

HealthProCHOICES

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

January 2015

Test Facility Updates

- **Concentra-Tanasbourne** has new hours. The facility is open Monday through Saturday 8-5.
- **GS Testing - Lake Oswego** is open every day from 7-7 and available 24/7 to make onsite collections. Call (503) 992-6359 for more information.
- **NW Onsite Drug Testing** is a new service available 24/7 to licensees requiring onsite collections. Call (503) 869-4896 for more information.

A Licensee's Thoughts on Monitoring

In reflecting on the monitoring process I find that instead of feeling ashamed I feel empowered. Every morning when I check to see if I need to test I embrace the daily reminder that I am putting my sobriety first, for myself and for my profession. Working in healthcare I made a pledge to protect the public and with monitoring I have a paper trail to prove I am standing by that promise. I see my UAs as a badge of honor reflecting how seriously I take my recovery and I appreciate the daily accountability to aid me in this lifelong journey. Through this process I have learned more about addiction, recovery and what it is to be a patient, simply strengthening my empathy for my patients. I eagerly accept all the support and opportunity I can in recovery as I know all too well that I cannot do it alone.
(Anonymous self-referral)

2014 A Year of Change and In-Person Meetings

The New Year is the time for resolutions as well as an opportunity to reflect on the changes over the last year. One HPSP enhancement implemented last year, in-person meetings, was initiated through licensee feedback. Originally implemented as an option for licensee intake meetings, in-person meetings have been expanded to include an optional once a year check-in. This is usually at the annual review. The new practice has yielded positive feedback from both licensees and agreement monitors who now have a face to go with the name and voice. After her first in-person licensee intake, Agreement Monitor Rebecca reflected that the new process "personalized the program by allowing the establishment of a relationship with licensees and the opportunity in one hour to share information that would otherwise need to be established over time."

Testing Protocol

Several HPSP guidelines address toxicology. Here are some tips to remember when you travel to a collection site.

- Keep a paper chain of custody form with you. Most sites are electronic, but there are times when the lab or the collection site computers could be down.
- Once you check-in you cannot leave. If you are short of time, call ahead to inquire about wait times. If possible come back later in the day. Leaving a collection site after check-in without producing a specimen is reported back to your board as failure to test.
- Tests are observed by a same gender observer. In limited circumstance with pre approval, monitored observations are permitted.
- You will have up to three hours to produce a 45 ml urine specimen. During this time, the licensee may not leave the collection site. The collector may provide the licensee with up to 40 fluid ounces of fluid.
- See the Inclement Weather and Toxicology Testing Guideline for information of what to do when there is ice or snow.

Please remember the importance of reviewing all HPSP Guidelines at www.RBHHealthPro.com.

Remember that you do not need to check-in with the interactive voice response (IVR) system on Oregon State Holidays.

2015 Oregon State Holidays

Thursday, January 1, 2015	New Year's Day
Monday, January 19, 2015	Martin Luther King Jr. Day
Monday, February 16, 2015	Presidents Day
Monday, May 25, 2015	Memorial Day
Saturday, July 4, 2015	Independence Day
Monday, September 7, 2015	Labor Day
Wednesday, November 11, 2015	Veterans Day
Thursday, November 26, 2015	Thanksgiving Day
Friday, December 25, 2015	Christmas Day

Fighting the Winter Blues

Seasonal affective disorder (SAD) is a depression that occurs during a particular season of the year. Most people with SAD are depressed during the fall and winter, when the days are shortest. Their depression disappears in the spring and summer. A less common type begins in late spring or early summer. Changes in the amount of daylight may be the cause of SAD.

Although many people say they get the "blues" in the winter, a person with SAD has much more difficulty coping during this season. Like other forms of depression, SAD interferes with daily life. Overcast days can make a person with SAD feel worse. People with SAD have mild to moderate depression.

SAD can affect anyone, but women and adolescents seem to be more susceptible; older adults are less likely to develop it. It is more common in northern latitudes. SAD sufferers also tend to have a family member with mental illness, such as depression or alcohol abuse.

Varying levels of the neurotransmitter serotonin are believed to play a role in SAD. The sleep hormone melatonin, which has been linked to depression, also may play a role. The body makes more melatonin in the dark. So, the shorter, grayer days of winter boost levels of melatonin.

The symptoms of SAD can be confused with symptoms of other illnesses, including hypothyroidism and viral infections such as mononucleosis.

Someone with a mild case of SAD can ease symptoms by adding more daylight to daily activities. Spending time outdoors each day and getting regular outdoor exercise are two effective methods to combat SAD. For more severe cases, doctors may prescribe light therapy and possibly antidepressants. Light therapy involves using a full-spectrum fluorescent light for a certain amount of time each morning.

Signs/Symptoms: Winter SAD

- Symptoms of depression or feeling "blue" only during fall and winter
- Craving for sugary or starchy foods
- Oversleeping
- Weight gain

Spring/Summer SAD:

- Decreased need for sleep
- Weight loss
- Poor appetite

Consult Your Doctor If:

- You have signs or symptoms above significant enough to interfere with daily life. Your doctor can refer you to a mental health professional trained to treat patients with SAD.

Home Care Ideas:

- During the fall and winter, try to spend time outside each day.
- Get regular exercise - outdoors, if possible.
- Rearrange your furniture at home and your workspace to take advantage of as much sunlight in fall and winter as possible.



ASAM and Persons in Safety-Sensitive Occupations

The American Society of Addiction Medicine (ASAM) The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions 3rd Edition includes a chapter on "Persons in Safety-Sensitive Occupations." Safety-sensitive occupations include the work performed by all HPSP licensees due to their potential public impact. Specifically, "The size of the population safety-sensitive workers affect and the depth of the effect on from potential impairment," and "The amount of public trust that is implied in that worker's occupation." Are factors why safety-sensitive occupations are now discussed in depth. Return to work settings and monitoring as a support system are two of the special considerations detailed by ASAM. In discussion of monitoring, ASAM states, "It is the job of initial treatment providers to seek out any available monitoring program for a patient under their care, and to help the safety-sensitive worker understand that these monitoring programs are an integral part of their care."

PRN Conference

The Annual Professional Recovery Network (PRN) Conference will be April 11, 2015 in Salem. Conference speakers include:

- Daryl Inaba, Director of Clinical and Behavioral Health Services, ARC – Marijuana the Forgotten Drug & Its Impact on Pharmacy
- Linda Smith, CEO, Intervention Project for Nurses – Spiritually and Recovery
- Doris Gunderson, Medical Director, Colorado Physician Health Program – Marijuana Legal Updates
- Ruby Jason, Executive Director, Oregon State Board of Nursing – Professional Monitoring
- Visit the PRN website to register: <http://www.prnoforegon.org/conference/>

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Spring Always Comes

"Never yet was a springtime, when the buds forgot to bloom." - Margaret Elizabeth Sangster

HPSP Updates

- Pam is returning to RBH for a couple of months while Tina is out on maternity leave. Pam can be reached at 503-802-9804 or RBHMonitoring@ReliantBH.com to assist you with financial information.
- With the unseasonably warm and mild weather calls are already coming in for spring allergies. Remember that an over-the-counter medications list is available at www.RBHHealthPro.com.

Moving from a Terminal Illness to a Terminal Realness

Don't cry because the roses have thorns. Celebrate that the thorns have roses.

I can't understand why people are so concerned and/or angry with me. Maybe, it is because they realize that I am smarter than the stupid s\$#@ I had/have been creating. Initially, I despised the Board of Pharmacy, RBH/HPP/HPSP or any organization mandating that I call every morning to see if I had to pee in a cup. Monitoring boards and State Boards were the number one offenders in early recovery, because I was angry and full of shame, pride and guilt. So, I relapsed. I translated the concerns by loved ones and those with a vested interest in me as judgment. When I relapsed I couldn't understand why people didn't get it, damn-it I have a disease and you guys should be nurturing me and not giving me the "stink eye". Notice the personal pronoun in these statements? That's the parody of this thing called recovery, it is not about "I" and on the other hand, it's all about "I need to do the work". In the beginning of my journey into addictive behaviors I didn't know if I were an ALLcoholic* even though the substances were causing me problems. The paradigm shift was when I came to understand that I continued using substances to solve my problems. Finally, I had had enough and in treatment discovered that one of my deepest darkest secrets, i.e. resentment, was one reason I could not get traction. So, with much reluctance I shared it with my group. That was my bright light experience. That secret was so powerful that once I had shared it and realized my part in it, the emotional pain subsided like the ebb of a spring-tide. At that moment I became willing to believe that my problems are/were mine and there would be no help for me if I did not share my feelings and ask for help. What was it that I needed to share? It is simple, I needed to share that I was in full flight from everyone and myself because I was afraid. Afraid of what? Simple, I was afraid to let you know my secrets because you may judge me or think I was a moral cripple.

I had to put things in perspective, not in perception. I remembered receiving awards for good grades and the like, and I always accepted them with full pride. Then I became an addict and I received all kinds of consequences but was too prideful to accept those. What the hell was the difference in the two? Absolutely nothing and I realize that I worked hard for both the awards and the consequences. The number one offenders were my resentments. Acceptance: the laws that govern health care professionals were written to protect the public. Then the question became, was I a danger to the public? Absolutely!!

The concerns and/or anger that others had/have for me is/are not judgmental in any way, they are merely expressing their fears for me and for themselves. Yes, it works both ways. I get it. In recovery I have learned to tease out my maleficent perceptions and realize that my feelings and others are equal in valuation. Yes, in my early recovery I was pissed off at you and anyone who wanted to control me. As I attended more meeting, worked with my sponsor, read the Book and practiced service work, I came to believe that no one is trying to control me. So, I let them do their job, I let me do my job and most importantly, I read Page 552 in the Big Book.

*ALLcoholic: a person who uses and abuses "all", inclusive of drugs, alcohol (which is a drug), people, institutions-ad infinitum.

Pappy Corbitt, BS Rph Pharm.
Pappy operates GS Testing in Lake Oswego 503-992-6359.

Spring Survival Guide

Spring is in the air. Unfortunately, so are the many tree and grass pollens that cause seasonal allergies. This can be bad news if these tiny particles cause your asthma to flare up. But the change in seasons doesn't mean that you have to hibernate until winter. While you may not be able to avoid your triggers completely, there are many ways to help limit your exposure.

Pollen and Mold

For many allergy sufferers, pollen and mold are the main problem. If you are allergic to pollen or mold, you may notice that your asthma is worse on days that are hot, dry and windy. Your symptoms may lessen when it is rainy and windless, because the air is not as heavy with pollen and mold on these days.

You can check the pollen count in your area by going to the American Academy of Allergy, Asthma and Immunology's Web site. The Web site is updated daily during pollen season and lists the active pollens in your area. You can use this information to help plan your outside activities.

Here are some other suggestions for avoiding pollen and mold when pollen counts are high:

- Keep your windows closed to prevent pollen and mold from coming in. Remove any pollen and mold that make their way into your house with an air filter, air conditioning or an electrostatic filter.
- If possible, use an air conditioner, rather than fans, to cool your house.

- Keep your car windows rolled up and turn your air conditioner to re-circulate.
- Try to stay inside between 5 and 10 a.m. This is when pollen counts are generally the highest.
- Don't hang clothes or sheets outside to dry.
- Ask someone else to mow the lawn and rake leaves. These activities stir up allergens. If you have to do these things yourself, wear a mask.
- Take your vacation somewhere with less pollen, such as the beach.
- Shower and change your clothes after spending time outside. This will help remove any pollen or mold that is on your clothing, hair and skin.
- Take your medicine as directed. Don't take any extra medicine if your symptoms are severe unless your doctor tells you to.
- Exercise indoors.



2015 SBIRT Webinars Through the NAADAC

The free eight part series just started providing 12 continuing education credits. Visit: <http://hospitalsbirt.webs.com/webinars.htm> for more information.

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Toxicology Updates

- You may have recently received updated CCFs. The panel numbers for some toxicology panels have changed. Please begin to use these new CCFs and properly dispose of any old CCFs that you have on hand.
- Although prices have not increased in five years, beginning in April, you will notice an increase of \$2.00 on all toxicology panels. This is due to a change in the bundled collection charge. Please remember that toxicology costs include collection, transportation, analysis, and medical review officer review.

Completing Monitoring - A Physicians Relections

I divorced seven years before I hit bottom, leaving behind my two young children for residency. I thought I would see enough human suffering and work so hard during training, that I wouldn't have time to feel sad or lonely. I drank every night I could after that, drowning my sorrows and slowly fathoming my bottom. I did not see it coming but the resentments were welling up inside, and in quick succession I became estranged from my parents and my only sibling, one by one. I relocated for fellowship to a new city, with high hopes for a fresh start, but only retreated further into isolation. I tried hard to keep it together, participate in life around me, take an interest in social relationships, but my ability to soldier on was gradually eroding under the lash of alcohol. I drank alone in my kitchen, never with others, lest they see the quantities of alcohol I consumed and realize, as I had, that I was an alcoholic. I never imagined that over the short course of training, I would lose any remaining link to the simple human relationships that interconnected me with normal life. I was no longer a father, a husband, a son, a brother or a friend. Like slender threads, these had all slipped through my grasp. All that was left was work, which I pursued with feverish ambition, to compensate the rest. I don't know why losing my profession frightened me more than all the other losses, but it did. When that was threatened, I surrendered. I went away to treatment for three months, suspecting that my human existence had grown faint enough to go unnoticed in its absence. That turned out to be true.

This was essentially the state in which I began monitoring. I really wanted to get better. I had no idea what would happen, except that I would get the help I needed. When I left the treatment center, I felt as if I had crossed an ocean. I was stepping onto the shore of a new land, to embark on a transformative journey in AA and rewrite the second chapter of my life. I was full of gratitude to still be alive. I was full of fears about my ability to return to work, function at a high level in the lab, interact with my colleagues, and of course avoid alcohol. I was not yet aware of the messy emotions that were surfacing after years of suppression, but I had a sponsor that I trusted who guided me with dignity and compassion, foremost by example. I had a counselor that saw me every week, patiently listening and prodding me along my teetering first steps like a child learning to walk. I had a monitoring program that was marshaling what seemed to me enormous resources just to ensure that I succeeded in staying sober. I had a sudden and overflowing social life with friends and fellowship in the AA meetings I regularly attended. I was no longer alone. Everything felt new and alive. The "pink cloud" is probably a necessary reservoir of inspiration for seeing through the real work of the twelve steps. It certainly buoyed me through the difficult parts. As promised, I found a tangible sense of awe, a measure of humility and a durable understanding that I was just human, no different than anyone else. My personal awakening wasn't graceful, more like a submarine breaching the water's surface. It was as if I had awoken from a long sleep and discovered my right arm for the first time. I don't know how I got by without it all those years.

Over the last 6 months, three professional colleagues, that I admire, have privately and independently asked me why I don't drink. The opportunity at hand, I have shared my story, and as is usually the case, the stories surface in response from across the table, about a friend or a family member and the ravages of this enigmatic disease. Almost everyone knows someone. But sadly, this disease can rarely be discussed on a personal level without awkwardness or stigma. My recent conversations at work have been a relief, first because I can openly talk with some of my closest colleagues about mundane facts of life, like urine tests or going to an AA meeting. Second and more importantly, it is an added insurance for me. When we travel to scientific meetings, I know that someone has my back. I have already observed this in action first hand, as my colleagues instinctively intercede on my behalf over dinner or at other professional gatherings to shield me from the constant rounds of well-meaning beverage services, sparing me the monotony of saying yet again, "none for me, but thank you." I think they do so out of compassion. I feel less alone in being on guard. Inevitably there will be more opportunities to share my experience at work, and this involvement is another important component of my ongoing recovery plan.

Today, the excitement of being on a voyage of discovery is more subtle, spanning a broader trajectory. The emotions have subsided. The personal relationships have been repaired. Looking back, I can chuckle at my plans to "rewrite the second chapter of my life." I have learned from those that came before me, that to the extent I try to do my best each day, try to remain humble and try to be disciplined in maintaining honest integrity, so I will benefit from a bit of inner peace and worry less about whether everything will work out. Hopefully, I can give back what was freely given to me. Hopefully, I can be an example of compassion and dignity. But most of all, I know that I am no longer alone.



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www.RBHHealthPro.com

Managing Stress With Exercise

Stress can make you feel drained, anxious, even depressed. And while there are several ways to manage runaway stress, none is as enjoyable and effective as a regular exercise routine.

"Numerous studies have shown exercise provides excellent stress-relieving benefits," says Cedric Bryant, chief exercise physiologist for the American Council on Exercise (ACE). "And let's face it, we all could do with less stress in our lives."

HOW IT WORKS

Exercise causes the brain to release endorphins, opium-like substances that ease pain and produce a sense of comfort and euphoria. It also encourages the nerve cells in the brain to secrete other neurotransmitters, such as serotonin, dopamine and norepinephrine, which improve mood.

Deficiencies of these substances, particularly serotonin, have been linked to symptoms of depression, anxiety, impulsiveness, aggression and increased appetite. According to a study published in the Archives of Internal Medicine, when depressed people exercise, they increase their levels of these natural antidepressants.

According to the National Institutes of Health (NIH), exercise also improves people's ability to relax and sleep, promotes self-esteem and enhances energy, concentration and memory.

Exercise also provides an outlet for negative emotions, such as frustration, anger and irritability, thereby promoting a more positive mood and outlook.

Moderate exercise done regularly interrupts the cyclic thinking process associated with depression. A person who is worried about a particular problem may dwell at length on the problem, bringing on more worry. Depression deepens the worry, in a descending cycle. Exercise can break the cycle.

"Whether you exercise alone or with a friend, it's important to take time for yourself during stressful periods," says Mr. Bryant.

"In this way, exercise functions as a positive distraction from the problems of the day that are causing your stress."

STRESS-REDUCTION MOVES

Almost any exercise can provide stress relief, but the following guidelines can help you find those likely to be more effective for you.

Choose an exercise you enjoy. The kinds of activities you choose depend on your physical ability as well as your preferences.

"It's important to choose activities that are accessible and feasible for you to do regularly," says Mr. Bryant. "You also need to determine if you want to play competitive sports, such as basketball or tennis, or if you'd rather do noncompetitive activities, such as walking, bicycling or taking an aerobics class."

You also should consider whether you want to do your exercise routine on your own or with others.

Exercise every day if you can. The U.S. Surgeon General's Report on Physical Activity and Health recommends 30 minutes of activity on most, if not all, days of the week.

"You'll benefit from exercising three to five times a week, but you'll see more consistent stress reduction if you can be physically active every day," says Mr. Bryant.

Consider mind/body activities. In yoga and tai chi, your mind relaxes progressively as your body increases its amount of muscular work. "If you're attracted to a spiritual component, these forms of exercise are effective for honing stress-management and relaxation skills," says Mr. Bryant.

Controlling stress ultimately comes down to making time to exercise. Physical activity provides an enjoyable and effective way to cope with life's troubles as it promotes lasting strength and empowerment.

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PRN Support Groups

The PRN has an updated list of support groups. Visit <http://www.prnoforegon.org/html/support-groups.htm> and select "Find a support group near you" to learn more.

2015 ABAM Certification Examination

This is an exciting time for the field of Addiction Medicine, it is anticipated that the American Board of Medical Specialties (ABMS) will add Addiction Medicine as medical subspecialty within the next year or so. Interested physicians should be aware that for 2015, the ABAM certification:

1. There is no fellowship requirement to qualify for the exam at this time, and
2. Many mid-career and recovering physicians engaged with PHPs subsequently become active in the field of addiction medicine (ADM).

More information on the ABAM examination and an application for certification is available at: <http://www.abam.net/take-the-exam/>

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"Spring won't let me stay in this house any longer! I must get out and breathe the air deeply again." Gustav Mahler

Travel

Spring is here and summer on its way, please remember that travel requests need to be made two weeks in advance in order to guarantee appropriate site allocation and chain of custody form distribution. The Guideline for Toxicology Testing Exemptions and all other HPSP Guidelines are available at: <http://www.rbhhealthpro.com/Guidelines>

Over-the-counter Allergy Relief

Allergies will soon be in full force. As a reminder, several over-the-counter medications may have sedating or stimulating effects. These include centrally acting antihistamines, such as diphenhydramine (Benadryl), and hydroxyzine (vistaril or atarax). Like prescriptions with addictive potential and/or psychotropic medication be sure to have your primary care physician populate a Medication Management Form before a non-negative test. The Medication Management Form (MMF) and other useful forms are available at: http://www.rbhhealthpro.com/Forms_2

Billing

Tina is back from her maternity leave. A big thank you to Pam for coming back and filling in while Tina was out. Please remember to follow up with Tina if you get an email or call. Tina can be reached at: (503-802-9866; tmewhinney@reliantbh.com).

New Out of State Treatment Facility

Following a review by RBH's staff and Medical Director, Utah's Recovery Ways was approved by the HPSP Advisory Committee for all professions except physicians. Recovery Ways offers the continuum of addictions treatment cost effectively in a majestic setting. Recovery Ways is working towards developing a specific health professional track. For more information you can visit www.recoveryways.com or contact Jason Temchin at (503-805-4891; jtemchin@recoveryways.com).

Therapeutic Recreation

Therapeutic Recreation, also referred to as Recreational Therapy, is a health and human service profession that promotes increased functioning, health and well-being, and greater quality of life for individuals with illness and disability (URTA, 2015).

Rozanne Faulkner, CTRS, states: "Alcohol/drug addiction is a leisure disease and a disease of leisure! People pay for the feeling because they don't know how to get it free. That is, they don't know how to play in a manner that produces the desired feeling" (Faulkner, 1991). According to The Leisure Information Network, "It is widely accepted that most people take their first drink or drug during their leisure time. Society has created a link between substance use and leisure time in the sense that social drinking or experimentation with drugs is socially appropriate behavior and often an expectation in various settings." Due to this fact, leisure and the addiction are often intertwined and those with an addiction struggle to separate the two. Many people abandon their leisure interests and pursuits when an addiction takes hold, and one of the purposes of Recreation Therapy is to help them find and implement interests and activities again without the addiction being present.

There are many facets of Recreation Therapy, and Outdoor Recreation is one of them. The benefits of outdoor recreation are numerous. When a person engages in the outdoors, they are able to appreciate nature, gain confidence in their physical abilities, find spiritual awareness, challenge negative thoughts, develop self-efficacy, and discover or rediscover new skills, sports, or hobbies that can be an essential piece in their recovery process as a healthy coping skill.

A theory that has been widely used in Recreation Therapy is the Self-Determination Theory. This theory states three human needs for one to achieve psychological growth. The first one is Competence where people need to feel that they can master certain tasks and gain certain skills. The second is Connection or Relatedness where people need to experience belonging and connection with other people. The last is Autonomy meaning that people need to feel in control of their own goals, actions, and behaviors.

The Self-Determination Theory focuses on intrinsic motivation rather than extrinsic motivation. Rather than being focused outwardly on money, prizes, etc., people are primarily focused on internal sources that motivate them such as a desire to better themselves or gain more knowledge. Often, those who are addicted to substances have a difficult time being intrinsically motivated. They may lose sight of things which motivate them intrinsically due to their addictive thinking and behaviors that focuses on instant gratification, physical cravings, and codependency.



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Using outdoor recreation as the vehicle to achieve connection to these basic human needs results into positive outcomes in recovery from addiction. Often improvements in strength and mental stamina increase after just a few times of participating in the outdoors. The competence gained from physical and mental challenges generalizes over to the psychological struggles associated with recovering from addiction. The release of endorphins helps to create the “natural high” that is often sought in recovery. Experiencing “sober fun” is essential for many in order to forsake their addictions. Often the outdoors becomes the “adult playground” for the inner child to play, discover and rediscover life and their connection to it. While in the process naturally aspiring spiritual, mental, physical and social progression. From individual activities that promote self-soothing such as fly fishing to interactive activities of rock climbing, sailing, etc. In the end all providing the different connections with nature and exercise resulting in effective methods for reducing many types of anxiety, depression, and stress. Emotions that often can act as triggers themselves. Combining the outdoors into recovering from addiction is an effective method to sustain sobriety.

Authors: Pam Egelund, Director of Recreational Therapy and Emily Washburn, Supervisor of Recreational Therapy at Recovery Ways

Exercise Goals for Healthy Living

You know it's important to stay active but still find yourself falling back on old habits. What can you do? Planning for exercise isn't hard if you make it a priority. To do that, you need to develop goals and an exercise plan that matches your needs and interests. Knowing that you should exercise 30 minutes three to four times a week is not enough; you actually have to DO the exercise. Learn to keep up your motivation by setting exercise goals that fit your lifestyle.

STEP UP TO EXERCISE. These steps can help you define your personal goals and put them into action.

Step One: Figure out why you want to exercise. It sounds basic, but not all of us exercise for the same reasons. Knowing what motivates you can help you stay focused. Write down a list of what you hope to get from exercising. You may be unhappy that your clothes fit tighter than last fall. You may want to reduce your risk of heart disease. You might hope to play with your kids without getting winded. Or, you may want to work out your stress, feel more relaxed and sleep better.

Step Two: Design an exercise program that will meet your goals. If your goal is endurance, gradually build up the amount of time you work out. The ideal is an exercise program that incorporates aerobic exercise on some days, exercises to improve strength on other days, and balance and flexibility exercises on most days. The key is to find an exercise routine that you enjoy, then commit to doing it.

Step Three: Choose your workout time wisely. One key to success is what time of day you plan to exercise. If you schedule your workout for the morning, but you are not a morning person, you may be setting yourself up for failure. Pick the time of day when you have the most energy and enthusiasm. Do you enjoy getting up early and starting the day off with a brisk walk? Or do you prefer working out your stress at the end of the day? Whatever your answer, that's when you should schedule most of your exercise.

Each of us is motivated by different things. Find out what motivates you, and it will be easier to stick with good habits. These tips can help you put on your sneakers instead of turning on the television.

Make exercise a priority. Yes, getting exercise is as important as cleaning the house, paying your bills, or reading to your child. Simply put, exercise can help you have a healthier, longer life. So when you plan your week, schedule time for exercise, and treat it like an appointment that you can't break.

Keep an exercise diary. Another way to keep track of your workouts is with an exercise diary. Jot down how long and how far you bike, how much weight you lift, or how many laps you swim. Or, if you own a computer, you may want to keep track on a spreadsheet. No matter what method you choose, having a record of what you've done, and of all of your personal bests, may be just the reward you need to keep going.

Join an event. Sign up for a fitness event such as a 5K run, a charity bike ride or walkathon. Getting in shape to compete in a race can be a good motivator. A charity event can be motivating because when you cross the finish line, other people will benefit, too.

Exercise with a partner. Finding a friend to share your workouts gives you a chance to be social while you get fit. And knowing that your friend is relying on you will help keep you motivated.

Join an exercise class or group. Aerobic, yoga, or other classes commit you to an exercise program and offer the opportunity to make new friends with the same fitness goals.

DEALING WITH SETBACKS. Old habits can be hard to change, and setbacks do happen. It doesn't mean that you're a failure. It just means that you're human. Try to look at a setback as part of the process of making change.

Portland/Beaverton Recovery Speaker Series

Hazelden Betty Ford is offering a free first Tuesday and third Thursday Recovery Speaker Series. Upcoming speakers include:

- **Jeffery T. Young, MD** – Stress and What We Can Do About It
- **Laura Moss, MD** – Medication Use that Supports Recovery
- **Michael Irvine** – Impulsivity, Inattention, Disorganization, and Recovery - - Tools that Can Help

For dates, time, and locations visit: <http://www.hazelden.org/web/public/calendars.view>

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

May 2015

"Worrying is carrying tomorrow's load with today's strength - carrying two days at once. It is moving into tomorrow ahead of time. Worrying doesn't empty tomorrow of its sorrow, it empties today of its strength." – Corrie ten Boom

Accessing Your Accounts Receivable Information

Please remember that you have access to your account information @ RBHHealthPro.com. Under the "My Account" tab, you can:

- Print a Statement
- View Accounts Receivable Register
- See All Transactions
- View your testing facilities

Select "My Account" from www.rbhhealthpro.com for a log in prompt. Use your email on file with RBH and the password is a combination of your identification number beginning with 150 and your four digit pin (Example: 15011111234).



HPSP Testing Facilities List

Medical Site Number	Testing Facility Type	Name	Address 1	City	State/Province	Zip Code	Phone	Hours/Services	Lab/Spec. Status
1	2061	LEGACY CENTRAL LAB	1225 NE 2nd Avenue, 1st Floor	Portland	OR	97232	(503) 413-1113	0600-1630	P
2	2069	CONCENTRA THONASBOURNE	2225 NW Tower Center Drive	Beaverton	OR	97006	(503) 738-1021	0600-1730	R
3	1813	CONCENTRA - LAKE OSBORN	4425 SW Rosewood St, Suite B	Lake Oswego	OR	97035	(503) 675-9000	0700-0200	R
4	4087	CARE TESTING SERVICES	4602 Ew. Streets Ferry Rd Site A	Portland	OR	97228	(503) 477-9999	0600-1200	R
5	4224	OR TESTING	17840 Sw 43rd Ave	Lake Oswego	OR	97035	(503) 940-6399	0700-2400	R
6	4106	WILSONITE ORIG TESTING	1102 S.W. Canyon Lane	Beaverton	OR	97008	(503) 688-4888	0700-2400	R

Travel

Spring is here and summer on its way, please remember that travel requests need to be made two weeks in advance in order to guarantee appropriate site allocation and chain of custody form distribution. The Guideline for Toxicology Testing Exemptions and all other HPSP Guidelines are available at: <http://www.rbhhealthpro.com/Guidelines>

Anxiety Among Physicians, Doris C. Gundersen, MD, Colorado Physician Health Program Medical Director

Because of stigma (feared or real), overwork and denial of vulnerability, many physicians do not take good care of themselves. Yet we are not immune to those conditions or illnesses we encounter in our medical practices on a routine basis, independent of specialty. Anxiety disorders are remarkably common in the general population and despite our wish for immunity, among physicians.

Physicians tend to share certain personality traits that contribute to good patient care while concurrently increasing vulnerability to anxiety. We are conscientious and at times, develop an exaggerated sense of responsibility. While we prefer to be in control, there are circumstances beyond our influence. For the most part, knowledge of the future is provisional. For instance, while we are preparing for "healthcare reform" the Supreme Court is simultaneously deciding whether or not the Affordable Care Act is constitutionally sound. Finally, we continually strive to be better which taken to an extreme becomes perfectionism, an impossible standard and strong driver of anxiety.

The anxiety among physicians is not just personal. Anxiety is to some extent, built into the structure of a physician's role as healer and expert. The sources of physicians' anxiety include moral overtones associated with the possible failure of fulfilling an expected social role. While uncertainty is an inherent part of medical care that physicians cannot avoid, our patients expect accurate diagnoses and prognostications, uncomplicated therapeutic interventions and good outcomes. In this context, we are sure to feel anxiety related to fears of medical iatrogenesis, patient complaints and medical liability risks, even in the absence of frank culpability.

On a regular basis, physicians face exposure to communicable diseases such as HIV and tuberculosis as well as the risk of violence. Many physicians witness gruesome injuries and contend with patient deaths, both expected and unexpected. Routine exposure to over stimulating life threatening events can lead to symptoms of Post Traumatic Stress Disorder in physicians, including nightmares, irritability, insomnia and emotional numbing/distancing.

Occasional worry or nervousness is a normal part of everyday life. Everyone frets or feels anxious periodically and not all anxiety is pathological. Mild to moderate anxiety can serve to motivate, increase focus and attention as well as improve performance. Anxiety and apprehension generally precede positive events including purchasing a home, the birth of a child or promotion at work. However, when episodes of anxiety become severe and/or prolonged, the exact opposite holds true. Efficiency and productivity suffer, not to mention the quality of one's life.

The *Diagnostic Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-IV-TR)* classifies anxiety disorders into the following categories: Generalized Anxiety Disorder, Panic Disorder, Obsessive Compulsive Disorder, Acute and Post Traumatic



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Stress Disorders, Social Phobia and Specific Phobias. Anxiety disorders are generally thought to be caused by an interaction of biological, psychological and social factors that produce clinically significant syndromes. While psychodynamic theory suggests that the core cause of anxiety relates to unresolved, unconscious emotional conflicts, functional and structural imaging studies of the brain in recent years have demonstrated abnormalities in anatomy, neurocircuitry and neurotransmission in the brains of patients diagnosed with anxiety disorders. For example, patients with anxiety are observed to show heightened amygdala responses to anxiety cues. The amygdala, or fear center of the brain, responds to perceived threats and the associated anxiety is only extinguished if the prefrontal cortex examines the threat, and based on past history, declares a false alarm. Prefrontal-limbic activation abnormalities have been shown to reverse with clinical response to psychological or pharmacologic interventions. These scientific findings have served to reduce some of the stigma associated with mental illness and will likely pave the way for even more efficacious treatments.

Because most anxiety disorders begin in childhood or adolescence, new onset anxiety in an adult warrants prompt medical evaluation to rule out conditions associated with symptoms of anxiety including hyperthyroidism, obstructive lung disease, substance abuse (stimulants like cocaine) or substance withdrawal (alcohol, sedatives), the latter of which are commonly missed diagnostically.

While most anxiety disorders cannot be prevented, there are some things you can do to control or lessen symptoms. Reduce or eliminate the use of stimulants such as caffeine, nicotine or over-the-counter sympathomimetics, including herbal remedies. Avoid or limit alcohol intake knowing that the metabolites of alcohol can lead to insomnia and heavy alcohol consumption can lead to daytime withdrawal symptoms including anxiety. Schedule time for yourself during the workday to engage in some kind of exercise: a short walk, stretching, yoga and other mind-body activities can go a long way to reduce stress and attendant anxiety symptoms. Most importantly, maintain social connections. Debriefing a difficult day with a trusted friend allows you to move forward and avoid an accumulation of unresolved stress. Finally distinguish between what is in your immediate control and what is not. Focus on those areas in which you have influence. Otherwise, a good deal of anxiety and stress is generated for no good purpose.

If you experience symptoms of anxiety that persist beyond a week or two, seek professional help. Fortunately, effective treatment is available for the entire spectrum of anxiety disorders in the form of pharmacotherapy and psychotherapy. - *Reprinted with author permission from the Colorado Physician Health Program Newsletter.*

Beat the Heat When Exercising Outdoors

Maintaining a regular exercise routine is important, even when those lazy days of summer make you want to drop everything and head for a hammock in the shade.

You can find the right summer exercise option for you, regardless of your fitness level or heat tolerance, but you should also take precautions to prevent potential problems such as sunburn, dehydration and sports-related injuries.

Don't overdo the sun. Most people believe it's safe to spend hours in the sun as long as they avoid getting sunburned. The truth is prolonged sun exposure can cause skin cancer and accelerate dehydration and fatigue, fitness experts say. To protect yourself, wear a sunscreen with a sun protection factor (SPF) of at least 15. Drink lots of water to stay hydrated, wear loose clothing and pace yourself.

The skin is the largest organ in the body, and sunburn elevates skin temperature. This temperature elevation, combined with the body heat you generate while working out, can lead to discomfort and even illness.

Pay attention. The key to avoiding heat-related illnesses is to be aware of how your body feels and to drink fluids frequently. Don't wait until you feel thirsty to drink fluids. Don't ignore the warning signals of dehydration: feeling lightheaded, tingly, dizzy, short of breath or nauseous or having cramped muscles. Replacing water lost through sweating keeps your body temperature down and

hydrates the skin and muscles, allowing you to work out longer and stronger, experts say. Drink at least one 8-ounce glass of water before exercise and two afterward. Take sips throughout your workout, even if you don't feel thirsty. And though you don't dehydrate as quickly in water, you still need to drink fluids after swimming or participating in other water-based sports or activities.

One of the best ways to prevent heat-related illnesses is to exercise in the early morning or the early evening. Avoid working out between 10 a.m. and 4 p.m., when the sun's rays are strongest.

Have fun. Physical activity can improve your mood, so it's essential to choose an activity you enjoy rather than trying to force yourself to do something that makes you uncomfortable.

If you just can't stand the heat, you can still swim in a lap pool or take a water aerobics class. And if you're getting bored with your usual exercise routine, look for a new activity. In order to improve, you need to challenge your mind and your muscles by changing how you use them.

Set realistic goals. One of the great things about a sunny summer day or a week at the beach is the sense of freedom it can give you – as though you're capable of anything.

Educational Resources

- **International Doctors in Recovery Annual Meeting.** August 5 – August 9, 2015 in Norfolk, VA. <https://www.idaa.org/2015/>
- **Portland/Beaverton Recovery Speaker Series.** Hazelden Betty Ford is offering a free first Tuesday and third Thursday Recovery Speaker Series. For dates, time, and locations visit: <http://www.hazelden.org/web/public/calendars.view>
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HealthProCHOICES

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June/July 2015

"My dear,
In the midst of hate, I found there was, within me, an invincible love.
In the midst of tears, I found there was, within me, an invincible smile.
In the midst of chaos, I found there was, within me, an invincible calm.
I realized, through it all, that...
In the midst of winter, I found there was, within me, an invincible summer.
And that makes me happy. For it says that no matter how hard the world pushes against me, within me, there's something stronger – something better, pushing right back.

Truly yours,
Albert Camus"

4th of July Testing

This year, Friday, July 3, 2015 is the recognized state holiday. Because of this, you will be exempt on Friday and will have to check to see if you test on Saturday. In the event that you are called to test and your site(s) are closed for the holiday weekend, please contact your agreement monitor and leave them a message stating that the site is closed. Site closures will be confirmed on Monday July 6th, and tests will be excused as needed.

- Friday, July 3, 2015- Exempt from testing. No need to call the IVR, use the application, or check online.
- Saturday, July 4, 2015- You must call the IVR, use the application, or check online to see if you are required to test.

Toxicology

Beginning July, you will notice a very small increase in toxicology costs. All panels will increase between \$0.30 and \$2.42. This is the first increase to testing in five years specific to the toxicology panel. The \$2.00 fee announced in the March Newsletter was a pass through related to the bundled collection charge. There are no additional toxicology increases anticipated. Please remember that toxicology costs include collection, transportation, analysis, and medical review officer review.

Care Testing Services (CTS)

Portland/Beaverton/Raleigh Hills is discreetly located at Scholls Crossing Center (ThriftStore/Kumon-directly across from Chevron/7-11). CARE TESTING SERVICES is open to walk-ins and scheduled hours. Clients can call-in the same morning to schedule hours starting at 6:30 am and be seen as early as 7 am and as late as 9 pm and the collection process takes less than 10 minutes. Please call 503-317-2131 or 503-317-2976. Available Saturdays too.

Satisfaction Survey

HPSP will distribute the next Satisfaction Survey in early January. Your participation and comments are greatly appreciated.

July Newsletter

There will not be a separate newsletter in July. The next HPSP Newsletter will be for August 2015. Have a great summer.

The Five Fundamentals of Civility for Physicians – Take Good Care of Yourself

Dr. Michael Kaufmann, Medical Director for the Ontario Medical Association, recently completed the fourth of a five part series on the Fundamentals of Civility for Physicians. The Five Fundamentals of Civility for Physicians (Kaufmann, 2015):

1. Respect Others and Yourself
2. Be Aware
3. Communicate Effectively
4. Take Good Care of Yourself
5. Be Responsible

In Take Good Care of Yourself, Kaufmann (2015) addresses burnout, personal resilience, and community as they relate to the medical profession. Kaufmann (2015) offers several tips on how personal resilience practice promotes civility and tips for engaging with one's community through supportive peer groups. Each article was published by the Ontario Medical Review and is available on the Ontario Medical Association's website: www.php.oma.org.

January Satisfaction Survey

HPSP Satisfaction Survey licensee comments are greatly appreciated. These comments, where possible, provide some guidance and have evolved into programmatic changes. A good example was the frequent request for licensees to meet their agreement monitor. This was implemented over the summer of 2014.



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We received 24 licensee comments in the January survey. As these comments are important to us, they are addressed in the newsletter.

Five of these comments were very positive and included:

- I'm glad now we can meet our monitor face to face.
- [Name of Agreement Monitor] has been a breath of fresh air in the addiction treatment community. She is compassionate, knowledgeable.

- I find the program helpful, reasonable, and workable.
- [Name of Agreement Monitor] is wonderful!
- [Name of Agreement Monitor] is a superb communicator!!!

Several comments were related to toxicology notification, test sites, and testing frequency. One comment was about knowing test site locations and collection site hours of operation. As for test site locations, the test sites connected to you are available for your viewing. Please see the May 2015 HPSP Newsletter for instructions. Additionally, please look in the monthly newsletter for collection site operating hours updates. If in doubt, call the site in advance of your arrival. One comment asked for extended hours in which licensee can call into the IVR. Even though there are test sites, primarily in the Portland/Metro area with extended or 24 hour availability, the system still has to update, send orders, and prepare for the next day. Currently test requirement notification is available fourteen hours a day. HPSP frequency of testing aligns with recommendations by the Federation of Physician Health Programs (FPHP) and the National Council of State Boards of Nursing (NCSBN). These frequencies are consistent with similar programs nationally who also follow FPHP and NCSBN standards. In response to previous comments about the cost of tests for unemployed and licensees not working in their professional field, a new panel was implemented in summer 2014 to reduce testing costs for unemployed licensee.

We regularly receive comments about the program not being therapeutic and is only punitive. As mentioned before, the program is statutorily prevented from providing treatment. In addition to our statutory role, we provide structure and accountability that assists in personal recovery. Monitoring programs for individuals in safety sensitive positions, especially healthcare, is medically appropriate and encouraged by the American Society of Addiction Medicine (ASAM).

A couple of comments suggested that licensee's agreement monitors are not regularly available. This has been addressed in a previous newsletter. It is an expectation that agreement monitors return all calls and emails within 24 hours. If you are experiencing any difficulties connecting with your agreement monitor please feel free to contact the RBH Monitoring Director, Christopher Hamilton, PhD at (503-802-9813; chamilton@reliantbh.com).

The ASAM Buprenorphine Course

ASAM offers a combined independent online study and face-to-face live buprenorphine course that will provide the hours required to obtain a prescription waiver. The course is designed for physicians who wish to obtain a waiver to prescribe buprenorphine and clinicians and healthcare members working with physicians who prescribe in office based treatment of opioid use disorders. For more information, please visit: <http://www.asam.org/education> and select the link to Live and Online CMEs.

Beat the Burnout Blues

Have you ever wondered why some people leave jobs after two or three years and others stay for 15 or 20? You may be experiencing burnout if you feel bored, fatigued, apathetic, impatient and constantly irritated with your co-workers. Don't panic, there's hope. Some of the secrets to long-term job happiness are revealed below in the words of people who have avoided burnout.

Change positions within your company. "I avoided burnout by changing positions every two to four years. During my 27-year career, I worked in sales, market research, technical management, operations and product management. The changes kept me interested and excited about my work," says Jan Powell, from Dallas, who worked for 27 years at Xerox.

Find like-minded people. "To avoid burnout, the most useful tool I have found is to identify like-minded people with whom I can share humor, have fun and vent frustrations, when needed" says Bobbe White, from Quincy, Ill., who has worked as a business development officer at a community bank for 21 years.

Seek out short-term projects. "I have avoided burnout because, in addition to my normal routine job, I seek out short-term projects, working with different teams each time," says Jaswant Kaur, a nine-year employee of the Samling Group of Companies.

Get more education. "I was previously with a technology company for more than 13 years and became burned out since I wasn't able to go anywhere within the company," says Teresa Johnson, from Southlake, Texas. "I went back to school and received a B.B.A. in management and an M.S. in human resources and training.

Keep on learning. "I worked at Sears for nearly 10 years many years ago. The number one thing I've learned through many years of employment is that it's important to continue to learn new things," says Melinda L. Surbough, from Dallas, who is now the managing editor of Today's Dallas Woman magazine.

Have pride in your job. "I work in a busy medical office. Having pride and confidence in my job and doing work that I enjoy are very important to me," says Lucretia Rolland, a receptionist at The Dermatology Center in Irving, Texas. "These, combined with appreciation and caring from management, have kept me in my job for more than 17 years."

Educational Resources

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"Without reflection, we go blindly on our way, creating more unintended consequences, and failing to achieve anything useful."
– Margaret J. Wheatley

ASAM and Persons In Safety-Sensitive Occupations

Did you know the current American Society of Addiction Medicine (ASAM) Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions Manual has an entire chapter devoted to Persons in Safety-Sensitive Occupations? Safety-sensitive workers have responsibility to the public and include health care professionals. In the chapter, ASAM identify setting, support systems, staff, therapies, assessment/treatment plan review, documentation, and levels of care.

As part of the support systems ASAM (2013) identifies the integral relationship of monitoring programs with safety-sensitive workers and goes on to note that "research has shown that such programs dramatically improve long-term prognoses . . ." and go on to say monitoring combined with treatment "has been proposed as the gold standard for all addiction care in the United States (ASAM, 2013, p. 343).

A component of documentation includes the requirement for treatment staff to consider workplace setting concerns and to address any concerns in the professional's evaluation. This notation is necessary as safety-sensitive workers often have access to medications with addicting potential. This documentation directly ties back to the public's trust.

ASAM (2013) states that health care professionals do best in cohort-specific treatment and goes on to recommend aggressive and definitive treatment. The level of care for a health care professional should be the level that offers the "best prognosis" and that "has the best chance of establishing stable recovery (p.349).

It is the job of initial treatment providers to seek out any available monitoring program for a patient under their care, and to help the safety-sensitive worker understand that these monitoring programs are an integral part of their care (ASAM), 2013, p. 342).

OSBN Division 70 Oregon Administrative Rules/Worksite Monitor Education

Over the last several months, HPSP staff and other stakeholders participated on a Rules Advisory Committee to update the Oregon Board of Nursing's (OSBN) Division 70 Administrative Rules to address alternative to discipline (HPSP) and public discipline (including the OSBN's discipline program).

One of many items addressed in the committee includes specialized worksite monitor education. Of explicit interest to OSBN licensee's, including worksite monitors, is OAR 851-070-0075 (3) proposed language which states a worksite monitor must, "Provide evidence of specialized education relevant to the worksite monitor as approved by the board" as part of the Board's worksite monitor approval.

The OSBN Board will be considering this and the rest of the OAR updates at a hearing at their September 17, 2015 meeting. Assuming the Board approves the language, the rules will still need to be operationalized. Link to the public notice and draft administrative rules: <http://www.oregon.gov/OSBN/pdfs/hearingnoticeDiv70.pdf>

The OSBN will convene a workgroup to assist in the operationalizing the new rules if they are adopted. Several key questions will need to be addressed and will require detail including:

- Approved trainings
- Existing worksite monitor relationships
- Degree coursework
- Rule enforcement start date? (Potentially July 2016)

HPSP will provide answers to these and other questions as soon as they are known if/when the Board approves the changes. If there are changes, there will be time to address the changes before they are implemented.



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Workplace Monitoring Trainings

Regardless of the OSBN's rule change, preparedness through training is important as it has the potential to benefit patient safety and the nursing profession. There are good online trainings available including the free training developed by the Oregon Nurses Foundation: <http://www.oregonnursesfoundation.org/education/supervisorsmanagementadministrators-education> and the \$30 National Council of State Boards of Nursing's (NCSBN) Nurse Manage Guidelines for Substance Use Disorder <https://www.ncsbn.org/5128.htm>

Outreach

The HPSP Team is scheduling informational sessions on HPSP. If the administrators of your health care workplace are interested in learning more about HPSP, please ask them to contact Christopher Hamilton (503) 802-9813; chamilton@reliantbh.com) for more information or to schedule a meeting.

New Recovery Support: Salem Meeting

A new meeting on the second Monday evening of each month is now available in Salem. This is a group who understands the struggle, guilt, and shame health professionals experience especially early in recovery and we provide a safe environment of support and strength. This is not an official caduceus meeting. The next meeting is Monday, September 14th at 7:30PM. Call Rich at (503) 569-1624 for more information and an address.

Training and Events

The Other Bar 2015 Fall Spiritual Retreat, September 18-20. Join other recovering legal, health care, and treatment professionals in Newport. Spouses, families, and significant others are welcome. Contact Dan (503) 221-1425; dqo@jfolaw.com or Jim O. (503) 221-1425; jfo@jfo@jfolaw.com to register or for more information.

Hazelden Betty Ford has announced their second annual education conference for Addiction Medicine for the Primary Care Provider for December 3-4, 2015 in Minneapolis. Visit: <http://www.hazelden.org/web/go/addictionmedicine> for more information.

Beat the Heat

Maintaining a regular exercise routine is important, even when those lazy days of summer make you want to drop everything and head for a hammock in the shade. You can find the right summer exercise option for you, regardless of your fitness level or heat tolerance, but you should also take precautions to prevent potential problems such as sunburn, dehydration and sports-related injuries.

Don't overdo the sun. Most people believe it's safe to spend hours in the sun as long as they avoid getting sunburned. The truth is prolonged sun exposure can cause skin cancer and accelerate dehydration and fatigue, fitness experts say. To protect yourself, wear a sunscreen with a sun protection factor (SPF) of at least 15. Drink lots of water to stay hydrated, wear loose clothing and pace yourself. The skin is the largest organ in the body, and sunburn elevates skin temperature. This temperature elevation, combined with the body heat you generate while working out, can lead to discomfort and even illness.

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Have fun. Physical activity can improve your mood, so it's essential to choose an activity you enjoy rather than trying to force yourself to do something that makes you uncomfortable. If you just can't stand the heat, you can still swim in a lap pool or take a water aerobics class. And if you're getting bored with your usual exercise routine, look for a new activity. In order to improve, you need to challenge your mind and your muscles by changing how you use them.

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"Relationships are all there is. Everything in the universe only exists because it is in relationship to everything else. Nothing exists in isolation. We have to stop pretending we are individuals that can go it alone." – Margaret J. Wheatley

HPSP Staffing Updates



Perla Estrada - HPSP's Perla Estrada, LMSW, MBA, accepted a position with the Oregon Nurses Foundation as the WorkHealthy Oregon Program Manager. Perla started with HPSP in August 2010 as an Occupational Health Specialist II, became an Agreement Monitor in 2011, and eventually became the Monitoring Operation Manager in 2012 while maintaining a licensee caseload as an Agreement Monitor. While working in HPSP, Perla attended Oregon Health & Sciences University and completed her MBA in Healthcare Administration. While we are sad to see Perla go, we are excited to continue to work with Perla in her new role with WorkHealthy Oregon as an HPSP collaborating partner. Congratulations Perla!



Kate Manelis - Kate Manelis, LMSW, has returned to HPSP as an Agreement Monitor. Kate was previously with HPSP from its inception in July, 2010 until June, 2013. She is pleased to be back working with HPSP and helping to support healthcare professionals as they navigate the monitoring process. She can be reached at (503) 802-9848 or kmanelis@reliantbh.com. We are happy that Kate is back with her vast experience!

Megan Roe - Megan Roe is a Registered Nurse at Reliant Behavioral Health. She received her B.A. in Psychology from San Francisco

State University, and her B.S. in Nursing at Sacramento State University. Following nursing school, Megan worked as a R.N. in the high risk perinatal unit at University of Washington Medical Center in Seattle, Washington, where she rotated through the labor and delivery unit, mother baby unit, and newborn nursery. Megan began working for Reliant Behavioral Health in 2010 in the Behavioral Health Utilization Review and Case Management department, and in the MommyTrax Maternity Program as a Nurse Case Manager. In addition, she manages the Cambia Employee Assistance program. Megan is currently studying at Drexel University to receive a Master of Science in nursing to become a Nurse Practitioner. She lives in Portland, Oregon, with her partner Ryah and her dog Murci. Megan joined the HPSP team last month and is working with Agreement Monitors and Dr. Bahl on monitoring medication management. We are excited to have Megan with her pharmaceutical knowledge and nursing experience as part of the team.

Agreement Monitor Recruitment - HPSP is currently recruiting for an Agreement Monitor. We hope to have someone in place soon. Licensee continued patience is greatly appreciated as we transition in new staff and allow you to build relationships with your new Agreement Monitor.

On-site Collections

GS Testing Update. Salem, Corvallis, and Albany area residents, if you ever have the need for mobile testing, GS Testing is servicing the region. In addition to regular toxicology costs, GS charges a \$35.00 on-site collection fee plus \$0.57/mile. Mobile collection from GS testing is available 24/7 including weekends. Call ahead for an appointment and remember there may be travel time involved. GS Testing can be reached at (503) 992-6359.

KLEAN Treatment Center Recruitment

KLEAN, La Pine, Oregon, is searching for a part-time physician, certified, or becoming ASAM or ABAM certified, to provide medical supervision and oversight for a residential female only health professional program in Central Oregon. Contact Thom Delzell ((541) 385-6001; thom@juniperbehavioral.com) for more information.

Observed Collection Protocol

From time to time licensees will call HPSP to report strange test collection site experiences. As a reminder, all urine specimen collections are to be observed by a same sex observer. In some specific situations a monitored observation is permitted when a same gender observer is not available. A monitored collection involves the collector standing immediately outside of the door and does not require the collector to directly observe the donor voiding into the cup. As most collection sites collect for multiple reasons including Department of Transportation (DOT) tests, they may forget to read protocol that while HPSP requires collectors to observe urine leave the donor's body and fill the collection cup, HPSP does NOT require donors to lower their pants/undergarments and turn around. If the collector asks you to lower your garments, please:

- Show them that your MedTox Donor ID Card states "All specimens must be observed split specimen collections (non-D.O.T.)."
- If during normal business hours please call HPSP at (888) 802-2843.

As a reminder, always remember to carry paper chain of custody forms with you. Additionally, be sure to review the Toxicology Testing – General Guideline and the other HPSP Guidelines at <http://www.rbhhealthpro.com/Guidelines>



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Outreach

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Hazelden Webinars

The Hazelden Betty Ford Foundation's collection of addiction recovery webinars is extensive. Previous addiction recovery webinars were recorded and are available on demand for playback or download at http://www.hazelden.org/web/public/addiction_recovery_webinars.page. A certificate of completion is available for most webinars after completing the webinar.

Seasonal Affective Disorder

Seasonal affective disorder (SAD) is a depression that occurs during a particular season of the year. Most people with SAD are depressed during the fall and winter, when the days are shortest. Their depression disappears in the spring and summer. A less common type begins in late spring or early summer. Changes in the amount of daylight may be the cause of SAD.

Although many people say they get the "blues" in the winter, a person with SAD has much more difficulty coping during this season. Like other forms of depression, SAD interferes with daily life. Overcast days can make a person with SAD feel worse. People with SAD have mild to moderate depression.



SAD can affect anyone, although women are approximately 1.5 times more likely to develop SAD than are men. Those most affected are people in their late teens, 20s, and 30s, with the majority women in their 30s. Older adults are less likely to develop it. It is more common in northern latitudes and extreme southern latitudes. The depression is frequently moderate to major. SAD sufferers frequently have other family members with mental illness, such as depression or alcohol abuse.

Varying levels of the neurotransmitter serotonin are believed to play a role in SAD. The sleep hormone melatonin, which has been linked to depression, also may play a role. The body makes more melatonin in the dark, so the shorter, grayer days of winter boost levels of melatonin.

The symptoms of SAD can be confused with symptoms of other illnesses, including hypothyroidism and viral infections such as mononucleosis.

People with a mild case of SAD can ease symptoms by increasing the time they are exposed to daylight during the day. Spending time outdoors each day and getting regular outdoor exercise are two effective methods to combat SAD. For more severe cases, doctors may prescribe light therapy and possibly antidepressants. Light therapy involves exposure to very bright, full-spectrum fluorescent light for a certain amount of time each morning.

What to Do

During the fall and winter, try to get regular exercise and spend time outside each day. Rearrange the furniture in your home and workspace and open the blinds or curtains to take advantage of as much sunlight in the fall and winter as possible. Talk to your doctor if you have signs or symptoms of SAD significant enough to interfere with daily life. Your doctor can refer you to a mental health professional trained to treat patients with SAD.

Other Trainings

Hazelden Betty Ford, Shame: Impact in Addiction, Treatment and Recovery. Heidi Wallace, MA, LPC, NCC, MAC.

- 10/8/15- Billings, MT: 11:00am - 1:00pm
- 10/8/15- Bozeman, MT: 6:00pm - 8:00pm
- 10/9/15- Missoula, MT: 11:00am -1:00pm

Talbott Recovery, Psychopharmacology Part 1: Alcoholism, Depression, and Anxiety. Richard Amar, 10/30/15- M.D. Dunwoody, GA: 9:30am -12:45pm.

Educational Resources

• **Portland/Beaverton Recovery Speaker Series.** Hazelden Betty Ford is offering a free first Tuesday and third Thursday Recovery Speaker Series. For dates, time, and locations visit: <http://www.hazelden.org/web/public/calendars.view>

• **PRN Support Groups.** The PRN has an updated list of support groups: Visit [http://www.prnoforegon.org/html/support groups. htm](http://www.prnoforegon.org/html/support%20groups.htm) and select "Find a support group near you" to learn more.

HealthProCHOICES

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

Fall 2015

"It does not matter how deep you fall, what matters is how high you bounce back." – unknown

Open Letter From Our Medical Director:

I have been serving as the medical director of Reliant Behavioral Health Professionals' Services Program (HPSP) for almost two years now. We have found our licensees to be of all ages and races, with varying healthcare positions and duties. Our licensees are our neighbors, our coworkers, and are integral parts of our community.

We know today that mental health and substance use disorders are true neurobiological diseases. They are relapsing and remitting diseases that require proper diagnosis, medicine, treatment, and follow-up. Arranging for the appropriate medical care can be challenging, time consuming, and difficult to find.

We at the HPSP are here to help. The incredible team here at the HPSP ensures that health professionals in the State of Oregon receive the proper treatment they require to continue practicing in their careers safely. Our goal is to keep our licensees working, functional, and healthy. Preserving our licensees' careers while ensuring public safety is a delicate balance that myself and our team of therapists, nurses, doctors, and administrators strive to achieve.

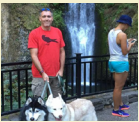
Thank you and we look forward to working with you,

Robbie Bahl, MD
Medical Director, Health Professionals' Services Program (HPSP)



New Agreement Monitor

Scott McBeth, PhD is RBH's new agreement monitor working with Nursing Board licensees. Scott most recently comes to us from Portland Community College (PCC) where he worked in Academic Advising. Scott has also worked in institutional research at PCC and as adjunct faculty in the college success and career guidance department. Scott has also performed a variety of case management positions at PCC all for at risk students. Scott has worked inpatient and outpatient addictions and mental health with experience as a counselor and as a case manager in adult and juvenile settings. Scott holds a Ph.D. and Masters (MS) in Education, a Bachelors (BS) in Psychology, and has completed all coursework for a Masters in Marriage and Family Therapy (MFT). Scott's free time consists of training and racing triathlons, spending time with his wife, playing and walking with his two Huskies, and drinking lots of coffee. Please join us in welcoming Scott.



Holiday Travel

The holidays are quickly approaching. Please remember that we require two weeks notice of travel plans so we can identify testing sites. Remember that we need zip codes and dates of travel. Also, please remember to carry your paper chain of custody forms with you on your travels. Get your requests in early if you have already made your holiday plans.

Fall Newsletter

The HPSP Fall 2015 Newsletter covers October and November. The newsletter will be back in December.

Inclement Weather

It is the time of year when inclement weather is possible. Please review the Inclement Weather and Toxicology Guideline in advance of the season's first event. 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 noncompliance.
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.



HPSP: 888.802.2843
www.RBHHealthPro.com

July Satisfaction Survey

Thanks to everyone who participated in the July 2015 HPSP Satisfaction Survey. A new section of the survey attempted to ascertain licensee understanding of HPSPS' statutory program requirements and to determine if licensees feel that they are treated with dignity and respect. Fifty-eight of the 60 (96.7%) licensees responding to the survey strongly agreed or agreed that they understood the program's statutory requirements. Forty-five (75%) of licensees agreed or strongly agreed and that the program treats them with dignity and respect.

Another section of the satisfaction survey addressed the amount of structure and accountability provided by the program to licensees. Fifty-two (87%) licensees feel the program provides some structure and 57 (95%) of licensees feel the program provides them with accountability.

Twenty of the 60 respondents offered open ended comments. Two licensees reported the program to be punitive, intrusive, too rigid and causes too much stress. These comments were balanced by four very positive comments:

- I understand the role of HPSP is mandated by the legislature and the various state boards involved. To me it is a useful tool to help recovery and satisfy requirements to my board so that I maintain my license.
- All of my experiences with HPSP and my AM have been professional and flexible to meet my specific needs and expectations. The respect and professionalism has been greatly appreciated in this time of transition in my career and life.
- Going through the process has allowed me to overcome many things. Thank you for all the support. Please send a big thank you to my agreement monitor for how great of a job she does. Thanks again.
- The RBH staff has been very respectful to me.

Two licensees had concerns with the handling of their respective board cases with one licensee desiring to be released from their monitoring requirements. Two licensees commented on the positive aspects of the random toxicology requirements, but one licensee commented on collection site staff needing to be more respectful and three licensee commented on the availability of test sites when traveling. Travel site availability continues to be an area that RBH works to attain capacity. Unfortunately, not all collection sites are willing to follow HPSP protocol including observed collections, this has proved especially challenging in New York City.

The final comments revolved around licensees' agreement monitors. Three licensees commented on the positive aspects of their relationship with their agreement monitor while four licensees desired more follow-up calls and communication from their agreement monitor

We want to hear from you. If you feel that the program is not treating you with dignity and respect or if you are having trouble connecting with your agreement monitor please contact Christopher Hamilton, PhD (503-802-9813; chamilton@reliantbh.com).

Tips to Deal With Stress During the Holidays

When you feel stressed, your body automatically increases blood pressure, heart rate, metabolism, and blood flow to your muscles. This response helps your body react to high-pressure situations. When you are constantly reacting to stress, it can affect your health, well-being, and relationships. Too much stress can cause symptoms such as insomnia, headaches, backaches, and constipation or diarrhea.

Research has found that people who effectively manage the stress in their lives have three things in common:

- They consider life a challenge, not a series of hassles.
- They have a mission or purpose in life and are committed to fulfilling it.
- They do not feel victimized by life. They have control over their lives, even with temporary setbacks.

The holiday season can be a particularly stressful time. Busy schedules, family get-togethers, and added financial pressures can increase the stress of everyday life. Follow these tips to deal with stress during the holidays:

- Have realistic expectations. Don't expect everything to be perfect. Don't count on the holidays to make family tensions or disagreements disappear.
- Know your financial limits and budget your spending. Don't feel like you have to buy everyone an expensive gift.
- Don't try to do too much. You shouldn't have to rearrange your whole schedule to deal with the holidays. Ask others for help when you need it.
- It's okay to say no. Don't feel that you need to accept every invitation you receive.
- If you've recently experienced a breakup, death in the family, or other tragedy, holidays can be especially stressful. Ask friends and family to be understanding if you don't feel like participating in the festivities.

Hazelden Betty Ford Speaker Series

- **Managing Acute Pain for Recovering Person.** 11/3 Portland and 11/19 Beaverton
- **Shame and Addiction.** 12/1 Portland and 12/17 Beaverton
- **Mindful Self Compassion.** 1/5 Portland and 1/21 Beaverton

Register at: <http://www.hazelden.org/web/public/event.view?eventId=4747922>

Hazelden Betty Ford Addiction Medicine for the Primary Care Provider Conference

December 3-4, 2015 at the University of Minnesota. Join primary care physicians, nurse practitioners, physician assistants, residents, medical students, fellows, psychiatrists, and mental health professionals to discuss the latest thinking and best practices for identifying and managing substance use disorders.

Register at: <http://www.hazelden.org/web/public/event.view?eventId=4813708>

Health Professionals' Services Program
www.rbhhealthpro.com

HPSP: 888.802.2843

HealthProCHOICES

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

December 2015

December is the toughest month of the year. Others are July, January, September, April, November, May, March, June, October, August, and February." - Mark Twain

Tips to Support Recovery During the Holiday

Holidays can be stressful for anyone, particularly for those in recovery. Besides the temptations to party hearty that seem to be everywhere, there are also the feelings of depression and being left out to contend with. Don't let the holidays get you down or cause you to slip. Here are some tips to support recovery during the holidays.

Tip #1: Be sure to get enough rest. – Let's face it. When you're tired, you're more apt to make snap judgments that may turn out to be wrong, say something you wish you hadn't, or find yourself entertaining thoughts of giving into the temptation to drink or do drugs. While being well rested can't guarantee that these situations won't occur, it's far less likely.

Why is that? In the Big Book of Alcoholics Anonymous, newcomers are encouraged to avoid "HALT." That means you should never allow yourself to get hungry, angry, lonely, or tired. Well, fatigue certainly plays a huge part in what causes many people to succumb to temptation – during the holidays and anytime. When you're tired, your brain gets lazy. You find yourself making excuses or doing what seems easiest. It's hard to fight off cravings if you have no resources left. It's much simpler to just give in.

Do yourself a solid and be sure to get adequate rest each night. This applies all the time, of course, but especially during the holidays. Never permit yourself to burn the candle at both ends. You can't stay up for hours on end – wrapping Christmas presents or celebrating the fireworks display – and be in tip-top shape for whatever responsibilities you have in the morning. And, you won't be much good at making the right decisions, either.

How much rest is enough? Generally speaking, adults should get a good 8 to 9 hours of rest each night. While some people pride themselves on getting by with 5 hours or less, they're only depriving their bodies and their minds of what they really need. It also helps to be consistent with your sleep schedule. Go to bed at the same time every night and wake up at the same time each morning. This establishes your body's natural rhythms – and also helps you be alert and ready to go each day.

Tip #2: Be selective about what invitations you accept. – Depending on what time of year it is, you can expect to receive numerous invitations to parties and get-togethers. This is particularly true during the period from Thanksgiving through New Year's. In some areas of the country, the calendar date that results in the most drinking and driving arrests is Halloween. Other big holidays for drinking include the Fourth of July and Labor Day.

You might think that Mother's Day and Father's Day – while not holidays in the sense that you get time off from work – would be safe. That all depends on what kind of family dynamic you have present. If your family members are big drinkers or have other addictions, it stands to reason that you may wish to steer clear of celebrations on those days.

What it all boils down to is that you should exercise discretion. Be selective – in fact, be very selective – about what invitations you accept. There's just no sense putting your sobriety in jeopardy by going to places where people are drinking and/or doing drugs. If, however, an invitation can't be discreetly turned down, such as a company dinner or event, you might be okay if you pay attention to tip #3.

Tip #3: What's in your glass only matters to you. – When everyone around you is having a good time, drinking cocktails or champagne or beer, do you really think it matters what you have the bartender pour in your glass? Chances are it only matters to you. The man or woman next to you is only interested in getting his or her own drink. So, if you ask for sparkling water or tonic with lime, it's your business and no one else's.

If you're with family or close friends and someone wants to fill your glass for a toast, it helps if you prepare the host ahead of time to have your glass filled with a non-alcoholic drink. If red wine is the toast beverage, you can have your glass filled with cranberry juice. If it's champagne, make yours ginger ale or Seven Up. Remember that others will only notice or pay attention to a situation where a big deal is made of it. So, if you handle this ahead of time, no one's the wiser. Everyone else is just caught up in the celebration of the moment. With this tip, you can join in and still be true to your recovery goals.

Tip #4: Have back-up plans ready. – It's amazing how a simple tip can make all the difference. If you're prepared with a reasonable response when you're at a party and getting ready to leave and someone asks you to stay, it's not only less stressful, it's also essential. You've got an easy out, no one's feelings are hurt, and you've been true to your sobriety.

Here's how it works. You always have something that needs to be done. Holidays are no exception. Your response could be that you have to run an errand for your spouse or mother or you have an appointment you can't miss. Maybe you need to pick up your children or get to the bank before it closes or buy supplies for work. What you say isn't important. What is important is that you prepare what you'll say in advance and stick to it. Don't allow someone to convince you to stay just a little longer. Your time is your own. You don't owe it to anyone else.

Laugh off objections, if that makes it any easier for you. Your friends or the party's host will get over it. And you'll be on your way without getting yourself in harm's way.

Tip #5: Go late and leave early. – Here’s another tip that may work for you. It’s simple, really. Just go as late as you can to the party without being irresponsible and leave well before the party’s end. What you’re doing, in effect, is putting in an appearance. That’s all that matters to most hosts anyway. You’ve been invited. You show up, talk to a few folks, and leave. End of story.

As for the others at the party or get-together, they’re too busy chatting up friends and family members to notice how long you’re in attendance. And if someone does tap your arm and ask why you’re leaving, give them the response you prepared in advance (see tip #4).

Tip #6: Spend your time with fellow 12-step members. – Who understands the impact of the holidays on sobriety better than your fellow 12-step members? And, what better place to be than at a 12-step meeting when you feel the pressures of the holiday season? The truth is that those in recovery aren’t any more immune to depression and loneliness than someone who’s never had a problem with alcohol. Thousands of people of all ages are alone or infirm or depressed during the period from Thanksgiving to New Year’s, or around birthdays of now-deceased relatives or friends. But the difference is that you, since you are in recovery, have an automatic support network in your 12-step sponsor and group members.

Besides the fellowship and support, you’ve got someplace legitimate to go during the holidays. You don’t have to stress yourself about what to do or say. Your group members know what it feels like to be somewhat out of place – especially when you’re new to recovery. And you’ll get lots of ideas on how to handle different situations by listening to others share during the meetings. Many 12-step groups may hold special get-togethers during certain holidays. This provides convivial atmosphere and a sober way to celebrate special occasions.

Tip #7: Give thanks for your sober days. – It may help to think about the number of days or weeks or months you’ve been sober. Just counting up the days can afford a measure of comfort and peace. This is a big achievement, and one that you’ve worked hard for. Sometimes, just taking the time to give thanks for all this time you’ve been sober in recovery is enough to keep you firmly on your path.

Tip #8: If you feel you might stumble, call your sponsor. – This tip applies anytime of the year. Day or night, if you feel like you’re in trouble and may slip, get in touch with your 12-step sponsor. Don’t delay. Don’t tough it out. Don’t give yourself an excuse to do something to jeopardize your sobriety.

After all, that’s what your sponsor signed on for when he or she agreed to be your sponsor. If not to help you discover your true strengths, to be supportive of your efforts to stay clean and sober, to listen in a nonjudgmental manner and with compassion, to offer helpful advice – what else is your sponsor for?

Of course, it goes without saying that you should choose your 12-step sponsor carefully. Be sure that the person you ask to sponsor you has been in successful recovery for at least one year. The more time a sponsor has in recovery, the more you look up to and admire the person’s words and deeds, the way he or she is always there when you’re in need, the more beneficial this person can be to you if you have a problem during the holidays.

One thing to remember is that you’re not putting your sponsor out by calling. The relationship you have with your sponsor is a special one. You both are committed to your sobriety.

Tip #9: Keep busy. – When you were in treatment and before you completed your program, one of the important parts was relapse prevention. This is where you learned about the importance of keeping yourself busy, of creating and maintaining schedules and adhering to a healthier routine. During the holidays, it’s especially helpful to have a list of things that you can get involved in or do so that your mind isn’t left to wonder about all the activities you’re missing out on.

Tackle a project you’ve been putting off. Invite some friends over for an intimate dinner at your home. Go out and enjoy a movie or a concert. You can also volunteer to help at any number of worthwhile organizations or charities. Do something nice for your neighbor or someone at work who’s been ill.

Sit down with a paper and pen and make a list of things you’d like to do, want to do, and have the time to do. You can prioritize them or do what is the quickest and easiest to get involved in right now. Once you’re done with that, move on to the next one. If this doesn’t get you through any qualms about being true to your recovery, then get yourself to a 12-step meeting and find support there.

Tip #10: Take time to enrich your spirit. – Material considerations often take center stage in people’s minds when it comes to the holidays. It doesn’t matter what holiday it is, there always seems to be a furious burst of activity around getting ready for the day, being involved on the day, and cleaning up after the day. What often gets left out completely is attention to the spiritual aspect of the holiday.

Christmas is the most obvious time when paying attention to spirituality would seem to matter most. But it’s certainly not the only time. Easter is another, as well as Thanksgiving. In fact, when you get right down to it, any holiday is a good time to think more about your spirituality than all the material trappings associated with the day.

How do you enrich your spirit? There’s no single way. What works for you may not be the same as what proves most effective for the next person. You may believe in God or a Higher Power or the power of the spirit or nature. Maybe you go to a church or a synagogue or commune with nature by meditating in the woods or by a pond or lake or stream. Some people get in touch with their spirituality and feel a sense of enrichment by doing yoga.

You can also just close your eyes, concentrate on your breathing in and out, and wipe your mind of all extraneous thoughts. Picture a peaceful scene and continue to breathe in and out deeply and regularly. Do this for about 15 to 20 minutes. You will feel refreshed and renewed afterward. What you are doing, in essence, is centering yourself, freeing yourself from stresses and distractions. You are bringing yourself back into balance: body, mind, and spirit.

Have a Healthy Happy Holiday

After you've been in successful recovery for a few years, you'll look back on your early days and see how much you've grown. You'll likely be amazed at how much easier it is now to overcome holiday stresses and temptations than it was back then. This is due to your diligence in working your steps, being involved in your support network, constantly refining your recovery plan and taking the necessary actions to achieve your goals. You will know who to turn to when you have a problem, and how to celebrate with sober friends to have a healthy and happy holiday.

Most of all, you'll then be in a position to be able to offer the same type of support to someone new to recovery, someone who, like you a while back, needs the encouragement and strength that only someone in solid recovery can give. At that point, you'll really know the importance of support during the holidays. You'll know because you're doing it.

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Dr. Joe Autry



Dr. Autry pictured with HPSP Agreement Monitor, Christa Lee

Dr. Joe Autry is RBH Monitoring's consulting psychiatrist and has worked with HPSP since 2012. Dr. Autry is the recipient of both the Presidential Rank Award for Meritorious Service and the Presidential Rank Award for Distinguished Service, is a Distinguished Life Fellow of the American Psychiatric Association, and is Board certified by the American Board of Psychiatry and Neurology. Dr. Autry's career spans his private psychiatric practice and a comprehensive federal career which included being a former member of the Federal Senior Executive Service and also a Senior Medical Consultant and Interagency Coordinator for Health and Human Services (HHS)/Substance Abuse and Mental Health Services Administration (SAMHSA).

Dr. Autry graduated from Rhodes University and the University of Tennessee Medical School before completing his residency at the National Institute of Mental Health (NIMH) and St. Elizabeth's Hospital in Washington, DC. Dr. Autry served as Lt. Commander, U.S. Navy, Chief of Psychiatry, at the Naval Operations Base in Norfolk, VA, and as Staff Psychiatrist at the Portsmouth Naval Hospital in Portsmouth, VA.

Career Highlights:

- National Institute of Mental Health (NIMH), Division of Extramural Research Programs Director.
- National Institute on Drug Abuse (NIDA), Division of Applied Research Director responsible for the implementation of Executive Order 12564, which requires federal agencies to establish comprehensive drug-free workplace plans.
- Office of National Drug Control Policy (ONDCP), Convener and author of Federal Initiative to Encourage Private Sector and Non-federal Public Sector Substance Abuse Workplace Efforts report and recommendations.
- Department of Transportation, implementation of the North American Free Trade Agreement (NAFTA) provisions regarding testing reciprocity.
- HHS special project representative including joint work with Russian public health officials on substance abuse prevention and treatment.
- HHS/SAMHSA Center for Substance Abuse Prevention Acting Deputy Director, Deputy Administrator, Acting Administrator, Senior Medical Advisor, and Interagency Coordinator.
- HHS/SAMHSA interagency liaison to the VA.
- Public Health Service Quality Review Panel Chair.
- VA Secretary's Advisory Committee on Homeless Veterans (2007 – 2014).
- Federal Employees Health Benefits Plan mental health parity study which became the Paul Wellstone and Pete Domenici Mental Health and Addiction Equity Act of 2008.

Now retired from federal service, Dr. Autry maintains his private practice and consults on areas that interest him including physician health programs and national health care reform as it intersects with mental health parity. RBH is honored to have Dr. Autry as part of the HPSP team.

Program Director Message - HPSP Completion Outcomes



Last month, at a meeting with a group of executive physicians I was shocked to learn the extent of misconceptions around HPSP. Especially troubling, were perceptions that HPSP is a "black hole" that no licensee can complete and that self-referred licensees who become known to their board will automatically lose their license. To set the record straight, we went to the data to answer 1) Do licensees complete HPSP? and 2) Do self-referred licensees who become known to their boards lose their licenses?

1) Do licensees complete HPSP?

- **Yes, 73.5% of licensees have completed or are on target to complete HPSP.** Excluding a handful of licensees who were referred and subsequently separated in the first few days as inappropriate referrals (30) or died while participating (7), a total of 706 health professionals have participated in HPSP. HPSP is a minimum of two years for mental health only licensees and four or five years for licensees diagnosed with a substance use disorder. As of early December 2015, five years and five months since the program began, 43.2% (305) licensees have successfully completed HPSP. If we add in the 30.4% (215) licensees who are still active in the program, we see 73.6% of licensees have completed or are on target to complete HPSP. The 73.6% includes licensees from the Nursing, Dentistry, Pharmacy, and Medical Boards

Of the 412 HPSP licensees who enrolled before 6/30/2011, 64.8% (267) have successfully completed the program. This group is important as it represents a population where at least four and half years have passed to allow nurses (four years) and dentists, pharmacists, and OMB licensees (five years) with substance use disorders, the time necessary to complete. In addition to the 64.8% who have completed, another 3.7% (10) licensees are still active in the program.

In their national study of 802 physicians participating in physician health programs (PHP), McLellan et al. (2008) identify a 64% completion rate at five years and an additional 16% who were extended in monitoring. These national figures correlate with the HPSP findings, but when we look at just the 120 OMB licensees who enrolled prior to 6/30/2011 we realize a 67.5% (81) completion rate with an additional 16.67% (20) OMB licensees still active in the program.

2) Do self-referred licensees who become known to their boards lose their licenses?

- **No, 80% of self-referred licensees who become known to their boards complete or are still active in the program.** Over the past five and a half years, a total of 139 licensees have self-referred into the program. Of these 139 licensees, 43 (31%) have become known to their boards due to a report of non-compliance and two (1.5%) of these licensees self-reported to their boards. Of the 45 self-referred licensees who became known to the board, 36 (80%) have completed or are still active. HPSP's completion outcomes are in direct alignment with McLellan et al's (2008) national PHP outcomes. We are appreciative that these physician executives were willing to share their community's HPSP perceptions. HPSP's Medical Director, Dr. Robbie Bahl and I have grand rounds scheduled next year for Shriners Hospital and OHSU and are scheduling meetings with health systems across Oregon. We will share this data with those who attend these sessions with the hope that it will help individuals overcome unfounded fears about recovery and HPSP participation. If you would like to learn more feel free to contact, Christopher Hamilton, Ph.D. @ ((503) 802-9813; chamilton@reliantbh.com).

HPSP Licensee Letter

Dear RBH-

I just wanted to take a moment and thank you for the service you provide at RBH. I'm very grateful to be a part of this program. The U.A.'s can be a pain at times but its well worth it. The thought of using alcohol or any other substances continues to be a thing of the past. Life is so much better without it. I'd like to further add that my agreement monitor has been wonderful to work with. This past Saturday I was up for a U.A. which is rare on a Saturday. Fortunately GS testing was immediately available which made my life much easier. Again I am very grateful for you and all the others at RBH that do such a great job of monitoring.

Thank you,

Coping with Stress and Depression During the Holidays

- Keep expectations for the holiday season manageable. Try to set realistic goals for yourself. Pace yourself. Organize your time. Make a list and prioritize the important activities. Be realistic about what you can and cannot do. Do not put entire focus on just one day (i.e., Thanksgiving Day) remember it is a season of holiday sentiment and activities can be spread out (time-wise) to lessen stress and increase enjoyment.
- Remember the holiday season does not banish reasons for feeling sad or lonely; there is room for these feelings to be present, even if the person chooses not to express them.
- Leave "yesteryear" in the past and look toward the future. Life brings changes. Each season is different and can be enjoyed in its own way. Don't set yourself up in comparing today with the "good ol' days."
- Do something for someone else. Try volunteering some time to help others.
- Enjoy activities that are free, such as driving around to look at holiday decorations; going window shopping without buying; making a snowperson with children.
- Be aware that excessive drinking will only increase your feelings of depression.
- Try something new. Celebrate the holidays in a new way.
- Spend time with supportive and caring people. Reach out and make new friends or contact someone you have not heard from for awhile.

Opportunities

The National Certification Commission for Addiction Professionals has announced a one-time grandfather credentialing offer to attain a National Certified Addiction Counselor Level I or Level II credential with no testing. The offer is available to all current state certified or licensed addiction counselors who meet eligibility criteria until April 30, 2016. Visit <http://www.naadac.org/NCCAP-NCAC-GrandfatherCredentialOffer> for more information.

New York Society of Addiction Medicine (NYSAM) 12th Annual Intersection of Science, Treatment and Policy Conference. Critical Role of Addictions Medicine in Healthcare Reform: Best Practices. February 5-6, 2016. For more information: <http://nysam-asam.com/upcoming-events/>

Hazelden Betty Ford Speaker Series

- **Shame and Addiction.** 12/17 Beaverton
 - **Mindful Self Compassion.** 1/5 Portland and 1/21 Beaverton
- Register at: <http://www.hazelden.org/web/public/event.view?eventId=4747922>