

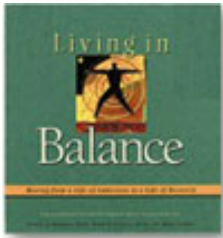
Professional Update

Resources in Treatment and Mental Health



Ask the Expert

Quick Links



The Process of Sobriety and Relapse

Hazelden's [Living in Balance](#) curriculum guides clients through the first days of earliest recovery and equips them with skills and knowledge they'll use for life, including creating successful strategies for dealing with their new sobriety and tips for avoiding relapse.

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Product Highlight



Ken Winters on Brief Intervention

Brief intervention has become the leading approach for clients whose patterns of abuse are low to moderate. Almost all national and state funding initiatives include a strategy on evidence-based brief intervention. Ken Winters is a national authority on brief intervention and the Director of the Center for Adolescent Substance Abuse Research.

How it works:

The model: Brief Intervention is an evidence-based practice combining motivational interview, stages of change, and cognitive behavioral theory, to help clients identify, assess, and understand their own patterns of abuse.

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Research and Funding

Screening for Alcohol Abuse in the Emergency Room

There are an estimated 7.6 million alcohol-related emergency room (ER) visits each year in the country. A first step in identifying an alcohol problem is screening all ER patients utilizing two well-researched screening tests. Once identified, one technique that has proven successful is motivationally-based brief interviews focused on reducing alcohol use. The research to date, however, has been focused on an academic medical environment and not within the more common environment of the community hospital ER, where 56 percent of all ER visits occur.

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Corrections

Report Finds Substance Abuse Programs Reduce Recidivism

A report from California Department of Corrections and Rehabilitation (CDCR) shows a substantial reduction in recidivism for offenders completing in-prison substance abuse programs followed by community-based substance abuse treatment.

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The Process of Sobriety and Relapse

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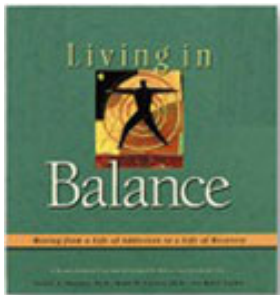
Sobriety is a process. It is not one big decision like, "I'm never going to use again." Rather, sobriety is learning to make many small decisions that lead away from alcohol and other drug use. After being addicted for several years, people must learn to take steps in the right direction and avoid even small steps back toward alcohol and other drug use.

Relapse is also a process. It is a series of decisions – some big steps, some small steps – in the direction of drinking and drug use. Planning for sobriety centers around those decisions. The more people become aware of these decisions, the better able they are to avoid using.

Relapse is rarely a single decision on a Friday evening. The decision to relapse is usually made long before somebody has a drink or uses a drug.

Relapse decisions and behavior begin in the small decisions that the addicted brain may think are unimportant, such as missing treatment sessions and support group meetings, not calling a sponsor, and calling in sick to work.

Excerpt from Living in Balance



[Living In Balance Core Curriculum Sessions 1 through 12](#)

Moving from a Life of Addiction to a Life of Recovery

Author: Jeffrey A. Hoffman, Ph.D., Mim J. Landry, Barry D. Caudill, Ph. D.

Item: 2456

Price: \$525.00 Each

Visit the Hazelden [Bookstore Web site](#) to learn more about the sobriety and relapse, as well as [Living In Balance](#).

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Screening for Alcohol Abuse in the Emergency Room

There are an estimated 7.6 million alcohol-related emergency room (ER) visits each year in the country. A first step in identifying an alcohol problem is screening all ER patients utilizing two well-researched screening tests. Once identified, one technique that has proven successful is motivationally-based brief interviews focused on reducing alcohol use. The research to date, however, has been focused on an academic medical environment and not within the more common environment of the community hospital ER, where 56 percent of all ER visits occur.

As a result, physicians and researchers at Rhode Island Hospital's Injury Prevention Center set out to identify a model that could integrate screening and brief interventions (SBI) for alcohol misuse into a community hospital environment. The study was published in the August 2009 issue of the journal Substance Abuse. Their goal was to develop, implement and evaluate the adoption of a model of SBI, using feedback from the community hospital ER. This would then allow them to create a delivery method for the toolkit for SBI developed by the American College of Emergency Physicians (ACEP) and the National Highway Traffic Safety Administration.

Under the direction of lead author Michael Mello, MD, MPH, director of the Injury Prevention Center and an emergency medicine physician at Rhode Island and The Miriam hospitals, the researchers worked with Robert Dinwoodie, DO, MBA, an emergency medicine physician at Kent Hospital as a pilot site.

The project was divided into two phases over a year. The first phase involved meeting with key stakeholders to gather information

and feedback on the SBI delivery model design and implementation. The feedback was then used to adapt the proposed SBI model design for the community hospital and train the staff. Phase two focused on the implementation and adoption of the SBI into the ER setting in the community hospital over a 6-month period. The research study design team included ER physicians, a clinical psychologist, experimental psychologist, and project coordinator, along with a research assistant who was present in the ER to record the extent of adoption into the ER's practice.

Mello says, "Our research identified numerous barriers, with key stakeholders expressing concern over potential disruption to the clinical practice and patient flow; the burden of SBI on staff time, particularly nurses; the willingness of nursing and physician staff to accept the SBI; and staff reluctance to speak to patients about alcohol-related issues when not directly related to a patient's chief complaint. These are all understandable concerns."

As a result, the SBI model was modified to address the concerns. The implementation was limited to an area of the ER for non-critical patients, active participation was limited to physicians only who would evaluate using the screening tool and then refer patients screening positive to a research assistant who would then perform the 5- to 10-minute brief intervention.

Prior to the adoption of the SBI model in the community hospital ER, a medical record review revealed that alcohol screening only occurred in 50 percent of patients, and of those, only 23 percent of the positive screens were referred for an alcohol intervention. In the study, during the time period when the research assistant was present in the ER, 90 percent of eligible patients were screened, and 71 percent of those patients were then evaluated by ER staff. Further, 38 percent of screened patients met the screening criteria, with 77 percent of the patients who met the criteria being correctly identified by ER staff and referred to the research assistant for the brief intervention. One month after the research assistant was no longer present in the ER, a repeat medical record review found documented alcohol screening had returned to the 50 percent level.

Dinwoodie, of Kent Hospital, says, "The research was done to look at the feasibility and impact of implementing an alcohol abuse screening and brief intervention program into a community hospital emergency department setting. The results of the study suggest that implementing such a program is possible by training staff such as emergency department nursing personnel, however, implementation will potentially be more successful if additional staff trained to conduct the screening and intervention are utilized."

Mello and the researchers comment that the return of the alcohol screenings to the 50 percent level when the research assistant was no longer in the ER suggests that the program did not create a sustainable change. Mello says, "Our study shows, however, that with the appropriate training and tools, combined with additional resources devoted to this effort, SBI can be successfully transitioned and integrated into community hospital ERs. Additional research would help to further refine the SBI model so that it would work in different types of community hospitals."

Mello concludes, "In the end, if the identified barriers can be overcome, we believe that a refined model will result in higher levels of screening for alcohol problems and appropriate referrals for help with many patients."

SOURCE: Rhode Island Hospital

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Report Finds Substance Abuse Programs Reduce Recidivism

A report from California Department of Corrections and Rehabilitation (CDCR) shows a substantial reduction in recidivism for offenders completing in-prison substance abuse programs followed by community-based substance abuse treatment.

"Effective treatment for alcohol and drug addiction is crucial for successful reintegration into the community when inmates are released," said Matthew Cate, CDCR Secretary. "Our emphasis on encouraging inmates who complete substance abuse programs in prison to continue in community aftercare treatment has proven to be successful," he said.

"During this time of fiscal crisis and significant budget reductions, our department remains focused on core substance abuse programs that reduce recidivism," said Elizabeth Siggins, Acting Chief Deputy Secretary of Adult Programs.

The 2009 Annual Report of the Office of Substance Abuse Treatment Services (OSATS), formerly the Division of Addiction and Recovery Services, includes return-to-custody data on offenders who paroled in Fiscal Year 2005-06 for a one-year and a two-year period. The return to custody rate after one year for offenders completing both in-prison and community-based treatment in FY 2005-06 was 21.9 percent compared to 39.9 percent for all offenders. The return to custody rate after two years for offenders

completing both in-prison and community-based treatment in FY 2005-06 was 35.3 percent compared to 54.2 percent for all offenders.

For male offenders, the return-to-custody rate after one year for those who completed both in-prison and community-based substance abuse treatment in FY 2005-06 was 25.4 percent compared to 41.2 percent of all male offenders. The return-to-prison rate after two years for male offenders who completed both in-prison and community-based substance abuse treatment in FY 2005-06 was 40.4 percent compared to 55.6 percent of all male offenders.

Female offenders were especially responsive to substance abuse treatment. After one year, only 8.8 percent of female offenders who completed both in-prison and community-based substance abuse treatment in FY 2005-06 were returned to custody compared to 30.1 percent of all female offenders. The return-to-prison rate after two years for female offenders who completed both in-prison and community-based substance abuse treatment in FY 2005-06 was 16.5 percent compared to 43.7 percent of all female offenders.

Because of the importance of combining in-prison programs with community substance abuse treatment in reducing recidivism, OSATS has worked to encourage offenders who complete in-prison substance abuse programs to continue in community aftercare treatment. As of June 2008, more than half (54.6 percent) of offenders who completed in-prison programs continued on to aftercare. The average daily population of parolees receiving community treatment has more than doubled – from more than 2,600 at the end of June 2007 to over 5,800 in July 2009.

In 2008, 28.4 percent of CDCR commitments were for a substance abuse offense. Substance abuse offenses include Possession, Possession for Sale, and Manufacturing of a Controlled Substance; Hashish Possession; and Possession for Sale or Sales of Marijuana, and other Marijuana Offenses.

Despite recent budget reductions, including \$250 million for adult offender rehabilitation programs, CDCR remains committed to evidence-based programs that reduce recidivism. To meet the new State budget realities, the department is currently developing a streamlined in-prison substance abuse program that shortens the length of time an offender participates from the current 6-36 months to 3 months, with a strong emphasis on aftercare in the community. Evidence-based practices will be used to target services to inmates who have been assessed as most likely to recidivate and most likely to need substance abuse treatment.

The report is available at the [CDCR Web site](#).

For additional information about offender treatment programs, visit the [Hazelden bookstore](#).

SOURCE: California Department of Corrections and Rehabilitation

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