

HealthProCHOICES

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

January 2014

"Do not wait until the conditions are perfect to begin. Beginning makes the conditions perfect." Alan Cohen

For OMB Licensees

Several licensees have had questions about what educational credits can be used to meet the 20 hour of educational hours requirement as stipulated by the OMB. Below is the Guideline for Approving CMEs to Meet the OMB Requirements. If you have any questions, please speak with your agreement monitor or contact Dale Kaplan, Dkaplan@reliantbh.com or 503-802-9842.

Guideline: The Oregon Medical Board requires licensees participating in the Health Professionals Program (HPSP) to complete 20 education hours in Addiction or Mental Health prior to completion of the program. For a program to be approved by the agreement monitor the licensee must provide documentation that the program meets one of the following requirements:

- The program is an addiction education or mental health course or training.
- The program has the intent to educate about recovery. Licensees will be given credit hours toward the 20 hour requirement when attending a recovery retreat, such as Hazelden Lodge or an AA retreat center when the licensee provides the following information on the attended session: title of the session; name of moderator and hours attended.
- Conferences such as the American Society of Addiction Medicine (ASAM), International Doctors in Alcoholics Anonymous (IDAA) conference, or Professional Recovery Network (PRN) conference.
- Community college course on addiction or mental health.
- Trainings that focus on pain management or best practices when prescribing addicting medications.
- Certificates, EUs, or CMEs from educational courses that may be obtained from sites like NAADAC or journal reviews.

Programs that will not be approved: Any program that does not have the primary focus on understanding addiction, recovery, or mental health. Addiction and mental health are not incidental or secondary to the training. Anything outside of the above goes to the HPSP case management meeting for discussion and decision.

Excellent Conference For All Licensees to Consider Attending

Save the Date! By Ed Schneider

I am happy to say we are again presenting the annual ORPRN conference at the Salem Kroc Center on April 12, 2014. **SAVE THE DATE!!!!** We currently have speakers Darryl Inaba, Dr Andrew Mendenhall and Rob Bovett on board as speakers. We will be adding 1 or 2 more speakers to fill out the day. We are hoping to have about 7-8 hours of CE with accreditation for the pharmacists (law and public safety), nurses, MDs, dentists, and counselors. Message from HPSP: For all OMB licensees: This training is an excellent way for OMB licensees to obtain CMEs to meet the 20 credit requirement for program completion.

It's the Flu Season

This appears to be a bad winter for the flu and colds. The question has come up regarding what over the counter medications a licensee in the toxicology program can use without concerns about having a non-negative/positive test result. There is a complete list of medications with recommendations regarding medications that should be avoided and medications that may be used. The entire list may be found on HPSP website: <http://www.rbhhealthpro.com/>. Below is a partial list of medications which should not be taken or only used with physician approval.

ALCOHOL CONTAINING MEDICATIONS:	
This is a partial list of over-the-counter medications which contain alcohol. You must avoid these types of medications that contain alcohol. They can result in a positive urine screen and there is no way to differentiate between over-the-counter medication and alcohol for consumption. Please remember that you are responsible for ensuring that nothing you put in or on your body contains alcohol. Consult your pharmacist or physician for alternatives that do not contain alcohol.	
Cough Medicines:	
Vicks 44	Terpin Hydrate Elixir
Nyquil	Pertussin Plus
<input checked="" type="checkbox"/> Romilar	<input checked="" type="checkbox"/> MOST COUGH MEDICINES
<input checked="" type="checkbox"/> Robitussin	CONTAIN ALCOHOL



HPSP: 888.802.2843
www.RBHHealthPro.com

Mouthwashes:	
<input checked="" type="checkbox"/> Listerine	<input checked="" type="checkbox"/> Colgate
<input checked="" type="checkbox"/> Scope	<input checked="" type="checkbox"/> MOST MOUTHWASHES CONTAIN ALCOHOL

OVER-THE-COUNTER MEDICATIONS REQUIRING PHYSICIAN GUIDANCE:

This is a **partial** list of over-the-counter medications which should be used only under physician guidance. HPSP should have a Medication Management form or a letter from the physician approving use of these medications:

Decongestants (Many are Combination Products):

Actifed (pseudoephedrine/triprolidine) OTC	Deconamine SR (pseudoephedrine/ Semprex-D (pseudoephedrine/acrivastine)
Mucinex D (pseudoephedrine/guaifenesin) OTC	(pseudoephedrine/acrivastine)
Alavert D (loratadine/pseudoephedrine) OTC	chlorpheniramine) OTC
Novafed (pseudoephedrine) OTC	Dimetapp
Allegra D (fexofenadine/pseudoephedrine)	(pseudoephedrine/brompheniramine) OTC
Profen (pseudoephedrine) OTC	Sudafed (pseudoephedrine) OTC
Bromfed DM (pseudoephedrine/ chlorpheniramine/pyrilamine)	Duratuss (pseudoephedrine/guaifenesin) Zyrtec D (cetirizine/pseudoephedrine)
Clarinet D (desloratadine/pseudoephedrine)	Entex PSE (pseudoephedrine/guaifenesin)
Claritin D (loratadine/pseudoephedrine) OTC	Humibid DM (pseudoephedrine/ pyrilamine)
	dextromethorphan/ potassium guaiaacolsulfonate)

MEDICATION INFORMATION FOR THOSE IN RECOVERY:

The following is a list of OTC medications judged to be **safe** for people in recovery. Please note that this list is not inclusive of all safe medications and its listing here does not represent an endorsement of its effectiveness.

Cough Medications:	Nasal Sprays:	Sinus/Cold/Flu Medications:
Halls Mentholypus Ricola Cough Drops Robitussin-Guaifensin Syrup Tessalon Pearles Avoid: Any medication containing Pseudoephedrine or Dextromethorphan ("DM") No: Codeine, hydrocodone, Benadryl	Saline Nasal Spray Avoid: Medicated nasal sprays No: NeoSynephrine, Sudafed, or products containing Pseudoephedrine	Airborne Alavert Claritin Zycam Cold Remedy No: Benadryl, products containing Dextromethorphan ("DM"), antihistamine or Pseudoephedrine
Diarrhea/Gas Medications:	Nicotine Preparations:	Skin Preparations:
Beano Citrucel Dulcolax Gas-X Strips, Chewable Tabs or Gel Caps Imodium Kaopectate Simethicone Suggestion: Dietary control, exercise, increased water consumption	Comit NicoDerm Nicorette Nicotine Transdermal Systems Never: Smoke while using these products	Caladryl <input checked="" type="checkbox"/> Calamine Lotion Clotrimazole Cortain Cortizone-10 Cruex Desenex Hydrocortisone Ointment/Cream <input checked="" type="checkbox"/> Lamisil <input checked="" type="checkbox"/> Lotrimin Neosporin Tinactin (Tolnaftate) Triple Antibiotic Ointment

Quick-Start Resolutions for the New Year

Quick-Start Resolutions for the New Year

Resolving to lead a healthier lifestyle is a good way to begin the New Year. But don't despair if you still haven't confirmed your New Year's Resolutions. There's still plenty of time to choose a better path for the year ahead. "Millions of Americans make resolutions that go unresolved largely because they fail to utilize proven behavior modification techniques to support their new goals," says Don R. Powell, Ph.D., president of the American Institute for Preventive Medicine in Southfield, Michigan, and author of 365 Health Hints.

Pick 1 or 2 that are important to you, work on them, and move on to others when you have met your goals.

1. I resolve to get physical. Sticking to a regular exercise routine is one of the most important steps you can take to improve your health and longevity. Starting this year, devote 30 minutes, three to four times a week to an aerobic activity you enjoy. Good choices include walking, running, swimming, biking, skating, and aerobic dancing.

2. I resolve to maintain an ideal body weight. This year, eat high-fat foods in moderation. Approximately one in two Americans is overweight, and these extra pounds contribute to heart disease, diabetes, stroke, and an increased risk of certain cancers.

3. I resolve to stop smoking and try avoiding those people who still light up. Cigarette smoking is the single-most preventable cause of illness in America today. Each year, six times more Americans die from cigarettes than were killed in the Vietnam War. Side stream smoke is just as bad; it can be deadly to nonsmokers who inhale it on a regular basis.

4. I resolve to control my blood pressure. If you haven't had your blood pressure checked recently, do so. Follow your doctor's instructions if it's high, and faithfully take any prescribed medication. If left untreated, high blood pressure is the primary cause of stroke.

5. I resolve to develop a strong social support network. Studies have shown that people who have supportive relatives, friends, and co-workers are sick less often than those who don't. Be a friend to others and keep your family close and caring.

6. I resolve to reduce my cholesterol. This year have your cholesterol tested or retested, if necessary. The average cholesterol level in the United States is 215 -- 15 points above 200, which is considered healthy. If your level is high, follow your doctor's instructions and reduce your consumption of red meat, regular dairy products, and food items high in saturated fats.

7. I resolve to control my hostility. For your heart's sake, make an effort to control a bad temper. Studies have indicated that anger and hostility may be as bad for your heart as smoking and high blood pressure.

8. I resolve to clean up psychological pollution. People who live long lives characteristically possess a positive attitude about life. Resolve to stop indulging in negative thinking which can pollute your mind and negatively influence your health and emotional well-being.

9. I resolve to always buckle-up. Make it a rule that you won't start your car until everyone is buckled-in. Wearing a seat belt greatly increases your odds of surviving a car accident.

"By keeping all nine resolutions you can add years to your life and life to your years," Dr. Powell says.

Educational Resources

- U.S. Journal Training Inc. 6th National Counseling Advances Conference March 19-21 2014. Las Vegas, NV. 24 hours of continuing education and 6 hours of Ethics. Special focus on: Co-occurring Disorders, Eating Disorders, Trauma Treatment, the Brain and Addiction, the Mind-body Connection, Neuroscience and Psychotherapy.
- 2014 Addiction Health Summit February 27-March 1 2014. Orlando, FL, Hilton Hotel
- U.S. Journal, The Institute for Integral Development and Counselor present the 35th annual training institute Behavioral Health and Addictive Disorder. Hilton Clearwater Beach Resort, Clearwater Beach FL. 2/10-2/13, 2014. Register at www.usjt.com.
- 40th Annual Winter Symposium "Addictive Disorders, Behavioral Health and Mental Health" January 26-29, 2014, Colorado Springs, Colorado Contact: www.ggforrest.com
- Integrative Recovery Resources presents a Comprehensive Intervention Training in Canada sponsored by Sante Center for Healing. 20 CEUs 2/27-3/2/14 Vancouver, BC. For more information or to register: go to www.interventioncasemanagement.com. Find out more at www.weebly.com, or email Eric at: ezej310@gmail.com or call (310) 702-2095.

Free training available from the OMA - ER/LA Opioid REMS: Achieving Safe Use While Improving Patient Care. February 11, 2014 from 8:00 am - 12:00 pm, OMEF Event Center, Portland. Free CME - Register Now:

- The multidisciplinary Collaborative on Risk Evaluation and Mitigation Strategy Education has designed a core curriculum based on needs assessment, practice gaps, clinical competencies, and learner self-assessment with shared tools, resources, and outcomes to meet the requirements of the FDA REMS Blueprint for safely prescribing Extended Release/Long Acting opioid analgesics.
- The OMA has received a grant to provide educational programs to support this curriculum and will offer a complimentary ER/LA Opioid REMS: Achieving Safe Use While Improving Patient Care workshop in Portland in February.
- This interactive CME workshop will discuss general and product-specific drug information for Extended Release/Long Acting opioid analgesics, including benefits, risks and the potential for misuse. Learn to use evidence-based best practices and tools to evaluate patients for treatment with these drugs and to apply proper methods when initiating, modifying and discontinuing their use. You'll come away with information and resources to help you appropriately counsel patients and caregivers on the safe use, storage and disposal of ER/LA opioid analgesics and to effectively manage ongoing therapy with these drugs while assessing for adverse effects.
- 3.75 AMA PRA Category 1™ (Live) *This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of Providence Portland Medical Center and the Oregon Medical Association. Providence Portland Medical Center is accredited by the Oregon Medical Association to sponsor continuing medical education for physicians. Providence Portland Medical Center designates this live activity for a maximum of 3.75 AMA PRA Category 1 credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

- Visit <https://theOMAinreachce.com> for a full catalog of OMA's live and on-demand programs.
- © 2013 Oregon Medical Association - 11740 SW 68th PKWY, Portland OR 97223 - (503) 619-8000

HealthProCHOICES

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

February 2014

"Between stimulus and response there is a space, and in that space lies our power and freedom."
Viktor Frankl, Man's Search for Meaning 1997

HPSP Staff Change Announcement

Dale Kaplan has announced her April 2014 retirement. Beginning March 10, Dale will be working part-time for 20 hours per week. Dale has been involved with the HPSP program since the State initially issued the Request for Proposals early in February 2010. Dale will be leaving us to travel and spend time visiting with family and friends. Christopher Hamilton, MPA, PhD Candidate (ABD), will be starting on February 26 as the RBH Monitoring Program Director. Christopher is very familiar with the HPSP program as he has been the program's primary contact for the State of Oregon, Oregon Health Authority. Christopher comes with a strong background in substance abuse, mental health, and program management. Christopher's contact information is Chamilton@reliantbh.com. There will be a transition period but Christopher will be available for any licensee concerns or comments starting 3/3/14.

HPSP Program Information

- As of 2/3/14, licensees who owe a balance on their financial account have 15 business days to bring their account to a zero balance to avoid program suspension. The change from 30 days to 15 days was necessary because licensees were increasing their balance owed as they had to continue to test.
 - **Program funding:** We have been asked by licensees "who funds the HPSP?" HPSP was established during the 2009 legislative session. House Bill 2345 directed the Department of Human Services (DHS now Oregon Health Authority) to "establish or contract to establish" the Program and "to adopt rules establishing a fee paid by the boards participating in the program." The Oregon Health Authority pays Reliant a set fee on a monthly basis for monitoring services. The method for allocating costs was agreed upon by the participating boards in 2010. Fifty percent (50%) of the total program cost is determined by total board licensees; think of total licensees as a proportion of potential participants. The other 50% of the total program cost is determined by snapshots of actual board participant June enrollment.
- Licensees are responsible for specific program fees. These include the fees associated with the safe practice investigation for self-referrals (\$1500) and toxicology testing. The fee for the toxicology testing varies according to the panel and the fees range from \$50.26 to \$103.06. For licensees licensed by the Oregon Medical Board, there is a fee for quarterly sessions with a periodic monitoring consultant which varies according to the consultant's credentials and there is also a fee of \$42 for the required group monitoring sessions. There are no other sources of income to cover the costs of the HPSP program.
- **Licensees in the toxicology program:** Please note that Kombucha drinks leave production with no alcohol content. It is the probiotic cultures eating sugars/yeasts in the drink that create the fermentation while on the shelf. Licensee may test positive for ETG/ETS after drinking Kombucha so this is a product that should not be used by licensees in the toxicology testing program.
 - We are working on the results of the recent Satisfaction Survey distributed January 1st. Watch for responses to licensee comments in the March newsletter. The survey results overall were positive. There was a strong response rate to the survey; thank you to all licensees who sent in a survey response.

Website Upgrade

We told you in October to expect an update to the website. It is coming very soon! Beginning in March 2014, there will be an upgrade to <https://www.rbhmonitoring.com>, the website that you have the option of using to "check" to see if you need to test. In addition to seeing if you need to test, you will also see account summary information and have the ability to request additional paper Chain of Custody forms. The landing page (<https://www.rbhmonitoring.com>) will change to include new graphics and a welcome message. Click on log-in and enter your username and password as usual. Note that the website www.RBHHealthPro.com will not change.

Got Five Minutes? Change Your Life

How does your day begin? Do stressful thoughts and worries fill your head? Does the way you think about them add to your anxiety about what lies ahead? Would you like to find a different way to start the day?



HPSP: 888.802.2843
www.RBHHealthPro.com

"It's easy to fall into habits of thinking that increase stress, but by doing a five-minute exercise that promotes peace, contentment and purpose, your way of thinking and your day can be more calm and balanced," says Jeffrey Brantley, M.D., director of the mindfulness-based stress-reduction program at Duke University's Center for Integrative Medicine and author of Five Good Minutes.

The concept is simple: Every morning take five minutes to apply attention, intention and wholeheartedness to a helpful activity.

Get ready. Begin by doing the following before each exercise.

Breathe mindfully for about a minute. To do so, allow your body to breathe naturally while you pay attention to your breath moving in and out. Don't try to control your breathing or thoughts.

"Paying attention to your breathing helps you be more aware of the present moment instead of regretting the past or worrying about some future event," says Dr. Brantley.

Set your intention, as a way of pointing yourself toward a goal or value that's important to you. As far as the exercises are concerned, your intention could be to become more peaceful, content or joyous.

Take five. When you're ready, pick one of the following exercises and do it wholeheartedly, with all your attention and energy.

- Have a silent retreat. Take five minutes to quiet your mind by finding a quiet place where you can notice your breathing in silence as you let go of any urgency to be somewhere else. Return to this place of stillness if a stressful situation arises later in the day.
- Record your joys. Take five minutes to make a list of the experiences and events that bring you joy, such as fishing, listening to music, spending time with your family, doing something for someone, talking with a friend or playing with your pet. "By taking note of the little joys in your life, you open yourself to more happiness," says Dr. Brantley.
- Melt that frown. Don't let a frown shadow your day. It's hard to be angry or sad with a smile on your face. Take five minutes and smile while you wash the dishes or do some other chore.
- Look for the extraordinary in the ordinary. This exercise is about finding the miraculous in daily life and searching for the unique in the mundane. Take five minutes to observe the less noticeable things in your morning, such as the sound of birds chirping outside your window, or the wind rustling in the trees.
- Give up grumpy mornings. Make a list of all the good things that happened to you in the past week.
- Fuel your optimism. Start your morning by coming up with as many hopeful thoughts for yourself, your loved ones and the planet as you can. For example: I have hope that everything goes smoothly at work today. I have hope that my family is healthy and happy. I have hope that my friends are having good experiences today. I have hope the world will be peaceful today.
- Explore the mystery of being human. Ask yourself the following questions, or ones that come to mind, and listen for whatever answers arise. What would it be like to love my spouse/partner/family more generously? What if I didn't always have to be right? What would it be like to be flowing with life, not against it?

"So much of our stress and unhappiness come from feelings of fear, separation and judgment," says Dr. Brantley. "These exercises invite you to shift your patterns of thinking to embrace joy and acceptance."

Educational Resources

- U.S. Journal Training Inc. 6th National Counseling Advances Conference March 19-21 2014. Las Vegas, NV. 24 hours of continuing education and 6 hours of Ethics. Special focus on: Co-occurring Disorders, Eating Disorders, Trauma Treatment, the Brain and Addiction, the Mind-body Connection, Neuroscience and Psychotherapy.
- 2014 Addiction Health Summit February 27-March 1 2014. Orlando, FL, Hilton Hotel
- Integrative Recovery Resources presents a Comprehensive Intervention Training in Canada sponsored by Sante Center for Healing. 20 CEUs 2/27-3/2/14 Vancouver, BC. For more information or to register: go to www.interventioncasemanagement.com. Find out more at www.weebly.com, or email Eric at: ezej310@gmail.com or call (310) 702-2095.

HealthProCHOICES

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

March 2014

"The soft overcomes the hard; the gentle overcomes the rigid. Everyone knows this is true but few can put it in practice."
Lao Tzu, Tao TeChing 6th century B.C.

HPSP Program Information

- For licensees in the toxicology program please do not use your social security number on the Chain of Custody Form. For identification purposes please use your 8 digit case number.
- Legacy Collection site 2901 is now open 24 hours. Although you may not see this site listed on your account or on the website, this is a collection site for HPSP licensees.
- Please let your agreement monitor know if you are aware of any training program that may be appropriate for licensees to meet their CMEs requirements.

Christopher Hamilton



Christopher Hamilton is Reliant Behavioral Health's new Monitoring Programs, Program Director. Christopher comes from the Oregon Health Authority (OHA) where he was the Lead Treatment Policy Analyst, Health Professionals' Services Program Manager, and DUI Coordinator. Before joining the OHA's Addictions & Mental Health Division, Christopher spent nearly 10 years with the Oregon Judicial Department as the Treatment Court Manager from 2002 to 2008 and Education and Outreach Manager until 2011. Christopher holds a Master of Public Administration degree from Portland State University's Hatfield School of Government and is all but dissertation (ABD) with a Ph.D. in Adult Higher Education from Oregon State University. Christopher has completed numerous drug court and other court program studies and evaluations. Interesting previous employer includes Peter Price's Sports and Vintage Cars. Please direct your comments, concerns or positive feedback to Christopher at chamilton@reliantbh.com or 503-802-9813. Christopher will be chairing the Policy Advisory Committee which reviews program guidelines and licensee requests that are outside the program guidelines.

Robbie Bahl, MD, DABFM



Dr. Bahl has relocated to Portland from New York City. He loves the northwest lifestyle and the people in Portland. When out of the office, he enjoys hiking, bicycling, and playing music. He recently married his wife who practices as a dentist in Portland. He is a Board Certified medical physician, specializing in Addiction Medicine and Family Medicine.

Dr. Bahl directs his own private practice in Portland, Oregon where he performs Suboxone and Buprenorphine Inductions and Maintenance, Chronic Pain Management, Chronic Opioid Management, Alcohol Dependence Treatment, Marijuana Dependence Treatment, and Vivitrol Injections. Unlike many doctors,

Dr. Bahl has been formally trained in Addiction Medicine in the university setting. He completed an accredited fellowship training program at The Addiction Institute of New York in Manhattan at the Columbia University College of Physicians and Surgeons. He also sits on the Board of Directors of ASAM, the American Society of Addiction Medicine.

Dr. Bahl will be approving all treatment plans, evaluations, and all medication management forms for the Medical, Dental, and Pharmacy Boards. He will be normalizing creatinine levels and reviewing ETG/ETS test results for all participating boards. Robbie will be participating on the Policy Advisory Committee.

Oregon Professional Recovery Network - Annual One Day Conference

Oregon Professional Recovery Network- Annual One Day Conference at the Salem Kroc Center 1865 Bill Frey Dr. NE, Salem, OR - April 12, 2014. Registration forms are on the PRN website www.prnoregon.org. See below for the program. Earn educational credits. OMB licensees earn credits toward the 20 CMEs required for program completion.

Conference Program: April 12, 2014

- **7:15a.m.** - Registration and a Real Breakfast
- **7:45a.m.** - Welcome / Announcements
- **8:00a.m. to 9:15a.m.** - Darryl Inaba Pharm D, CADCV
Topic: Beyond Opiates: Expanding the Science of Pain & Addiction (1.25hr therapeutics)
- **9:15a.m. to 10:30a.m.** - Anne Johnston MS FNP
Topic: Medical Management: Withdrawal, Pain & Primary Care (1.25hr therapeutics/Pain)
- **10:30a.m. to 10:45p.m.** - Break
- **10:45 a.m. to 12:00p.m.** - Adam Rzetelny PhD
Topic: Working with the Stigma of Substance Use Disorders: The Dilemma of Acceptance & Change (1.25hr therapeutics)
- **12:00p.m. to 1:00p.m.** - Lunch
- **1:00p.m. to 1:45p.m.** - Pharmacist's Recovery (.75hr therapeutics)
- **1:45p.m. to 3:15p.m.** - Rob Bovett JD
Topic: Drug Abuse Trends, Law and Policy (1.5 hr Law)
- **3:15p.m. to 3:30p.m.** - Break
- **3:30p.m. to 4:30p.m.** - Ed Schneider + others
Topic: Professional Safety Issues (50min Patient Safety/Ethics)



HPSP: 888.802.2843
www.RBHHealthPro.com

Speakers

- **Darryl Inaba PHARMD, CADC V**
Director of Clinical and Behavioral Health Service, Addictions Recovery Center; Director of Research and Education at CNS Productions, Inc., Medford, OR.
- **Ann Johnston, MS FNP**
Hazelden Springbrook specializing in medically supervised detox & internal Medicine, developing & providing practice For impaired professional in dual diagnosis.
- **Adam Rzetelny, PhD**
Millennium Labs Ass. Director of Clinical Affairs,

Clinical psychologist in hospital inpatient & outpatient settings as well as private practice, researcher & educator in Addiction, psychiatry, pain, neurology, & Behaviorism.

- **Rob Bovett, JD**
Legal Counsel for the AOC & ONEA, previously Lincoln County District Attorney, President of Ore Alliance for Drug Endangered Children, Author of various pieces of Oregon & National drug/Meth policy legislation.
- **Edwin L. Schneider, R.Ph.**
President, Professional Recovery Network

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.

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. Pick the time of day when you have the most energy and enthusiasm. Whatever your answer, that's when you should schedule most of your exercise.

Staying motivated. One of the differences between a person who exercises regularly and a person who doesn't is motivation. Each of us is motivated by different things. Find out what motivates you, and it will be easier to stick with good habits.

- 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.
- X marks the spot. Studies show that some people are more likely to exercise when they keep track of their workouts. Try marking an X on your calendar every day that you work out.
- 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.
- 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.
- 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.

Educational Resources

- U.S. Journal Training, Inc. 6th National Counseling Advances Conference - March 19-21, 2014. Las Vegas, NV. 24 hours of continuing education and 6 hours of Ethics. Special focus on: Co-occurring Disorders, Eating Disorders, Trauma Treatment, the Brain and Addiction, the Mind-body Connection, Neuroscience and Psychotherapy.
- 12th National Conference on Adolescents and Young Adults - April 24-26, 2014. Las Vegas, NV. Presented by the US Journal Training, Inc, and Counselor Co-sponsor American Addiction Centers. Up to 24 hours for continuing education.
- Trauma, Addiction, Intimacy Disorders Conference - May 7-9, 2014 Nashville, TN. Presented by the US Journal Training, Inc. and Counselor Co-sponsor American Addiction Centers, The Meadows.

HealthProCHOICES

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

April 2014

"It is not revolutions and upheavals that clear the road to new and better days, but revelations, lavishness and torments of someone's soul, inspired and ablaze." - Boris Pasternak, *After the Storm*, 1958

Testing Sites

GS Testing is a new electronic site in Lake Oswego linked to ALL Oregon Licensees. The site is open Monday through Friday 7am to 7pm and the staff are on call 24 hours a day, seven days a week. Call 503-992-6359 for details.

A quick clarification on Legacy Central Lab in NE Portland. The site's hours are Monday 7:00am through Saturday 4:30pm. In other words they are open 24 hours during this time closing Saturday at 4:30pm and reopening Monday morning at 7:00am.

Exemptions

Spring is here and summer on its way, please remember that exemption 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

RBH Contacts

If you need to speak with someone other than your agreement monitor, Perla Estrada is the Monitoring Operations Manager (503-802-9865; PEstrada@reliantbh.com) and Christopher Hamilton is the Monitoring Programs Director (503-802-9813; CHamilton@reliantbh.com).

Licensee Completion Letter

When I began my recovery process, a little over 4 years ago, I knew that I was emotionally, physically and mentally broken. I wanted help but didn't know how to go about getting it. What I learned, was how spiritually broken I was. For me, this was the missing piece. I was resistant to AA at first, because of the "God" thing. I certainly had to fake it before I made it. But when I was in treatment, I had a shift in my first AA meeting and I started to soak up all the information that the counselors offered. I have done what has been suggested of me because I don't want to go back to the low where I was. My focus when I began was all about my nursing license and what was going to happen. I also learned in treatment that whatever I put in front of my sobriety will be the first thing I lose. My sponsor and I were having lunch the other day and I told her that I would be soon finishing the monitoring program. She said, "do you remember when you were first sober and this person at the Board made you mad and then it was that person". Honestly, I don't remember the details that at the time seemed so important. I felt that I had earned my license and the Board was making me do all these things. In reality, I never had to do anything the Board asked, I could have refused at any time and turned my license in. Today, I am grateful for the opportunity to have my license, my career, my family and most importantly my sobriety.

Today I know that my problem is not with substances that is but a symptom of my problems and a tool for dealing with them. I never knew how to live life on life's terms or how to function as an adult. I always felt not good enough and if I could just have this or just go on this trip, I would feel ok. Anything so I didn't have to feel like me. I can actually say that I am now comfortable in my own skin. Recovery is a learning process and I am grateful to have learned so much. I was not a bad person, just a very sick person.

I went to a 2 week treatment program which was 12 step based. After leaving treatment, I went to intensive outpatient and followed up with 2 years of recovery support. Shortly after treatment, I got a sponsor who I have been working with for about 4 years. She is a beautiful person who loves me for me. We worked through the 12 steps of AA and I started sponsoring other women. I attended 90 AA meetings in my first 90 days of sobriety and have always had a service position. I was taught that it is important to



HPSP: 888.802.2843
www.RBHHealthPro.com

give back to this program that gives so freely. I have done everything from making coffee to Intergroup Rep and everything in between. I have also worked as a volunteer on the AA hotline, taking calls from members in crisis. I plan to continue my journey the way I was taught, continue attending my weekly AA meetings, including my home group. Be of service when asked, no reasonable request should ever be turned down. Currently I am the coordinator for the Multnomah Justice Center. We take AA meetings in once per week to the female inmates. I am so grateful to be able to do this, it is by far my favorite service position. I plan on continuing with this service position as I feel that it is an important part of my recovery. Turn thing over to my higher power, I am not in control! As soon as I take over the controls, things are going to not go well. I know that recovery is not a program that I graduate from, I do not get a certificate of completion and I cannot rest on my laurels. When I complete a step with my sponsor, we go to the next one. It's cyclic, not linear. Each time I work the steps, more things come up that I have an opportunity to work on.

My vision for the future is simplicity and serenity. I want to continue this journey of recovery so that I can be the best me possible. I see a future without inner turmoil but with peace, and I am getting there day by day. Each day that I am sober, I don't have to feel guilt and shame. Instead, I feel hope and peace. I now enjoy relish simplicity over the complexity and drama that I used to create and thrive off of. This is all due to having a spiritual experience and a Higher Power in my life today. I can truly say that I am happy today and for me that is a great accomplishment!

Reprinted with permission from Licensee

Spring Sunshine Brightens Mood

After months of low temperatures and dark skies, isn't it delightful to celebrate spring again?

For many people, this wonderful season of new life is a real morale booster. One reason: a brain chemical known as serotonin that soothes and balances the nervous system. For most people, serotonin production is linked closely to the amount of sunlight that strikes the retina of the eye.

When people are deprived of light, as usually happens during the winter months, the production of serotonin is slowed, and that could be a factor that produces a bad case of the winter blues. Conversely, the arrival of spring means more light, and for most of us, possibly a more cheerful mood.



Here are a few suggestions on ways to take advantage of spring sunshine. Adjust your schedule, whenever possible, to spend time with the sun. When the weather is bright outside, why not grab a sandwich and a soda and carry them to your favorite outdoor bench? If you can get 30-40 minutes of exposure to bright sunlight periodically, your serotonin level will rise and the winter blahs will begin to fade.

- Get serious about exercise. If you're like most of us, you added a few pounds during the winter. Try committing to three or four half-hour workouts per week to shed that weight. (Consult your family physician before beginning any new exercise program.) About 30 minutes of brisk walking, every other day, is enough to improve cardiovascular fitness, while also elevating your mood.
- Change your diet to match the more active, outdoor lifestyle that begins with spring. Instead of fats, sweets and heavy starches, enjoy seasonal fruits and vegetables. You'll feel lighter and quicker on your feet.

Educational Resources

- 12th National Conference on Adolescents and Young Adults - April 24-26, 2014. Las Vegas, NV. Presented by the US Journal Training, Inc, and Counselor Co-sponsor American Addiction Centers. Up to 24 hours for continuing education.
- Trauma, Addiction, Intimacy Disorders Conference - May 7-9, 2014 Nashville, TN. Presented by the US Journal Training, Inc. and Counselor Co-sponsor American Addiction Centers, The Meadows.

HealthProCHOICES

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

May 2014

"Joy is being willing for things to be as they are." Charlotte Joko Beck, Nothing Special, 1993



2014 PRN Conference

RBH staff enjoyed meeting several licensees while attending the 2014 Professional Recovery Network (PRN) of Oregon Annual Conference in Keizer last month. We look forward to seeing you next year and will provide 2015 Conference information as soon as it is available.

Payments

Licensees are solely responsible for the cost of toxicology testing associated with their monitoring requirements. As such, RBH requires that licensees pay all debt owed at program completion. Failure to pay monies owed for services rendered may result in accounts being turned over to collections.

Licensee Comments: Satisfaction Survey 7/1/2013-12/31/2013

As in the past, RBH uses the Newsletter to respond to questions and comments raised through the HPSP Satisfaction Survey. The questions and comments below were yielded from the January 2014 Satisfaction Survey. We will distribute the next survey in July and appreciate your participation.

Question: Why doesn't RBH have someone on call for extended hours and on weekends? Thank you for the suggestion. Beginning this weekend, Saturday, May 24, 2014, RBH's Director of Monitoring Programs will be available Saturdays to answer questions. Feel free to call him @ (503) 802-9813. As the majority of weekend questions are test site related please remember that Legacy Central Lab in Portland is open Saturday's until 4:00 PM and can be reached @ (503) 413-5113. Also, GS Testing in Lake Oswego is open 24 hours and can be reached @ (503) 992-6359. Additionally, the RBH call center, (888) 802-2843, is available until 6:00 PM, Monday through Friday.

Theme 1: "The Program is arbitrary, limiting, inflexible, punitive, excessive, and I resent having to participate" versus "The program is the key to my recovery, I'm grateful for the structure, it keeps getting better, thank you for the program." We are pleased that these comments balance out, but want to remind all licensees that the HPSP was created by the legislature and that the program operates under contractual obligations of the Oregon Health Authority. The HPSP facilitates a structure that harbors successful recovery. RBH follows protocol agreed upon by the state and boards and follows approved guidelines. The program length is not excessive and has been found to provide the best chance for long-term monitoring success.



HPSP: 888.802.2843
www.RBHHealthPro.com

Theme 2: “My agreement monitor is unavailable, needs to build a relationship with me, weeks go by without talking live, sometimes another agreement monitor returns my message” versus “My agreement monitor listens to me whine and vent, is extremely helpful, responsive, professional, courteous, and caring.” It appears from the comments and quantitative responses that several licensee have positive relationships with their agreement monitors. The agreement monitor role is limited by statute, contract, and HPSP mission, but ultimately there to assist you in achieving your success. In addition to weekly check-ins, which can be by voice or email, licensees are required to have a minimum of one monthly voice to voice conversation. If you need more contact with your agreement monitor please ask them. If your agreement monitor is not responsive please let the Monitoring Operations Manager, Perla Estrada (503) 802-9865 or Program Director, Christopher Hamilton (503) 802-9813 know. Additionally, you will generally hear back from your assigned agreement monitor. However, there may be times when your regular agreement monitor is out of the office and you will hear back from one of RBH’s other agreement monitors.

Question: Why can’t I meet my agreement monitor in person? At this time, meeting your agreement monitor is not an option. Face-to-face meetings are not a service included in the current OHA contract. Some licensees have informally met their agreement monitors at recovery events like the PRN Conference.

Comments: Test sites have subpar computer systems and I was billed \$20 by a collection site for a test. MedTox is RBH’s toxicology vender and is responsible for providing a nationwide network of collection sites for HPSP licensees. Collection sites connected to HPSP licensees follow protocol developed by HPSP and are enforced by MedTox. As you are aware, the collection site should not bill you or collect a fee. The cost of tests billed to you by RBH are a combination of the collection, analysis, medical review officer (MRO) review. Please let RBH Administrative Case Coordinator, Tina Mewhinney (503) 802-9866 know if you experience any problems with test sites.

Comments: I only find out about HPSP rules when I inadvertently break them. HPSP follows guidelines available on the website at: <http://www.rbhhealthpro.com/Guidelines>. HPSP program requirements are provided to all licensees by their agreement monitor at the time of program entry. If you have any questions be sure to ask your agreement monitor or contact the Monitoring Operations Manager, Perla Estrada (503) 802-9865 or Program Director, Christopher Hamilton (503) 802-9813. Additionally, as guidelines are updated they must first be approved by the HPSP Advisory Committee comprised of HPSP participating Boards and the state. Changes are then communicated to licensees through their agreement monitor and the newsletter.

Comment: As a mental health only licensee, toxicology testing is extremely stressful. Toxicology requirements for HPSP’s mental health only licensees were changed with HB 2124 (2013). Toxicology testing is only required of newly enrolled mental health only licensees (2014 on) when indicated in the independent third party evaluation or explicitly required by the board.

Comments: The daily IVR call in requirement is the most difficult component of the program. Can’t you just call me and tell me when I need to test. Daily IVR checks are a component of personal responsibility and positively correlate with successful program participation. RBH has several check-in options to assist with the IVR call requirement. Licensees can check in online at <https://www.rbhmonitoring.com/>, call the IVR at (888) 802-2581, or use the RBH Daily iPhone application.

Comment: The frequency and cost of testing are too high. Licensees who are on formal board probation do not have to test as frequently. There are many difference between formal board probation and HPSP monitoring. HPSP strives to provide a monitoring program upholding toxicology testing standards congruent with Health & Human Services and the Department of Transportation testing standards. Frequency of testing and panel components were determined by the Policy Advisory Committee for all HPSP participating boards. For most participants, HPSP is an alternative to formal board discipline programs and thus not known to the public as they are under formal board probation.

Educational Programs

US Journal Training Inc. has several online continuing education opportunities including:

- It’s not the End of the World: Developing Resilience in Times of Change
- The Lies That Bind: Disseminating Impaired Coping Families with Addiction
- Pain and Addiction: A Challenging Co-Occurring Disorder
- The Pain Paradox: Mindfulness, Compassion, and Resilience in Trauma Therapy
- The Positive Psychology of Personal Transformation: Leveraging Resilience for Life Change
- Visit <http://www.usjt.com/> for more information

For Peace of Mind, Act Instead of React

Some people's lives seem like a soap opera. But though endless crises and confrontations can be entertaining on TV, they make for frustrating, unsatisfying lives. If you'd rather have peace of mind than daily dramas, you need to take charge of the script.

"Learn to act for yourself instead of just responding to what's happening in your life," advises Gretchen Grindle, M.Ed., N.C.C., CEAP, a counselor in Virginia. "Make deliberate choices about how you look at things -- and how you want to deal with them."

Most people react without thinking, "especially in situations in which they feel hassled or threatened," says Ms. Grindle. "We're constantly responding to stimuli -- an annoying co-worker, a whining child, a grumpy spouse. Instead of considering what's really going on or the most constructive way to respond, we often lash out in ways that aren't very helpful."



Of course, this usually results in negative consequences. If another person is involved, the result is likely to be hurt feelings, angry responses or out-and-out resistance.

Even when people are alone, they often let circumstances control them, instead of the other way around. For example, when you're caught in traffic, you feel powerless, so you make yourself miserable with anger or frustration.

"Instead, choose to use the time in a way that builds positive thoughts," says Ms. Grindle. "Do relaxation exercises, listen to a book on tape, plan what you'll do the rest of the day. You'll arrive just as soon, and in a much better frame of mind.

"Learn to separate what you can control from what you can't," says Ms. Grindle. "You can't control another person, and many situations are also beyond your power. You can only control how you act, so your focus should be on your contribution."

To start acting instead of reacting, Ms. Grindle says, "reflect on what has been working in your life and what hasn't. In the big picture, has your behavior been getting you where you want to be?" Here are some more strategies that can help you be more active and less reactive.

- Make a daily to-do list. "Start each day by planning what you want to do and setting priorities. Even if you don't get every thing done, the process is important," says Ms. Grindle. "You're reclaiming control instead of just putting out fires."
- Maximize your physical health. Being "all that you can be" increases your confidence and sense of control. A healthful diet, regular physical activity and enough sleep all help you feel up to daily challenges.
- Get a handle on anger. You may have a right to be angry, but you don't have a right to act destructively on that feeling. Walk away until you get hold of yourself.
- Let go of resentment. Carrying around old grievances is like keeping a 10-pound weight tied around your neck. You don't have to forgive old wrongs, but you can accept them and move on.
- Learn to listen. "Listening gives you power because it helps you learn more about the other person. It puts you in a better position to create a win-win situation," says Ms. Grindle.
- Speak respectfully to everyone. Simple courtesies set the stage for constructive interactions. Consider how others will respond to what you're about to say. If it's likely to cause hurt or anger, find a more positive way to make your point.
- Give others the benefit of the doubt. If someone in the express checkout line has a couple of extra items, forget it. If you make it your problem, it will haunt you the rest of the day.
- Count your blessings. Reminding yourself about the good things in your life is a great way to feel more competent -- and confident.

"Most people today lead lives that are ripe for stress," says Ms. Grindle. "Take time to claim some happiness -- kiss your spouse, hug your children. Whatever else you need to do, this is a very important action to take."

Educational Resources

- International Doctors in Recovery Annual Meeting July 30 – August 3, 2014 in Palm Desert, CA. <https://www.idaa.org/>

HealthProCHOICES

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

June 2014

"What is now proven was once only imagined. Hindsight is a wonderful thing but foresight is better, especially when it comes to saving life, or some pain!" – William Blake



The Health Professionals' Services Program (HPSP) mission is to, "Protect public safety while assisting participants with mental health and substance abuse problems to continue in their professional careers." One of HPSP's most important public safety features and the focus of this month's newsletter is the Workplace Monitor.

Workplace monitoring is required of all HPSP participating healthcare board licensees. HPSP and workplace monitors work closely together to ensure the success of licensees in monitoring. As the eyes and ears in the workplace, workplace monitors provide line-of-site observation of licensee's practice, behavior, and conduct. Direct line-of-site work site observation is a requirement of Board of Nursing licensees and is the preferred relationship of the workplace monitors of Dental, Medical, and Pharmacy Board licensees. For nurses, the workplace monitors may be their direct supervisor or other licensed health professional with the same or higher credentials. Licensees of other boards may be a colleague or professionals working in the office.

Workplace monitors report immediate licensee concerns to the program, work with the licensee to make testing accommodations, and review monthly safe practice reports with the licensee. Safe practice reports provide the opportunity for the workplace monitor to document positive workplace performance and establish a record of the licensee's safe healthcare practice.

Through workplace behavior the workplace monitor is often the first to identify behavior problems and other early relapse warning signs (i.e. changes in punctuality, attendance, mood, etc.). With their important role, workplace monitors are urged to consider specialized training in supervising licensees with behavioral health considerations. Specialized training prepares workplace monitors to observe physical performance, cognitive performance, communication performance, attendance, and management of worksite medications.

HPSP's agreement monitors are experts in behavioral health and, in most instances, licensee workplace monitors are experts in their specialized health practices. By coupling communication and information sharing, HPSP mission of public safety is perpetuated while providing the licensee with the opportunity to continue their professional careers and supporting the licensee's recovery.

Publications

The Oregon Nurses Association's Dave Cadiz and Chris O'Neill just published "Common Risky Behaviors Checklist: A Tool to Assist Nurse Supervisors to Assess Unsafe Practice" in the current issue of Journal of Nursing Management.

Reminders

Travel Request - Summer is here. Please allow 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.

Satisfaction Survey - HPSP will distribute July's Satisfaction Survey in the next couple of days. Your participation and comments are greatly appreciated.



HPSP: 888.802.2843
www.RBHHealthPro.com

How to Win Your War Against Seasonal Allergies

Allergies occur when your immune system overreacts to a substance that is usually harmless to most people. The substances that cause this reaction are called allergens. Allergic reactions to airborne allergens commonly found outdoors are called seasonal allergies, according to the National Institute of Allergy and Infectious Diseases (NIAID). Common outdoor allergens are tree, grass and weed pollen and mold spores. To cause allergic reactions these allergens must be inhaled into the nose and lungs. Symptoms of seasonal allergies are sneezing; itchy, runny nose; itchy, watery, red eyes; nasal congestion; and coughing.



If you have seasonal allergies, the NIAID says, the timing of your allergy attacks is a clue to what causes them:

- If you suffer in late winter or early spring, you are probably sensitive to tree pollen: ash, beech, birch, cedar, cottonwood, box, elder, elm, hickory, maple and oak.
- Grass pollen dominates the late spring and summer months. These are common grasses that cause allergies: Kentucky bluegrass, timothy, Johnson, Bermuda, redtop, orchard, rye and sweet vernal.
- Weeds pollinate in late summer and autumn. Ragweed is a major cause of weed pollen allergies. These are other weeds that cause allergies: cocklebur, lamb's quarters, plantain, pigweed, tumbleweed or Russian thistle and sagebrush.
- Mold spores usually cause allergic reactions from July to late summer.

The evening TV news/weather in most cities frequently offers a pollen/mold count showing which are high. This may help you determine which pollens or mold causes you the most problem. If you have trouble pinning down the causes of your allergy problems, you may need to see an allergist. Once you know the cause, you'll know what to avoid and when to be careful. By using common sense, you should be able to lead a normal life. Allergic reactions cannot be cured, but the following strategies from the NIAID can help you tame your symptoms.

Limit pollen exposure:

- When pollen and mold counts are high, stay indoors as much as possible and keep windows and doors closed. Never sleep near an open window.
- Use a central air conditioner and keep the filter clean.
- When riding in a car, keep the windows and vents closed. Set the air flow to re-circulate or use the air conditioner.
- Steer clear of open fields when you're outside. Let someone else mow your grass and weed your garden.
- Learn the safest times to be outside. Pollen counts are lowest for an hour or two after a hard rain. They're highest at about 6 a.m. on days with sun and light wind.
- If you are outside for an extended period of time, wash your hair and change your clothes when you come indoors.

If your allergy is severe, your health care provider may have you build up your resistance with regular "allergy shots" that contain small doses of the pollens that bother you. This process is called "desensitization." It works for about 80 percent of the hay fever patients who try it, the NIAID says.

Other allergy tips:

- A good workout opens up nasal passages and can make you feel better. Exercise indoors so your deep breathing doesn't expose your nose to more pollen.
- Avoid drinking alcohol. It will make you feel more congested. Never mix alcohol and antihistamines, because that can cause drowsiness and a lack of alertness and make driving extremely dangerous.
- Don't smoke. Smoking can cause an allergic reaction or make existing sensitivities worse.
- Relax. Stress can increase your sensitivity.

Educational Programs

US Journal Training Inc. has several online continuing education opportunities including:

- It's not the End of the World: Developing Resilience in Times of Change
- The Lies That Bind: Disseminating Impaired Coping Families with Addiction
- Pain and Addiction: A Challenging Co-Occurring Disorder
- The Pain Paradox: Mindfulness, Compassion, and Resilience in Trauma Therapy
- The Positive Psychology of Personal Transformation: Leveraging Resilience for Life Change
- Visit <http://www.usjt.com/> for more information

Educational Resources

- International Doctors in Recovery Annual Meeting July 30 – August 3, 2014 in Palm Desert, CA. <https://www.idaa.org/>

HealthProCHOICES

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

July 2014



HPSP Fourth Anniversary

July marks the fourth anniversary of the Health Professionals' Services Program (HPSP). Since July 2010, the HPSP has provided monitoring services for more than 640 of Oregon's health professional licensees. To date, 242 have successfully completed the program and 222 are still active in the program. Agreement Monitor Rebecca prepared the following reflection:

It has now been four years since the inception of HPSP. We have journeyed alongside each one of you for these last four years or more depending on your commitment.

Experiencing the remarkable life changes you have taken on with the initial struggle and the stress that it produces is quite humbling. Walking through this with you and being part of your progress has been and continues to be an honor.

As monitoring programs are in place to keep the public safe, if we support your recovery, the public will be safe.

The following comments from a licensee, which are very similar to many others comments, speak of their experience with HPSP:

"When I think about the person I was 5 years ago, spiritually bankrupt, scared, jobless, (due to my behavior from addiction), and angry, I didn't realize just how much help I really needed. I knew I was willing to do just about anything to change."

"The first year was hard. I was trying to work my intensive outpatient treatment program and the nurse monitoring program. I thought the rules and regulations at that time were excessive, and unreasonable. I didn't like this, I didn't want to do that. In general I was a sick person with a lot of resentments. But I did what I was told and kept an open mind because I needed to "clean house".

"Also there for me was my Reliant monitor to keep me accountable, and to support me, and to help provide advice and resources if needed. It's been a hard journey, one that keeps getting better. These are the actions vital to my recovery."

May we continue on this journey together.

June Meet and Greet



On June 24, 2014, RBH Monitoring was joined by evaluators, providers, boards, and other monitoring business associates to meet and greet Dr. Robbie Bahl in his new role as RBH Monitoring's Medical Director.



HPSP: 888.802.2843
www.RBHHealthPro.com

The Other Bar 2014: Fall Spiritual Retreat September 12-14, 2014

2014 Newport Spiritual Retreat for legal, health care, and treatment professionals at the Hallmark Resort in Newport. Families and spouses are welcome. The speaker, JoBen W. from Beaumont, Texas, will be sharing his experience with each of the twelve steps. Please make your room reservations directly with the Hallmark Resort. The event registration fee is \$165 per person. A limited number of scholarships are available. Please contact Jim O. at 503-221-1425 for more information or to register for the event.

Licensee Completion Letter

I didn't drink everyday. I wasn't an alcoholic. Funny how my life was falling apart. THANK GOD someone was paying attention.

Mandatory sobriety and AA meetings were the beginnings and the basis of letting myself go through this process of getting sober. Yes at first I was going through the motions but eventually the evidence and promise of a life that is REAL and HONEST won me over. I had no idea how much deception my alcoholic mind was capable of. The ingrained and inaccurate belief that I couldn't function socially or be happy without alcohol was at my core.

I have developed many coping strategies, even unknowingly while going about my life sober. THANKFULNESS is a big one: I WORKED months with my counselor and psychiatric nurse practitioner to get my medication straightened out. I couldn't even begin to care enough to put the time in before. And of course you can't get straight on meds when you are drinking. My FAMILY is a great support system. I have 6 siblings and now have two brothers and one sister that have been sober for 9, 7 and 1 year(s) now.

My husband is my greatest supporter. I can't believe the years of looking for true LOVE and in a little more than a year of sobriety, came a man that finally made me stop questioning why people get married. He has solidified my sobriety. We have been married three years and I can't believe how lucky I am to have found him. It would have never happened except for me being sober.

I love my job and feel I am good at it. Initially I didn't understand how and why work had to be affected but indeed my whole being CHANGED. I cannot deny how much it has changed me professionally.

I am healthier, cleaner, clearer, more responsible, more compassionate, more generous, more mature, more understanding, and this gives me genuine SELF RESPECT. I know this is a direct result of having been forced to stop drinking. It was a battle I couldn't have started myself. Mainly I didn't want to. Things were truly slipping away in every aspect of my life. I couldn't and didn't care to see it.

I love my life a great majority of the time. But sometimes I do get melancholy and feel sorry for myself that I wasted so much time. I know this is ok though. It passes without trying to cover it up. I actually appreciate those times as they allow me to analyze my life in a different way that keeps me HUMBLE and PAYING ATTENTION.

At the start of this program I really felt the fun was over. I have had more genuine meaningful FUN since sober than my whole time of drinking. (Plus I am not embarrassed and I can remember things..ha) I truly had no idea what I was missing and wish this had happened years ago. I have more hobbies than ever. Sailing and life on the water has given me relief from stress, pleasure and confidence. New hobbies and habits have been key to my recovery.

Many feelings but mainly thankful.

Educational Programs

US Journal Training Inc. has several online continuing education opportunities including:

- It's not the End of the World: Developing Resilience in Times of Change
- The Lies That Bind: Disseminating Impaired Coping Families with Addiction
- Pain and Addiction: A Challenging Co-Occurring Disorder
- The Pain Paradox: Mindfulness, Compassion, and Resilience in Trauma Therapy
- The Positive Psychology of Personal Transformation: Leveraging Resilience for Life Change
- Visit <http://www.usjt.com/> for more information

Educational Resources

- International Doctors in Recovery Annual Meeting July 30 – August 3, 2014 in Palm Desert, CA. <https://www.idaa.org/>

HealthProCHOICES

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

August 2014

Important Notes

- **Reminder.** Monitoring Program Director, Christopher Hamilton, or an agreement monitor is available during regular working hours Saturday if you experience any problems. (503-802-9813; chamilton@reliantbh.com).
- **Toxicology.** HPSP's Pam has moved on to a new endeavor. HPSP's Tina is your new contact for any payment issues. Tina can be reached at: (503-802-9866; tkhalaf@reliantbh.com). We wish Pam future success.
- **The monthly HPSP Newsletter is a resource for HPSP licensees.** Have you authored something that you would like to share? What would you like to see (topics, articles, etc.)? Please contact Christopher Hamilton (chamilton@reliantbh.com) with your ideas.

Outcome Study

Skipper, Campbell, and DuPont's (2009) "Anesthesiologists with Substance Use Disorders: A 5-Year Outcome Study from 16 State Physician Health Programs" remains one of the most thorough outcome studies of anesthesiologists in state physician health programs. The article's abstract is printed below with author permission.

Background. Anesthesiologists have a higher rate of substance use disorders than other physicians, and their prognoses and advisability to return to anesthesiology practice after treatment remain controversial. Over the past 25 years, physician health programs (PHPs), created under authority of state medical regulatory boards, have become primary resources for management and monitoring of physicians with substance abuse and other mental health disorders.

Methods. We conducted a 5-yr, longitudinal, cohort study involving 904 physicians consecutively admitted to 1 of 16 state PHPs between 1995 and 2001. This report analyzed a subset of the data involving the 102 anesthesiologists among the subjects and compared them with other physicians. The main outcome measures included relapse (defined as any unauthorized addictive substance use, including alcohol), return to anesthesiology practice, disciplinary actions, physician death, and patient harm.

Results. Anesthesiologists were significantly less likely to enroll in a PHP because of alcohol abuse (odds ratio [OR] 0.4 [confidence interval {CI}: 0.2–0.6], $P < 0.001$) and much more likely to enroll because of opioid abuse (OR 2.8 [CI: 1.7–4.4], $P < 0.001$). Anesthesiologists had a higher rate of IV drug use, 41% vs 10% (OR 6.3 [CI: 3.8–10.7], $P < 0.001$). During similar periods of monitoring, anesthesiologists received more drug tests, 101 vs 82 (mean difference = 19 [CI: 3–35], $P = 0.02$); however, anesthesiologists were less likely to fail at least one drug test during monitoring, 11% vs 23% (OR 0.4 [CI: 0.2–0.9], $P = 0.02$). There was no statistical difference among rates of program completion, disciplinary actions, return to practice, or deaths, and there was no report of significant patient harm from relapse in any record.

Conclusions. Anesthesiologists in our sample treated and monitored for substance disorders under supervision of PHPs had excellent outcomes similar to other physicians, with no higher mortality, relapse rate, or disciplinary rate and no evidence in their records of patient harm. It is postulated that differences of study design account for contradictory conclusions from other reports.

Citation. Skipper, G. E., Campbell, M. D., and DuPont, R. L. (2009). Anesthesiologists with substance use disorders: A 5-year outcome study from 16 state physician health programs. *Anesthesia & Analgesia*, 109, 891–896.

HPSP Licensee Completion Letter

I am transitioning out of the Health Professional Services Program which has been a good experience for me. The monitoring program through Reliant Behavioral Health has helped guide me through sobriety. It provided a template to help keep me on track with daily IVR phone calls to see if I was scheduled for a UA. The weekly email or phone call to my monitor to discuss any problems, stressors, or sobriety issues is key to this program and helpful to me. I had excellent experiences with both of the monitors I was in contact with. They were both very professional and com-passionate in helping through the sobriety and monitoring process. (Continued on reverse side.)

HPSP Licensee Completion Letter - Continued

I enjoyed working with my workplace monitor and would recommend her as a monitor. She understands the disease of addiction and is always willing to help.

I just celebrated 6 years of sobriety on August 2nd and am grateful to the Board of Pharmacy for giving me the opportunity to practice pharmacy. HPSP is an excellent program to monitor pharmacy personnel in recovery. I will continue to do the same things I've been doing up to this point. I attend an average of 3 Alcoholics Anonymous meetings per week and have a sponsor that I see once weekly. A strong network of friends in recovery helps keep me connected and involved in the program. I will continue to meet once a month with relapse prevention counselor Clark Caswell. Clark has been helpful to me with discussing life stressors and solutions on working through them. Staying connected with Ed Schneider and the PRN group also remains a priority for me. Ed has been very helpful and supportive of me and it's important for me to be of any assistance I can to him and other pharmacy personnel in recovery.

The biggest thing for me this time around in sobriety is that I truly don't want to drink or take any drugs. I have caused too much hurt and pain to people and sabotaged myself as well as being a drain on the Board of Pharmacy. I realize how public safety is comprised when a pharmacist such as myself has a drug or alcohol problem. I have found happiness in living sober and will continue to work at it. I am proud to represent the pharmacy profession and grateful to be in recovery.

As the Weather Cools, Make Changes to Stay Active

Those long, active summer days have drawn to a close, but that's no reason to let your workout routines go into hibernation. "Think of autumn as the start of a fresh new fitness season. Take advantage of the brisk temperatures to re-energize your commitment to a healthful lifestyle," says Kathie Davis, executive director of IDEA: The Health and Fitness Source, based in San Diego. Start by writing down what you've accomplished in your fitness program so far and what you want to achieve in the future. Include long-range, broad objectives, such as maintaining a healthy weight, along with some short-term goals that will help you reach them.

As autumn days get shorter, "scheduling workouts can become more difficult, especially if you prefer to exercise outdoors," says Wayne L. Westcott, Ph.D., author of "Strength Training Past 50." Instead of struggling to beat the clock, Dr. Westcott suggests "get more bang for the buck by choosing activities that give you the same fitness benefits in a shorter amount of time." If you usually take a one-hour brisk walk, for instance, run for a half-hour, instead. If you decide to work out indoors, don't expect to duplicate your outdoor routine.

"Sustained activity in a gym lacks the variety you get outside," says Dr. Westcott. "If you spend an hour riding a bike on a beautiful country road, it goes by in a flash. If you spent an hour on a stationary bike in the gym, you'd go nuts." To keep yourself entertained indoors, plan a workout that includes short periods of several different activities. Try 20 minutes on the stationary bicycle, 20 on the rowing machine and 20 on the stair climber.

Here are other ideas to help you make an active transition from summer to autumn exercise.

Get Organized. Autumn brings lots of new demands on time, especially if you're involved in community activities or have children in school. Protect your workout by setting a definite time and place, then scheduling other activities around that. Seal the commitment by arranging to work out with a friend or personal trainer. Or join a group of people who walk, run or cycle at a regular time and place.

Catch the Back-to-School Spirit. Sign up for a class in a physical activity you've always wanted to learn.

Find New Opportunities to Be Active. Take the stairs instead of the elevator; park in the lot farthest away; and take a quick walk around the block at lunchtime.

CME Resources

PCSS-MAT – AAAP Online Module: Motivational Interviewing
<http://pcssmat.org/education-training/modules/pcss-mat-online-module-motivational-interviewing/>

PCSS-MAT – AAAP Online Module: Management of Opioid Withdrawal and Overdose
<http://pcssmat.org/education-training/modules/aaap-online-module-management-of-opioid-withdrawal-and-overdose-2>

Educational Programs

US Journal Training Inc., has several online continuing education opportunities including:

- It's not the End of the World: Developing Resilience in Times of Change
- The Lies That Bind: Disseminating Impaired Coping Families with Addiction
- Pain and Addiction: A Challenging Co-Occurring Disorder
- The Pain Paradox: Mindfulness, Compassion, and Resilience in Trauma Therapy
- The Positive Psychology of Personal Transformation: Leveraging Resilience for Life Change
- Visit <http://www.usjt.com/> for more information

HealthProCHOICES

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

September 2014

Fall Allergy Relief

Fall is here. As a reminder to those who suffer from seasonal allergies, 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

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.

2015 OPRN Conference: Save the Date

Annual Oregon Professional Recovery Network (OPRN) Conference
Where/When: Salem Kroc Center April 11, 2015 8am-4pm
Speakers:

- Doris C. Gunderson MD, Medical Director, Colorado Physician Health Program, Marijuana Update
- Darryl Inaba, Pharm D, DADC III, Marijuana Pharmacology, Pharmakinetic
- Linda Smith NP, Director of Florida Healthcare Monitoring program, Spirituality in Recovery
- Ron Schwerzler MD, Medical Director Eugene Serenity Lane

Westside Collection Site

Care Testing Services (CTS) has male and female collectors and strives to serve licensees in 10 minutes or less. As an eChain site, paperwork is not needed except a picture ID. Walk-in hours are from 8 am -7 pm but is also available before or after hours by calling (503) 317-2131. Use (503) 477-5868 during regular business hours. CTS is located in the Scholls Crossing Center right off 217/26.

Licensee Plan for Moving Forward

I have matured considerably during the six years since I received the DUII that landed me in this program, but more importantly, I have come to a new understanding about priorities for my life and a better grasp of my purpose. Back then, it was more about finding the "good times" and chasing the next great party scene. Now I am in a steady relationship, enjoy peace and quiet much more than rowdy party atmosphere, have a much better appreciation of the simple stuff that makes life worthwhile.

Specific strategies for avoiding involvement in additional incidences, or more importantly enrollment into this type of a program, are simple but important. I now prefer to PARTICIPATE in athletic endeavors during my weekend rather than meet friends at the bar to WATCH them. This has led me to overall better health, more vast exploratory adventure, and a feeling of a more valuable use of my time.

Another strategy is that now if a friend wants to meet me for "a drink", I suggest a coffee shop rather than a bar. Basically, the easiest way to avoid even the temptation of taking a drink, is to avoid the places where they predominantly serve drinks; and this is a habit that is solidified and I intend to carry over beyond this program.

In sum, I have confidence that my appreciation for life more so now without alcohol is strong, and I have no intention of returning back to a younger, less mature lifestyle that has brought me nothing but trouble, heartache, and financial expense. I know that no plan is entirely foolproof, and I do not intend to set myself up for failure by considering myself infallible, but one thing that I do know for sure... if everything else fails and I do find myself in an unlikely situation where I have had a drink or two, it will be a top priority to plan to lose my keys before my judgment.



HPSP: 888.802.2843
www.RBHHealthPro.com

How to Win Your War Against Seasonal Allergies



Allergies occur when your immune system overreacts to a substance that are usually harmless to most people. The substances that cause this reaction are called allergens.

Allergic reactions to airborne allergens commonly found outdoors are called seasonal allergies, according to the National Institute of Allergy and Infectious Diseases (NIAID). Common outdoor allergens are tree, grass and weed pollen and mold spores. To cause allergic reactions these allergens must be inhaled into the nose and lungs.

Symptoms of seasonal allergies are sneezing; itchy, runny nose; itchy, watery, red eyes; nasal congestion; and coughing.

If you have seasonal allergies, the NIAID says, the timing of your allergy attacks is a clue to what causes them:

- If you suffer in late winter or early spring, you are probably sensitive to tree pollen: ash, beech, birch, cedar, cottonwood, box, elder, elm, hickory, maple and oak.
- Grass pollen dominates the late spring and summer months. These are common grasses that cause allergies: Kentucky bluegrass, timothy, Johnson, Bermuda, redtop, orchard, rye and sweet vernal.
- Weeds pollinate in late summer and autumn. Ragweed is a major cause of weed pollen allergies. These are other weeds that cause allergies: cocklebur, lamb's quarters, plantain, pigweed, tumbleweed or Russian thistle and sagebrush.
- Mold spores usually cause allergic reactions from July to late summer.

The evening TV news/weather in most cities frequently offers a pollen/mold count showing which are high. This may help you determine which pollens or mold causes you the most problem.

If you have trouble pinning down the causes of your allergy problems, you may need to see an allergist. Once you know the cause, you'll know what to avoid and when to be careful. By using common sense, you should be able to lead a normal life.

Allergic reactions cannot be cured, but the following strategies from the NIAID can help you tame your symptoms.

Limit pollen exposure

- When pollen and mold counts are high, stay indoors as much as possible and keep windows and doors closed. Never sleep near an open window.
- Use a central air conditioner and keep the filter clean.
- When riding in a car, keep the windows and vents closed. Set the air flow to re-circulate or use the air conditioner.
- Steer clear of open fields when you're outside. Let someone else mow your grass and weed your garden.
- Learn the safest times to be outside. Pollen counts are lowest for an hour or two after a hard rain. They're highest at about 6 a.m. on days with sun and light wind.
- If you are outside for an extended period of time, wash your hair and change your clothes when you come indoors.

Other allergy tips

- A good workout opens up nasal passages and can make you feel better. Exercise indoors so your deep breathing doesn't expose your nose to more pollen.
- Don't smoke. Smoking can cause an allergic reaction or make existing sensitivities worse.
- Relax. Stress can increase your sensitivity.

CME Resources

PCSS-MAT – AAAP Online Module: Motivational Interviewing

<http://pcssmat.org/education-training/modules/pcss-mat-online-module-motivational-interviewing/>

PCSS-MAT – AAAP Online Module: Management of Opioid Withdrawal and Overdose

<http://pcssmat.org/education-training/modules/aaap-online-module-management-of-opioid-withdrawal-and-overdose-2>

Educational Programs

US Journal Training Inc., has several online continuing education opportunities including:

- It's not the End of the World: Developing Resilience in Times of Change
- The Lies That Bind: Disseminating Impaired Coping Families with Addiction
- Pain and Addiction: A Challenging Co-Occurring Disorder
- The Pain Paradox: Mindfulness, Compassion, and Resilience in Trauma Therapy
- The Positive Psychology of Personal Transformation: Leveraging Resilience for Life Change
- Visit <http://www.usjt.com/> for more information

Health Professionals' Services Program
www.rbhhealthpro.com

HPSP: 888.802.2843

HealthProCHOICES

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

October 2014

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 non-compliance.
4. If the licensee informs HPSP of the failure to test due to inclement weather and does not meet the criteria for an exemption, the missed test is reported as substantial non-compliance.
5. If the licensee has less than 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.

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.

2015 OPRN Conference: Save the Date

Annual Oregon Professional Recovery Network (OPRN) Conference

Where/When: Salem Kroc Center April 11, 2015, 8am-4pm

A limited number of scholarships are available for current students in medical fields interested in attending the conference. Please contact OPRN's Ed Schnieder at edwins@prnoforegon.org.

Licensee Comments: Satisfaction Survey 1/1/2014 to 6/30/2014

As in the past, RBH uses the newsletter to respond to questions and comments raised through the HPSP Satisfaction Survey. The questions and comments below were yielded from the July 2014 Satisfaction Survey. We will distribute the next survey in January and appreciate your participation.

HPSP licensees provided 37 unique responses during the July survey. Response categories included:

- Positive Feedback (6)
- Daily Testing Notification/Interactive Voice Response (IVR) (3)
- Agreement Monitors Availability (5)
- Check-in Frequency/Program Length (4)
- Toxicology Testing (7)
- HPSP is Punitive (6)
- Other (6)

POSITIVE FEEDBACK. Six unique licensees provided seven positive program statements including: three with appreciation for their agreement monitors; one for ongoing program improvement over the past four years; one with feedback that the program is "working fine;" and one who noted:

"Thanks and gratitude for the medical profession in considering alcoholism and drug addiction a disease and giving this drug addicted and alcoholic nurse another chance! Thank you for the accountability this program gave me which is the very thing I needed to become a responsible and happy individual."



HPSP: 888.802.2843
www.RBHHealthPro.com

Licensee Comments: Satisfaction Survey 1/1/2014 to 6/30/2014 - Continued

DAILY TESTING NOTIFICATION. Three licensees offered feedback on daily testing notification. Feedback included the perception that the interactive voice response (IVR) availability be expanded beyond 5pm PST; 7pm and midnight were suggested. Licensees also suggested that licensees be auto dialed daily to be reminded of the need to call check on testing requirements. Additionally, one licensee discussed the requirement to check-in on Saturday when they reside in an area of Oregon without Saturday test facilities.

Repetition and accountability align with individual recovery. Unlike the Portland metro area, most of Oregon does not have extended hour collection sites. Additionally, there has to be a cut off time that allows processes between RBH, the laboratory, and collection sites to reconcile and push out information for the next day. Your continued diligence in checking in by website, phone application, or phone is appreciated; in fact most licensees complete their daily check-in by 8am.

AGREEMENT MONITOR AVAILABILITY. Five HPSP licensees offered feedback on their agreement monitor's availability and promptness in returning communications. With your feedback, HPSP is focused on the prompt return of messages. When available, agreement monitors answer all incoming phone calls. If you have to leave a message, all phone messages and e-mails will be returned within 24 hours. If you have an immediate need be sure to dial zero to be transferred to another agreement monitor who can immediately assist you. If you experience difficulties connecting with your agreement monitor, please contact the RBH Monitoring Programs Director at (503) 802-9813 or chamilton@reliantbh.com.

CHECK-IN FREQUENCY/PROGRAM LENGTH. Three licensees desired the frequency reduction of check-ins including the frequency decrease over the time spent in the program. One of the licensee would like RBH to explore available technology for weekly check-ins. Under current HPSP guidelines, established by participating boards in participation with the Oregon Health Authority and RBH, there must be weekly check-ins throughout participation which can be by voice or email. With weekly check-ins, licensees are required to have a minimum of one monthly voice to voice conversation. RBH will explore additional technological means for check-ins.

TOXICOLOGY TESTING. Seven licensees offered testing feedback addressing cost, frequency, difficulties with collection sites, and coordination with providers who also test. Feedback ranged from the helpfulness of testing to the punitive nature of testing.

- **Cost.** The cost of tests billed to you by RBH are a combination of the collection, analysis, medical review officer (MRO) review. HPSP testing frequency and panels align with the requirements outlined in national Federation of Physician Health Program studies.
- **Collection.** MedTox is RBH's toxicology vender and is responsible for providing a nationwide network of collection sites for HPSP licensees. Collection sites connected to HPSP licensees follow protocol developed by HPSP and are enforced by MedTox. Please let RBH Administrative Case Coordinator, Tina Mewhinney (503) 802- 9866 know if you experience any problems with test sites.
- **Coordination.** Depending on your unique circumstances, you may be tested by multiple entities at various times during your HPSP participation. Toxicology testing can have different purposes and as such collection, chain of custody, analysis, cut-off levels, and interpretation can vary. The toxicology testing performed for HPSP follows national standards for monitoring purposes. When possible and with the appropriate releases in place, RBH does coordinate with providers to share toxicology results. Toxicology collected by a provider cannot take the place of HPSP toxicology requirements.

PUNITIVE PROGRAM. Six licensees offered negative feedback related to the "punitive nature" of HPSP and that the program "does not care about the licensees." HPSP and RBH cares about licensees and aims to provide support through accountability in monitoring. Program requirements and guidelines are rooted in the Oregon Revised Statutes, Oregon Administrative Rule, and HPSP Guidelines. HPSP Guidelines were all developed, reviewed, and approved by the HPSP Advisory Committee with representatives from participating boards and the Oregon Health Authority.

OTHER FEEDBACK

- **"I have trouble faxing documents to HPSP"** RBH is committed to quality improvement and wants to identify and resolve communication issues. Please forward a copy of your transmission results to any monitoring staff so we can trouble shoot. There are alternatives to several HPSP processes, please check with your agreement monitor. Additionally, we continue to develop technological processes to make information collection easier for licensees and program partners.
- **"I can't open the newsletter."** All HPSP newsletters are available at <http://www.rbhhealthpro.com/Newsletters>. If you are having trouble opening the newsletter you want to try a different internet browser.
- **"Why isn't someone available to take Saturday calls?"** RBH's Monitoring Programs Director has been taking Saturday calls since late May 2014. Feel free to call him Saturdays at (503) 802-9813.
- **"We should be allowed to meet our agreement monitors in person."** This comment has regularly appeared in past satisfaction surveys. Beginning November 2014, RBH will offer in-person intake meetings with licensees. This is optional for licensees of all four participating boards.

Enjoy a Safe and Sober Holiday Season

The holidays should be an enjoyable time of year; spending time with family, enjoying delicious foods, and simply having some time to relax are all typical cornerstones of the holiday season. For those recovering from alcoholism, however, the holidays can be downright stressful. Oftentimes, family and work gatherings lead to a great deal of temptation to give into old habits and have a drink. If you are a recovering addict, it is best to prepare for the upcoming holiday season ahead of time so that you can have the strength to stay sober while still having a great time at all of your holiday get-togethers. This article will provide you with some tips for staying sober this holiday season.



At Holiday Parties

If you are invited to a holiday party where you know there is going to be drinking, this does not mean that you need to decline the invitation. Instead, see this as an opportunity to prove to yourself just how far you have come in fighting your addiction and dependence on alcohol. Attend the party, but be sure to drive separately so that you can leave if things get to be too stressful or the pressure to drink becomes too much. Aside from driving on your own, consider asking a close friend who will also be in attendance to stay sober with you. Doing so will help you feel a greater sense of willpower and will keep you from feeling as though you are missing out on all the fun.

While everybody else is indulging in alcoholic beverages and making fools of themselves, indulge yourself in some of your favorite treats. After all, when you give up alcohol and stay sober, your metabolism naturally boosts itself. As a result, you can afford to snack on a few extra cookies or holiday desserts here and there. Indulging in snacks in addition to conversing with friends and family will help to get your mind off of the presence of alcohol and will help you to have a good time while sober.

Another good way to stay sober during the holiday season is to understand that the holidays in and of themselves are created by our cultures. In reality, any holiday is just another day in the life, so it should not be any more difficult to avoid drinking on a holiday than on any other day, right?

CME Resources

PCSS-MAT – AAAP Online Module: Motivational Interviewing

<http://pcssmat.org/education-training/modules/pcss-mat-online-module-motivational-interviewing/>

PCSS-MAT – AAAP Online Module: Management of Opioid Withdrawal and Overdose

<http://pcssmat.org/education-training/modules/aaap-online-module-management-of-opioid-withdrawal-and-overdose-2>

Educational Programs

US Journal Training Inc., has several online continuing education opportunities including:

- It's not the End of the World: Developing Resilience in Times of Change
- The Lies That Bind: Disseminating Impaired Coping Families with Addiction
- Pain and Addiction: A Challenging Co-Occurring Disorder
- The Pain Paradox: Mindfulness, Compassion, and Resilience in Trauma Therapy
- The Positive Psychology of Personal Transformation: Leveraging Resilience for Life Change
- Visit <http://www.usjt.com> for more information

HealthProCHOICES

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

November 2014

"...to see the ordinary as the extraordinary, the familiar as strange, the mundane as sacred, the finite as infinite." – Novalis, late 1700's

Toxicology Collection Protocol

Your future travel request responses will be accompanied by a toxicology collection protocol sheet. Please carry this with you when you travel in case the collection site is unfamiliar with HPSP collection protocol.

Reliant Behavioral Health will be closed 11/27/2014 to 11/28/2014. So, what if:

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

- You can leave a message at 888-802-2843 and explain what happened, giving the time and the date. Your agreement monitor will follow-up with you on 12/1.
- If you have an urgent issue that requires immediate attention, you may also call 503-802-9813 and speak with the program director.
- Please remember to use your other resources as well (providers, friends, family, etc.) if you are experiencing a stressful or particularly emotionally difficult time during the holiday.

Q. There is a snow or ice storm?

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

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

- Please leave a message at 888-802-2843. Once your agreement monitor confirms the collection site closure, the test will be excused. Remember you need to call in to the interactive voice response system, 888-802-2851, Monday through Saturday except for 11/27.

My First Sober Christmas - Courtney Gillette

My first sober Christmas, I was 24, and I navigated every holiday party and family gathering with high anxiety, blurting out "Ginger ale!" in answer to any and all questions. It was only a few weeks earlier that I'd sat in my therapist's office, examining the wreckage of a few relationships, family visits, social gatherings and other moments sullied by my own drinking. I was pretty sure this was the worst possible time of year to quit. What would I do at end-of-year work parties, or on the Friday after Thanksgiving when hometown friends got smashed together, or on that booziest holiday of all, New Year's Eve? Questions like these haunted me as I nervously dodged alcohol left and right, avoiding spiked eggnog and re-gifting bottles of wine like I was playing some Sonoma Valley version of hot potato.

Slowly, though, through a lot of practice over the years, not drinking during the holidays began to feel just like not drinking the rest of the year: normal. My anxiety about it lessened, my self-pity abated, and I found that I didn't need a proverbial lampshade on my head to enjoy myself. I'm still struck by occasional pangs of envy (whipped cream flavored Smirnoff? How did I miss out on this?), but I know from experience that it's absolutely possible to enjoy the holidays sober.

A night without drinking for me means a day without a hangover, humiliating gossip, futilely hunting for a lost iPhone, or dealing with the aftermath of poor romantic choices. (For the record, you can still make poor romantic choices sans alcohol, but you'll be painfully conscious during every moment of your mistakes -- and you'll remember it all.)

Once I'd stopped drinking and then stopped feeling like I was missing out by not drinking, I was thrilled to find that I felt more attractive and had gobs more cash to spend. This is especially helpful during the holidays -- it's always nice to show up at a gathering of folks you haven't seen in months feeling like a million dollars and knowing your tab after two seltzers won't be more than six. True, seltzer gets a little old, as does soda, the most common sober drink of choice. One time I was so nervous about being out with a group of people I'd just met that I drank eight cherry cokes and immediately felt like I was going to die a sugary death. But I developed a bag of sober tricks, like always having a glass of something non-alcoholic in hand (people can't shove a mug of holiday cheer at you if you're already drinking), bringing a non-drinking buddy along when possible, and reminding myself throughout the evening how good it will feel to wake up tomorrow sure of how I got home. For me, no cocktail can beat that.

Those strategies worked very well for me for Thanksgiving and Christmas, but by far the most challenging day of the holiday calendar triple threat is New Year's Eve, an occasion whose universal symbol is a champagne flute and drunk people making out. This was the annual event that I knew would be the hardest for me to get through sober, despite the fact that I always found it to be a big, expensive let down. Even though my New Year's Eves all seemed to conclude with me sitting drunkenly in my party dress at around 12:07am, whining that I didn't have anyone to kiss and wondering if someone would please buy me another beer, even though I'd usually shuffle home with "Is That All There Is"

My First Sober Christmas - Continued

playing in my head, hoping that I hadn't used the last of the Ibuprofen and that some sort of Gatorade had miraculously materialized in my refrigerator, I couldn't imagine that the evening wouldn't be even more disappointing sober.

I've spent midnight in several places in sobriety: a dingy bar, a friend's living room, a sober dance party (where the adult-to-glow-stick ratio made me wide-eyed in horror), the G-train, and running down the street banging pots and pans (note: never use a can opener when a wooden spoon will do -- that's the quickest way to owe your friends a new sauce pan). Then finally I managed to create some new traditions for New Year's Eve that I actually enjoy. These include a long, indulgent dinner with friends (where I don't feel as envious of those enjoying their wine as I do standing awkwardly at a cocktail party), and later drawing up lists of what sucked about the previous year and burning them together on the fire escape. I'm usually curled up in bed by one a.m., and miraculously, I don't feel like I missed out on a single thing. In fact, I've learned that for me, the crowning moment of the holidays isn't December 31st but rather New Year's Day. There's never a line for brunch if you arrive right when they open at noon, and I've made it a tradition to attend an all-day poetry reading at Saint Mark's Church in the East Village, sitting among an eclectic mix of friends and downtown New Yorkers, with some knitting and a notebook to write down the really good lines.

All of which for me points to the idea that the holidays, while ripe for merriment with alcohol and parties, are also transformable. You can shape them so they reflect what is - and isn't - meaningful to you. Whether you celebrate with a glass of wine or a cup of fine coffee, the point is to celebrate.

Reprinted with author permission. Originally published in the Huffington Post (December 2011).

Weekly Contact with Agreement Monitors

The weekly contact is intended to help support licensees in their recovery by reviewing weekly recovery activities and addressing any concerns promptly. Additionally, the weekly contact provides an opportunity for the licensees to update the agreement monitor on changes related to home/work address, employment, prescribed medications, credit card, and health-related issues. Licensees will report their compliance to their monitoring agreement and addendum requirements, including self-help attendance. At the time of the contact, the agreement monitor will review licensee's case file to determine if there are any alerts or specific concerns noted in the record, as well as to determine if the licensee has failed to meet a requirement or is otherwise non-compliant with his or her monitoring agreement.

Visit <http://www.rbhhealthpro.com/Guidelines> to view all HPSP Guidelines.

Educational Opportunities

- **The Challenge of Pain 2015** - January 21-22, 2015 at the Lynnwood Convention Center. Designed for: nurses, nurse practitioners, clinical nurse specialists, physicians, physician assistants, psychologists, pharmacists, social workers, physical therapists and other healthcare professionals in all settings.

Course Description: Pain causes extensive suffering, disability and expenditure of scarce healthcare resources. This conference focuses on the challenge of pain for healthcare professionals across the healthcare continuum. Evidence-based strategies for assessing and managing pain in acute, ambulatory care, specialty care and palliative care settings are presented by regional and national pain specialists. Teaching methods include lecture, discussion, case studies and interprofessional dialogue. Brochure Link: <http://www.uwcne.org/conf/PDFs/15140-C.pdf>

- **The Office-Based Treatment for Opioid Use Disorders** - The "Half and Half" Course Webinar. Live webcasts December 13 and December 17, 2014. The webinar training, in conjunction with a 3.75 hour online study and exam, provides the required 8 hours needed to obtain the waiver to prescribe buprenorphine in the office-based setting.

For more information: <http://pcssmat.org>

- **US Journal Training Inc., has several online continuing education opportunities including:**
 - It's not the End of the World: Developing Resilience in Times of Change
 - The Lies That Bind: Disseminating Impaired Coping Families with Addiction
 - Pain and Addiction: A Challenging Co-Occurring Disorder
 - The Pain Paradox: Mindfulness, Compassion, and Resilience in Trauma Therapy
 - The Positive Psychology of Personal Transformation: Leveraging Resilience for Life Change
 - Visit <http://www.usjt.com> for more information

CME Resources

PCSS-MAT – AAAP Online Module: Motivational Interviewing

<http://pcssmat.org/education-training/modules/pcss-mat-online-module-motivational-interviewing/>

PCSS-MAT – AAAP Online Module: Management of Opioid Withdrawal and Overdose

<http://pcssmat.org/education-training/modules/aaap-online-module-management-of-opioid-withdrawal-and-overdose-2>

HealthProCHOICES

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

December 2014

"The best and most beautiful things in the world cannot be seen or even touched. They must be felt with the heart." Helen Keller

- A new AA meeting for health professionals has been started in McMinnville, OR. The Yamhill County Professionals' Meeting meets every Thursday evening from 7:15 to 8:15 PM at Physicians Medical Center, 2435 NE Cumulus Ave, McMinnville, OR 97128. This is a closed meeting for those seeking a higher level of confidentiality than is generally found in open meetings. We actually practice: "Who you see here, what is said here, when you leave here, let it stay here." For further information please contact Robert P. (cell 971-259-9145; home 503-835-1042).
- Satisfaction Survey - HPSP will distribute the next Satisfaction Survey in early January. Your participation and comments are greatly appreciated.
- In response to your requests, RBH can now accept PayPal payments. When making payments by PayPal to RBHMonitoring@reliantbh.com be sure to reference your HPSP licensee number. Call or email Tina if you have any questions (503-802-9866; tmewhinney@reliantbh.com).
- **Reliant Behavioral Health will be closed 12/24/2014 to 12/25/2014. So, what if:**

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

- You can leave a message at 888-802-2843 and explain what happened, giving the time and the date. Your agreement monitor will follow-up with you on 12/26.
- If you have an urgent issue that requires immediate attention, you may also call 503-802-9813 and speak with the program director.
- Please remember to use your other resources as well (providers, friends, family, etc.) if you are experiencing a stressful or particularly emotionally difficult time during the holiday.

Q. There is a snow or ice storm?

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 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.

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

- Please leave a message at 888-802-2843. Once your agreement monitor confirms the collection site closure, the test will be excused. Remember you need to call in to the interactive voice response system, 888-802-2851, Monday through Saturday this month except for 12/25 and 1/1/2015.

Making the Most of the Holiday Season

Given continued economic uncertainty, the holidays have the potential to create additional challenges this year. Families are cutting back, people are worrying about job security or unemployment, and seniors are concerned about their retirement. Such worries are stressful, and the American Psychological Association (APA)'s 2011 Stress in America survey found that 22 percent of Americans report an extreme level of stress.

If you are already experiencing stress in other areas of your life, you may be especially vulnerable to increased anxiety during the holidays. However, it is important to view the holidays as an opportunity to enhance your psychological well-being. Remember, there are conscious steps you can take to prevent holiday stress and ensure a worry-free season.



HPSP: 888.802.2843
www.RBHHealthPro.com

APA Offers These Tips to Help Handle Holiday Stress

- **Take Time for Yourself.** There may be pressure to be everything to everyone. Remember that you're only one person and can only accomplish certain things. Sometimes self-care is the best thing you can do — others will benefit when you're stress-free. Go for a long walk, get a massage or take time out to listen to your favorite music or read a new book. All of us need some time to recharge our batteries — by slowing down you will actually have more energy to accomplish your goals.
- **Volunteer.** Many charitable organizations are also suffering due to the economic downturn. Find a local charity, such as a soup kitchen or a shelter where you and your family can volunteer. Also, participating in a giving tree or an adopt-a-family program, and helping those who are living in true poverty may help you put your own economic struggles in perspective.
- **Have Realistic Expectations.** No Christmas, Chanukah, Kwanza or other holiday celebration is perfect. View inevitable missteps as opportunities to demonstrate flexibility and resilience. A lopsided tree or a burned brisket won't ruin your holiday; rather, it will create a family memory. If your children's wish list is outside your budget, talk to them about the family's finances this year and remind them that the holidays aren't about expensive gifts.
- **Remember What's Important.** The barrage of holiday advertising can make you forget what the holiday season is really about. When your holiday expense list is running longer than your monthly budget, scale back and remind yourself that what makes a great celebration is loved ones, not store-bought presents, elaborate decorations or gourmet food.
- **Seek Support.** Talk about your anxiety with your friends and family. Getting things out in the open can help you navigate your feelings and work toward a solution for your stress. If you continue to feel overwhelmed, consider seeing a professional such as a psychologist to help you manage your holiday stress.



Educational Opportunities

- **The Challenge of Pain 2015** - January 21-22, 2015 at the Lynnwood Convention Center. Designed for: nurses, nurse practitioners, clinical nurse specialists, physicians, physician assistants, psychologists, pharmacists, social workers, physical therapists and other healthcare professionals in all settings.

Course Description: Pain causes extensive suffering, disability and expenditure of scarce healthcare resources. This conference focuses on the challenge of pain for healthcare professionals across the healthcare continuum. Evidence-based strategies for assessing and managing pain in acute, ambulatory care, specialty care and palliative care settings are presented by regional and national pain specialists. Teaching methods include lecture, discussion, case studies and interprofessional dialogue. Brochure Link: <http://www.uwcne.org/conf/PDFs/15140-C.pdf>

- **US Journal Training Inc., has several online continuing education opportunities including:**
 - It's not the End of the World: Developing Resilience in Times of Change
 - The Lies That Bind: Disseminating Impaired Coping Families with Addiction
 - Pain and Addiction: A Challenging Co-Occurring Disorder
 - The Pain Paradox: Mindfulness, Compassion, and Resilience in Trauma Therapy
 - The Positive Psychology of Personal Transformation: Leveraging Resilience for Life Change
 - Visit <http://www.usjt.com> for more information

CME Resources

PCSS-MAT – AAAP Online Module: Motivational Interviewing

<http://pcssmat.org/education-training/modules/pcss-mat-online-module-motivational-interviewing/>

PCSS-MAT – AAAP Online Module: Management of Opioid Withdrawal and Overdose

<http://pcssmat.org/education-training/modules/aaap-online-module-management-of-opioid-withdrawal-and-overdose-2>