and Referral to Treatment. Online OSBIRT Training, in partnership with Clinical Tools, Inc. For more information: <http://www.sbirtraining.com/>.
- Buprenorphine and Office Based Treatment of Opioid Dependence. Online Buprenorphine Training, in Partnership with Clinical Tools, Inc.. For more information: <http://www.buppractice.com/>.
- Counseling Advances Conference Impact of Trauma, Addiction and Attachment on the Self and Family. March 13-15, 2013, Las Vegas, NV.
- Examine New Treatments in Addiction Medicine for Military Personnel. April 25-28, 2013. Chicago, IL. ASAM 44th Annual Medical Science Conference. New Treatments in Addiction Medicine. For more information: <http://www.asam.org/education/annual-medical-scientific-conference/program-schedule>.

Licensee Comments: Satisfaction Survey 10/1/2012-12/31/2012

As reported in the February Newsletter, comments submitted by licensees will be responded to in the March and April newsletters. 34 comments were received and reviewed. Some of the comments received were similar so in preparing responses, we combined comments. There were a number of positive comments, which do not need a response. The comments have been put in the form of questions so that a response could be provided. Please continue to use the Satisfaction Survey to give us feedback but you don't have to wait till the next survey in June. You can share your comments through hpsp@reliantbh.com. or contact Kate Manelis, Monitoring Manager, 503-802-9843 or email kmanelis@reliantbh.com or contact Dale Kaplan, Program Manager, 504-802-9842 or email dkaplan@reliantbh.com.

1. Is it possible to add "Do Not Use" to the satisfaction survey regarding questions about the website?

Response: Yes, we will make that addition.

2. Does the program differentiate between licensees who carry diagnoses of "abuse" versus "dependence" or "addiction"?

Response: The program contains certain core elements that are the same for all the licensees of all participating boards, regardless of diagnosis. This is because the Program must follow the requirements of monitoring as determined by the Oregon state legislature in HB2345. In addition to the statute that governs monitoring, each of the Boards has rules that further specify monitoring requirements for their licensees. Unique among the Boards, the Oregon Medical Board (OMB) differentiates the length of the program according to diagnosis. Licensees with a substance abuse diagnosis are required to be in the program for a minimum of two years and licenses with a diagnosis of dependence must participate for a minimum of 5 years. The other participating boards do not differentiate between abuse and dependence. Finally, each participant in HPSP has requirements that are determined by a third party evaluator upon entry into the program. Those requirements are unique and specific to the diagnosis and needs of each individual licensee.

3. What program differences are there for a licensee with only a mental health diagnosis?

Response: In response to participant concerns and feedback, HPSP has developed a separate track for licensees who have only a mental health diagnosis. By statute, these licensees must be tested. However, depending on their circumstances and initial evaluation, these licensees may only need to be tested for the first six months that they are in the program. They may choose to call the IVR/check the website daily to determine their testing schedule or they may choose to have their agreement monitor call them on the day of testing. In addition, the agreement monitors have increased contact with these licensee's primary therapists. This contact involves sharing information about compliance and medications. Specific detail about the therapy is not shared. Finally, for OMB licensees, the OMB has eliminated the Periodic Monitoring Consultant monthly meeting with mental health only licensees. If you have a mental health diagnosis and are having difficulty complying with the monitoring program, you can share your concerns with your agreement monitor, Kate Manelis, Monitoring Manager or Dale Kaplan, Program Manager.

4. Why is the cost of the urine toxicology so much more expensive than the testing at treatment facilities?

Response: The cost of the toxicology tests is higher than at a treatment center for the following reasons: 1) all non-negative tests are reviewed by a medical review officer, 2) the collection sites must follow DOT requirements for collections and collections must be observed, 3) wherever possible Saturday collection sites must be provided, 4) the testing panels are extensive, meaning the test is screening for multiple drugs. We recognize that the tests are expensive. However, given the often significant consequences of a positive test, it is imperative that we have these safeguards in place to ensure the integrity of the tests and to thus dramatically decrease the likelihood of any false positives.



5. Why do faxes get lost?

Response: The HPSP team understands that this is a frustrating problem for both licenses and staff. The HPSP team has made resolving this issue a priority. If you send a document and the response is that HPSP does not have the document, expect to be asked several questions, including the date and time you sent the document, as we sort through what may have happened. We are actively working to improve this problem.

6. There is a need for more collection sites on the central and southern coast of Oregon. What are you doing about that?

Response: We are aware that there is a need for more collection sites in the central and southern coast of Oregon. If you are aware of any potential medical sites that could become a collection site please let us know and we will contact them. This is not just an HPSP problem. Every organization that requires drug testing is currently faced with limitations regarding the number of collection sites in more rural areas.

7. There are several aspects of the program that do not seem valuable to me. Please clarify the value of the monthly workplace report, the value of the periodic monitoring consultant (for licensees licensed by the OMB), the weekly check-in with my agreement monitor, and the message on the IVR which states you are non-compliant when there is a failure to pay an invoice.

Response: HPSP is a monitoring program. All the issues noted are components of monitoring.

As noted in prior newsletters, the monthly workplace report provides documentation that can be used to confirm licensee's progress in recovery. The report is monthly rather than quarterly to ensure that small problems or concerns can be recognized and dealt with before they become more serious problems. Ensuring safety in the workplace is a major function of the program.

The periodic monitoring consultant (PMC) is an in-person representative of the program for members of the OMB. The PMC can help a participant trouble-shoot problems or frustrations with monitoring, can provide direct participant feedback to the program, and can let the program know if the licensee needs more support or attention. In response to member feedback, the OMB recently determined that OMB licensees who attend a monitoring group no longer need to also have a PMC (unless they are part of a telephonic group) as the function of the monitoring group overlaps with that of the PMC.

The weekly check in by licensees is required by statute. The check in can be email, voice mail or telephonic. The Guideline on Weekly Call in Requirement is below.

Due to feedback from licensees, the message on the IVR has been changed so that it no longer states that the licensee is non-compliant. The new message states: "Please contact RBH Health Professionals' Services program within 24 hours regarding an immediate concern that needs to be resolved."

Guideline:

Weekly Contact with Agreement Monitor-Revised by the Advisory Committee on 9/25/12

Licensees are required to have weekly contact with the Health Professionals' Services Program. This is a requirement of House Bill 2345. The weekly contact is intended to help support licensees in their recovery by reviewing weekly recovery activities and addressing any concerns promptly. Additionally, the weekly contact provides an opportunity for the licensees to update the agreement monitor on changes related to address; employment; prescribed medications, credit card and health. Licensees will report their compliance to their monitoring agreement and addendum requirements, including self-help attendance. At the time of the contact, the agreement monitor will review licensee's case file to determine if there are any alerts or specific concerns noted in the record. This contact may be through email, voice mail or telephonic. Each licensee must have at least one telephonic contact with his/her agreement monitor or designate on a monthly basis. The remaining weekly contacts due per month may be through email or voice mail provided the licensees give the required information. This is a decision determined by the Advisory Committee which is composed of representatives of the participating boards, Reliant Behavioral Health and the Oregon Health Authority.

The use of email and voice mail as a means to meet this requirement will be determined by the agreement monitor with input from the other treatment and support professionals involved with the licensee.

The following will be required to have telephonic weekly calls until their agreement monitor determines a different call frequency.

1. Licensees in the first six months of the program. For OMB licensees in the weekly monitoring group, the agreement monitor may determine a different contact method after three months of compliance in the program.
2. Licensees who have little or no community or treatment support.
3. Licensees who have a mental health disorder and are not dual diagnosis are required to have a minimum of three months weekly telephonic contact. After that time, the agreement monitor may determine the frequency of the telephonic contact provided the licensee is in treatment and there is at least monthly communication between the AM and the licensees' providers.
4. Licensees who have had a report of substantial non-compliance that is still under investigation by the board.
5. Licensees who are experiencing stressors that could impact their ability to successfully comply with program requirements.

If a licensee has missed more than three required weekly contacts in a 12 month period, the agreement monitor has the option to report the licensee non-compliant or educate the licensee on the importance of the weekly contact and put them on notice of the potential for a non-compliance report if the pattern continues or if the licensee has a pattern of missing other requirements such as calling the IVR daily and/or failing to test when scheduled.

Thoughts Upon Graduation from Licensees

"When I first entered the NMP I was full of resentment and anger. I really was just not ready to admit I had a problem. At the start of year three I began to "get it" and my real recovery started. I surrounded myself with people who lived in recovery. I did all the things the big book says to do. A good friend and I gathered up a small group of women and founded a "Saturday morning women only meeting", this was the turning point in my recovery. There were still times when calling in to the IVR got in the way of fun and I missed being able to take spontaneous trips and such. But, today as I graduate from HPSP I look back at these five years and realize I am blessed. I am grateful for this program that has made it possible for me to continue in my nursing career." Eliz. R. N.

Fingerprinting Options

Self-referred licensees are required to obtain a criminal background check annually. If you are a self-referral, you can accomplish this by attaining a set of fingerprints and sending them to the state. A licensee recently shared some options rather than going to the local state police station. The following resources were located by a licensee who stated that these may be shared in the newsletter:

1. Passport immigration Photos Fingerprints & ID Cards
494 NW Broadway, Portland, OR 97209
Phone: 503-224-5014
Hours of Operation: Mon-Fri 8-6, Sat 9-3

2. Stevens-Ness Law Publishing Co.
916 SW 4th Ave., Portland, OR 97204
Phone: 503-223-3137. The costs were as follow:
a set of fingerprints cost \$10.00; The copy of the record was \$33.00 and an additional \$5.00 for a notarized copy.

Reminder: Annual PRN Conference 4/13/13

There is still time to sign up for the Northwest Annual Healthcare Professional Recovery Network Conference at the Salem Kroc Center, 1865 Bill Frey Dr. NE Salem, Oregon 97301. For more information contact: Edwin Schneider, Phone: 971-563-3893.

This program is good for 8.4 CMEs for physicians toward the 20 CMEs needed to complete the HPSP program. Feedback from licensees who attended last year was very positive. The speakers are great, the topics are relevant and the cost is reasonable. Please consider attending. HPSP representatives will be there.

3 Financial Resolutions

Here are 3 achievable yet impactful financial resolutions worth considering:

- 1. Track household spending.** This is a real game-changer, and perhaps the most important step a person can take toward gaining control of their financial situation. Track spending the old-fashioned way, with pencil and paper, or use software systems like Quicken, FinanceWorks or Mint.
- 2. Save \$X per week/month/pay period.** Rather than merely resolving to “save more,” commit to setting aside a specific amount during a specific time period. If you don’t have a savings account, open one that offers a decent interest rate.
- 3. Develop and follow a spending plan.** A resolution to “spend less” is too general. Instead figure out exactly how much you take in and how you need each month to cover expenses. The difference determines how much you can set aside for retirement, education, etc., as well as goodies like vacation.

Entertainment

Bill W. and Dr. Bob a Play by Samuel Shem & Janet Surrey

Running February 22nd through March 30, 2013

Dates: Thurs. - Sat. nights with Sun. Matinees

Onstage at CoHo Productions: 2257 NW Raleigh St., Portland, OR 97210

Ticketing: 503.715.1114; Email: boxoffice@cohoproductions.org; Website: <http://cohoproductions.org>

Professional Recovery Network Support Group Meetings

Professional Recovery Network
15949 So Harding Rd,
Oregon City, OR. 97045
www.prnoforegon.org
edwins@prnoforegon.org
971-563-3893cell or 503-631-3942fax

The PRN program was established to aid all Health-care professionals whose health or effectiveness has been adversely affected by chemical dependency. Healthcare Peer Support Meetings are AA base support opened to all Healthcare professionals and hoping to establish more groups as the interest expands.

Vancouver, WA: Meetings are the last Tuesday of each month, 6:30PM at Duck Tales Kitchen:
612 N. Devine Road
Vancouver, WA. 98661
Contact Bob K: 360-909-1809

Salem, OR: Meetings the 2nd & 4th Mondays of each month at 7:30 PM at Rich’s house:
1585 Cherrybloom Ct SE
Salem, OR. 97317
Contact John S: 503-49-7327 or Rich H: 503-569-1624

Clackamas, OR: Meetings are the last Tuesday of each month, left as you enter the front door at:
Elmer’s Pancake House
16087 SE 82nd Dr
Clackamas, OR. 97015
Exit 12a off I-205 next to Fred Meyer Clackamas
Contact Ed S: 971-563-389

Pendleton, OR: Meetings are held monthly at various times. Contact for details, Ken R : 541-310-9247

Grants Pass, OR: Meetings are held monthly at various times. Contact for details, Andrew S: 541-912-3733

Bend, OR: Contact for details Brandon T: 503-360-5817

Klamath Falls, OR: Contact Brad C: 541-778-3561

Scappoose, OR: Geoff L: 503-396-7128

Upcoming Educational Programs and Updates

- For a full list of NAADAC Webinars check out: www.naadac.org/education/webinars
- 44TH ANNUAL MEDICAL-SCIENTIFIC CONFERENCE APRIL 25-28, 2013 | CHICAGO, ILLINOIS. New Treatments in Addiction medicine presented by ASAM <http://www.asam.org/education/annual-medical-scientific-conference>
- Screening, Brief Intervention and Referral to Treatment. Online OSBIRT Training, in partnership with Clinical Tools, Inc. For more information: <http://www.sbirtraining.com/>
- Buprenorphine and Office Based Treatment of Opioid Dependence. Online Buprenorphine Training, in Partnership with Clinical Tools, Inc.. For more information: <http://www.bupprac.tice.com/>.
- Examine New Treatments in Addictin Medicine for Military Personnel. April 25-28, 2013. Chicago, IL. ASAM 44th Annual Medical Science Conference. New Treatments in Addiction Medicine. For more information: <http://www.asam.org/education/annual-medical-scientificconference/program-schedule>.

HealthProCHOICES

A newsletter for participants in the Health Professionals' Services Program (HPSP)

April 2013

"Be the change you wish to see in the world." - Mahatma Gandhi
Taken from Quotes and Weekly Mindfulness Practices by Richard Fields, PH. D., Editor

Summer and Vacation Time Will Be Here Soon

Summer will soon be here. If you plan to travel, please remember that we will need at least 2 weeks notification in order to obtain collection sites for you elsewhere. You can request a collection by email hpsp@reliantbh.com or call 888-802-2843 or request a site from your agreement monitor. Please give the zip code of the location where you are traveling, the dates of travel, and whether you need additional Chain of Custody Forms. You will receive an email response back with the nearest collection site to your vacation location. Please do not assume that you can use the same site you used last year as collection sites may close without much notice. The program also needs to know where you are testing, in case there is a missing result and we need to check with the collection site to determine if you tested as scheduled.

Licensee Comments: Satisfaction Survey 10/1-12/31/2012

As previously reported, we are using the newsletter to respond to questions and comments raised in the last Satisfaction Survey. Again, we want to thank everyone who sent back a survey. The next survey will be distributed early in July covering 1/1/13-6/30/13. Please participate.

1. Question: Why does the workplace monthly report have so many behavior categories. Can't my supervisor just say "no problems this month?"

Response: One of the primary purposes of HPSP monitoring is to protect public safety. The monthly report is documentation that licensee performance meets standards for the clinical responsibilities in that setting. Thus, the monthly report asks the supervisor to provide information about performance in five domains: Physical, cognitive, communication, attendance, and management of worksite medications. While there is space for the supervisor to describe other concerns, the program expects the supervisor to contact HPSP in a timely way about additional significant concerns rather than waiting to describe concerns in a routine monthly report. For the licensee, monthly reports provide documentation that they are routinely meeting practice standards--evidence that they are participating safely in the program.

2. The program has specific responses for relapse, positive tests, missed tests. How does the program take into account the differences among individual situations?

Response: In any problematic situation HPSP must respond as outlined in the Statute, the Boards' Administrative Rules, and the Advisory Committee's policy decisions. This is typically in response to situations that have to be reported as non-compliance. We depend on third party evaluations and consultations with treatment providers to individualize treatment responses, if any are necessary.

3. The Program rules and guidelines continue to change.

Response: We understand that changes in the rules and guidelines can be extremely unsettling. However, we are committed to continuously improve HPSP and often the only way to do so is to make changes as our experience and the evidence show that change is needed. Some of the changes that we believe have improved licensee experience of the program include: creation of a mental health track, increasing IVR call-in hours, creating a web-based system for checking the IVR, and discontinuing non-compliance reports for missed IVR calls.

4. Please cite the evidence-based practices which support the requirement of weekly check-in, periodic monitoring consultants, and monitoring groups?

Response: The HPSP program is modeled largely on the standards developed by Robert Dupont, M.D. in the article "Setting the Standard for Recovery: Physicians Health Programs." The OMB has determined specifically how to implement those standards for OMB licensees. The Oregon Health Authority (OHA) with the support of the Advisory Committee determined how to implement the weekly contact.



HPSP: 888.802.2843
www.RBHHealthPro.com

5. Will I ever be able to meet my Agreement Monitor?

Response: At this time, meeting your agreement monitor is not an option because a face-to-face meeting is not a service offered in the current contract with OHA.

6. I have requested documents from my agreement monitor and this does not get sent out in a timely way. What are my options?

Response: If you feel that your agreement monitor is not responsive to your requests, please let Kate Manelis kmanelis@reliantbh.com or Dale Kaplan dkaplan@reliantbh.com know of your concerns. It has been our experience that this type of problem can be easily remedied.

7. I am having problems finding a position in the healthcare field. Is there any assistance that HPSP can provide?

Response: HPSP actively works to educate employers and professional associations regarding the value of hiring a licensee in the monitoring program. We let them know that we can provide them with concrete information demonstrating that their employee is in the recovery process and we tell them that hiring a licensee in the program supports a safe workplace environment. HPSP staff welcomes the opportunity to speak with potential employers if any our licensees request that we do so.

8. Why do self-referred licensees have to have a criminal record check every year?

Response: If a licensee is Board referred, the Board conducts a yearly criminal background check. Because of their position as a licensing board they have access to this data directly. HPSP does not have that access. We therefore require that licensee's obtain the background check information and have it sent to HPSP.

New Contact for Billing/Finance

Pam Aldersebaes will now be the HPSP billing representative. The goal is to improve service by having a dedicated HPSP professional monitor the billing of the Program. Pam will be responsible for processing invoices and distributing refunds, as well as contacting licensees who are not current with their monies owed. Pam can be reached directly at 503-802-9816 or pama@reliantbh.com.

Updated Guidelines on the HPSP Website

Check out the most updated Guidelines on the website. There are still Guidelines to be uploaded within the next few weeks so check out the site frequently. Currently you can find the following Guidelines online: Daily Check-in, Inclement Weather and Toxicology Testing, Submission of Documentation to Requirements, Dilute and Low Creatinine Test Results, Non-negative Test Results, and ETG and ETS Testing. HPSP Website <http://www.rbhhealthpro.com/>.

Role of the Medical Review Officer (MRO)

In the toxicology world, the medical review officer's job is to ensure that the procedures for a non-negative test have been conducted appropriately. It is also the role of the MRO to contact licensees to determine if they have a current prescription for prescription medications that are in the specimen. The general guideline that the MRO follows is that a prescription is considered valid if it was written within **three (3) months** from the date of the toxicology test. If there is an old prescription (more than 3 months old) on file with the MRO, the MRO will contact the licensee and request a current prescription. The requirement for HPSP is that licensees must have a medication management form on file with HPSP which is completed by their prescribing physician for all medications with mood altering and addicting potential. This form also requires the physician to give an end date for the prescription if it is written for an acute condition.

General Information

Coming soon: Reliant has almost completed an app for your Iphone for ease of accessing the website to see if you are scheduled to test. The app will be password protected and not identifiable as being related to monitoring.

Nurses needed: Legacy Salmon Creek has 130 RN positions as of now and wants applications.

Practicing Mindfulness

For physical health benefits, mindfulness of the body can be extended into everyday practice. An example would be awareness of taking a long breath when you feel anxious, awareness of breathing gently for three minutes before each meal, or the twenty-minute practice (twice daily), of focusing. Other meditations on the body can be done while walking, being aware of your feet touching the earth, feeling the air on your face, feeling the muscles of your body move.

Many people combine exercise with meditation. While jogging, do not think of what you will do later when you return home. Use the time while jogging to focus your attention on the sensations of your body. Develop your awareness of your physical self. If it is a bright day, feel the sensation of brightness on your eyes. If it is rainy, cold, or warm, notice what that feels like.

Affirmations

Affirmations are statements which reinforce an idea or belief. In training your mind to think more positively, frequently repeating a positive statement will cue you to other positive thoughts, just as listening to a song over and over tends to bring that tune into your mind when the music is no longer playing.

Our clients often question whether such repetition of an idea can really make a difference, or ask, "Isn't it some form of brainwashing?" It isn't. The comparison to learning a new language is instructive. To acquire a new language you first listen to others say the words over and over. You then begin to practice the new words exactly as you heard them. Daily listening and repetition slowly builds vocabulary. Eventually, with practice, you can be fluent with the new language, creating your own ideas within that language, and thinking in the new language.

Just as you learned to speak and think in your mother tongue as a child, you also learned to think in positive or negative ways using that language. If your parents spoke critically and judgmentally, you tend to think and speak in similar ways. Just as you might change an accent to make it more pleasing, you can change the accent of your thoughts to make yourself feel better about yourself and the world around you.

The memorization of spiritual passages, poetic verses, or ancient sayings have guided thought for centuries. Affirmations continue that tradition. In selecting affirmations for your personal use in managing stress you can borrow from literature, religious texts, the words of a spiritual leader, or create your own, tailor-made for you.

For example, if you in the process of writing a book, you may post a note near your computer keyboard, "You can write this book. If you tend to worry, you might use the phrase, "Things will work out somehow." If you have self-doubt, you might try, "I am a wonderful human being".

You don't have to fully believe your statement. An affirmation is a statement of hope as well as intention. Repetition of the affirmation will increase your belief in the statement. Affirmations utilize the phenomenon of "self-fulfilling prophecy." The more we expect something to happen, the more likely it is to happen. We are not promoting magical thinking here. Saying over and over, "It will stop raining" doesn't change the weather. However, saying, "I can handle all kinds of weather" encourages you to carry an umbrella.

Upcoming Educational Programs and Updates

This year's annual meeting of the IDAA is in Keystone, Colorado, from July 31 through August 4. This is a great opportunity for recovering physicians to fellowship with other recovering physicians from around the globe, form new friendships, and renew old friendships. They have activities for the physicians' entire family so that recovery is viewed as a family-affair. The Oregon physicians who have attended in the past have had nothing but good things to say about this event. For more information: <http://www.idaa.org/2013/>.

- For a full list of NAADAC Webinars check out: www.naadac.org/education/webinars.

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HealthProCHOICES

A newsletter for participants in the Health Professionals' Services Program (HPSP)

May 2013

"When nothing seems to help, I go and look at a stonecutter hammering away at his rock perhaps a hundred times without as much as a crack showing in it. Yet at the hundred and first blow it will split in two, and I know it was not that blow that did it, but all that had gone before." - Jacob Riis

Support Group Meetings: Professional Recovery Network

Please note correction in phone number for Ed S. in Clackamas

Professional Recovery Network
15949 So Harding Rd,
Oregon City, OR. 97045
www.prnoforegon.org
edwins@prnoforegon.org.
971-563-3893cell
503-631-3942fax

The PRN program was established to aid all Healthcare professionals whose health or effectiveness has been adversely affected by chemical dependency. Healthcare Peer Support Meetings are AA base support opened to all Healthcare professionals and hoping to establish more groups as the interest expands.

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Salem, OR. 97317
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Klamath Falls, OR: Contact Brad C: 541-778-3561
Scappoose, OR: Geoff L: 503-396-7128

Reminders and Program Information

1. Be sure to obtain documentation from the collection site when you test. We have experienced situations where the collection site reported that the licensee had not tested but the licensee was able to provide documentation to show that the test was taken. HPSP will NOT report a licensee non-compliant without first checking with the licensee. In all incidents, the collection site was able to subsequently verify that the licensee had tested.
2. Guidelines are now posted on the RBHHealthPro website. Please check out the guidelines which form the foundation of the Health Professionals' Services Program. These are updated on an on-going basis so check out the guidelines on a regular basis. We will have a notice on the website when a Guideline is changed.
3. In June, you will be receiving the Satisfaction Survey, please take time and give us your responses. Over the years, we have been able to make changes based on survey feedback. Please note that Dale Kaplan, Program Manager, dkaplan@reliantbh.com; Kate Manelis, Monitor Manager kmanelis@reliantbh.com or Perla Estrada, Administrative Manager psloane@reliantbh.com are available to address your immediate concerns.
4. For OMB licensees: The question regarding the cancellation policy has come up regarding licensees who meet with a Periodic Monitoring Consultant. If a licensee fails to give 24 hour notice of cancellation of a scheduled periodic monitoring meeting, the licensee will be charged full fee for the missed meeting and the PMC will be reimbursed for their full rate. If the licensee cancels the scheduled periodic monitoring meeting with 24 hour notice, the licensee is not charged and the consultant is not reimbursed. HPSP is putting an overview of expectations regarding group monitoring sessions and periodic monitoring sessions on the website entitled Overview of Group Monitoring Sessions and Periodic Monitoring Sessions under the Guidelines tab.



HPSP: 888.802.2843
www.RBHHealthPro.com

Oregon Professional Recovery Network Conference

The annual ORPRN conference was held on April 13, 2013 at the Salem Kroc Center and attended by 140 healthcare professionals; including doctors, dentists, nurses, counselors and pharmacists. As more and more healthcare professionals are looking for support outside their traditional meetings, ORPRN hopes to provide information and healthcare professional support meetings.

The conference was an all-day continuing education program featuring knowledgeable speakers: Dr. Mendenhall presented "Neurobiology of Pain," Jerry Gjesvold presented "Journey to Achieving Quality Sobriety," Eric Martin presented "Update on effects of THC," Dr. Marv Seppala presented "Recovery with Suboxone," and Doug Querin presented "Law, Ethics, or Commonsense." Speakers stayed much of the day interacting with the participants and discussing recovery issues. There were also representatives from Astoria Pointe, Serenity Lane, Hazelden, and HPSP. ORPRN continues to be a place for healthcare professionals to come together to discuss their needs. Edwin Schneider, ORPRN President hopes to see many more professionals next year.

Comment from conference participant: "Definitely would recommend putting the word out for next year on the conference, I have been to it now for 3 years and it's better every time!!" - Dental Board Licensee

Finding Time to Exercise

Finding a 30-minute block of time to exercise can be difficult. The good news is that you can break physical activity into 10-minute segments throughout your day and still get the same cardiovascular benefits as working out for 30 consecutive minutes. Where would you be able to fit in 10 minutes in your day for fitness? It may be easier than it seems. Try some of the strategies listed below to incorporate more exercise into your day:

- Take a coffee break, minus the coffee. Use your coffee break time to get some fresh air and take a brisk walk around the parking lot.
- Take the path less traveled. Instead of taking the most direct route to your destination when walking, take the long way around.
- Be in a rush. Don't just mosey down the street, speed it up and get your heart rate elevated.
- Go the distance. Try increasing the distance you walk each day by parking further away, getting off the bus a stop early, or simply walking to your destination instead of driving.
- Don't let the machines win. Take the stairs instead of the elevator, use a push mower instead of a riding lawn mower, and walk up the escalator instead of riding.
- Put a little spring in your step. Break up your walk with some skipping. You may feel silly, but it's much harder than you remember!
- Skip the commercials. Instead of sitting on the couch through commercials you don't care about, make a pledge to get up and moving during each commercial break.
- Carry that weight. Picking up a couple of things at the store? Grab a basket instead of a cart to carry your items.

Upcoming Educational Programs and Updates

- 26th Annual Northwest Conference on Behavioral Health and Addictive Disorders 5/29-5/31 Seattle WA for more information www.usjt.com. Call 800-441-5569
- Addictions Conference 2013. Early registration has been extended for the FSAM-FMPG Conference! Register now and join your friends at the Hilton Bonnet Creek in Orlando June 21-22, 2013. EVENT PAGE: <http://events.r20.constantcontact.com/register/event?oeidk=a07e72nhz930ffc8756&llr=4cg76ejab>.
- IDAA (International Doctors in Alcoholics Anonymous) is at the Keystone Resort in Keystone CO July 31 through August 4. This is a meeting of 1000 doctors and their families from all over the world. It is incredibly powerful and clients from PHP's from several states usually attend. You may want to check it out at www.idaa.org.
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HealthProCHOICES

A newsletter for participants in the Health Professionals' Services Program (HPSP)

June 2013

"When one door of happiness closes, another opens, but often we look so long at the closed door that we do not see the one that has been opened for us." Helen Keller, 1929

Support Group Information

Caduceus meeting in Eugene: Caduceus meetings are held every Wednesday from 7:30 - 8:30pm in the Physicians Dining Room on the University Campus (13th and Hilyard), located in the old Sacred Heart Hospital, University district. All health care professionals are welcomed.

Call for Physician Authors

This is completely voluntary and being included in the newsletter as a public service. The Medical Society of Metropolitan Portland's newspaper, The Scribe, is looking for physicians willing to share essays with other medical professionals on a myriad of personal challenges including walking the healing path of substance abuse treatment and recovery. The essays will be part of an uplifting "Physician Wellness" series. If you are interested in sharing your story, please contact The Scribe's Barry Finnemore at 360.597.4909 or email scribe@llm.com.

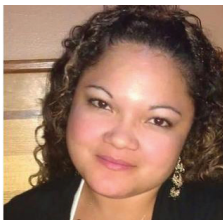
Reminders and Program Information

- Summer is here which means summer vacation and travel. Please remember to provide any requests for travel sites two weeks prior to your travel dates. We have added an easy to complete, Toxicology Travel Site Request Form, which you can download from the website RBHhealthpro.com. Complete the form and then fax or email it back to hpsp@reliantbh.com. We will locate a collection site and email or call you with collection site information.
- If you have a problem with the program please know that you can speak with Perla Estrada at Pestrada@reliantbh.com or 503.802.9865 or you can contact Dale Kaplan, Program Manager at dkaplan@reliantbh.com or 503.802.9842. We're unable to fix a problem that we do not know about.
- The Satisfaction Survey will be sent to licensees, members of the Advisory Committee, Association members, workplace supervisors, and providers at the end of this month. Please go to the link provided and complete a survey. You will also receive a hard copy of the survey through the mail if you do not like to use the internet. We encourage you to encourage your supervisors and providers to complete the survey. It takes about 5 minutes.
- Check out the website for Program Guidelines. Just click on the Guidelines tab and you will see the guidelines that "guide" the program.

Staff Changes

- Kate Manelis, Agreement Monitor and Monitoring Manager will be leaving Reliant at the end of June. Kate has been with Reliant for nearly 5 years and has been involved with HPSP from the start of the Program. She has been a positive force and will be missed by staff and licensees.
- Perla Estrada (formerly Sloane) will be taking over Kate's Program responsibilities. Perla has been the Administrative Manager for the Program and will now oversee the monitoring aspects of the Program as well.

- Nichole Collier, LPC has already started at Reliant as an agreement monitor. Nichole received her BA in Psychology from Willamette University in 2004 and MA in Community Counseling Psychology from Lewis & Clark College in 2010. Nichole has been a licensed professional counselor (LPC) with the Oregon Board of Licensed Professional Counselors and Therapists (OBLPCT) since 2012. Prior to joining RBH, Nichole worked as the administrator, case manager/monitor and mental health clinician for a residential treatment facility while working with justice-involved individuals, including those monitored by the Psychiatric Security Review Board (PSRB). Previous work has also included homeless outreach and intensive case management in community and outpatient settings while providing case management, skill building and counseling services to individuals managing a SPMI (severe and persistent mental illness) and substance use/abuse/dependence diagnosis. In her spare time, she enjoys playing with her 8-month-old son and playing roller derby!



HPSP: 888.802.2843
www.RBHHealthPro.com

Tips for a Stress-Free Family Vacation

Memorial Day Weekend marks the unofficial beginning of summer travel season for many families in the United States. Family vacations are not just about getting away -- they're about coming together. However, travel can be an expensive, time-consuming, stress-inducing exercise without proper preparation. When planning a family vacation the most important thing to remember is to include the entire family in the financial and destination discussions.

If you're one of the many families getting ready to get away from it all this summer, here are some tips for a stress-free summer vacation:



Tips for a Stress-Free Family Summer Vacation

- * Be all-inclusive. Help children feel invested in vacation planning by giving them five possibilities of places you would be comfortable going on vacation, and then letting them choose from those structured, pre-approved choices. Work with each child to contribute realistic outing ideas for the vacation. Select at least one activity from each child's wish list, depending on your time and budget.
- * Let your children know the rules. Discuss appropriate travel behavior well in advance.
- * Set limitations. Give children a set amount of spending money upfront that they can use to buy souvenirs.
- * Plan for a rainy day. Make sure you have a few indoor activities available in the event of inclement weather.
- * Don't overdo it. There is no need to take the family on expensive trips to exotic locations to have a great time; there are numerous vacation spots close to home that can be just as enjoyable.
- * If traveling on a plane, schedule night flights so that your children are more likely to sleep the flight away.
- * Bring a variety of familiar favorites on flights. Help create a comfort zone for your kids on the plane and keep them busy by bringing along their favorite snacks, favorite quiet toys, favorite books, and favorite blanket.
- * Have reasonable expectations. Children get cranky and tired; don't let their mood swings discourage you.
- * Plan well, but pack a go-with-the-flow attitude. Schedule as much as you can beforehand, but once your travels are underway, come to expect the unexpected - a suddenly tired child, transportation delays, unplanned but exciting detours -- and go with the flow. Flexibility, along with a positive attitude, can go a long way in ensuring your family has an enjoyable summer vacation

Upcoming Educational Programs and Updates

- 19th Annual Counseling Skills Conference. 9/25-9/27, 2013. Las Vegas, NV co-sponsored by American Addiction Centers. For more information: www.usjt.com.
- Addictions Conference 2013. Early registration has been extended for the FSAM-FMPG Conference! Register now and join your friends at the Hilton Bonnet Creek in Orlando June 21-22, 2013. EVENT PAGE: <http://events.r20.constantcontact.com/register/event?oeidk=a07e72nhz930ffc8756&llr=4cg76ejab>.
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HealthProCHOICES

A newsletter for participants in the Health Professionals' Services Program (HPSP)

July 2013

"Be kind whenever possible. It is always possible." Dalai Lama

This issue is devoted to an article written by Martha Grimes who graciously allowed us to reprint her article in our newsletter.

Reminders and Program Information

- There will be no August issue of the HPSP Newsletter. See you all again in September.
- There is a new collection site in Portland, Care Testing Services, which offers male and female observers as well as after hour collections. Regular hours of operation are Monday-Friday 8:30-5:00pm and Saturday 10:00am-4:00pm. After hour collections can be arranged by calling in advance.

Care Testing Services
4802A Scholls Ferry Road
Portland OR 97225
Office (503) 477-5868

- If you would like to be linked to this site, please let your agreement monitor know or email hpsp@reliantbh.com or call 888-802-2843 and just ask to be linked to this collection site.
- Regarding length of time in Program. All licensees have signed a monitoring agreement which states the length of time a licensee is required to be in the Program. If a self-referred licensee inactivates, retires or terminates his/her license, the licensee will be reported non-compliant to the appropriate board. This action is considered an act of substantial non-compliance as the licensee is not compliant with their monitoring agreement which states the required length of time in the program.
- Please take the time to complete the Satisfaction Survey recently sent out. A summary of the survey will be in the September Newsletter.

Feedback and the Program

The following statement was shared with the licensee's agreement monitor and permission was given to share with others through the Newsletter. "Monitoring has been very supportive of my recovery. It's been fair and a good asset to my recovery process. It is another way to help me be accountable."

Straight Down the Line: What Keeps Me from Drinking Is a Bit of Dialogue from a Great Old Movie by Marth Grimes

Another member of our group is leaving. He is standing before us, giving reasons for his decision to stop coming to the clinic. Our reason: He has his drinking under control now.

Straight down the line, Walter

That's what I want to say to him. It's what Phyllis (Barbara Stanwyck) says to Walter (Fred MacMurray) in the great 1944 film noir *Double Indemnity*.

In any well-constructed mystery, there's a sense of inevitability. In most cases, you realize it only after turning the last page: *Of course-how could it have been otherwise?*

Double Indemnity ratchets forward like a bullet out of a gun. You can't squeeze it back in: you can't dodge it. The movie begins with a romance into which is injected something risky. Then Phyllis and Walter, an insurance agent, do the dangerous thing together-plot to kill her husband for the insurance money-and it's all downhill.

What's especially damning is the corrosive agent in their love. What's eating at them is not so much guilt but the awareness that having committed this crime, they are stuck with each other.



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I have watched *Double Indemnity* so many times that I think it's leaking out of my pores as slowly as my last drink. It is such a beautiful piece of chiaroscuro—the lighting should be distilled and drunk neat. There's a scene toward the end when Phyllis is sitting in her living room, waiting for Walter with a gun. His shadow is thrown on the wall as he stands in the doorway with his own gun.

Straight down the line, baby. Straight down the line.

After hearing those lines earlier, you think: Oh, God, now it's come to this.

And "this" is where I see our own Walter when he announces he is quitting the group.

The way *Double Indemnity* moves along to its inescapable end is the way this fellow will end. He can handle his drinking. He's got a plan. Say, drinking only weekends. It doesn't matter—what he's thinking about now is the taste of that drink. He's Walter. The bottle is Phyllis. The alcohol is solace, the fulfillment of desire. There's no stop on this train ride until he's over the rail and onto the tracks, like Phyllis's husband.

There is another reading of "straight down the line." If this member of our group is anything like me, the first drink of a relapse is as good as a kiss, a long embrace and the return of a flaming romance. That drink and it all unravels. Not immediately, but give it time—until one drink later and he realizes he is stuck with it. It's straight down the line for both of them and neither one can get off. The last stop (as Walter's boss says) is the cemetery.

When you're in the "surely one drink won't hurt" frame of mind, don't stop imagining the taste of that first drink. Imagine the one after that. And after that. At what point does the lush, icy taste on your tongue disappear and you start just drinking?"

What has kept me sober is that I know I can't drink just one. It would sound so much nicer to say it's the love of my grandchildren, but it isn't. Nor is it my health or writing. It's knowing I can't drink just one. I go straight down the line with two, three, four, until I see myself over the rail and onto the tracks.

In *Double Indemnity*, there is no strenuous drinking (though they don't exactly miss a chance). When Phyllis has only iced tea handy, Walter drinks a glass and says "Wonder if a little rum would get this up on its feet."

My sentiment exactly, Walter. Up on our feet till we all fall down.

Reprinted with permission from Martha Grimes. *Washingtonian* June 2013. Ms. Grimes is a crime writer. Author of 22 Richard Jury mysteries. This article was adapted from "Double Double: A Dual Memoir of Alcoholism," copyright 2013 by Martha Grimes and Ken Grimes, published by Scribner, a division of Simon and Schuster.

Upcoming Educational Programs and Updates

- Addictions Conference 2013. Early registration has been extended for the FSAM-FMPG Conference! Register now and join your friends at the Hilton Bonnet Creek in Orlando June 21-22, 2013. Event page: <http://events.r20.constantcontact.com/register/event?oeidk=a07e72nhz930ffc8756&llr=4cg76ejab>.
- IDAA (International Doctors in Alcoholics Anonymous) is at the Keystone Resort in Keystone CO July 31 through August 4. This is a meeting of 1000 doctors and their families from all over the world. It is incredibly powerful and clients from PHP's from several states usually attend. You may want to check it out at: www.idaa.org.
- National Conference on Addiction Disorders. 9/21-9/25, 2013. Anaheim Marriot Anaheim, CA. For more information: www.bhsummit.com. Earn up to 36 CEUs.
- 19th Annual Counseling Skills Conference. 9/25-9/27, 2013. Las Vegas, NV co-sponsored by American Addiction Centers. For more information: www.usjt.com.
- U. S. Journal: Behavioral Health and Addictive Disorders. 10/10-10/12/2013. Newport Beach CA. For more information: www.usjt.com.
- For a full list of NAADAC Webinars check out: www.naadac.org/education/webinars.
- Screening, Brief Intervention and Referral to Treatment. Online OSBIRT Training, in partnership with Clinical Tools, Inc. For more information: <http://www.sbirtraining.com/>.
- Buprenorphine and Office Based Treatment of Opioid Dependence. Online Buprenorphine Training, in Partnership with Clinical Tools, Inc. For more information: <http://www.buppractice.com/>.

HealthProCHOICES

A newsletter for participants in the Health Professionals' Services Program (HPSP)

September 2013

"It's really about what you're moving toward."

Jerry Gjesvold, Serenity Lane

"It's Really About What You're Moving Toward" by Jerry Gjesvold, Serenity Lane

Part of being a treatment professional is to notice – and help counter – common mistakes newly sober people make. We help them spot thinking errors, unrealistic expectations, patterns of self-sabotage and more.

But of all the mistakes I've observed in more than 30 years of recovery and work at Serenity Lane, one stands out: the belief that sobriety is all about giving up or stopping something. This belief is common, deep and incorrect.

Of course, it's essential to give up the drugs and behaviors that have drawn us through abuse into dependency. But it's not nearly enough simply to give up these things. Sobriety based solely on giving something up almost never lasts. And even then, it's painful and difficult.

Why? Because just giving things up leaves a big "hole" in our lives. Perhaps it's an issue of time. Active addiction can easily be like a full time job, taking 50 or 60 hours a week to get the drug, use it, and repeat the process.

For the addict, especially in early recovery, freeing up all that time can pose serious risks. Without something constructive, meaningful and enjoyable to fill the space, destructive ideas start sounding sensible.

There's also a big space where good feelings used to be. People become addicted to substances and behaviors because they "work" at first – they change the way we feel in pleasurable ways. When the addictive highs are taken away, along with the confidence that it can be achieved again any time, there's an enormous feeling of loss.

People in early recovery, used to feeling good on demand, often talk of feeling empty, depressed and hopeless. The "magic" that has been such a large part of their lives is gone. It's much like experiencing the death of a loved one.

With time now available, and feelings of emptiness and loss so powerful, newly recovering addicts must find a substitute if they're going to stay clean and sober for long.

They have to move towards something better – focusing on what's being gained, not lost. Otherwise, longing for the using days mixes with self-pity and resentment and undermines recovery. This happens all the time.

Achieving this goal requires real effort. Doubts persist, as men and women in early recovery know deep down that the old behaviors will change their difficult feelings into pleasurable ones. They don't know that their new life will do that. Yet.

With this, we can see why two 12-step mottoes are so important: "Act as if," and "fake it 'til you make it." The recovering person has to seek new ways to find calm and serenity as well as excitement and self-esteem – even when they aren't sure that they will work.

Eventually, the new experience does take hold – and I can't say the number of times I've both thought and heard, "this really is so much better than it was before. I'm glad I stayed with it."

But to come to that way of living takes time – and the only way to build up that time is to fill those empty spaces with 12-step work and other positive, healthy activities. It's far more than a simple distraction. It's how a new and better life is achieved.

As the manager of employer services for Serenity Lane, Jerry Gjesvold helps companies manage their drug-free workplace programs. For more information, go to www.serenitylane.org; past columns are found at www.serenitylaneblog.wordpress.com. The opinions expressed in this column are those of the writer.



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Thoughts Upon Completion of the Monitoring Program by an OSBN Licensee

As I look back on the last 4 years and my experience with the HPSP program many thoughts and feelings come to my mind. I completed my first year of the program under the supervision of the Nursing Board. When I received the letter in the mail that HPSP was going to take over my monitoring I was terrified and angry. I felt like I was being persecuted. As time passed however I felt like I built a bond with my monitor and actually enjoyed my conversations with her. I came to think of her as a friend who helped keep me focused.

The increased activity in the monitoring schedule, that at first felt like punishment, I came to look at as a guide to keep me on track. If you are new to the program it is scary at first and if you think about having to call in every day for 4 years, plus the testing, and checking in with a monitor weekly it can be totally overwhelming and seem an impossible thing to ask of anyone. This is the way I felt at first, but with some advice from others I learned to only look at one day at a time. I told myself that I can do this for today and before I knew it the day had passed, then a week, then a month and now I have been sober for 4 years and will complete this program shortly.

I had many loses when I started the program. I lost my job, went bankrupt, lost our cars, lost our home, and it took me over a year to find a new job. Even though I felt like I just kept losing things after I sobered up, I started to realize what I gained. I spent more quality time with my family, regained my wife's respect, saw my children start to enjoy being around me, regained my dignity, and so much more. The things that I had lost didn't seem so big after a while and I realized what I gained by being sober was so much more precious than what I thought I had lost.

So, my friends just take the program one day at a time. Set a reminder with your alarm clock if possible and call in before you do anything else with your day. It will just become a habit, like brushing your teeth, or putting on your clothes. Life can be better. Life will get better. It isn't cake walk, but if I can do it, you can do it. Each person in this world is of such great value. I wish all of you in the program success and peace in your lives. Remember, our addictions may seem like they give us peace, but in actuality they destroy it and all our chances for happiness. So again, one day at a time and you will succeed.

Program Requirement Change - Please Read

At the 7/23/13 Advisory Committee meeting the following changes were made to the program requirements:

- Licensees are required to check in with their agreement monitor on a weekly basis. This contact may be made through telephone, voice mail, or email. Starting October 1, licensees may not miss more than 6 weekly check-ins in a 6 month period. There will be a warning letter sent when a licensee has missed 3 check-ins and a copy will be sent to the licensee's board, if a board referral. Once a licensee has missed a seventh check-in, a non-compliance report will be completed and sent to the appropriate board. Please speak with your agreement monitor if this is a problem for you and determine a plan to assist you in meeting this requirement.
- If a licensee is suspended from the monitoring program due to a documented medical condition, the program may immediately suspend toxicology testing; however, only the licensee's licensing board may determine what other monitoring requirements will also be suspended.

Program Information and Reminders

Care Testing Services in Portland

Please call in advance if you need Saturday or after hours testing. The number is 503-477-5868.

The hours for collections are Monday through Friday: 8 am - 4 pm.
Call or text 30 minutes in advance 503-317-2131.

Monday through Friday: 4 pm - 8 pm (Walk-in). Saturdays: 10 am - 2 pm.
Call or text 30 minutes in advance 503-317-2131. Closed Sundays

Scholls Crossing (Red Brick Building with Blue Roof)
4802 SW Scholls Ferry Rd Suite A
Portland, OR 97225
P. 503-477-5868 F. 503-477-5985 (Secure and Confidential)
www.caretestingservices.com

Satisfaction Survey Results 2013

As in past years, we will address comments from licensees in the September and October newsletters. Please remember you can voice a concern directly to your agreement monitor, Perla Estrada, Monitoring Operations Manager 503-802-9865, PEstrada@reliantbh.com or Dale Kaplan, Program Manager, 503-802-9842 dkaplan@reliantbh.com.

There were 296 surveys sent out this past quarter and 69 responses were received. The average licensee survey response rate was 26.9% for Year 3, which includes surveys sent in October, January and July. This is comparable to Year 2's rate of 27.6%. The breakdown of respondents by board is skewed by 6 percentage points towards the Medical Board, but is otherwise representative of the licensee population. Over the year, the following totals were received: OMB-104, OSBN-115, Board of Dentistry-15 and Board of Pharmacy-9.

For the year, when thinking about their most recent call to RBH, 78.1% of respondents indicate that they "agree" or "strongly agree" that their questions/concerns were responded to promptly. Similarly, 70.7% indicate that they "agree" or "strongly agree" that information was communicated clearly and professionally. The mode response to both items was "strongly agree."

Agreement Monitors received strong ratings again this year: 78.9% of respondents "agree" or "strongly agree" that (his/her) Agreement Monitor is knowledgeable about (his/her) case. Similarly, 70.3% of respondents "agree" or "strongly agree" that (his/her) needs and concerns are understood. For both items this year the mode response was "strongly agree." This is an improvement over Year 2 when the mode response was "agree."

When rating how various components contribute towards the successful completion of the program, Agreement Monitor contacts, Newsletters, Toxicology testing, the Website Individual Monitoring and Group Monitoring were all most frequently rated as "Helpful" both for the period and the year.

Overall, 50% of respondents rated the services as "excellent" or "above average" for the year. This is up from 42% in Year 2 and 26.0% in year 1. The mode response this year was "above average" for the first time, an improvement from "average."

Twenty-one (21) comments were received, reviewed, and categorized in July. Overall, although there were fewer comments than we have seen previously, they are more positive and less negative than in prior reports. Comments areas were more widely dispersed this period. It is important to note that the percentage of negative program structure and negative toxicology comments dropped substantially from the prior to reports.

Licensee Comments

1. I am unclear about the Guideline on Inclement Weather. **Response:** In the event of inclement weather, if the collection site is open, it is the responsibility of the licensee to ensure that adequate travel time is allotted in order to arrive at the collection site prior to closing. . All Guidelines are published on the RBHHealth Pro website. <http://www.rbhhealthpro.com> or request a copy from your agreement monitor.
2. There was a comment regarding lack of response from agreement monitor. **Response:** If you are not hearing back from your agreement monitor within one business day of your message, please contact either Perla or Dale. We are continually working on improving our services to the licensees and lack of contact by the agreement monitor is an issue that is resolvable.
3. The call in system (IVR) has had several breakdowns this year. **Response:** We share your concern and each time the system has failed, we have immediately worked with our IT department on a short term and long term solution. If you have problems using the IVR system, please use the website: <https://www.rbhmonitoring.com> or call in to HPSP- 1-888-802-2843 or send an email to hpsp@reliantbh.com and report the system failure, along with the times you attempted to call, this will help us resolve the problem much quicker.
4. The requirement to have a sponsor is not in my monitoring agreement, so why does my agreement monitor ask if I had contact with my sponsor? **Response:** Although not in your monitoring agreement, having a sponsor with whom you are in regular contact is part of a strong recovery program. It is not a non-compliance issue.
5. Does the Advisory Committee have any past or current licensees on it? What about a consumer advisory committee? **Response:** This idea will be on the agenda at the next Advisory Committee meeting which is composed of representatives from all participating boards, a representative from the Oregon Health Authority and a representative from the Department of Justice.
6. I would like to meet face-to-face with my agreement monitor, much like when one meets with a sponsor or behavioral health counselor. **Response:** This has been a frequent request by licensees. Unfortunately this is not a component of the current program offered by the Oregon Health Authority. There are also inherent problems with the face to face option as some licensees may want to meet with their agreement monitors, but cannot due to the licensee's location, the agreement monitor's location, or the cost of such a service, if it were a private pay option.

Educational Resources

1. Addictions and Co-occurring Disorders

Friday, October 11- 8:00 a.m. - 4:00 p.m
Presented by Hazelden's experts on treating co-occurring disorders and addictions
Location: Hilton, Downtown Portland
921 SW 6th, Portland, OR 97204
CMEs will be available

As professionals, you know that co-occurring issues and concerns often go hand in hand with addiction to alcohol and other drugs. Often, lack of proper care or treatment for mental health and special issues such as chronic pain can challenge recovery—or prevent it.

2. Alcohol, Other Drugs, and Health: Current Evidence

from Alcohol, Other Drugs, and Health: Current Evidence

Alcohol, Other Drugs, and Health: Current Evidence is a FREE online newsletter supported by the National Institute on Drug Abuse and published by the Clinical Addiction Research and Education (CARE) Unit at Boston University and Boston Medical Center summarizing the latest research on alcohol, illicit drugs, and health. It features dedicated sections on HIV/HCV and human-subjects research ethics as they relate to substance use. Free CME credit and downloadable teaching presentations with each issue.

Want more stories like this? Subscribe to the ASAM Weekly - it's free! <http://multibriefs.com/OptIn2.php?ASAM>

3. Understanding Ethics: It's More Than a Code

NAADAC Annual Conference in Atlanta - October 11-15, 2013. Website: <http://www.naadac.org/conferences>

The NAADAC Annual Conference, co-hosted by the Georgia Addiction Counselors Association and other partners, offers the education you need as professionals at the cutting-edge of prevention, treatment and recovery. One of the issues that faces professionals on a daily basis is the ethical challenge of being that part of such a life-changing vocation.

The October 12th workshop session, The Ethical Self: Who Am I Now? will feature Anne Hatcher, EdD, CAC III, NCAC II, Professor Emeritus of Metropolitan State University Denver and Mita M Johnson, LPC, LMFT, ACS, AAMFT-approved Clinical Supervisor, LAC, MAC. This workshop will focus on understanding and evaluating the impact of life experience, personal growth and current circumstances on decisions

related to ethical standards. Depending on the stage your career is at, ethical decisions or interpretations might differ. This session will help participants understanding of the intent of the code of ethics that guides our practice and the role experience and a greater understanding of the recovery process plays in decision-making.

4. ASAM's State of the Art Course in Addiction Medicine

Emerging Problems and Advances in Addiction Treatment
October 24-26, 2013 Arlington, Virginia

Six Cutting-edge Topics Featured at State of the Art Course in Addiction Medicine. ASAM has assembled six powerful sessions to explore the latest problems and advances in addiction medicine at the bi-annual State of the Art Course in Addiction Medicine, October 24-26, 2013 in Arlington, VA. Leaders in the field and top scientists will present the latest clinical experiences and research findings and how they impact policy and practice.

Join hundreds of addiction medicine professionals as they explore the "State of the Art."

Sessions include:

- Emerging Drugs of Abuse: Bath Salts and Synthetic Cannabinoids
- Alcohol Pharmacotherapy: Translation and Barriers to Use
- Opioids: Can't Live Without Them, Learning to Live Safely With Them
- Screening and Drug Testing
- Marijuana Changing Laws: Where Do We Go From Here
- Behavioral Intervention in Addiction Treatment

Detailed descriptions of each of these content rich sessions are available at <http://www.asam.org/education/state-of-the-art-course-in-addiction-medicine/soa-program-news-updates/soa-session-descriptions>

Register today at <http://www.asam.org/education/state-of-the-art-course-in-addiction-medicine/registration-rates-and-information>

HealthProCHOICES

A newsletter for participants in the Health Professionals' Services Program (HPSP)

October 2013

"If you knew as I did the power of giving, you would not let a single meal pass without sharing something." Buddha

Resources and Information

Attention Nursing Board Licensees. HPSP would like to ensure that Nursing Board Licensees are aware of support groups and upcoming events which are specifically designed for the Nursing Community.

- **Florence's Lamp.** Founded in 1987, is a closed meeting for LPNs, RNs, and APRNs. This is an anonymous 12 step based recovery group, not affiliated with the HPSP or the OSBN. Meetings are on Tuesdays from 5-6pm at the St. Barnabas Episcopal Church, 2201 SW Vermont St. Portland, OR 97219, East Side Entrance red door.
- **Recovery Mixer.** By whom: Nurse Assistance Network is hosting a Recovery Mixer an hour before the Fall Dinner for Oregon Nurses Association District 5.

For whom: ALL nurses in recovery from long term to brand new or thinking about it. You do not have to be an ONA member--all nurses in recovery are invited.

When: Tuesday October 15, 2013 from 5 to 6 PM.

Where: Siuslaw River View Room at Valley River Inn in Eugene.

Why: Mutual support for nurses in recovery.

ONA District 5 has graciously arranged for the Siuslaw River View Room, and coffee and tea will be available. Local nurses in recovery will be present to facilitate the "mixing" in a friendly atmosphere.

Attention Pharmacy Board Licensees- You May Want to Share With Your Supervisors

- **Training for Pharmacy Supervisors.**

Fit to Perform Safely Supervisors Skill Training: 4 hours of General Pharmacy CEUs

Oregon State Pharmacist Association 2013 annual convention: at Marriott Portland Downtown Portland on Sunday October 20 2013 presented by Chris O'Neill, RN, DMin, Program Director Oregon Nurses Foundation and Jerry Gjesvold, Business Services Manager, Serenity Lane Health System

Goal: Improve supervisor confidence to recognize employee performance problems early and to intervene effectively; also special emphasis for supervisors who have employees enrolled in the HPSP program or probation.

Attention OMB Licensees

We are getting questions about how to complete the renewal application for licensure from OMB licensees in the Program. The OMB has shared the below information to help licensee respond to the renewal questions for licensure.

- **Category I questions requiring answer regardless of HPSP participation.**

Category I

Answer all the questions in both Category I and II. Category I will help the Board determine if you meet the essential eligibility requirements for registration renewal. Category II will be reviewed to help the Board determine if you are qualified to practice safely and competently, with or without reasonable modification.

NOTE: Answer all of the following questions completely and honestly. Omissions or false, misleading or deceptive information in applying for or procuring a license, registration, or reactivation in Oregon is a violation of the Medical Practice Act and is grounds for a fine and further disciplinary action by the Board, including denial, suspension, or revocation of licensure. Such acts are reported to the National Practitioner Data Bank and/or appropriate national professional credentialing organizations.

If you answer "yes" to any of the questions, you must provide a complete written explanation of the event(s) or condition(s), including dates, names, addresses, circumstances, and results along with your returned renewal form.



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- I.1 Has any licensing board refused to license, refused to renew, denied you a license to practice, or asked you or permitted you to withdraw an application for licensure?
- I.2 Have you had any inquiry, disciplinary action, remediation, corrective plan or any adverse action imposed against any professional license or certification, or specialty Board certification, or were you ever denied a professional license or certification? Have you entered into any consent agreement, stipulated order or settlement with any regulatory Board or certification agency, or have you been notified of any complaints, investigations or inquiries related to any license or certification?
- I.3 Regardless of the outcome, have you been denied approval to prescribe controlled substances, or been charged with a violation of federal or state controlled substance laws, or been asked to surrender your DEA number?
- I.4 Have you been arrested and/or convicted of, pled guilty or "nolo contendere" (no contest) to ANY of fense in any state in the United States or any foreign country, other than minor traffic violations? Matters in which you were pardoned and/or diverted, or the conviction was deferred, set aside, or expunged must be disclosed, excluding expunged juvenile records. Serious traffic convictions, such as reckless driving, driving under the influence of alcohol and/or drugs, hit-and-run, evading a peace officer, driving while the license was suspended or revoked, or failure to appear, must be disclosed. This list is not all-inclusive.
- I.5 Have you been contacted by or asked to make a response to any governmental agency in any jurisdiction regarding any criminal or civil matter of which you are the subject, whether or not a charge, claim or filing with a court actually occurred?
- I.6 Are there any current, proposed, impending or threatened civil or criminal actions against you? This includes whether or not a claim, charge or filing was actually made with a court.
- I.7 Have you entered into any formal, informal, out-of-court, confidential settlement and/or agreement to deter, prevent, or settle a claim, lawsuit, letter of intent to sue, and/or criminal action? This includes whether or not a claim, charge or filing was actually made with a court.
- I.8 Has any award, settlement, agreement or payment of any kind been made by you or on your behalf to resolve a malpractice claim, even if it was not required to be reported to the Federation of State Medical Boards (FSMB) or National Practitioner Data Bank (NPDB)? Have you been notified in any manner that any such claim is proposed, pending or threatened, whether or not a claim, charge or filing was actually made with a court?
- I.9 During postgraduate training, have you been restricted, requested to resign, suspended, terminated, placed on probation, received a warning, or been subject to any remedial or disciplinary action?
- I.10 Have you had privileges denied, reduced, restricted, suspended, revoked, reprimanded, terminated or have you been placed on probation, been subject to staff disciplinary action, non-renewal of an employment contract, been requested to voluntarily resign or suspend your privileges while under investigation from a licensed medical facility or other medically related employment? Have you been notified that such action or request is pending or proposed? Have you been allowed to withdraw your staff privileges from a licensed medical facility?
- I.11 Have you interrupted the practice of your health care profession for two years or more? If Yes, enter your cease practice start and end dates and your CME hours.
- I.12 Have you ceased the active practice of medicine in your specialty?

- **Category II questions qualified for exemption if enrolled in HPSP. The following questions have the exemption if enrolled in HPSP**

Category II

The answers to Category II questions are exempt from public disclosure under ORS 192 505(2), the Oregon Public Records Law, unless a party seeking disclosure, by clear and convincing evidence, shows that disclosure would not be an unreasonable invasion of privacy and that the public interest requires disclosure in the particular instance. The answers to these questions may be considered by the Board and may be disclosed in any contested case hearing or appeal of a licensing decision based upon them.

If applicable, these questions should be read to include the clause, "Other than what is already known and in compliance with the recommendations of the Oregon Health Professionals' Services Program (HPSP)."

"Illegal drug use" means the use of an illegally obtained controlled substance or dangerous drug; the term "illegal drug use" also means the use of a legally obtained controlled substance or dangerous drug which is not taken in accordance with the directions of the licensed health care professional who prescribed the controlled substance or dangerous drug.

Here are the questions where the above applies.

- II.1 Have you entered into a diversion program other than the Oregon Health Professionals' Services Program (HPSP) for evaluation, treatment or monitoring for substance abuse or dependency, or for correction of communication or boundary issues, in lieu of or as a condition of resolving a matter before a health care program or facility, regulatory or licensing Board, or criminal or civil court? Have you been notified that such action has been requested, pending or proposed?
- II.2 Have you had, or do you currently have any physical, mental, or emotional condition which impaired, or does impair your ability to practice your health care profession safely and competently?
- II.3 Have you been admitted to any hospital or other in-patient care facility for any physical, mental or emotional condition which impaired, or does impair, your ability to practice your health care profession safely and competently?
- II.4 Have you had, been informed you have or do you currently have a dependency on alcohol and/or drugs; or do you currently abuse alcohol and/or drugs which impaired, or does impair, your ability to practice your health care profession safely and competently?
- II.5 Have you been the subject of any chemical substance screening test which resulted in an indication of the presence in your body of any drug, or alcohol level above .08% BAC? Have you refused to submit to any such test? This does not include those drugs taken by you as a result of a legitimate health care diagnosis, and prescribed for you in good faith by another licensed health care professional, unless the test was conducted as part of a criminal investigation, such as DUII.

Announcement: HPSP Technology Upgrades

Announcement HPSP Technology Upgrades: please give your agreement monitor feedback regarding the below or just send an email to hpssp@reliantbh.com.

- Coming Soon. An upgrade to our testing check-in site (<https://www.rbhmonitoring.com>). In addition to seeing if you need to test, you will also see account summary information and have the ability to request additional paper chain of custody forms. This upgrade is anticipated for early November. The landing page (<https://www.rbhmonitoring.com>) will change to include new graphics and a welcome message. Click on log-in and enter your username and password as usual. Please note that www.RBHHealthPro.com will remain the same.
- Yes, there is a free app for that! RBH is pleased to announce the release of "RBH Daily", which will allow iPhone users to check-in for their random testing. (A version for Android users will be available soon). Simply go to the app store (or iTunes) on your phone and search for "RBH Daily." This will bring up the NEW "RBH Daily" app – simply download it to your phone. Open the app each day, log in with your id & password and the app will tell you if you need to test that day. It will provide your confirmation number just like if you called the IVR or checked in from the website (<https://rbhmonitoring.com>) and will also give you the panel to check off if you have a paper CCF. Using the app WILL count as your daily check-in.

Satisfaction Survey Results

As started in the September issue below is a continuation of responses to licensees' comments from the 2013 Satisfaction Survey. Please remember you can voice a concern directly to your agreement monitor or Perla Estrada, Monitoring Operations Manager 503-802-9865, PEstrada@reliantbh.com or Dale Kaplan, Program Manager, 503-802-9842 dkaplan@reliantbh.com.

1. Are there any changes made to testing requirements or exemption days as a licensee successfully goes through the program year after year? Response: There is an annual review of licensee's compliance with the Medical Director. If a licensee has a record of compliance the testing schedule is reduced on a yearly basis. The Advisory Committee agreed to 21 exemption days per year and there is no increase to the number days allowed regardless of time in program. Exemption days are not vacation days. These are days available to afford accommodation to licensees when there is no collection site available within 20 miles of their location or the licensee does not have phone availability due to licensee's location.

2. Why aren't there different requirements for licensees who self-refer as opposed to licensees who are referred by their licensing board? Response: Each licensee is required to have a third-party evaluation which establishes treatment requirements and work restrictions. A licensee's clinical picture determines the treatment requirement and work restrictions. All licensees are required to follow the requirements of the initial monitoring agreement. These are program requirements and are the same if a licensee is a board or a self-referral. These are very basic requirements for a monitoring program.

3. If you are a monitoring program, why does the newsletter have articles which address wellness and sobriety? Response: It is the goal of the HPSP program to provide support to licensees in recovery from mental health or addiction issues. The newsletter is a vehicle which allows the program to provide articles and insights from other licensees which may provide support or coping strategies to those in the program.

4. Why is the program either 4 or 5 years and not 2 years? Why is testing continued beyond two years? Response: The length in the program is determined by the licensing boards. Testing is also to be conducted during the time the licensee is in the program, unless the licensee has a diagnosis of mental health only and the third party evaluator/board determined that licensee does not have to participate in testing.

For Cold and Flu, Pamper Yourself

Here it comes again, the dreaded cold and flu season. Chances are you've been dealing with these common illnesses throughout your life. So why should you deal with them any differently now? Because as you get older, your body has a harder time fighting off infection. Once you have a cold or the flu, there is a greater chance that it will develop into a more serious illness. Also, if you have a chronic illness such as emphysema or diabetes, flu can be very serious or even life-threatening.

For these reasons, you need to take extra steps to protect yourself against infection. You also need to recognize flu-related symptoms and to learn when it's time to see your doctor. By doing so, you can prevent your cold or flu from turning into a more serious illness.

A cold versus the flu. The following are symptoms of both colds and flu:

- Sore throat
- Runny nose and sneezing
- Headache
- Overall sick feeling
- Low-grade fever

The flu is more likely to lead to pneumonia. For this reason, you need to know if you have a cold or the flu. A cold usually does not cause high fever, while the flu can. A fever above 101 degrees is usually considered high. Also, a stuffy nose is probably a sign of a cold, rather than the flu. Overall, cold symptoms are milder and do not last as long as flu symptoms.

Cozy up to self-care. Because colds and flu are caused by viruses, there is no cure. You just have to let them run their course. Pamper yourself by resting and drinking plenty of fluids. Talk with your doctor about over-the-counter medicines that may help ease your symptoms.

Know when to see your doctor. The following symptoms may indicate a problem more serious than a common cold or the flu:

- Chest pain
- Wheezing
- A high fever
- Frequent colds
- Shortness of breath that comes with little or no exertion
- Phlegm or mucus produced for two or more weeks
- A cough that lasts two weeks or produces blood

A persistent cough with a fever, for instance, could be a sign of pneumonia. See your doctor right away if you have any of these symptoms or if any symptoms last longer than usual for a common cold or the flu. The earlier you catch problems, the more easily they can be treated.



"Self-care with self-awareness is like learning to breathe underwater."
Michael Kearney et.al. (2009)

From The ASAM weekly-July 30 2013

Addiction: the Disease that Lies

Written by Dr. Marvin Seppala-chief medical officer of Hazelden, a private not-for-profit alcohol and drug addiction treatment organization. He's the author of "Clinician's Guide to the Twelve Step Principles."

(CNN) -- Anytime I hear about a death that may be linked to addiction, I am reminded that this is a misunderstood and deadly disease. Deaths caused by addiction have risen astronomically in the past decade. Drug overdose is now the No.1 cause of accidental death in the United States; more common than death by car accidents. "Glee" actor Cory Monteith, who was found dead at a Vancouver hotel on Saturday, had said that he struggled with substance abuse since his teenage years. The British Columbia Coroners Service said he died as a result of "a mixed drug toxicity, involving heroin and alcohol." Whenever someone with addiction dies, I grieve the lost potential and wonder about the limitations of our ability to address this cunning, baffling and powerful disease. I am also humbled by my own experience with addiction and recovery, and grateful for the help I received.

It seems nearly impossible to believe that people with addiction would continue to use drugs and alcohol to the point of death, but that is what people with addiction do: They deny both the consequences and the risks of using. As we continue to learn about addiction, we are understanding more about why addicted people behave the way they do. But that's little solace for friends and family. Addiction is a brain disease, and our knowledge of it has expanded significantly, which has informed our treatment programs and altered our perceptions. We know that addiction resides in the limbic system, a subconscious part of our brain that is involved with memory, emotion and reward.

We refer to this area of the brain as the reward center, as it ensures that all rewarding or reinforcing activities, especially those associated with our survival, are prioritized. The reward center makes sure we survive by eating, drinking fluids, having sex (for survival of the species) and maintaining human interactions. In late stages of addiction we can see how reward-related drives, especially those for survival, are reprioritized when people risk their families, their jobs, even their lives to continue to use drugs and alcohol. The continued use of the drug becomes the most important drive, at a subconscious level and unrecognized by the individual, undermining even life itself.

When a methamphetamine-addicted mother makes the nightly news after neglecting her children for four days while on a meth run, we can't comprehend how anyone could do such a thing and tend to think she does not love her children. She may have been going out for groceries with the intent to return home and feed her children, but ran into a dealer and started using.

Addiction took over, and she was driven by subconscious forces even though she loves her children as much as I love mine. Her love and her natural instincts to care for and nurture her children were overridden by her own brain, the reward system reprogrammed to seek and use drugs at all costs. Unbeknownst to her, drug use has become the most important thing in her life.

When we witness the incomprehensible behaviors associated with addiction we need to remember these people have a disease, one that alters their brains and their behaviors. We tend to believe we all have free will, so it is difficult to understand how the addicts' perception has been so altered as to drive them to destruction

We also assume they can make their own decisions, especially when it comes to help for their addiction. In so doing we are expecting the person with a diseased brain to accept the unacceptable, that the continued use of drugs is not providing relief from the problem -- it is the problem, and they need to stop that which has become paramount. They are unable to make such decisions because their brains have been altered to prioritize use of the drugs, even above survival itself. Relief of psychic pain, the real, unimaginable pain of addiction, is part of the problem. People have many reasons for seeking relief from pain; some pain precedes the addiction, but most pain is the result of the addiction.

The addicted neglect their primary relationships and they may lie, cheat and steal to continue drug use. And they know this at some level, they recognize their uncontrolled behaviors, but they can't change, they can't stop. Hopelessness becomes a way of life. Self-loathing, shame and guilt become the norm as the consequences of continued drug use accumulate. They use drugs to ease the pain, but the very remedy exacerbates the problem. The answer to their dilemma goes unrecognized due to the neurobiological changes that have occurred in their brains.



The good news is that treatment is effective and specifically designed to help people recognize the problem within. Most people are coerced into treatment for one reason or another; they may be facing legal issues, job loss or divorce. With good treatment their likelihood for recovery and abstinence is just as good as the minority who seek treatment of their own accord. Unfortunately, fewer than 10% of those with addiction recognize they have it and seek treatment.

This is the primary reason people don't seek help. Our largest public health problem goes unrecognized by those with the disease. Every one of these deaths is tragic. They died of a disease that lies to them. Great talent and intelligence do not protect us from any illness. We can safely watch such a tragedy, gawking as we drive by the destruction, insulated from the suffering and unable to help. But addiction is all around us and we need to respond to the rising death toll.

All of us are responsible for learning the truth about addiction, raising awareness and intervening for those who have this disease, knowing they are unlikely to be able to do so for themselves.

Weekend Retreat Information

There is a unique opportunity to register for a series of workshops that will be personally led by Dr. Patrick Carnes. Every quarter, there will be a weekend retreat that focuses on one principle in his book, A Gentle Path through the 12 Principles. The first retreat is on December 6th, 2013 in Phoenix, AZ, and will focus on the first of the 12 Principles: Acceptance.

The retreats are designed for those in recovery, to help each participant delve deeper into his or her own recovery program. Note that this is not just about sex addiction - it spans across all addictions. As a clinician and/or a person in recovery, this is a great opportunity to take time to focus on your own personal growth!

Dr. Carnes had 3 goals in mind for these weekends:

1. Preserve and expand your understanding of The Twelve Steps and learn the Principles behind each one as they play out through the dimensions of daily living: lifestyle, work, money, sex and intimacy.
2. Help individuals enhance their recovery program in ways that support new life skills, and gain tools to help achieve their personal goals of living a life that models serenity, focus, balance and harmony.
3. Provide means and support to the American Foundation for Addictions Research (AFAR). Dr. Carnes is generously donating 100% of the proceeds, from the Gentle Path books and his time teaching these retreats, to AFAR.

Resources and Information

- More information and registration for the 12 Principles Retreats
- More information on AFAR (American Foundation for Addiction Research)

Articles from Licensees

A big thanks to these licensees who took the time to provide thoughtful essays to share with other HPSP licensees.

Recognizing a Troubled Healthcare Professional

When I began nursing school to obtain my R.N. degree, I became part of a close-knit group of people, who were "joined at the hip" throughout the process. We went through it all together, the blood, sweat, and tears, and in the end, the joy of accomplishment. After graduation, we all went our separate ways in our careers, but for the most part, I found that the nurses at the facilities in my community, stuck together as well. In the beginning, working the 12 hour shifts, unbelievably difficult patient loads, and demanding physicians and managers, had me thinking I had made a huge mistake. At times, I felt like a fraud, like I wasn't cut out for nursing, and that there was far too much being expected of me. We've all dealt with the same frustrations, walked in each other's shoes, and had each other's backs. It is sadly common for some practitioners to turn to alcohol or drugs to cope with the stress. So what do we do when we see one of our own struggling? We help out, we pitch in, but first and foremost, we advocate for all patients, not just the ones assigned to us. If we recognize the signs and symptoms of substance abuse in a co-worker, we are duty bound to report. The ANA code of ethics dictates our required standard of conduct, the principal of non-maleficence must be upheld in all situations. This is at the heart of the oath we

Articles from Licensees - Continued

all take; avoiding harm. If we are aware that a nurse or other practitioner is unable to provide a competent and safe level of care to the patients, then we need to step in and be the patient's advocate, and avoid any injury or harm that may result. The ANA Standard of Professional Performance requires that our conduct and personal integrity be above reproach. In plain language, it states that we report impaired practice. I can only think of one thing in that situation that would be harder to live with, and that would be the knowledge that my failure to report a nurse that I know to be impaired on the job, caused an innocent patient entrusted to our care to be injured or harmed.

Thoughts Upon Completion of HPSP

September...my favorite time of year. And five years ago at this time I was beginning a not-so-pleasant journey into self-awareness, assessment, evaluation, and healing. I had been divorced for all of two months, living in a tiny 800 sq-ft apt, no job, big financial obligations, and trying to keep a positive attitude with life. Ending a hydrocodone addiction was not going to be like turning a switch off and all is good...not at all.

look back at the work it has taken to turn my life around, and I also can now see that it took just as much work to feed my addiction. I know, too, that my work is not done, and never will be. One of my counselors at Serenity Lane is a very powerful man. Played pro football for many years, and is a very physically imposing man with a booming voice. "Put your armor on" I can hear him say. I tell myself this every day, because he didn't one day and after 7-8 years clean and sober...back down he went. I learned so much from that counselor. "Erase those old tapes" he commanded us. Valuable lessons indeed.

Most every morning I walk 2.5 miles, usually alone. I tell my wife it is MY church time. Thanking God for my blessings, accepting each day for what it is; no more, no less...I have come to live the moment, see each minute for what it is, appreciate all the little things that make up this big world. I work out little issues on these walks, and allow many to pass untouched...time will take care of so many things if let be. Some walks are filled with introspection, and some days what I must hear is not pleasant but necessary truths. Recovery has allowed me to respect these truths and not shy away-on the contrary, to go mano-a mano and emerge a better man for it. Recovery has taught me to beware of anger and resentments, and I can now shed them into the wind.

The transition from PRN to HPSP was not easy. Some of it was I didn't want to change, and some was due to a new organization not being organized. How many times in the first few months I had to read and sign new monitoring agreements, receiving wrong chain-of-custody forms, billing issues....I had to reign myself in and just do it....swimming downstream is sooo much easier than struggling up against the current! The monitoring program is good and the newsletter is valid. One thing Ed did with PRN was an annual meeting and assessment of past goals met and establish future goals. If I could implement any ONE thing with the current program it would be an annual meeting with the monitor. We have established "a relationship"-very cordial and friendly but neither of us really KNOW the other except as a voice. Seeing Ed just once a year validated him as a person, a person to whom I was committed to succeed! And to my agreement monitor, I know your efforts are genuine, and I am committed to you to continue to succeed. Thank you for all you do.

As I type this I realize I must say my commitment to succeed in recovery begins with a commitment to myself, and from there it spreads the world....to my wife, co-workers, to all in the recovery programs I attended countless meetings with...I owe it to the world. I was given but one second chance for this life and I like it. I like it a lot! September is here again!

A Pharmacist

Program Information and Reminders

- Gary Schnabel, Executive Director of the Oregon Board of Pharmacy is retiring on 11/30/13. Gary Miner will be the acting Executive Director until a permanent ED is hired.
- When taking an observed toxicology test, the protocol is that a same sex observer must witness the urine leaving the body and entering the specimen cup. Collectors are not to conduct a Department of Transportation (DOT) observed collection where donors have to drop their pants and move in a circle. If a collector has a question about the collection procedure, please have them call HPSP-888-802-2843. Any staff person can inform them regarding how the collection should be conducted.
- The Medication Management form must be completed when requested by your agreement monitor. Updated medication management forms must be received every 6 months and **every time** a medication is decreased, eliminated, or added. It is the licensee's responsibility to ensure that their prescribers complete the forms in a timely way.

10 Tools to Deal with Holiday Stress

Here are ten solid tools to help you and your family deal with holiday stress.

1. Keep your expectations balanced. You won't get everything you want, things will go wrong. Remember that everything doesn't have to be perfect and don't worry about things that are out of your control.
2. Don't try to do too much. Fatigue, over scheduling, and taking on too many tasks can dampen your spirits. Learn to say no, delegate as much as possible and manage your time wisely. If you choose to do less you will have more energy to enjoy the most important part of the season - friends and family.
3. Don't isolate. If you're feeling left out, then get out of the house and find some way to join in. There are hundreds of places you can go to hear music, enjoy the sights or help those less fortunate.
4. Don't overspend. Create a reasonable budget and stick to it. Remember it's not about the presents, it's about the presence.
5. It's appropriate to mourn if you're separated from or have lost loved ones. If you can't be with those you love make plans to celebrate again when you can all be together.
6. Many people suffer depression due to a lack of sunlight because of shorter days and bad weather. Using a full spectrum lamp for twenty minutes a day can lessen this type of depression called SAD (seasonal affectiveness disorder).
7. Watch your diet and remember to exercise. It's normal to eat more during the holidays, but be aware of how certain foods effect your mood. If you eat fats and sweets, you will have less energy, which can make you feel more stressed and run down. It can be very helpful to take a walk before and/or after a big holiday meal.
8. Be aware of the Post Holiday Syndrome. When all the hustle and bustle suddenly stops and you have to get back to the daily grind it can be a real let down. Ease out of all the fun by planning a rest day toward the end of the season.
9. Plan ahead. Many people don't go to the mall after Thanksgiving to avoid shopping stress and others do much of their party prep in advance.
10. Learn forgiveness and acceptance. If some of your relatives have always acted out or made you feel bad, chances are that won't change. If you know what you're getting into, it will be easier to not let them push your buttons. If things get uncomfortable go to a movie or for a drive and adjust your attitude.



We hope that these tips make the holiday season pleasant for you and your family.

Educational Resources

- U.S. Journal, The Institute for Integral Development and Counselor present the 35th annual training institute Behavioral Health and Addictive Disorder. Hilton Clearwater Beach Resort, Clearwater Beach FL. 2/10-2/13 2014
- 40th Annual Winter Symposium "Addictive Disorders, Behavioral Health and Mental Health" January 26-29, 2014, Colorado Springs, Colorado Contact: www.ggforrest.com

HealthProCHOICES

A newsletter for participants in the Health Professionals' Services Program (HPSP)

December 2013

"May all beings, omitting none, feel safe and content and happy and live with ease." Metta Sutta

From the HPSP Team

We would like to wish all HPSP participants and their families a wonderful holiday. To those of you who will be in the program throughout 2014: our sincerest wish is to help you continue to grow and thrive throughout the coming year. To those of you who will complete the program in 2014: we are grateful for, and admire, your success. To all of you: Happy, Happy, New Year.

Program Information and Reminders

1. Reliant Behavioral Health will be closed from 12/23/13-12/25/13. So, what if:

Q. There is a problem with the daily call-in and I cannot call in?

- You can leave a message at 888-802-2843 and explain what happened, giving the time and the date. Your agreement monitor will follow-up with you on 12/26.
- If you have an urgent issue that requires immediate attention, you may also call 503-802-9842 before 2:00pm PT on 12/23 and speak with the agreement monitor taking calls.
- After 2:00pm on 12/23 and on 12/24 you can leave a message at 888-802-2843. Someone will be checking those messages intermittently and will get back to you if the message is left before 6pm PT on 12/24. No one will be checking messages after business hours on 12/24 or on 12/25, so please leave a message and we will address the issue on 12/26 when Reliant Behavioral Health opens again.
- Please remember to use your other resources as well (providers, friends, family, etc.) if you are experiencing a stressful or particularly emotionally difficult time during the holiday.

Q. There is a snow or ice storm?

- Please refer to the Inclement Weather Guideline which is included in the newsletter.

Q. My collection site closed earlier than expected due to the holiday?

- Please leave a message at 888-802-2843 and once your agreement monitor confirms the closing of the collection site, the test will be excused. Remember you need to call in to the interactive voice response system (888-802-2851) Monday-Saturday except for 12/25/13 and 1/1/14.

2. Remember you also need to make the weekly contact with your agreement monitor either by telephone call, voice mail, or email.

3. You will be receiving the bi-annual satisfaction survey at the end of December. We review each response and respond in the newsletter. Please be sure to give us your feedback.

Guideline on Inclement Weather and Toxicology Testing

1. If the collection site is closed due to inclement weather, the licensee is excused once the agreement monitor has confirmed that the site was closed.
2. If the licensee informs HPSP that s/he cannot test due to inclement weather, the licensee may use one of the 21 toxicology exemptions allotted to each licensee per year if the licensee has been in compliance with all requirements for a period of nine consecutive months. This follows the toxicology testing guideline which has been approved by the advisory committee consisting of participating boards and the Oregon Health Authority.
3. If the licensee fails to inform HPSP of the failure to test due to inclement weather, the missed test is reported as substantial non-compliance.



HPSP: 888.802.2843
www.RBHHealthPro.com

4. If the licensee informs HPSP of the failure to test due to inclement weather and does not meet the criteria for an exemption, the missed test is reported as substantial non-compliance.
5. If the licensee has less than nine months in the program and has been compliant in the program but informs HPSP that the licensee cannot test due to inclement weather, the licensee in this situation will be granted a onetime use of one of the 21 toxicology exemptions allotted per year to each licensee.

12 Tips to Keep the Holidays Stress Free

The holidays are supposed to be a time of warmth, joy and excitement. The anxiety of having too much to do in too little time, the pressure of unrealistic expectations and the tendency to overeat and overspend can easily overshadow holiday happiness. The following suggestions will help you enjoy the season to its fullest with a minimum of stress.



Eat Smart

- Don't arrive at a party starving; you're likely to overeat. Instead, before you leave home eat a piece of fruit, a small salad or a cup of low-fat yogurt.
- Avoid handfuls of anything. At the appetizer table, fill your plate three-quarters full with vegetables and fruit.
- Don't feel obligated to eat everything on your plate or to have dessert. And think twice before going back for seconds.
- If you overeat, get right back into your normal routine the next day.

Shop Smart

- Give yourself plenty of time to complete your holiday shopping. Shop with an itemized list of what you'll buy for each person and a ballpark figure of what you'll spend.
- Brainstorm for gift ideas. If you're stumped on what to buy, consider what's important to the gift recipient. To personalize a gift that isn't personal, give the story behind it.

Party Smart

- Keep parties simple by having a buffet instead of a formal sit-down dinner. Serve uncomplicated dishes (made with six ingredients or less) that you've made before.
- Buy nonperishable party items days, even weeks, in advance. These include groceries, beverages, candles, napkins and decorations. Save the day before to buy items with a short shelf life, such as fresh fruits, vegetables and flowers.
- Cook ahead. On the day before your party, prepare salad dressings, stews, casseroles, cold sauces, soups, desserts and dips. That way, during the party, you can spend as much time as possible with your guests.
- Hire a helper. To make your party more manageable, employ a teenager or a catering waiter to help you serve during the party and clean up afterward.
- Devise games guests can play to help spark conversation. For example, tape a piece of paper with the name of a movie character onto the back of guests when they arrive. Challenge them to guess who their characters are, with clues provided by the other guests.
- Be sociable. Attending parties when you don't know many people can be stressful. To break the ice, elect yourself the official introducer. If you see someone standing alone, go over and ask nonthreatening openers. For example, ask these questions at a corporate function: How do you fit into the company? Are you a spouse or an employee? What do you do? What does your spouse do?

Educational Resources

- U.S. Journal, The Institute for Integral Development and Counselor present the 35th annual training institute Behavioral Health and Addictive Disorder. Hilton Clearwater Beach Resort, Clearwater Beach FL. 2/10-2/13 2014
- 40th Annual Winter Symposium "Addictive Disorders, Behavioral Health and Mental Health" January 26-29, 2014, Colorado Springs, Colorado Contact: www.ggforrest.com
- Integrative Recovery Resources presents a Comprehensive Intervention Training in Canada sponsored by Sante Center for Healing. 20 CEUs 2/27-3/2/14 Vancouver, BC. For more information or to register: go to <http://interventioncasemanagement.weebly.com> or email Eric at: ezej310@gmail.com or call (310) 702-2095.