

Washington Health Professional Services

Washington State Department of Health

A Word from Our Executive Director, John Furman

WHPS Fall Peer Support Group Facilitator Meeting

WHPS hosts semi-annual Peer Support Group Facilitator educational meetings in order to provide updates on concurrent research, treatment, and regulatory issues. The 2013 Fall Peer Support Group Facilitator meeting was held on September 29, 2013 at the Department of Labor & Industries (L&I) office in Tukwila, WA. The meeting was a great success with over 35 attendees and outstanding educational presentations.

The meeting was marked by a couple of firsts. The SyMedica Group provided Continuing Education Units free of charge and will continue to provide CEUs for future WHPS educational presentations. Also we were able to provide both video and audio real time internet access to the meeting for facilitator that was unable to attend in person. While we are still learning how to best use this technology (e.g., not turning your back to the camera) it worked pretty well and will be a major asset moving forward. Thank you to Gary Garrety and Hyon Yi for working with L&I to make this possible.

The day began with a presentation from Dr. J. Randle Adair, Medical Director Hazelden-Springbrook Healthcare Professionals Program in Newberg, Oregon. Dr. Adair participated in developing the first school-based prevention, intervention and treatment program in the

nation, called project TRUST, which cared for over 300,000 students and their families enrolled in Miami-Dade Public Schools. While living in Miami he also served as clinical director of the DUI Court System. Dr. Adair presented on Hazelden's healthcare professional in-patient program and provided valuable insights into the dependency risks that many health care professionals face along with successful recovery strategies.

Catherine Woodard and Mary Dale from the Nursing Care Quality Assurance Commission (NCQAC) presented on the NCQAC compliant and investigation process. The presentation took the audience through the Washington State Uniform Disciplinary Act (UDA), [RCW 18.130](#) compliant and investigation process. Of note RCW 18.130.175 allows that "... if the disciplining authority determines that the unprofessional conduct may be the result of substance abuse, the disciplining authority may refer the license holder to a voluntary substance abuse monitoring program approved by the disciplining authority."

The ability to report to an approved substance abuse monitoring program only applies when no patient harm has occurred as a result of substance use. In addition to encouraging reporting the major advantage is the avoidance of formal disciplinary action against the professional's license as long as the professional is suc-

cessful in the program.

Dr. Barry Lubin, Medical Review Officer Affinity Online Solutions (AOS) presented on the Medical Review process, Dr. Lubin has almost too many credentials however some are American Society of Addiction Medicine, Certified Addiction Medicine Specialist, American Board of Internal Medicine, Board Certified Diplomate, and Certified Medical Review Officer, Medical Review Officer Certification Council. As provided by AOS, Dr. Lubin provides Medical Review Officer services to WHPS and the health professionals participating in WHPS. Highlights of Dr. Lubin's presentation included dilute and abnormal specimen submissions, Ethyl Glucuronide (EtG) and Ethyl Sulfate (EtS) testing, and the role of the Medical Review Officer.

Jerry Blackburn, Lakeside-Milam Director of Early Recovery Services, concluded the day. In addition to being the Director of Early Recovery Services a Lakeside Milam, Mr. Blackburn is a faculty member in the Chemical Dependency Counseling Program at Bellevue College. Mr. Blackburn has worked in the field of chemical dependency for over fifteen years, tackling this area of healthcare from every angle, working in roles ranging from intervention/prevention specialist to clinical director of adolescent residential treatment facilities.

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- Story about addiction from a family member's point of view
- Disco can help save lives
- February is American Health Month
- WHPS Welcomes New Operations Manager
- Farewell to Robert Hamilton, WHPS Case Manager

Wednesday August 28, 2013 my phone is ringing at 6am; it is my sister's husband. My life will forever be changed from that moment on.

Our mother had passed away very suddenly and unexpectedly in February 2002. Our mother was everything to us. She was our angel on Earth. My sister never did get over losing her. I believe the pain and regret of her passing is what aided in the drug use to begin with. Depression and emotional pain can cause the human body to become dependent on anything that takes away that pain, even if it is just for a short while.

I believe her drug use started shortly before nursing school was over. My sister and I have done everything together; we have always been that way. We worked together in high school, we went to college together, and we became nurses together, wore and bought the same clothes. We were as close as it gets when it comes to family and a friend. So I sit here and ask myself, what could I have done differently? What could I have done to stop this? Why? There are so many questions and so little answers.

I began to notice that my sister was not involved with her family, our family or her best friends like she used to be. I knew she was struggling with her marriage and the loss of our mother. But this was different. She slept all the time. She would have

mood swings that were out of character for her. She started to become a recluse. As the years went by that behavior became so difficult to be around. Her kids did not know what to do or think. They were so young and their mom was not around, whether it was physically or mentally. She was checked out. Her husband worked out of town during the first few years of her use. Even though our closeness as sisters and our family reached out to her, she continued to slip away.

In 2009 she called me saying she needed Ativan and that I had to get some for her. I had to call my doctor and tell them I was having panic attacks (something we both suffered from after the loss of our mother.) She said, "I will get sick if I don't have something." I knew then that this was much bigger than I ever imagined. My radar went up and I knew that somehow I had to help her, but getting her pills was not going to be the way. Over the next few years I tried everything, everything, from being an enabler, tough love, to just praying every night that I found a way to help her, to save her. My biggest mistake was not telling her secret, not involving my dad and her friends. In 2010 she had experienced her first overdose. We were at a bar with friends, who were home for the holidays and she took too many pills with alcohol. I called 911 and we went to ER. There I cried and yelled at her.

I did not understand why? Why was she doing this to herself? She is such a wonderful nurse, mother, sister and person. Why? She just cried. She missed our mom but I felt that now the hold of addiction is deep and time was not our side. I called every doctor I knew she went to, knowing they could not say anything but they could listen, hoping they would stop prescribing pills to her. I also got my father and family involved.

By this time it is into 2011, her addiction is so strong. She is lying, trading belongings for money, making poor personal choices. She is lost. My beautiful sister is lost and I feel hopeless. She is still working and looks like a normal beautiful woman. My children are small and don't know their aunt. I feel like I have to protect my family, but I know I have to save her-somehow. I am now back to believing her, supporting her and defending her. 2012, our father calls and she has overdosed again, at work. She is ok, but now we intervene. We watch her around the clock for one week, taking turns until she is to go to treatment.

She is mad. She is denying her problem, her illness, her addiction. But she completes the treatment. Things are better for awhile. Something she told me while she was in treatment haunts me. She said that if she would have known heroin was cheaper, she would have just

done that. What? I'm scared beyond anything now. She learns this in treatment. She is different, she is not the sister I have known my whole life. I think out of fear, I am shutting down. I am terrified inside. I cannot lose her. But I have no idea how to help. I tell her this, I tell her I can't help her, she has to help herself. We have our fights and disagreements over the next year. I see her slipping away. She is caught using again and is thrown out of her home by her husband. Her kids are suffering and her family is broken. She is broken. She is very thin now, but still looks amazing and if you did not know you would not think anything is wrong. She takes an apartment not too far away from me. My heart breaks every time I see her. I know my sister and that is not her.

It is now late spring 2013. I know she is doing heroin, I can feel it. We always had that connection. I called her one day because I had this terrible feeling, and I was right. She has wrecked her car. Thankfully no one is hurt, but she is scared. The next night her husband and I go and take her from her apartment. Another watch begins. She willingly goes to treatment again. This time she is receptive. She is

better. She is ready to be well. She completes her treatment at the end of July. She is better, healthy. She moves over by me to an Oxford House. She spends three days with my kids and me. My sister is back, we talk and laugh. I tell her about my own struggles and she gives me advice like sisters do. My kids are so happy; they love her and have so much fun with her. I will cherish those days for the rest of my life. Three weeks later she is dead.

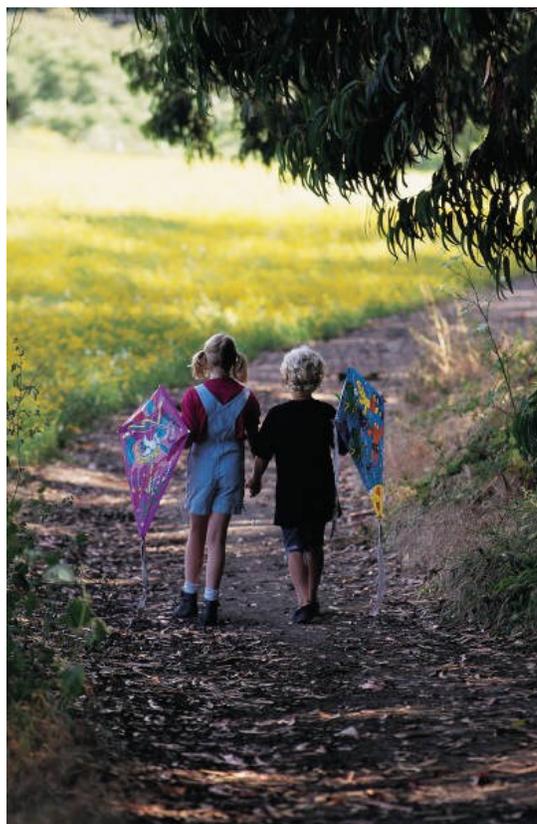
To say I know what an addict feels would be a false statement. The pain, regret, embarrassment and suffering that my sister felt I do not believe anyone could know. Only another addict perhaps. But I do know that I loved her no matter what happened. I question myself about what I could have done differently. I do not know what caused her to use that last night. But that last time killed her.

The warning signs I saw were very clear: lying, sleeping all the time, weight loss, wild behavior, borrowing money, and disappearing for hours on end. I do know and believe that an addict can get better. You can beat this disease. I will spend the rest of my life trying to help others and their families. Never give up.

Do not think that one more time will not hurt, because one more time will kill. My sister was a beautiful, smart, educated woman who had a beautiful family and a life that was worth living. She had explained to me that drugs make you feel worthless, make you tell yourself that you are not worth life, not worth your family. That is a lie. You are worth every worry, every sleepless night, every penny it takes for treatment, every breath.

I will miss her every day.

Do not ever give up.



How the Bee Gees Can Help You with People “Stayin’ Alive”

2012 Hands-Only™ CPR Fact Sheet

Remember disco? You can help save a life if you do.

If you see a teen or adult collapse, call 9-1-1 and push hard and fast in the center of the chest to the beat of the classic disco song “Stayin’ Alive.” The American Heart Association’s Hands-Only™ CPR at this beat can more than double or triple a person’s chances of survival.

Take 60 seconds and hustle to heart.org/handsonlycpr to learn how you can help save a life.

Why Learn Hands on CPR?

Sudden cardiac arrest is a leading cause of death. Nearly 400,000 out-of-hospital cardiac arrests occur annually in the United States.

- When a teen or adult has a sudden cardiac arrest, survival depends on immediately getting CPR from someone nearby.
- Sadly, 89 percent of people who suffer an out-of-hospital cardiac arrest die because they don’t receive immediate CPR from someone on the scene.
- Most Americans (70 percent) feel helpless to act during a cardiac emergency because they don’t know how to administer CPR or they’re afraid of hurting the victim.

Be the Difference to Someone You Love

If you are called on to give CPR in an emergency, you will most likely be trying to save the life of someone you love: a child, a spouse, a parent or a friend.

- 80 percent of sudden cardiac arrests happen in private or residential settings.
- Unfortunately, only 41 percent of people who experience a cardiac arrest at home, work or in public get the immediate help that they need before emergency help arrives.
- Hands-Only CPR has been shown to be as effective as conventional CPR for sudden cardiac arrest at home, at work or in public. It can double or even triple a victim’s chance of survival.

Disco Can Save Lives

Hands-Only CPR has just two easy steps:

If you see a teen or adult suddenly collapse:

- 1) Call 9-1-1
- 2) Push hard and fast in the center of the chest to the beat of the disco song “Stayin’ Alive.”

According to the American Heart Association:

- People feel more confident performing Hands-Only CPR and are more likely to remember the correct rhythm when trained to the beat of the disco classic “Stayin’ Alive.”
- “Stayin’ Alive” has more than 100 beats per minute, which is the rate you should push on the chest during CPR.

Hustle To Learn How to Save a Life

- Watch the 60-second demo video. Visit heart.org/handsonlycpr to watch the Hands-Only CPR instructional video and share it with the important people in your life. You can also find a CPR class near you.

The American Heart Association’s Hands-Only CPR campaign is supported by an educational grant from the WellPoint Foundation.

NOTE: The AHA still recommends CPR with compressions and breaths for infants and children and victims of

drowning, drug overdose, or people who collapse due to breathing problems.

For more information visit www.heart.org

WHPS Participates in Recovery Walk 2013

On September 28, 2013, in honor of Recovery Awareness Month, WHPS had the opportunity to help support St. John Peace Health in their yearly recovery walk.

This was a great opportunity to meet with other community agencies, hear individual stories on recovery, and show support for our

community members who have been affected by drug and alcohol use.

Despite the heavy rain and storm, it was a great turnout! There were lots of individuals and families who were able to make it out for the walk around Lake Sacagawea in Longview, WA.

If you know of any activities or events that you would like to share with us or would welcome WHPS to attend, please let us know!

You may contact our office at 360-236-2880 with your ideas, recommendations or feedback!

February is American Heart Month

February is American Heart Month! Every year about 715,000 Americans suffer from a heart attack while approximately 600,000 people die from heart disease*.

The great news about Heart Disease is that it is preventable and treatable!

A healthy diet, exercise, regular check-ups with a medical professional, and maintaining your blood pressure and cholesterol to healthy levels are all examples to help keep

your heart healthy.

Other ways of having a happy heart is to decrease tobacco use. Tobacco use has shown to increase one's potential of heart disease more than the average non-smoker.

Heart Disease is the leading cause of death among men and women.

Having regular dental visits can also help to prevent heart disease. When dental problems go unresolved, bacteria can enter the bloodstream and get carried to your heart.

*Information provided by the National Center for Chronic Disease Prevention and Health Promotion., February 4, 2013.

Identifying Heart Attack Symptoms

Recognizing symptoms of a heart attack can be a critical act that can save lives. The National Center for Chronic Disease Prevention and Health Promotion lists five top symptoms of a heart attack:

1. Pain or discomfort in jaw, neck, or back.
2. Feeling weak, light-headed or faint.
3. Experiencing chest pain or discomfort.
4. Shortness of Breath.
5. Pain or discomfort in arms and shoulders.



WHPS Welcomes New Operations Manager, Alicia Payne

We are excited to introduce Alicia Payne as our new Operations Manager starting on November 1, 2013. Alicia has her Bachelor of Arts degree in Human Development with a minor in Psychology from Washington State University. She began working at the Department of Health in April 2011 as a Credentialing Specialist with the Office of Customer Service. Prior to working at the Department of Health, Alicia was a Compliance Officer in the banking industry and a preschool teacher.

Alicia has expressed excitement to join the WHPS program and is looking forward to implementing the WHPS vision statement to “be a leader in the monitoring of health professionals...in order to most effectively allow health professionals to return or continue to practice their profession in a way which safeguards the public.” Her educational background and previous experience will follow her goal and lifelong passion to help others within our community.

Alicia is originally from Vancouver, WA and enjoys visiting family and friends often. In addition to her work, she enjoys spending time with her two children, baking, travel and many other activities and hobbies to occupy her free time.

We are happy to welcome Alicia to our team and are looking forward to working with her on innovative ideas and processes that can enhance WHPS operations and customer service.



AOS Reminders

During the business of the holiday season, please be sure to continue daily check-ins as scheduled. As a reminder, WHPS will be closed and check in is not required on the following days:

- **Wednesday, December 25, 2013 (Christmas Day)**
- **Wednesday, January 1, 2014 (New Year’s Day)**
- **Monday, January 20, 2014 (Martin Luther King Jr. Day)**
- **Monday, February 17, 2014 (President’s Day)**

The WHPS Team wishes you and your family a happy and safe holiday season!



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Mr. Blackburn gave the presentation *Functional Autonomy: The Culmination of Care*. Mr. Blackburn asked the questions – So what is the result of chemical dependency treatment? and what is the product we have at the end? The presentation provided specific insights into the nature of recovery from a dimensional standpoint allowing clinicians to truly envision and subsequently support their patients to reach a level of function and stability that assures increased outcome success.

In addition to education the Peer Support Group Facilitator meetings equally importantly provide the opportunity for interaction, relationship and skill building. The Peer Support Group component and facilitators are integral to ensuring public safety and successful health professional outcomes. We invite all stakeholders and interested parties to attend the WHPS 2014 Spring Peer Support Group Facilitators meeting. Check the WHPS web page in March for meeting details <http://tinyurl.com/doh-wa-gov-whps>.

Neuroplasticity and the Power of Positive Thinking Submitted by Robert Hamilton

I was recently discussing with a friend how the science of the brain has evolved over the past few decades. We had read a brief article about a study conducted by two psychologists (Dr. Maryanne Garry and Dr. Robert Michael) in New Zealand regarding “Positive Thinking.” This in turn made me think about the more recent understandings of neuroplasticity. We used to believe that at certain points of a child’s development that a regulation process took place, and then that was it, the brain was at full capacity.

We now know this not to be the case: research shows that the brain can and does develop new pathways and that the process of regulation along with these new neuronal pathways allows for learning, and rewiring of the brain, throughout or lifetime. This is called “Neuroplasticity.” Notably, stroke victims who have lost the use of a limb have been known to, through the process of neuroplasticity, regain control of the limb. An affected brain, whether from stroke, or substance use, does have the potential to self-correct, given the right opportunity.

This is important in recovery for numerous reasons, but as the title says, it is specifically important in the realm of “positive thinking.” Positive thinking is just “one kind of thinking” and so it is probably best to focus first just on the process of thinking, as it relates to neuroplasticity. Without getting technical, basically, it comes down to “neurons that fire together wire together.” This quote is attributed to the Canadian Neuroscientist Donald Hebb, who made numerous contributions to the field of Neurobiology while at Yale University, and is referred to as “Hebb’s Law.” Think of this as developing a “path of least resistance”, or in the case of relearning, a “new path of least resistance.”

We have hardwired reactions in place; three of which are fight, flight, and freeze. These are “reactive” paths of least resistance, meant to preserve our existence, to keep us safe, and are more instinct than learned. We also have the capability to develop “proactive, desirable, coping strategies” which are learned. Positive thinking plays into developing these proactive, desirable, responses to environmental stimuli/stressors, and developing a framework of healthy coping strategies for future use.

The power of positive thinking is that positive thoughts often translate to positive outcomes, the results of the “proactive, desirable, coping strategies.” Repetitive positive thoughts develop neural pathways that lead to positive thinking being the default. This is neuroplasticity at its finest.

The takeaway here is that positive thinking; positive affirmations, etc. can help aid in, and support a well-established recovery.

A Sad Farewell to WHPS Case Manager, Robert Hamilton

In the final days of my time with Washington Health Professional Services (WHPS), I have had the opportunity to reflect on my experiences while working with the program, the clients, and numerous other stakeholders. I soon realized the past three years and eight months have flown by here for me. Also, working for this program has been educational from day one.

The multiple missions of Department of Health, Health Systems Quality Assurance, and especially WHPS for public safety and assisting our clients in recovering their lives, were easy to get on board with. I rapidly learned the intricacies of Affinity Online Solutions (AOS) and its usefulness in managing a monitoring caseload, first doing intakes, and then later the monitoring piece of the puzzle.

I also became aware of the many challenges that the program clients face. With this awareness I endeavored to always remain objective, apply the policies, procedures and business practices in as consistent a manner as possible, always taking the individual circumstances into account where applicable, and still within the best practices as we understand them. Working with WHPS has had its challenges, but overall it has been an enriching and rewarding opportunity.

In parting, I bid a hearty farewell and wish for the best that is possible out of life, for the WHPS clients, as well my colleagues, the Peer Support Group facilitators, and everyone else who contributes to the success of the clients and the program.



Tobacco Quitline Services

Calling the Quitline

1-800-QUIT-NOW is a free service to help you or someone you care about quit using tobacco. Different people need different resources as they try to quit. The quitline can support both your immediate and long-term needs. Our coaches can talk to you about overcoming common barriers, like dealing with stress, cravings, irritability, and weight gain. The quitline is available in both English and Spanish with translation and TTY services. It is open 7 days a week, 24 hours a day except the Fourth of July, Thanksgiving, and Christmas Day.

Asian Language Quitline

A free nationwide [Asian Language Quitline](#) is also available Monday through Friday 8am-9pm. They also offer a free 2-week nicotine patch starter kit.

- Chinese (Cantonese and Mandarin): 1-800-838-8917
- Korean: 1-800-556-5564
- Vietnamese: 1-800-778-8440



What You Can Expect

When you call 1-800-QUIT-NOW you will get immediate assistance which can include:

- A support team of quit coaches who can help you create a quit plan that works for you.
- Research-based information about a wide range of topics related to smoking and quitting.
- A step-by-step quit smoking guide.

[Learn more \(PDF\)](#) about what you can expect when calling the Washington State Tobacco Quitline.

Do You Qualify?

Anyone who lives in Washington State is eligible for at least one call.

Washington State has funding to make the quitline available to people without insurance for one year thanks to the Centers for Disease Control and Prevention. Since launching in 2001, this service has helped more than 160,000 Washington residents.

You qualify for additional calls and may qualify for gum or patches if you:

- Are 18 or older and live in Washington state.
- Are on Medicaid.
- Have an insurance plan which covers the quitline tobacco cessation program.

[Learn more](#) about what kinds of services are available to you.

Information was provided by

<http://www.doh.wa.gov/YouandYourFamily/IllnessandDisease/TobaccoRelated/QuittingTobacco.aspx#coverage>

**Washington State
Department of Health**



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Services

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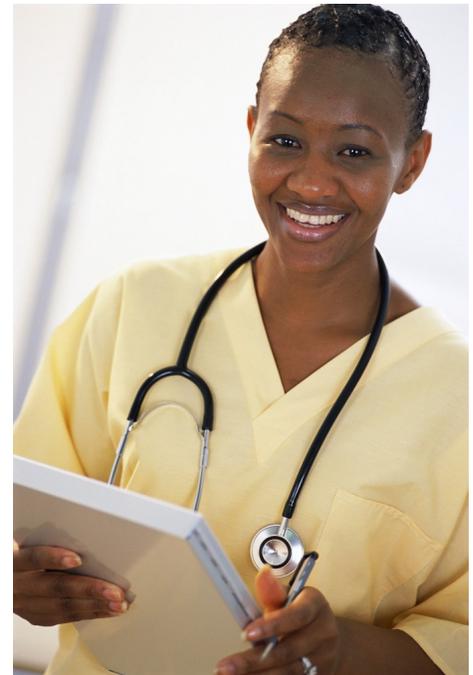
“Again, you can’t connect the dots looking forward; you can only connect them backwards so you have to trust that the dots will somehow connect in your future. You have to trust in something-your gut, destiny, life, karma, whatever. This approach has never let me down and it has made all the difference in my life.”

-Steve Jobs

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.

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.