

# Professional Update

## Resources in Treatment and Mental Health



### Ask the Expert

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## Encouraging Client Honesty/Ingenuity When Using Telephone Continuing Care Therapy

Several aspects of a telephone continuing care treatment program may help minimize the degree to which clients lie to their clinicians about their substance use. Even though aftercare treatment goals are client centered--the use of Motivational Enhancement Therapy (MET) strategies and the clinician's ongoing positive regard and empathy for the client are pivotal for treatment--there may be still times when clients, for one reason or another, are dishonest with clinicians.

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### Product Highlight



#2999

## Introducing the Co-occurring Disorders Integrated Treatment Series, Seven

## Innovative Webinars Presented by the Nation's Leaders in Behavioral Health

Join leading experts from the Dartmouth Psychiatric Research Center and Hazelden Foundation for discussions of tips, tools, and techniques for evolving your mental health or addiction treatment program into a fully integrated care provider for those with co-occurring disorders—using evidence-based practices presented in the

### Research and Funding

## SAMHSA Grants Available for Communities Affected by Economic Downturn

The Substance Abuse and Mental Health Services Administration (SAMHSA) is making \$16.8 million available in funding for up to four years for its Community Resilience and Recovery Initiative (CRR) grants. The purpose of this community-based initiative is to improve behavioral health outcomes through coordination and use of evidence-based health promotion, illness prevention, and treatment and recovery support services in communities affected by recent economic distress.

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## [Co-occurring Disorders Program.](#)

This **free** series is hosted by Hazelden and sponsored by NAADAC. Participants may earn 1 CE unit from NAADAC per webinar, or 7 CEUs for participation in the entire series.

Visit [hazelden.org/webinars](http://hazelden.org/webinars) for details on the webinars and presenters, or to register today.

**Webinar 1: Assessing Organizational Capability**  
**May 12, 2010**

**Webinar 2: Screening and Assessing Clients**  
**June 9, 2010**

**Webinar 3: Integrating Combined Therapies**  
**July 14, 2010**

**Webinar 4: Applying Cognitive-Behavioral Therapy**  
**August 11, 2010**

**Webinar 5: Helping Clients Manage Medications**  
**September 8, 2010**

**Webinar 6: Engaging Families**  
**October 13, 2010**

**Webinar 7: Pulling It All Together: The Co-occurring Disorders Program**  
**November 10, 2010**

Webinars will be presented the second Wednesday of each month from 3:00 - 4:30 p.m. EDT (2:00 - 3:30 CST), beginning in May. Each webinar is free and open to all professionals.

**To register or learn more, visit [hazelden.org/webinars](http://hazelden.org/webinars).**



## Evidence-Based Resources for Treatment of Co-occurring Disorders



[cooccurring.org](http://cooccurring.org)

## Upcoming Events

### National Commission on Correctional Health Care

#### Correctional Mental Health Seminar

**When:** July 11 - 12, 2010

**Where:** Westin Copley Place--Boston, MA.

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## Treatment

### Poisoning by Prescription Drugs on the Rise

Poisoning is now the second leading cause of unintentional injury death in the U.S. While several recent high-profile Hollywood celebrity cases have brought the problem to public attention, the rates of unintentional poisoning deaths have been on the rise for more than 15 years. Poisoning has surpassed motor vehicle crashes as the leading cause of unintentional injury death among people 35 - 54 years of age. In a study published in the May issue of the American Journal of Preventive Medicine, researchers found that hospitalizations for poisoning by prescription opioids, sedatives and tranquilizers in the U.S. have increased by 65 percent from 1999 to 2006.

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### Encouraging Client Honesty/Ingenuity When Using Telephone Continuing Care Therapy

Several aspects of a telephone continuing care treatment program may help minimize the degree to which clients lie to their clinicians about their substance use. Even though aftercare treatment goals are client centered--the use of Motivational Enhancement Therapy (MET) strategies and the clinician's ongoing positive regard and empathy for the client are pivotal for treatment--there may be still times when clients, for one reason or another, are dishonest with clinicians.

If the clinician suspects that this is the case, he may choose to address the issue directly with the client. Reassuring clients that their privacy is being protected and that they are free to be completely open is an option to consider. Gently expressing concern that if the client is withholding information, it will limit the degree to which he might be helped by the session is another. Clinicians may also reiterate that it is completely the client's choice to decide what he will take away from the sessions and that the clinician holds no judgment of him. Despite the clinician's best efforts, some clients will still not be honest. As long as there is no impending harm to self or others, in some cases there will not be anything

more the clinician can do except to continue encouraging open dialogue and to employ MET strategies.

### Excerpt from *Brief Telephone Continuing Care Therapy for Adolescents*



#### [Brief Telephone Continuing Care Therapy for Adolescents](#)

Authors: Yifrah Kaminer, M.D., M.B.A., and Chris Napolitano, M.S., L.M.F.T.

Item: 7918

Online Price: \$39.95

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## SAMHSA Grants Available for Communities Affected by Economic Downturn

The Substance Abuse and Mental Health Services Administration (SAMHSA) is making \$16.8 million available in funding for up to four years for its Community Resilience and Recovery Initiative (CRRI) grants. The purpose of this community-based initiative is to improve behavioral health outcomes through coordination and use of evidence-based health promotion, illness prevention, and treatment and recovery support services in communities affected by recent economic distress.

The CRRI program promotes SAMHSA's strategic initiative on jobs and the economy. It will help communities mobilize resources to provide behavioral health services that can build a sense of renewal and resilience in individuals facing economic hardship and needing help with the psychological impact.

Under this program, SAMHSA will provide funding and technical assistance for services promoting substance abuse and mental illness prevention, mental health promotion, short-term therapies for depression and anxiety, interventions for problematic alcohol use and other strategies to address resiliency and wellness.

"A severe economic crisis can be materially and psychologically devastating," said SAMHSA Administrator Pamela S. Hyde, J.D. "Through programs like this one, communities can restore the emotional health and resilience of individuals and families in need. Paying attention to a community's behavioral health lays the groundwork for a brighter future."

SAMHSA also offers information at [www.samhsa.gov/economy/](http://www.samhsa.gov/economy/) to help people identify serious health concerns related to financial worries, develop coping skills and find help. The federally-funded National Suicide Prevention Lifeline answers more than 1,700 calls each day with more than 30 percent of the calls specifically linked to concerns about financial issues or unemployment.

Up to 5 grant awards of up to \$1.4 million per year will be made to each grantee for up to four years. Continuation awards will depend on the availability of funds and performance of the grantees. Applicants for these grants will be expected to implement evidence-based practices and address several of SAMHSA's 10 strategic initiatives including those involving military families, prevention and trauma.

**WHO CAN APPLY:** Eligible applicants include mayors' offices, the office of the county executive, or the office of chief executives of tribal or territorial governments in communities with high levels of unemployment.

**HOW TO APPLY:** Applicants may request a complete application kit from the SAMHSA information line at 1-877-

SAMHSA7 [TDD: 1-800-487-4889] or download the required documents from the SAMHSA Web site at <http://samhsa.gov/Grants/2010/SM-10-015.aspx>. Applicants are encouraged to apply online using <http://www.grants.gov/>. You may also download the required documents from the SAMHSA Web site at <http://www.samhsa.gov/grants/apply.aspx>.

**APPLICATION DUE DATE:** All applications are due by **May 28, 2010**.

**ADDITIONAL INFORMATION:** Applicants with questions about program issues should contact Nainan Thomas, M.S.W., Ph.D., at 240-276-1744 or by email at [nainan.thomas@samhsa.hhs.gov](mailto:nainan.thomas@samhsa.hhs.gov); or Gwendolyn Simpson, Grants Management Specialist, Office of Program Services, at 240-276-1408 or by email at [gwendolyn.simpson@samhsa.hhs.gov](mailto:gwendolyn.simpson@samhsa.hhs.gov).

SOURCE: *Substance Abuse and Mental Health Services Administration (SAMHSA)*, <http://www.samhsa.gov/newsroom/advisories/1004144400.aspx>.

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## Poisoning by Prescription Drugs on the Rise

Poisoning is now the second leading cause of unintentional injury death in the U.S. While several recent high-profile Hollywood celebrity cases have brought the problem to public attention, the rates of unintentional poisoning deaths have been on the rise for more than 15 years. Poisoning has surpassed motor vehicle crashes as the leading cause of unintentional injury death among people 35 - 54 years of age. In a study published in the May issue of the *American Journal of Preventive Medicine*, researchers found that hospitalizations for poisoning by prescription opioids, sedatives and tranquilizers in the U.S. have increased by 65 percent from 1999 to 2006.

"Deaths and hospitalizations associated with prescription drug misuse have reached epidemic proportions," said the study's lead author, Jeffrey H. Coben, M.D., of the West Virginia University School of Medicine. "It is essential that health care providers, pharmacists, insurance providers, state and federal agencies, and the general public all work together to address this crisis. Prescription medications are just as powerful and dangerous as other notorious street drugs, and we need to ensure people are aware of these dangers and that treatment services are available for those with substance abuse problems."

The largest percentage increase in hospitalizations for poisoning for a specific drug was observed for methadone (400 percent). Poisonings by benzodiazepines increased 39 percent. Hospitalizations for poisoning by barbiturates actually decreased 41 percent, as did hospitalizations for poisoning by antidepressants (a decrease of 13 percent).

In the first comprehensive examination of nationwide hospitalizations associated with these prescription medications, researchers examined data gathered from the Nationwide Inpatient Sample, which contains records for approximately 8 million hospitalizations per year.

From this data, the authors identified all poisonings by drugs, medicinal, and biological substances reported from 1999 - 2006, and categorized the specific types of drugs in each case. It was also possible to determine whether the poisoning was diagnosed as intentional, unintentional or undetermined.

While the majority of hospitalized poisonings are classified as unintentional, substantial increases were also demonstrated for intentional overdoses associated with these drugs, likely reflecting their widespread availability in community settings.

The article is "Hospitalizations for Poisoning by Prescription Opioids, Sedatives, and Tranquilizers" by Jeffrey H. Coben, M.D.; Stephen M. Davis, M.P.A., M.S.W.; Paul M. Furbee, M.A.; Rosanna D. Sikora, M.D.; and Roger D. Tillotson, M.D., all of West Virginia University; and Robert M. Bossarte, Ph.D., of WVU and the University of Rochester. The article appears in the *American Journal of Preventive Medicine*, Volume 38, Issue 5 (May 2010) published by Elsevier.

SOURCE: West Virginia University School of Medicine, <http://www.health.wvu.edu/newsreleases/news-details.aspx?ID=1454>.

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