

# Washington Health Professional Services (WHPS)



## A Word from Our Executive Director, John Furman

### Confidentiality

The confidentiality of health professionals' participation in alternative to discipline programs is always an important topic. Health professionals are more likely to report and seek treatment if their confidentiality is protected. WHPS works closely with the Department of Health to maintain our clients' confidentiality.

To put confidentiality in context as it applies to alternative programs, the National Council of State Boards of Nursing (NCSBN) explains that alternative programs are both "confidential" and "non-public." A confidential program means that all records regarding a person participating in the alternative program are not shared with licensing authorities, employers, treatment providers, etc., unless authorized by the health professional. This is why WHPS has all clients sign releases of information to allow us to communicate with these people and bodies. (Clients who enter WHPS voluntarily won't be made known to their licensing authorities unless they don't comply with program requirements or are unable to practice with reasonable skill and safety.)

"Non-public" means that all information related to a professional's participation in the program (substance use disorder evaluations, reports, lab results, etc.) remains privileged and confidential; participation in the alternative program isn't disclosed to the public but is known by the licensing authority and is shared with employers, treatment providers and other state licensing boards. This level of protection is included in 18.130.175 revised Code of Washington (RCW), which states: "The treatment and pretreatment records of license holders referred to or voluntarily participating in approved programs shall be confidential, (and) shall be exempt from chapter 42.56 RCW (the Public Records Act)." This means that the Department of Health won't release monitoring records in response to a public disclosure records request, and that monitoring records may be shared only in the context of a legal proceeding.

While alternative programs protect clients from public scrutiny, it's in the best interest of the program and public safety to require that clients inform their workplace of their participation in the program. Collaboration among the employer, the program and the client is necessary to safely return the professional to practice and to effectively respond to any concerns. This instills confidence in the program and undercuts the false impression that alternative programs lack transparency and accountability.

Both confidentiality and an agreed level of transparency among alternative programs, licensing authorities and employers are necessary to ensure a supportive monitoring program and public protection. A carefully managed approach to confidentiality is key to gaining the confidence of the healthcare sector and the public. WHPS provides client confidentiality to the maximum extent provided by state and federal law.

For more information about the confidentiality of alcohol and drug treatment records see: 42 USC §§ 290dd-22 for federal laws and 42 CFR Part 2 for federal regulations.

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### Special points of interest:

- > April is Alcohol Awareness Month
- > Benefits of Gratitude and Positive Thinking
- > Job Interview Tips and Information
- > Latest Statistics on Deaths due to Prescription Medication Overdoses

## WHPS Welcomes New Case Manager Mikel Olsson

WHPS is pleased to welcome our new case manager Mikel Olsson to our team. Mikel is a highly experienced chemical dependency professional and certified counselor, specializing in co-occurring mental and substance use disorders. Mikel received his bachelor's degree from The Evergreen State College, majoring in liberal arts, and his master's degree from California Coast University, majoring in psychology. Mikel has worked in the chemical dependency and mental health professions since 1984. He has also taught classes on chemical dependency and counseling at several Puget Sound-area colleges. Mikel joins us from Behavioral Health Resources in Olympia, where he worked as a co-occurring disorders clinician for the past 13 years. WHPS is excited to have Mikel as our new case manager and the support he will provide to WHPS clients.



## Affinity Online Solutions (AOS) Reminders

Check-in is not required on the following days:

**Monday, May 26, 2014 (Memorial Day)**

You will still need to check in through AOS online or over the phone on regularly scheduled days. Missed check-ins will result in added drug screens and will be reviewed regularly for compliance purposes.



## WHPS Says Farewell to Associate Case Manager Gary Garrety

WHPS bid farewell to longtime Associate Case Manager Gary Garrety as he became the new operations manager for Department of Health's Prescription Monitoring Program.

Gary is originally from Louisiana and moved to the Northwest in 2002. He received his bachelor's degree from The Evergreen State College in 2007. He began state service in 2007 with Department of Health, licensing pharmacy personnel and firms. Gary has also worked in Community Health Systems as office manager and assistant to the director. In 2010, he joined the Washington Health Professions Program team as an associate case manager.

Gary worked with the WHPS team for a little more than three years and through some of the biggest transitions the program has seen to date. Changes in this time included the retirements of Executive Director Jean Sullivan and Operations Manager Beth Dotson, both of whom had been with the program since inception, as well as the arrival of current Executive Director John Furman.

Gary said his time with WHPS has made his work enjoyable and said, "I've enjoyed my time with WHPS because I know that I have made a positive difference in people's lives. I cannot count the number of times I have been told by a client, 'You saved my life.'"

The whole team will miss Gary's positive energy, enthusiasm, personality, sense of humor and his unmatched ability to stay calm and focused in the face of crisis. We're thankful he won't be far, just a few floors up here at the Department of Health.

## April is Alcohol Awareness Month

The National Council on Alcoholism and Drug Dependence (NCADD) celebrates its 27<sup>th</sup> Alcohol Awareness Month in April. This year's theme is "Help for today. Hope for tomorrow," focusing on alcohol misuse prevention, and educating communities about the effects of alcohol in youth, individuals, families and the community.

The Center for Disease Control (CDC) reports that alcohol contributes to preventable 100,000 deaths annually. One-fourth of all people admitted to hospitals have alcohol problems or are undiagnosed alcoholics being treated for alcohol-related issues (CDC, 2013). NCADD (2014) also reports that binge drinking is a highly problematic issue Americans are facing daily. It contributes to more than 11,500 deaths per year, an average of 32 deaths per day. CDC defines binge drinking as four or more drinks per occasion for women and five or more drinks per occasion for men; reasoning in the difference in alcoholic drink amounts between genders is owing to women metabolizing alcohol at a slower rate than men (CDC, 2013).

Adolescents and adults are not the only ones being affected by alcohol. Each year, 4,000 to 12,000 babies are born with disabilities owing to fetal alcohol syndrome (FAS). The CDC also reports that this is the most common precursor to birth defects in the western world (CDC, 2013).

Prevention is paramount to help increase alcohol awareness. Communities can get involved to help decrease the nation's more addictive substance. According to a study done by the CDC in 2013, it was found that alcohol-related expenses (laws, treatment, etc.) costs Washington State about \$5.3 billion each year, with cost per capita being \$832. The average cost of a drink in Washington State is \$2.13 (CDC, 2013).

Other states have attempted to control alcohol-related problems by adding more safeguards in the community. Some include increase price in alcohol; per the study, Utah's average cost per drink is 46 percent higher than the national average coming in at \$2.79 (CDC, 2013). Another example is privatizing liquor sales and having state-operated liquor stores with limited hours for decreased availability to consumers.

There are many ways that we can help others be knowledgeable about the dangers of alcohol and the effects it can have on many lives. WHPS will continue to be an abstinence-based program to support the recovery of healthcare providers in Washington State.

### References:

See NCADD at [www.ncadd.org](http://www.ncadd.org) and CDC at [www.cdc.gov](http://www.cdc.gov) for more information. Information was taken from these websites on February 28, 2014 and March 6, 2014



**"One-fourth of all people admitted to hospitals have alcohol problems or are undiagnosed alcoholics being treated for alcohol-related issues." (CDC, 2013)**

## An Outlook on Positive Thinking

Submitted by Nicole Vreeland, MS, LMHC, WHPS Intake Case Manager



By definition, gratitude is “the feeling of being thankful or grateful.” In the United States, we celebrate gratitude in November during Thanksgiving time. What about having daily feelings of thankfulness? How many of us wake up and the first thoughts of the day start off with, “I don’t want to (fill in the blank) ... I don’t want to go to work today. I don’t want to have to go to that meeting. I don’t want to get out of bed.”

Many people tend to focus on things that we don’t want, rather than the things we do. The things we don’t want are things that ruminate in our minds and replay over and over, creating negative feelings and sometimes affecting our entire day and people around us. Negative thoughts create negative feelings. Negative feelings can turn into negative, non-productive behaviors.

Negative feelings can be a trigger for many people in recovery. There are times where one can attempt to control feelings to the point of overexertion and an overwhelming sense of annoyance. Annoying thoughts and feelings are definitely not something to be thankful for, but how could one reframe these incidents that most human beings experience daily?

Starting with “I don’t want to get out of bed” could be, “I’m grateful that I’m alive and awake.” Another example, “I don’t want to go to work,” can be changed into “I’m thankful that I have a job to go to today.” The more mindful we are of our thoughts and how they affect us, the better we can train our minds to live a life of everyday gratitude.

Will there be days where finding something to be thankful for seems impossible? Of course. Will there be days where nothing seems to go right and you want to scream? Probably so. However, we do have control over taking a minute in the fuel of fury and to begin thinking of a few things we are grateful for.

You might be thinking that it is sometimes easier said than done; that is a true statement! We cannot perfect every moment in our lives, but we can choose what thoughts to entertain and which ones to let go. We can help our minds focus on which thoughts are positive or negative by the way we feel. You can’t feel good and be thinking negative thoughts and vice versa.

One way of attempting to shift thought processes is finding things that make you feel happy. What makes you feel happy? Those things are what you tend to feel gratitude for. If you can name one thing you are grateful for, it can be assured that you could think of a few more things and maybe even a long list of things!

When you are experiencing negative feelings, take a look at what you are thinking about. Those thoughts are the ones that are making you feel bad. Those are the ones you acknowledge for what they are, accept them, and let them go. Most of those thoughts are things that make us sad, anxious, fearful, or angry. As you look at those thoughts, ask yourself, do I have control over this situation? What are the benefits of thinking about this over and over again? Will thinking about this benefit me or change the outcome? Most likely the answers are no, no, and no!

Numerous articles and studies out there (thank you Google!) can give you empirical evidence that support the power of positive thinking and gratitude, and how these things can help your recovery. Michael McCullough, a psychologist with the University of Miami, wrote a book titled “The Psychology of Gratitude,” published in 2004; it noted that people who practiced gratitude felt better, had higher levels of happiness, optimism, and energy, better immune systems, increased energy and daily exercise, as well as better sleep.

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Implementing ideas on cultivating more gratitude can be a challenge but here are a few ideas to help you get started:

1. Keep a gratitude journal: write down five things that you are grateful for and why each day.
2. Send a note or letter: think of a few people who have done something nice for you and write them notes or send emails thanking them for what they have done to help you.
3. Plant a garden: with spring arriving soon, consider finding plants and flowers to add to your garden and how beautiful they will look when they bloom.
4. Commit to community service: find volunteer opportunities in your community that can use your skills, and spend time helping others. Say thank you: be mindful of saying thank you every day to people who you come into contact with (patients, family members, and cashier at the grocery store, someone who holds the door open for you).



We have many opportunities to be grateful. You have to be open to seeing them. It doesn't cost anything, it doesn't hurt anyone, and it takes just a few moments of your time each day. Consider the benefits of "Thank you!"

## Get Out and Explore!

With springtime here, consider exploring one of Washington's national parks! April 19-20 is the opening weekend of National Park Week, which means free entrance into all 14 national parks here in Washington State:

Ebey's Landing-Coupeville  
 Fort Vancouver-Vancouver  
 Klondike Gold Rush Seattle Unit-Seattle  
 Lake Chelan-Stehekin  
 Lake Roosevelt, Canadian Border going to Coulee Dam along Columbia River  
 Lewis and Clark Trail-throughout multiple states including Washington  
 Lewis and Clark Park-Long Beach, Wash., to Cannon Beach, Ore,  
 Minidoka-Jerome, Idaho, and Washington  
 Mount Rainier-Ashford, Enumclaw, Packwood, Wilkeson  
 Nez Perce  
 North Cascades-Marblemount  
 Olympic National Park-Port Angeles  
 San Juan Island-Friday Harbor  
 Whitman Mission-Walla Walla

**April 19-20 is free  
 entrance into  
 national parks for  
 National Park  
 Week!**

More information, driving directions and details about other national parks in the United States are at [www.nps.gov/findapark/index.htm](http://www.nps.gov/findapark/index.htm)



## Job Interviews: Tips and Info about Finding Employment While Participating in WHPS

Employment can be difficult to get while participating in WHPS. However, most of our clients are employed. Many additional factors may make employment difficult, including where a person resides, employment opportunities available, and pay ranges for jobs that are vacant.

Work restrictions can be barriers for people attempting to gain employment, but don't make it impossible. Work restrictions' purposes are to help people create solid recovery, to create environments that are safe for the employee and the employer, and to protect public safety. Some work restrictions tend to decrease through the duration of WHPS contracts, depending on a person's overall compliance with WHPS, history of drug screens, worksite monitor and self-reports, completing recommended chemical dependency treatment, but mainly a person's demonstration of strong recovery. Here are some things to consider when applying for employment that may be helpful during the search and interview process:

1. Look for employment opportunities that would be appropriate to apply for within the restrictions of your WHPS contract and work restrictions. If you have questions about a position, you may contact your case management team to review if this might be a possibility for employment.
2. Most applications in healthcare will inquire if a person's credential has had any action taken against it, such as being on probation, revoked, suspended or other negative action. Dependent upon your credential status, be truthful on your application. If there is action taken against your credential, it can be verified under Provider Credential Search on the Department of Health website. If you are in WHPS in lieu of license discipline and there has not been action taken against your credential, consider stating "I wish to discuss this further during the interview process."
3. The job you are applying for may not be your dream job; however, it may lead to other employment opportunities down the line. Larger organizations or corporately owned healthcare businesses often have multiple sites, locations and positions within the company, some of which are open only to internal candidates. Taking a less desirable position doesn't mean it has to be your permanent position until the end of your career.
4. Before an interview, research the employer to find out more about its organization and operations. Most employers appreciate an applicant taking time to learn specifically about their company. It shows genuine interest in the position.
5. When interviewing, play up your skills and sell yourself. Discuss your previous work experience, expertise, and areas of specialty that would highlight your strong capabilities. Employers notice a person's presentation (body language, facial expressions, eye contact, etc.). Point out how well you were able to work in your profession and give examples of why your skill set could benefit an employer.
6. Discuss the positives about being in WHPS and how this can benefit an employer. Let the interviewer know that you are subjected to random drug screening at no cost to the employer, and you are required to check in daily to see if you are selected. Inform the interviewer that you work with a WHPS case management team that would be in close contact with the employer if there are safety concerns, positive drug screens, and non-compliance with the program.
7. If there are work restrictions that can pose barriers to being able to perform job duties, discuss the possibility of job sharing. For example, if your WHPS contract has a restriction that doesn't allow you to work with controlled substances, talk about other jobs that you may be able to help your peers with instead of passing meds. Highlight the importance of working as a team and collaboratively with your peers. Job sharing would be a great example of how effective teamwork and learning can take place with your peers.
8. Send a thank-you note or an email to the interviewer(s) within two days to show your appreciation for the opportunity. This shows that you are serious, enthusiastic, and have a vested interest in the position.

As a reminder, before accepting any position, speak with your assigned case manager to see if the position will meet the requirements for your WHPS contract. All WHPS clients are required to have a worksite monitor, and your employment contract must be signed by your worksite monitor and an employer representative.

WHPS encourages healthcare providers to re-enter the workforce as part of recovery. If you have any questions regarding potential employment, please contact your case management team for further advice.

## Overdose deaths from prescription pain meds drop 27 percent

Original Department of Health News Release with Permission to Publish from the writers of this article Jennifer Sabel, PhD, Injury and Violence Prevention Epidemiologist and Chris Baumgartner, Program Manager of the Prescription Monitoring Program

Fewer people in Washington died from prescription pain medication overdoses between 2008 and 2012, after an eight-fold increase in the last decade. The overdose death rate dropped by 27 percent and the number of deaths went from 512 in 2008 to 388 in 2012; this was tempered by an increase in heroin deaths, which rose from 146 in 2008 to 231 in 2012.

Most prescription pain medications contain drugs known as opiates or opioids. These powerful drugs are potentially addictive. Prescriptions written for these medications have increased dramatically since the late 1990s, leading some to misuse and abuse them. Some who became addicted to prescription opioids have transitioned to heroin, because it's cheaper and more readily available, especially in non-urban areas.

In the past three years, the Department of Health created new prevention tools to help health care professionals and consumers. These include pain management rules for health care providers and the Prescription Monitoring Program, which helps providers see what meds patients are getting.

“We continue to make steady progress on the prescription end, so it appears that these initiatives are helping,” said Lisa Hodgson, acting director of the Office of Health Professions and Facilities.

“Despite the increase in heroin deaths, the goal is safe use of pain medications while preventing addictions. We continue developing strategies to prevent opioid deaths. Health care providers play a crucial role helping patients manage pain medications safely and get addiction treatment when necessary. Growing use of the Prescription Monitoring Program helps.”

The Prescription Monitoring Program is a secure online database that allows prescribers to see all prescriptions for controlled substances that their patients are receiving. Health care providers can look for duplicate prescriptions, potential misuse, drug interactions, and other concerns.

Pain management rules for health care professionals who prescribe pain medication include guidance for using opioid-based medications to manage chronic, non-cancer pain. These rules encourage practitioners to become better educated for safe and effective use of these drugs.

Among prevention strategies, the state health department will work on expanded access to Naloxone this year. Naloxone is a powerful opioid overdose antidote that [health care professionals can prescribe for those at risk of an overdose](#).

Patients using opioid medications should keep them in a secure place and never share their medicines with others. Always follow the label directions and consult with your doctor or pharmacist if you have any questions or concerns. Taking these powerful drugs with alcohol, other prescription or illegal drugs can be dangerous and possibly deadly. If you are concerned about overdose prevention, discuss with your health care professional whether a prescription for Naloxone is appropriate.

Properly dispose of unused or expired prescription medications. Several [drug take-back-your-meds programs](#) exist across the state, including several pharmacies, police and fire departments and [other locations](#) are easy to find in many communities.



Washington Health Professional Services



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“Never cut a tree down in the wintertime. Never make a negative decision in the low time. Never make your most important decisions when you are in your worst moods. Wait. Be patient. The storm will pass. The spring will come.”
-Robert H. Schuller

Request for Speaking Engagement

A lack of knowledge about substance use disorders is a major risk factor for nurses and other healthcare practitioners. We are available to provide education and consultation, free of charge, to your staff and students about substance use disorders among healthcare professionals and the WHPS program. Providing this information to nursing students is a valuable part of their education.

Washington Health Professional Services
Speaking Engagement Request Form

Today's Date:
Name of Organization:
Requested date for presentation:
1st Choice: 2nd Choice 3rd Choice
Presentation Topic:
Name of Meeting Room:
Address:
City/State Zip:
Contact Person:
Phone: Email:
Audience (primary specialty of attendees):
Number of attendees expected:
Available audiovisual equipment



Please FAX this completed form to WHPS at 360-664-8588. Once we receive the request form, we will contact you to begin program arrangements. If you have questions or need assistance, please call us at 360-236-2880.