

MID-SHORE BEHAVIORAL HEALTH WEEKLY NEWSLETTER

Your behavioral health resource for trainings, events, program information, and more around the Shore!

Volume 4, Issue 49

Psychotherapy by emoji: Mental health community wrestles with texting

BY ERIC BOODMAN
NOVEMBER 30, 2015



Dr. Carlene MacMillan was at a garden party in Brooklyn when the text message appeared on her phone. The sender was alone, in a hotel room, unable to stop thinking about killing herself with an overdose, and she was sending an electronic plea for help.

MacMillan is used to this kind of urgent message. As a child and adolescent psychiatrist at New York University, she relies on texting alongside pills and talk therapy to coax her patients from the brink of mental breakdown. “For them, picking up the phone and making a phone call is quite foreign,” MacMillan said. “They definitely prefer texting, and I see my job as forming an alliance with them.”

Not all mental health practitioners are ready to embrace texting, though. Little research and no consensus exist about whether this new technology is effective as part of the psychotherapy toolkit, and there are few official guidelines. Some doctors worry that it undermines the doctor-patient relationship; others say it can erode professional boundaries. And if a therapist charges for the extra contact, insurance companies typically don’t cover that cost.

It’s not the first time the field has wrestled with technological change, experts say. For therapists to communicate with patients by phone or Skype is now far from unusual, especially in urgent situations. And texting has become a kind of native dialect for teenagers and young adults.

So it’s only natural, according to proponents, to use the technology to help combat depression or personality disorders. Millennials text with their friends. They text with their parents. Why shouldn’t they text with their shrink?

“To many of us, it feels like a horse that’s well out of the barn,” said Dr. Sandra DeJong, a psychiatrist at Cambridge Health Alliance.

Karen Jacob, a psychologist at McLean Hospital in Belmont, Mass., peppers her messages to some patients with emojis and GIFs. Later, in therapy sessions, she’ll use the SMS discussions to map out her patients’ crises — what triggered a suicidal episode, what can help them calm down. That way, she said, patients better understand their own emotional patterns.

Jacob sees texting as a way of helping patients become more independent. The simple act of typing out a message can be therapeutic in itself. It forces patients to step back and think more clearly — no mean feat during an emotional crisis. Then Jacob can remind them of techniques they’ve learned to calm themselves down even further. The point is for them to be able to eventually apply these methods on their own.

But in rare cases, the opposite happens, and patients become too reliant on her responses. One woman’s dependency grew so strong that Jacob worried the treatment was no longer helping. “When we talked about not actually having contact, she escalated into a crisis and landed up in the hospital,” said Jacob. Ultimately, she felt that the best solution was for the patient to start over with a new psychologist.

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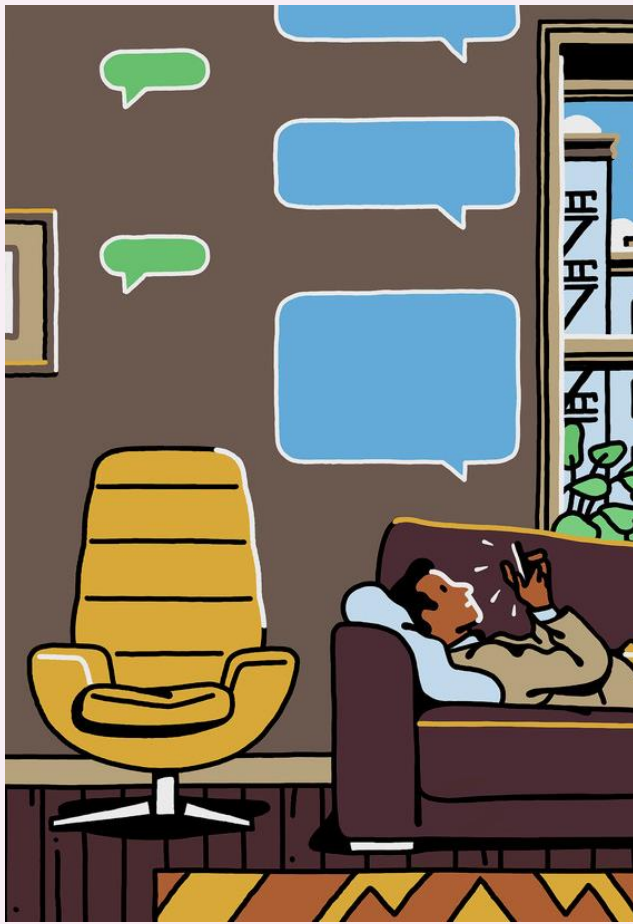


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For patients, losing text contact can be devastating. One 25-year-old from New York City, who requested anonymity, used to text her therapist almost every day to help deal with post-traumatic stress disorder, anxiety, and depression — and found some therapists couldn't take the rhythm. "They get overwhelmed, and instead of decreasing the amount of texting, they'll say, 'No more texting at all, ever,'" she said. "And then you fall apart. Because you rely so much on therapists."

The woman knew that her therapist was not always available. She knew about other text-based resources, like [Crisis Text Line](#), a national nonprofit service with trained counselors available 24/7 to respond to people in distress. But, unlike a text from an anonymous hotline, even just a few words from her therapist carried the weight of all the hours they had spent together face-to-face. "They know you," she said, "so they know how to help you."

Many practitioners, however, feel that connection can be eroded when therapy is administered via text messaging. "The core of empathy is in a person-to-person relationship," said Dr. Eugene Beresin, director of the Clay Center for Young Healthy Minds at Massachusetts General Hospital.

There's also the potential for misunderstandings. "There are sometimes miscommunications face-to-face; there are always miscommunications with emails and texting," said Dr. Michael Brody, a child psychiatrist in private practice in Maryland.

Last year, Dejong and Dr. Tristan Gorrindo, director of education at the American Psychiatric Association, coauthored a [perspective article](#) on the clinical and ethical considerations of texting with patients. They argued that texting can be helpful in some situations but that adopting it as a tool requires careful forethought.

The risks are serious enough that Gorrindo urges clinicians to discuss the issue before they begin to text with their patients, the way a surgeon would talk through the pros and cons of an operation. "Almost like an informed consent," he said.

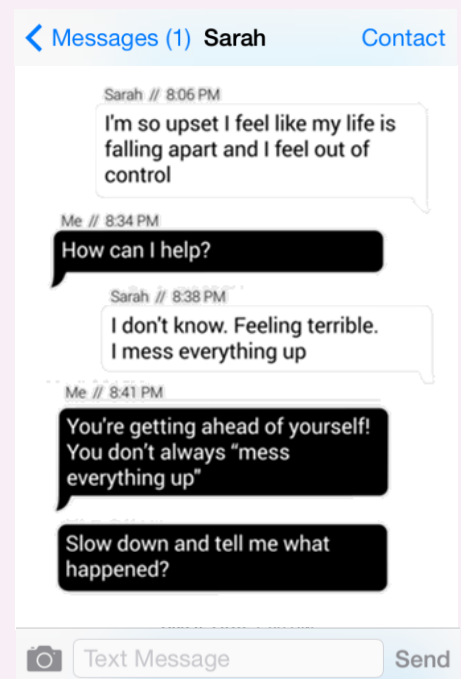
Part of that discussion could be about privacy. The Health Insurance Portability and Accountability Act, better known as HIPAA, is flexible on the subject, said Mark Rothstein, a health policy expert at the University of Louisville, but "any health care provider would have to take reasonable steps to ensure the security of the communication." For some doctors or therapists, that means using an encrypted cell phone network. Others choose to use initials instead of full names in their list of contacts.

Cost is also sometimes a concern, because therapists often charge more for coaching outside of sessions. One Boston-area psychologist sets her price at \$180 for an hour of in-person therapy, for example, and at \$210 if the therapy requires texting or phone calls between appointments. But even if that coaching is necessary to help the patient get through the week, insurance plans won't cover anything that happens outside of the sessions.

For mental health professionals, beyond the concerns about misinterpretation and overdependence, there is the worry that they could miss an all-important text for help if they're out of reach or if their phone is dead. Even those therapists who text with their patients every day often won't wake up to the ping of an incoming message. In emergencies, they say, patients should still call 911.

MacMillan acknowledges she won't always be able to respond immediately — but for her, the priority is that her patients can reach out when they need to. "If they are in distress," she said, "I would much rather that they text me than do nothing."

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Pictured above: Mike wins the 15th Annual Caliber Lifetime Achievement Award in 2013.

On December 2nd, Mike Campbell announced his January 5, 2016 resignation from the Caroline County Mental Health Clinic.

It has been a privilege to serve the citizens of Caroline County as a member of the Caroline County Health Department for the last 27 years. I wish to thank all of you for your cooperation and support during these years because together they have made this a very rewarding experience for me. I wish all of you the best.

*With Gratitude,
Mike Campbell*

This is certainly a huge loss for Caroline County and the mental health community. MSMHS would like to thank Mike for all that he has done throughout the years, including his 7-year service to our Board of Directors! You will surely be missed!



Haven Ministries Homeless Shelter opens Dec. 1.

- Sign in time is 6-7pm nightly at Kent Island United Methodist Church in Chester, Queen Anne's County.
- The shelter is open to men, women, and children.
- All guests must pass a breathalyzer and background checks (including a sex offenders registry check) as well as drug check, if deemed appropriate.
- Contact: 410-739-4363, www.haven-ministries.org

JOB OPPORTUNITY

Chesapeake Voyagers, Inc. is looking to hire a Peer Support Program Coordinator at 30 hours per week. We are seeking a committed individual who can meet the skills/qualifications listed in the job description below.

[Click HERE for Job Description](#)

Interested applicants can email their resume to resume@chesapeakevoyagers.org.





May your days be filled with peace, hope, and joy this holiday season.

As always, thank you for your support.

Sincerely,

Everyone at Chesapeake Voyagers, Inc.



December Calendars of Events
[Click HERE to download all calendars](#)

Special events and changes in schedules

Talbot County

December 12th - Movie, Games & Snacks 3-5pm. Enjoy a Saturday afternoon with friends while you watch a movie or play games. This is a great opportunity to get out of the house during the cold weather and have some fun!

December 16th - Holiday Craft Making 3:00pm

December 18th - CVI Christmas Party 5-8pm Christmas Dinner, Dancing and Fun!

December 25th - **Christmas Day. We will be open from 12-4pm** - Enjoy crafts and movie with friends. A light lunch will be provided.

January 1st - We will be **CLOSED** for New Year's Day.

Caroline County

Please note that we will not have the Depression & Anxiety Support Group on December 18th so that everyone can attend our Christmas Party in Easton. Also on December 25th group will not be held.

Dorchester County

Emotions Anonymous group will now be held on Mondays at 1:30pm

Kent & Queen Anne's Counties

Depression & Anxiety Group will not be held on December 24th & December 31st

[Click HERE to visit our website](#)



ARE YOU A FIRST TIME MOTHER OR HAVE A NEW BABY? ARE YOU EXPERIENCING THE BABY BLUES, ANXIETY, OR CHALLENGES IN YOUR NEW ROLE?

YOU ARE NOT ALONE.

SUPPORT GROUP For NEW MOTHERS forming now!

WEDNESDAYS FOR 8 WEEKS

11:00 AM – 12:00 PM

FOR ALL SEASONS, INC.
300 TALBOT ST., EASTON

THE GROUP WILL COVER TOPICS SUCH AS:

- ATTACHMENT AND BONDING – WHAT YOU NEED TO KNOW ABOUT YOUR NEW BABY!
- FEEDING, SLEEPING AND CRYING – WHAT DOES IT ALL MEAN?
- CHANGING RELATIONSHIPS AND RESPONSIBILITIES – GOING FROM SPOUSE TO PARENT, OR TRANSITIONING FROM ONE CHILD TO MORE
- BALANCING A PROFESSIONAL AND A PERSONAL LIFE
- WELLNESS FOR THE FAMILY

WHY ATTEND THIS SUPPORT GROUP?

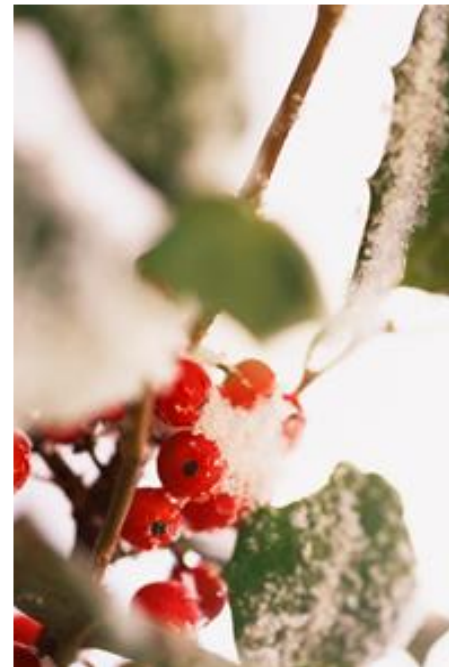
- WE'RE A CARING, SUPPORTIVE GROUP OF PEERS.
- IT'S AN OPEN, FREE, VOLUNTARY MEETING.
- CONNECT WITH OTHER NEW MOTHERS TO SHARE STORIES AND INFORMATION.
- BOTH YOU AND YOUR BABY (UNDER 12 MONTHS) ARE WELCOME.

PLEASE CONTACT KATHARINE PETZOLD TO REGISTER @ 410-822-1018 x 206 OR KPETZOLD@FORALLSEASONSINC.ORG

MCF Holiday Dinner Celebration

Come celebrate with other Mid-Shore families!

Tuesday December 8th
6:00pm-8:00pm



First Wesleyan Church

620 Goldsboro Street
Easton, Maryland

Please RSVP by December 5th

To Augustine Cook at 443-504-4509, acook@mdcoalition.org

Please bring a dish. Hope to see you there!

Funding for the Family Navigator Program is provided by: The Governor's Office for Children in partnership with, Caroline County Human Services Council, Inc., Dorchester County Local Management Board, Queen Anne's County Community Partnerships for Children and Families, Talbot Family Network and Mid-Shore Mental Health Systems, Inc.



BLOG: Changes to Wraparound in Maryland

Beth Hess - Wednesday, November 25, 2015

Maryland state government recently announced significant changes to the delivery of Wraparound in the state. Funding for the largest program is being terminated, after newer programs with some similar components have been introduced. There is confusion among both families who have been receiving Wraparound and those families who were on the Wraparound waiting list. Providers, stakeholders and advocates also have questions about the changes. The below discusses the announced changes and their consequences.

Wraparound is an intensive treatment process for youth with severe mental health or behavioral needs and their families.

The Wraparound process aims to achieve positive outcomes by providing a structured, creative and individualized team planning process that, compared to traditional treatment planning, results in plans that are more effective and more relevant to the child and family. Additionally, Wraparound plans are more holistic than traditional care plans in that they are designed to meet the identified needs of caregivers and siblings to address a range of life areas.” (National Wraparound Initiative).

Numerous studies have shown that Wraparound produces outcomes that are superior to treatment-as-usual or to residential treatment, at a much lower cost than residential treatment. Wraparound has been implemented in Maryland for more than a decade through different funding sources. Maryland received several federal systems of care grants and a federal Psychiatric Residential Treatment Facility (PRTF) demonstration grant that supported the implementation of Wraparound, and then expanded Wraparound through the “Stability” and “Safety” initiatives, which have been overseen by the Governor’s Office for Children. Since the implementation and growth of Wraparound, Maryland has seen a significant reduction in the use of residential treatment for youth: from 993 youth served in Residential Treatment Centers (RTCs) in 2004 to just 679 youth in 2014.

Wraparound in Maryland has contained several key components:

- Care Coordination
- Child and Family Team meetings
- Plans of Care (POC), which are individualized to each family. POCs frequently contain traditional services such as individual and family therapy, but also may have less traditional home- and community-based services, including:
 - Intensive in-home services
 - Respite care
 - Mobile crisis response and stabilization
 - Family peer support
 - Experiential therapies (such as art or equine therapy)
 - Flexible funds for various goods or services that were identified in the Plan of Care

As the PRTF demonstration and federal systems of care grants have ended over the last few years, the Stability and Safety initiatives offered through the Governor's Office for Children, with the capacity to serve 350 families at a time, are the principal ways for families to access Wraparound.

As part of its commitment to continue making Wraparound available to youth who would benefit and their families, the Behavioral Health Administration (BHA) took steps to obtain federal approval to use Medicaid dollars to fund Wraparound. BHA sought and obtained approval to do so through a 1915(i) State Plan Amendment, which allows Maryland to bill Medicaid for Wraparound services. The 1915(i) specifies that the above-mentioned components of Wraparound in Maryland (intensive in-home services, respite care, mobile crisis response and stabilization, family peer support, experiential therapies and flexible funds) be available to all youth and families that qualify for the waiver program.

Unfortunately, only a very limited number of youth will be able to receive Wraparound through the 1915(i) due to restrictive eligibility criteria. A youth must have a very acute psychiatric history, which typically must include three in-patient psychiatric hospitalizations in the last year and their family's income must be at or below 150% of the federal poverty level. Moreover, Maryland has until 9/30/19 to fully implement the 1915(i). So initially Wraparound through the 1915(i) will not be available in all jurisdictions.

In addition to the 1915(i), the state has implemented another Medicaid-funded program to provide care coordination called Mental Health Case Management (MHCM) or Targeted Case Management (TCM). TCM, while a beneficial service, is much less comprehensive than Wraparound. TCM delivers services such as care coordination and family-driven plans of care to children and youth with intensive mental health or behavioral needs and their families, but it does not include many of the above-mentioned service components that are available in Wraparound. And a child must be Medicaid-eligible in order to receive TCM.

Given the success of Wraparound in Maryland, and the significant limitations of the 1915(i) and TCM programs, families, providers and advocates were surprised when the state announced the end of the Stability and Safety initiatives. The announcement specified that the contract with Maryland Choices, Maryland's Care Management Entity (which has been administering Wraparound in Maryland), will end as of June 30, 2016, and the door has been closed on new enrollments as of October 1, 2015. The recent announcement has raised many concerns:

- Families on Medicaid who would have been eligible for Wraparound through the CME are now eligible for Wraparound only if their income is at or below 150% of the federal poverty level - if not, they are eligible for Targeted Case Management only.
- Families with private insurance that might have been eligible for Wraparound through the CME are no longer eligible for any services.

In summary, there is concern that Maryland might experience a reversal of the progress that has been made over the last 10 years in reducing out-of-home placements, including residential treatment placements and voluntary placement agreements. There is also a concern that Maryland families with youth with severe mental health or behavioral needs will once again be unable to access intensive, community-based services for their child.

If your family is impacted by these announced changes and needs assistance, please contact MCF's Director of Public Policy Ann Geddes at ageddes@mdcoalition.org.

CANDLE LIGHT VIGIL



SUNDAY, DEC. 13 6-8 P.M.

Elks Lodge #1622
502 Dutchmans Lane, Easton

*A remembrance program for those who have lost
loved ones to Substance Abuse/Mental Illness*

sponsored by



For more details and to register, visit
www.mariahsmissionfund.org/events.html

All those in recovery and the general public welcome!

SAVE THE DATE

Trauma-Informed Therapeutic Considerations & Approaches: Supporting Trauma Survivors and Therapists

*Hosted by the Shore Training Collaborative
Presented by Letha Moszer, LCSW-C*

Tuesday, January 19th, 2016

Litrenta Lecture Hall in the Toll Science Center
Washington College
300 Washington Ave
Chestertown, MD 21620
8:30am – 4:30pm

6 CEUs
\$25.00 Fee

Traumatic experiences often have a significant and long-term impact on development, social interactions, behavioral functioning, life choices, and a person's overall sense of well-being. When supporting trauma survivors in clinical settings, therapists must consider the core concepts of trauma-informed treatment and integrate these tenets into their daily work with clients. Participants will briefly review complex trauma and how growth and development is affected by traumatic experiences, consider the core principals of trauma-informed care, and explore related treatment techniques that may be beneficial in supporting the healing of trauma survivors. Participants will engage in hands-on learning and focus on the concepts of shame, vulnerability, self-care, and the need to tend to the well-being of both client and self throughout the course of treatment.

REGISTRATION WILL OPEN BY DECEMBER 8th, 2015

For more information please contact Danielle Murphy at dmurphy@mhamdes.org or 410-822-0444

Counting Down to our 12 DAYS OF CHRISTMAS RAFFLE...

As you begin to think about the upcoming Christmas season, we want to remind you of a perfect gift that you could give to that someone on your list that has everything – a 12 DAYS OF CHRISTMAS RAFFLE TICKET.

Each of the 12 drawings promised fabulous prizes as you can see by the attached flyer below.

Contact me or Donna Smith at 443-260-0822 to get your tickets. (NOTE: MasterCard, Visa and Discover cards accepted)

Wishing you and yours a Happy Thanksgiving,
Lee Lewis
Development Director
Bay Area Center for Independent Living
909 Progress Circle, Suite 300
Salisbury, Maryland 21804

“EVERY DAY IS INDEPENDENCE DAY AT BAY AREA CENTER FOR INDEPENDENT LIVING”



Holiday Entertaining



Golf Lovers



Date Night



Bag of Cash



Sports and Fitness



Children's Christmas

12 Days of Christmas Raffle

One Drawing will be held each day from

December 1 - 12, 2015

Winner will be notified by phone or email

Donation: \$5.00

Holiday Entertaining - Silver Stone Casserole Dish and Set of 3 Bowls with lids, 2014 Christmas Cookbook, Yankee Candle Snowman Tea light Holder with Sparkling Cinnamon Tea lights, \$25.00 Certificate from Villa Italian Kitchen, a \$15.00 Gift Certificate from Harvest Moon Tavern and set of 4 Holiday Napkins

Golf Lovers - Old Fashion Santa Golfer, Assorted Golf Tools (tee's, balls, etc.), a Gift Certificate for 4 Green Fee's at The Bay Club and Certificate for 4 Green Fee's at Nutter's Crossing Golf Club

Date Night - a \$50.00 Olive Garden Gift Certificate, a \$50.00 Regal Movie Card, a Fisher's Holiday Caramel Popcorn Tin, 2 Movies, Assorted Candies and Popcorn, and Wooden Bowl

Bag of Cash - Navy Plaid Tote Bag with matching Laptop Bag full of Cash

Sports and Fitness - An Autographed Washington Redskins Ryan Kerrigan Photo, An Autographed Baseball, Four 94) Box Seats at a 2016 Delmarva Shorebirds Game, A Gift Certificate for 6 Training Session at Plus One Fitness, A Certificate for \$35.00 at Vernon Powell Shoes, a Stop Watch, a Yoga Mat and Exercise Ball

Children's Christmas - Two (2) Complimentary Passes each for One Free Afternoon at Trimmer Rides and Amusements, The Care for the World Play Set with Storage Box, Giant Oceans Floor Puzzle, A Busy Day with Charlie the Christmas Bear Book, The Family Christmas Treasury Book and Can't Wait till Christmas Book

"Cash" Bear - a Holiday Stuffed Bear with a Pocket of Cash

Birthday Party - A Laser Tag Certificate for up to 10 people at Crown Sports Center, a Crystal Cupcake Paperweight, Certificate for a 1/2 dozen Cupcakes from Cakes by David, set of 2 Birthday Glasses and Cupcake Holders and assorted Birthday Party Decorations

Gardener's Special - Certificate good for 1,000 Square feet of Tall Fescue Sod from Oakwood Sod Farm

Horse Lovers - A \$25.00 Applebee's Gift Certificate, My Little Pony Sleeping Bag with Tote Bag, My Little Pony Plat Set, 60th Anniversary Edition of Misty the Chinoteague Pony Book, Horses Book, Horse Puzzle and 2 Stuffed Ponies.

Holiday Celebration - \$50.00 Giant Gift Card, Set of 2 Holiday Candle Holders, Two Bottles of Wine, Bottle of Captain Morgan Spiced Rum, Bottle of Smirnoff Vodka, Assorted Crackers, Moose Munch, Lindor Truffles, Ferrero Chocolate Collection, Pub Mix, Roasted Garlic-Onion Jam, Hostess Serving Set (Tray with 4 Plates) and Picnic Basket with Serving Set for 4

"Cash" Bag - A Red Holiday Purse with Gold Chain Strap Full of Cash



"Cash" Bear



Birthday Party



Gardeners Special



Horse Lovers



Holiday Celebration



Cash Bag

December 2015

Thank You For Making A Difference In Our Community!

Last year we asked for your donations to support the dream of opening a year round shelter in Easton's Promise, 107 Goldsborough Street, in Easton. We hoped that generous financial support and the energy of our volunteers would enable us to achieve this dream. We opened Easton's Promise to guests on November 30, 2014.

And what a year it has been! In the last 12 months we have prevented 75 mid shore men, women and children from becoming homeless by:



(Drawing Courtesy of One of Our Young Guests)

- ✓ Providing a home at Easton's Promise to 8 families (10 adults and 12 children)
- ✓ Providing shelter and support at Easton's Promise to 28 single adults
- ✓ Providing transitional housing to 6 families (9 adults and 16 children) by leasing apartments from the Housing Commission of Talbot.
- ✓ Helping our guests, in collaboration with local service agencies, to stabilize their lives and find employment.

Our incredible volunteers spent approximately 7,000 hours assisting at Easton's Promise during the year and over 5,000 meals were served.

We receive about 6 calls each month from families with small children and 40 calls per month from individuals who are seeking safe and secure shelter. We estimate that it costs approximately \$27 per person to provide a day's shelter and meals, as well as assistance in navigating any services they may need in order to get back on their feet.

Our operations are 100% funded by individual, faith community, and private sector donations and private foundation grants. *Your past support has enabled us to grow and to serve our neighbors in need, and we need you now, more than ever, to help us carry on our important mission.* We hope you will continue your support this giving season. Thank you for all that you have done, and continue to do for Talbot Interfaith Shelter!

There Are Many Ways To Donate:

- Send a check made out to Talbot Interfaith Shelter to:
PO Box 2004
Easton, MD 21601

- Contact our Executive Director, Julie Lowe at 410-310-2316 to find out how you can make a donation of stock.

- Click the link below to set up a one-time or recurring (annual, quarterly, or monthly) online donation.

[Donate Now](#)

Watch the video below to see what YOU have helped to do for your community over the past year.



www.talbotinterfaithshelter.org

Like us on Facebook 

Follow us on  twitter





What is Elder Law?

Mid-Shore Pro Bono recognizes that a growing proportion of the Eastern Shore residents are seniors. To better serve these individuals, we have launched a new program to reach this special class of people.

Mid-Shore Pro Bono's Elder Law Project

Seniors face special and unique challenges. Elder Law does not just consist of wills, trusts and estate issues. The Elder Law Project includes access to free Legal Advice and Counseling as well as free Legal Clinics that focus on the following unique legal concerns relating to seniors:

- *Abuse and Neglect of Elderly persons*
- *Adult Guardianships*
- *Specific homeowner and consumer related issues directly impacting seniors*
 - *Reverse mortgages, deed transfers, collection and debt*
- *Landlord/Tenant*
- *Medicare/Medicaid*
- *Social Security, Social Security Disability, Pensions*
- *Nursing Home and Assisted Living Programs*
- *Wills, Trusts and Estates*
- *Powers of Attorney*
- *Advance Directives*

Our Elder Law Project has grown out of well-attended workshops and legal assistance events at senior facilities that we have held throughout the mid-shore. This project offers a regularly scheduled opportunity for seniors to reach out to us in confidence for the unique, quality assistance that our older populations deserve.

Clinics are held once a month at the following locations:

Talbot County Senior Center
Amy Lynn Ferris Senior Center- Kent County

For more details call Mid-Shore Pro Bono,
410-690-8128
Or visit our office at 8 S. West Street, Easton, MD 21601

The Partnership for Drug-Free Kids Unveils New Campaign Asking Teens “Who Controls You?”

BY [JOSIE FELIZ](#)
November 11th, 2015

*~New Vine-Inspired Campaign Part of Partnership's Above the Influence Program for Teens~
Online Game #PositivATI Empowers Teens to Infuse Positive Messages in Social Media*

NEW YORK – November 11, 2015 – The [Partnership for Drug-Free Kids](#), a national nonprofit dedicated to reducing substance abuse among adolescents, today launched a new multimedia campaign for teens that illustrates some of the pressures they face, including peer pressure to drink and use drugs, issues with body image and bullying, among others. The “Who Controls You” campaign breaks this month and was created pro-bono by advertising agency, Hill Holliday and award-winning, social media influencer, Maris Jones, as part of the Partnership’s Above the Influence (ATI) teen program.

“We are incredibly proud of this work. We struck gold when Hill Holliday collaborated with production company, Adolescent and Maris Jones to bring this campaign to life,” said Chief Marketing Officer for the Partnership for Drug-Free Kids, Kristi Rowe. “Partnering with a young, talented social media influencer like Maris lent such a unique and authentic voice to this effort. Combining the extraordinary insight and passion of the Hill Holliday team with Maris’ distinct artistry brought an unexpected style to the campaign that makes this creative truly breakthrough.”

The “[Who Controls You](#)” campaign uses a unique depth of field visual device, combined with Jones’ signature stop motion storytelling. Representing negative influence, a large hand seemingly forces the characters to do things they otherwise would not have considered, like reach into a medicine cabinet with a friend and pull out a prescription medicine bottle, reconsider eating because of images seen in the media, or drink too much at a party, among others.



The campaign is comprised of 15 vignettes that each highlight different pressures, as well as a :30 spot that is a compilation of the same vignettes, which additionally shows a teen who rises above the influence of drinking at a party. [View the full campaign here.](#)

“To talk to teens, we decided to do so in their language, by using a Vine technique popular among them,” said Kevin Daley, Group Creative Director at Hill Holliday. “We were so thrilled to partner with Maris Jones to bring our vision to life. The result was a series of powerful vignettes that we hope are as emotionally compelling as they are visually arresting.”

“Growing up is tough and I know how it can seem dark during the teenage years. I was honored to help shed light on the problems teens face and to be a voice letting them know that ‘you can stand up’ for what you believe in,” said Maris Jones. “Working with ATI was one of the most important causes I have been a part of, and staying strong and holding your ground as a teen is something that should continue to be enforced to help cope with today’s society.”

Jones continued, “I love the idea of letting kids know that they are not alone and what they deal with are normal issues that will fade away with time. This project resonated with me because of its themes. We all know the obstacles of growing up, and I was honored to depict these reoccurring issues that sometimes are ignored.”

The Partnership and Horizon Media have secured pro-bono advertising on teen-targeted TV and online pre-roll to support the campaign, with media running through first quarter of 2016.

Online Game #PositivATI Empowers Teens Through Positive Messages in Social Media

In addition to the videos, digital production partner We Are Royale helped create a complementary Twitter-based game called [#PositivATI](#). It gives teens a way to counter the negativity in social media with a little positivity through a simple shooting game; it pulls in real, negative tweets directly from Twitter, which users shoot down for points. For every negative tweet that is knocked out, a positive tweet goes into the thread of the negative hashtag, disrupting the stream of negativity.

#PositivATI exists as a desktop version, as well as a larger interactive version, which will be used for future community forums and events. The game was first featured as a part of National ATI Day in Washington, D.C. in October. You can play #PositivATI at <http://positivati.com/>.

The Above the Influence Campaign

Above the Influence is a popular and proven-effective drug and alcohol prevention initiative created for American youth. With an online community of over 1.5 million young people, the program has an active, robust audience. The Partnership spearheads all national youth outreach, including advertising, social media and campaign websites for Above the Influence. ATI’s positive impact has been documented in several studies published in respected peer-reviewed journals including *American Journal of Public Health* and *Prevention Science*.

To learn more about the Above the Influence program, visit abovetheinfluence.com.

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The CBHSQ Report

Spotlight

November 12, 2015



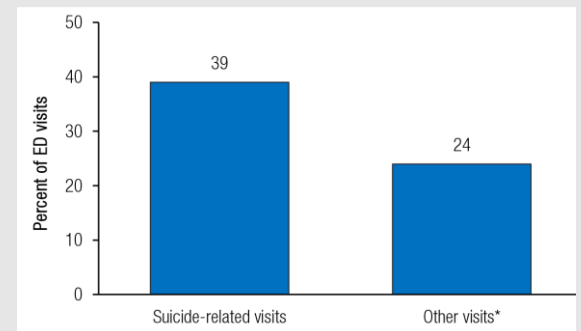
DRUG-RELATED SUICIDE ATTEMPTS BY MIDDLE-AGED ADULTS LIKELY TO INVOLVE ALCOHOL COMBINED WITH DRUGS

In 2013, an estimated 1.3 million adults aged 18 or older (0.6 percent of the population) attempted suicide in the past year, 2.7 million (1.1 percent) made suicide plans, and 9.3 million (3.9 percent) had serious thoughts of suicide.¹ The rate of death by suicide for middle-aged adults (aged 35 to 64) increased by 28.4 percent from 1999 to 2010.²

According to the Drug Abuse Warning Network (DAWN), an estimated 228,366 emergency department (ED) visits were for drug-related suicide attempts in 2011. Of these, middle-aged patients aged 35 to 64 accounted for 99,559 of these visits. About 39 percent (38,616 visits) of ED visits for drug-related suicide attempts by middle-aged patients involved alcohol combined with other drugs. In contrast, only 24 percent of other drug-related ED visits (excluding adverse reactions) by middle-aged patients involved alcohol combined with other drugs.

Although substance abuse problems are not always present in patients who visit the ED for drug-related suicide attempts, alcohol and drug use are commonly associated with suicidal behavior.³ People who are seriously considering suicide may have a lower risk of suicide attempts after they stop using drugs and alcohol, compared with those who are suicidal and are still using drugs or alcohol.⁴ Therefore, families, friends, clinicians, and suicide prevention programs should consider encouraging those at risk for suicide to abstain from using alcohol and drugs.

Involvement of alcohol combined with other drugs in emergency department visits for drug-related suicide attempts compared with other drug-related visits* for patients aged 35 to 64: 2011



*All other drug-related ED visits excluding adverse reactions.

1. Substance Abuse and Mental Health Services Administration. (2013). *Results from the 2012 National Survey on Drug Use and Health: Detailed tables* (Tables 2.77B and 2.79B). Retrieved from <http://www.samhsa.gov/data/NSDUH/2012SummNatFindDetTables/DetTabs/NSDUH-DetTabsTOC2012.htm>
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3. Borges, G., Walters, E. E., & Kessler, R. C. (2000). Associations of substance use, abuse and dependence with subsequent suicidal behavior. *American Journal of Epidemiology*, 151(8), 781–789.
4. Han, B., Compton, W. M., Gfroerer, J., & McKeon, R. (2015). Prevalence and correlates of past 12-month suicide attempt among adults with past-year suicidal ideation in the United States. *Journal of Clinical Psychiatry*, 76(3), 295–302.

Source: 2005–2011 Drug Abuse Warning Network (DAWN). DAWN was a public health surveillance system that monitors drug-related hospital emergency department (ED) visits and drug-related deaths to track the impact of drug use, misuse, and abuse in the United States.

The Substance Abuse and Mental Health Services Administration (SAMHSA) is the agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities. The Data Spotlight may be copied without permission. Citation of the source is appreciated. Find this report and those on similar topics online at <http://www.samhsa.gov/data/>.



Cognitive behavior therapy can help overcome fear of the dentist

Date: November 27, 2015
Source: King's College London

ScienceDaily®

Cognitive behavioral therapy could help many people with a dental phobia overcome their fear of visiting the dentist and enable them to receive dental treatment without the need to be sedated, according to a new study by King's College London.

Anxiety about visiting the dentist is common and becomes a phobia when it has a marked impact on someone's well-being; people with dental phobias typically avoid going to the dentist and end up experiencing more dental pain, poorer oral health and a detrimental effect on their quality of life. Estimates from the most recent Adult Dental Health Survey in the UK suggest around one in ten people suffers from dental phobia.

Cognitive behavioral therapy (CBT) is a short-term therapy, typically lasting 6-10 sessions. CBT has been shown to help with a range of psychological problems, most notably for depression and anxiety-related disorders. Both cognitive and behavioral interventions have been shown to be successful in reducing dental anxiety and increasing dental attendance.

The latest study, published in the *British Dental Journal*, looked at the characteristics of 130 patients (99 women and 31 men) attending a psychologist-led CBT service and the outcomes of their treatment. Patients attending a clinic run by the King's College London Dental Institute Health Psychology Service at Guy's and St Thomas' NHS Foundation Trust were surveyed for their levels of dental anxiety, general anxiety, depression, suicidal thoughts, alcohol use and oral health-related quality of life.

Three-quarters of those assessed scored 19 or higher on the Modified Dental Anxiety Scale (MDAS), indicating dental phobia. The remainder all scored high on one or more items of the MDAS, suggesting a specific fear of some aspect of dentistry. Fear of dental injections and the dental drill were the most common high scoring items on the MDAS. Nearly all patients (94%) reported a knock-on effect from problems with their teeth, mouth or gums on their daily living and quality of life.

A proportion of the patients surveyed were found to have other psychological conditions -- 37% had high levels of general anxiety and 12% had clinically significant levels of depression. Suicidal thoughts were reported by 12% of patients and four (3%) reported a recent intent to commit suicide. Individuals were referred to support services via the care of their GP and for suicide risk, immediate action was taken based on local service guidelines.

Of all patients referred, four-fifths (79%) went on to have dental treatment without the need for sedation and 6% had their dental treatment under sedation. The average number of CBT appointments required before a patient received dental treatment without sedation was five.

Professor Tim Newton from the Dental Institute at King's College London and lead author of the study said: "People with dental phobia are most commonly given sedation to allow them to become relaxed enough for a short period of time to have their dental treatment performed. However this does not help them to overcome their fear in the long term. The primary goal of our CBT service is to enable patients to receive dental treatment without the need for sedation, by working with each individual patient to set goals according to their priorities. Our study shows that after on average five CBT sessions, most people can go on to be treated by the dentist without the need to be sedated."

"However, there is a need for people with dental phobia to be carefully assessed by trained CBT practitioners working with dental health professionals. Some of the patients referred to us were found to be experiencing additional psychological difficulties, and needed further referral and management. CBT provides a way of reducing the need for sedation in people with a phobia, but there will still be those who need sedation because they require urgent dental treatment or they are having particularly invasive treatments. Our service should be viewed as complementing sedation services rather than as an alternative, the two together providing a comprehensive care pathway for the ultimate benefit of patients."

A recent study published in the same journal, co-authored by Professor Tim Newton, showed that more women than men reported dental phobia in the 2009 Adult Dental Health Survey. Those with dental phobia were more likely to come from a lower income background, have more caries in their teeth and suffer from poorer oral health overall.

Story Source:

The above post is reprinted from [materials](#) provided by **King's College London**. Note: Materials may be edited for content and length.

Journal Reference:

1. E. Heidari, A. Banerjee, J. T. Newton. **Oral health status of non-phobic and dentally phobic individuals; a secondary analysis of the 2009 Adult Dental Health Survey.** *BDJ*, 2015; 219 (9): E9 DOI:[10.1038/sj.bdj.2015.853](https://doi.org/10.1038/sj.bdj.2015.853)

Cite This Page:

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'Telemental health' helps PCPs overcome integration barriers

December 1, 2015 | By [Debra Beaulieu-Volk](#)

While [primary care providers are increasingly reaping the benefits of integrated mental health](#), logistical challenges can make it difficult for practices to offer both resources onsite. Enter "telemental health."

A cousin of [telehealth](#), virtual consults with mental health professionals can offer patients convenient and effective help for problems such as anxiety and depression as part of comprehensive primary care, according to an [article](#) from *The Washington Post*.



"The very fact that we are identifying patients in primary care who are having suicidal [thoughts] is a victory," Martha Whitecotton, senior vice president of behavioral health services at Carolinas HealthCare System, tells the *Post*. "These are the friends, neighbors, mothers, brothers, etc. that commit suicide, and people ask themselves why they did not see it coming."

Like many regions of the United States, North Carolina's behavioral health resources are in short supply, with nearly half of the state's counties having just one psychiatrist each, if they're lucky.

To overcome the shortage, more than 50 of Carolinas' 200 physician practices connect patients virtually to a behavioral health team that includes seven licensed social workers who conduct the virtual visits via computer, seven health coaches who follow up with patients on the telephone, and a nurse practitioner and psychiatrist who handle medication recommendations, according to the article. The team is connected digitally across three sites, and has served more than 3,000 patients since March 2014.

As of October 2015, about 800 patients were being actively managed via phone calls with social workers, which continue for an average of four months after patients are initially referred to the program. People with severe mental illness are referred to outside psychiatrists, noted the *Post*.

Although PCPs at participating practices often worry at first that providing telemental care in the office will take away from their already crunched time with patients, they usually find that integration works in their favor, Manny Castro, the team's psychiatrist, told the newspaper.

As for work flow, physicians enjoy that they can see other patients while one is in a virtual session with a therapist and then wrap up with him or her after the videoconference.

To learn more: - read the [article](#)

Source: <http://www.fiercepracticemanagement.com/story/telemental-health-helps-pcps-overcome-integration-barriers/2015-12-01>



Using the HRST Monthly Data Tracker-Maryland

The HRST stands for Health Risk Screening Tool. This tool is used to detect health risk and destabilization EARLY in vulnerable populations, such as those with Intellectual and Developmental Disabilities. Maryland has started the initial process of rolling out the HRST. As those professionals who work most directly with the person and are most in tune with the health dynamics of the person, you are a vital part of the HRST process.

Your interaction with the HRST will primarily involve using a paper document called the HRST Monthly Data Tracker. This is a document that allows you to record certain health/behaviorally related changes that occur with the person so that a trained HRST rater can update the person's record in the HRST web-based application. This training will give you more information on how to use the Monthly Data Tracker.

****Please note that the Monthly Data Tracker is just a means for you to record changes. It is the job of the trained rater to ensure the accuracy of the score when inputting the information into the HRST web-based system.****

This webinar will be recorded and broadly disseminated for those who are not able to attend.

We hope you plan to attend.

Date and Time

Wed, Dec 16, 2015 10:00 AM - 11:30 AM EST

[Register Here](#)

The *Entertainment Industries Council (EIC)*
in collaboration with the
Substance Abuse and Mental Health Services Administration (SAMHSA) Announces a Special
Webcast Series for Media Professionals

Part 1: Navigating the Social Framework of New Found Recovery

You're Invited!

**WEDNESDAY, DECEMBER 9, 2015
2PM ET / 11AM PT**

Email Webcast@eiconline.org to register

Our esteemed panelists will discuss the importance of accurately portraying the options people in recovery have that support those in recovery. They will also dialogue about the dynamics of what a person in recovery goes through as they try to adapt to social and entertainment settings and create their “new normal” in a community that supports their recovery.

In addition, they will also dialogue about why it is important to use correct, and respectful terminology in stories that include prescription drug abuse, substance use disorders, co-occurring disorders, mental illness, and those individuals who are affected by them. They will shed light on their experiences; both first-hand and professional, during an interactive webcast that will focus on the power that the entertainment writer can have in reducing the discrimination toward people seeking treatment, or, in recovery from behavioral health issues.

Do you have a specific question related to our webcast?
Submit it to Webcast@eiconline.org before Dec 4, 2015

Meet the Panel:



Jason Wahler

Actor; Treatment and Recovery Advocate

Jason Wahler will provide perspective from his own journey through recovery. Jason is perhaps best known as a reality show star from "Laguna Beach" and "The Hills". His personal addiction eventually led him to get treatment on "Celebrity Rehab with Dr. Drew" and his subsequent recovery and transformation to be a recovery advocate. He is also a member of the *PRISM Awards* Honorary Committee and makes frequent media appearances on behalf of recovery from addiction.



Ronald (RT) Tannebaum

InTheRooms.com - Co-Founder,
CEO/President

RT is the Co-Founder of InTheRooms.com. InTheRooms.com is the largest free online social network for the Global Recovery Community. ITR has over 400,000 members worldwide and another 134,000 on the InTheRooms FaceBook Page and celebrated its 7 year anniversary online on October 6, 2015.

Ron has 32 years of long-term recovery and has dedicated his life to helping make the recovery movement a positive, mainstream force the world today.



Dior Vargas

Latina Feminist Mental Health Activist

Dior Vargas is a Latina Feminist Mental Health Activist. She is the creator of the People of Color and Mental Illness Photo Project, a response to the invisibility of people of color in the media representation of mental illness. She is a volunteer crisis counselor for CrisisTextLine and a co-facilitator for NAMI NYC Metro's Young Adult Support Group. Dior is the recipient of numerous awards, The White House Champion of Change for Disability Advocacy Across Generations, a Voices of the Year honoree under the Impact category at #BlogHer15; Experts among Us Conference, 2015 Alternatives Conference Cookie Gant and Bill Compton LGBTQI Leadership Award.



Tim Rabolt

Graduate Fellow, GW Collegiate
Recovery Program

While attending George Washington University for his undergraduate degree, he founded GW Students for Recovery, the District's first collegiate recovery program. He's worked for Unite to Face Addiction, was a founding member of the DC Chapter of Young People in Recovery, and spent 6 months interning for the White House Office of National Drug Control Policy.



SAMHSA-HRSA CENTER FOR INTEGRATED HEALTH SOLUTIONS



Strengths-Based Supervisory Skills for Integrated Care Success

Tuesday, December 22, 3:00-4:30 pm Eastern/12:00-1:30 pm Pacific

Register for free at: <https://goto.webcasts.com/starthere.jsp?ei=1086371>

Employees don't leave bad jobs, employees leave bad managers. The interdisciplinary, cross-function team is what defines integrated primary and behavioral health care, and your role as a leader on the team is critical to overall success of your integrated care program. Take the time to gain a better understanding of your personal strengths and key areas for continued growth as a leader of the most important behavioral health and primary care team – yours.

Join this webinar to hear from two professionals with significant experience leading integrated care teams in safety-net primary care providers. They'll help you build your confidence as a supervisor and as a leader by sharing the skills you need to improve team communication, patient care and team effectiveness. Learn strategies to help you partner with your diverse team of employees to develop shared expectations, elicit needs and enhance their autonomy. Come prepared with your questions and challenges as a supervisor and join in on the robust discussion of what it really takes to lead an effective integrated care team.

Already have a burning question? Send it to [Nick Szubiak](#) in advance of the webinar and we may be able to work it into the presentation.

Closed Captioning Available Upon Request

[Register Today →](#)



integration.samhsa.gov
integration@thenationalcouncil.org
202.684.7457

The SAMHSA-HRSA Center for Integrated Health Solutions (CIHS) provides tailored training and technical assistance to SAMHSA's PBHCI grantees, HRSA Behavioral Health Integration grantees, and SAMHSA's MAI-CoC grantees. Let us know how we can help you. No request is too big or too small. Contact us at Integration@TheNationalCouncil.org or 202-684-7457.

MARCH 7 – 9, 2016 | LAS VEGAS



TRAUMA

Most people living with mental health and substance use challenges have experienced at least one traumatic event in their life — many have experienced more. As health care professionals, we know the symptoms of trauma are treatable and that healing is possible. However, when left undiscussed or ignored, even the best treatments may be ineffective.

Whether your organization is just beginning to implement trauma-informed care or you have been working at it for a while, the [2016 National Council Conference's](#) trauma-informed care track will explore evidence-based models and promising practices to help you think about the next steps to keep moving your organization forward.

[Register for NatCon16](#) to explore:

- Adverse childhood experiences and environmental factors that shape brain development and behavior (with Gabor Maté)
- The mind-body connection between trauma and toxic stress
- Illness and health in a toxic society
- Trauma-informed primary care
- How to build a trauma-informed nation using ACEs Connection
- What a trauma-informed community looks like
- Trauma-informed, evidence-based best practices
- Compassion fatigue and the importance of self-care

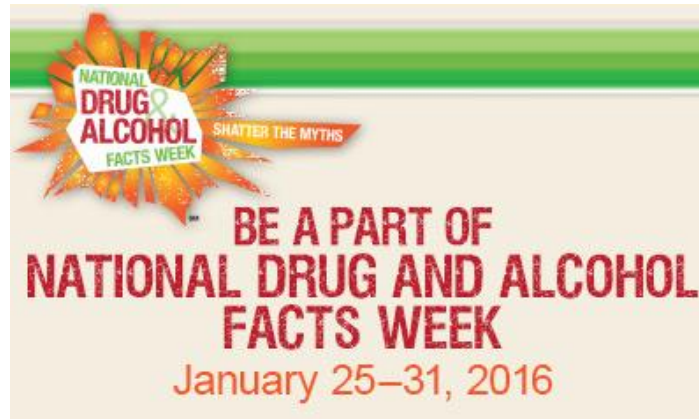
SPECIAL NOTE: Want a little more? On March 6 (the day before NatCon16 officially begins), you have two options:

- **Preconference University. When the Body Says No: Understanding the Mind-Body Connection Between Trauma and Toxic Stress.** You've read Dr. Gabor Maté's best-selling books on trauma, addiction, mental health and the impact of stress on the mind and body – "When the Body Says No: The Stress-Disease Connection," "In the Realms of Hungry Ghosts: Close Encounters with Addiction" and "Hold On to Your Kids: Why Parents Need to Matter More Than Peers." Now, explore what it means to be truly trauma-informed and trauma-competent at this daylong event. Dr. Maté's body of work helps us live an intentional life and work in a way that supports our co-workers and ourselves. He has inspired millions to think differently about living an intentional life. Let him inspire you.
- **Conversation that Matters. Please Secure Your Oxygen Mask First: Addressing Compassion Fatigue with Your Workforce.** Invest two hours to learn about the "disorder that affects those who do their work well." Compassion fatigue is a growing concern for those who dedicate themselves to helping others and often affects the best of the best. Join Kay Glidden from the Behavioral Health Education Center of Nebraska to improve your understanding of compassion fatigue, vicarious trauma, burnout and moral distress. Learn to recognize the signs, gain specific tools to include in a self-care plan, take home a low-impact debriefing tool to use with peers and take away other hands-on ideas and resources you'll use on a daily basis.

[Register for NatCon16 today.](#)



Join NIDA's National Drug and Alcohol Facts Week



You're invited to participate in National Drug and Alcohol Facts Week, sponsored by the National Institute on Drug Abuse (NIDA) and the National Institute on Alcohol Abuse and Alcoholism. This week-long health observance is an opportunity for teens to learn the facts about drugs, alcohol, and addiction from scientists and other experts.

Organize and promote an educational event or activity for teens during the week of January 25–31, 2016, and help shatter the myths about drugs and alcohol. It's easy to get involved! Register your event and receive support from NIDA staff to plan a successful event. NIDA staff can help you order free, science-based materials to complement your event, brainstorm activity ideas, and partner with other organizations. Get your event nationally recognized by adding it to the official 2016 map of activities for National Drug and Alcohol Facts Week.

[Plan Your Event—5 Steps to Hosting an Event](#)

Ready to host an event?

[Register Your Event](#)

Follow NIDA on Twitter [@NIDAnews](#) and on Facebook at [Drug Facts](#)



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Substance Abuse & Mental Health Services Administration
1 Choke Cherry Road | Rockville, MD 20857
1-877-SAMHSA-7 (1-877-726-4727) | [www.samhsa.gov](#) | [Privacy](#)

SAMHSA is a public health agency within the U.S. Department of Health and Human Services. Its mission is to reduce the impact of substance abuse and mental illness on America's communities



Forwarded this by a friend? [Subscribe](#) and join over 250,000 people receiving the latest on substance use and mental health.

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Working Together with Native Communities to Support the Healing of Our Service Members, Veterans and Their Families

Date: Fri., Dec. 11, 3:00 pm EST

Presenters: Seprieono Locario, Tribal Action Plan and Wellness Coordinator, Substance Abuse and Mental Health Services Administration's (SAMHSA) Tribal Training and Technical Assistance Center; Lieutenant Colonel John Frederikson, USA Ret., Ed.D., University of Montana, National Native Children's Trauma Center

Register: <https://goto.webcasts.com/starthere.jsp?ei=1085077>

Native communities have one of the highest records of military service per capita of any other ethnic group. To move toward more successful outreach to American Indian (AI) and Alaska Native (AN) tribes and communities, tribal and military culture must be honored.

Possessing cultural knowledge and skills to build successful relationships is key to behavioral health providers working with tribal service members, veterans and their families (SMVF). This webinar will include information on cultural beliefs, healing practices and strategies for working with tribal leadership in rural communities.

** All webinar recordings and slides are available in our [webinar archives](#) within 48 hours of the presentation. We do not offer continuing education credits or certificates of attendance for our webinars, but we do offer continuing education credits during our [National Council Conference](#).*



Do you work with a program that is changing the way services are delivered in your community? Perhaps you use art to share your story of recovery. Maybe you are part of a team that just goes the extra mile. Whatever it may be, isn't it time you get recognized for what you do?

Take the first step by nominating yourself, an individual, program or organization for a [2016 Award of Excellence](#). Not only will you have a chance to be on the marquee at the [2016 Celebration of Excellence Concert and Awards Dinner](#), there's also a \$10,000 grant prize for you to donate to the charity of your choice.

Show the world that the work you do changes lives. [Apply](#) by **December 7**.

Questions? Email us at Awards@TheNationalCouncil.org.



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The Spring 2016 issue of National Council Magazine will mail to our usual stellar list of behavioral health professionals with additional digital dissemination AND will be distributed to up to 4,000 NatCon16 attendees.

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- The latest use of technology in enhancing crisis systems and response
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Act NOW! The deadline to reserve your space in the Spring 2016 issue is December 18.

It's not too late to enhance your brand and reach the leaders in behavioral health by exhibiting at NatCon16. [Learn more.](#)

Follow the National Council on





“The tools provided through the TIC Learning Community and phone calls with [our coach] provided the additional attention and guided expertise needed for continued momentum.” Chautauqua, National Trauma-Informed Care Learning Participant 2014

An estimated 60 percent of adults in the United States experience an adverse life event (trauma) at least once in their lives.

When unaddressed, people who experienced trauma can face poor health outcomes, such as exacerbated mental health problems and increased risk of heart disease, suicide and addiction.

What is your organization doing to assess and address the impact of trauma on the people you support?

The National Council is pleased to announce the [2016 Trauma-Informed Care Learning Community](#).

Over the course of the year, you will connect with trauma experts and agencies like yours through a series of coaching calls and webinars, two in-person summits, access to tools and resources, as well as membership in an exclusive listserv of peers and experts.

You will learn to:

- Implement or improve screening and assessment for trauma
- Implement trauma-informed best practices suited to the organizational environment
- Increase community awareness of trauma impact and trauma-informed care
- Address secondary traumatic stress/compassion fatigue among staff
- [And more](#)

Participants will also have the advantage of belonging to target population subgroups, i.e. children and adolescents, adults and organization-wide groupings to access technical assistance and peer dialogue customized to special populations.

Want to learn more about the learning community? [Join our informational webinar](#) on December 10, 2015 at 1pm EST to hear how the learning community works, the expected time commitment and what outcomes you can expect from participation. And [check out our website](#) for success stories from previous participants.

What's more, organizations selected to join the learning community are eligible to receive a \$200 discount for one registration for the [2016 National Council Conference](#) in Las Vegas, March 7-9th.

Applications are due by 5:00 PM EST on December 22, 2015:

<http://nationalcouncil.nonprofitcms.org/a/solicitations/home/1036>

Follow the National Council on





Now that you have gobbled up all the food, it might be time to gobble up all the praise. But how?

Submit your nomination for a [National Council Award of Excellence](#).

An annual tradition, the awards honor the superstars of behavioral health – the achievements of individuals with mental illnesses and addictions; the clinicians and treatment teams that provide care to them; advocates and community leaders; and organizations that promote and build healthy communities.

And, unlike the hours it took you to cook a turkey, the application is a cinch.

You can show gratitude for the heroes in your community or organization by also nominating them for an Award of Excellence. With 18 categories honoring individuals and organizations, there is something for everyone.

[Apply](#) by December 7.

Questions? Contact Awards@TheNationalCouncil.org.

*Weekly
Inspiration*

