

ValueAdded

This is the seventy-sixth issue of our VBH-PA information update. These updates will be faxed, emailed or sent by mail to all network providers monthly. Please feel free to share our newsletter with others, and be sure your appropriate clinical and financial staffs receive copies.






Volume 7, Issue 10

October 2005

An information update from Value Behavioral Health of PA, Inc.



In this Issue:

-  Childhood Obesity Initiative
-  Suggestions for Coping with Tragedy
-  Helpful Hurricane-Related Websites
-  Treating Teen Heroin Addiction
-  Save the Date!

Plus Two Provider Training Opportunities!

Suggestions or ideas for articles that you would like to see published in *ValueAdded* can be faxed to Kim Tzoulis, *ValueAdded* editor, at (724) 744-6370 or emailed to Kimberly.Tzoulis@valueoptions.com.

Articles of general importance to the provider network will be considered for publication.

Statewide Initiative on Childhood Obesity

Childhood obesity rates have reached epidemic proportions and the responsibility for this problem crosses many program areas. It is important that VBH-PA Behavioral Health (BH) providers and consumers recognize the mental health risk factors associated with childhood obesity. There is a significant social stigma associated with an obese child. These children are often victims of bullying and social isolation which can negatively affect their self-esteem. This in turn may lead to depression.

On the other hand, an average-weight child who is being treated for a mental health condition may be pre-disposed to weight gain/obesity. These children may lack energy to exercise, be immobilized by stress or take medications that cause weight gain.

As BH providers and consumers it is our responsibility to recognize these risk factors and work together with the physical health providers who can treat obesity. An electronic toolkit available to all Pennsylvania clinicians to assist in identifying, treating, and referring at-risk for overweight children is available on the Pennsylvania Medical Society website: www.pamedsoc.org/obesity. BH providers are encouraged to familiarize themselves with this information. In addition there are a number of other educational resources available on the website for both providers and consumers.

The information addressing mental health risk factors related to childhood obesity is based on an article taken from the following website:

<http://health.yahoo.com/centers/depression/2828>



**There's
still time
to
register!**

**Consumers
and their
family
members are
encouraged
to attend.**

Recovery and Resiliency Training

Offering you a choice of two dates and locations:

<u>Wednesday, October 26, 2005</u> 1:00 p.m. to 4:00 p.m. Beaver County Community College	<u>Thursday, October 27, 2005</u> 9:00 a.m. to 12:00 p.m. Uniontown Holiday Inn
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PRESENTER

Veronica Carey, MHS, C.P.R.P., is a faculty member of Drexel University College of Medicine, Behavioral Healthcare Education, a consultant to the Pennsylvania Department of Public Welfare Mental Health and Substance Abuse Services, and a member of the Pennsylvania Psychiatric Rehabilitation Training Advisory Committee. She has worked within the mental health field for 17 years. Her professional experience includes service as the former director of a psychosocial rehabilitation program and director of a site-based psychiatric rehabilitation program utilizing the clubhouse model.

Ms. Carey has co-chaired the statewide Drop-In Center Conference for two years and has mentored Pennsylvania service providers with technical assistance and RFP (request for proposal) submissions regarding psychiatric rehabilitation planning and programs. The *Psychiatric Rehabilitation Journal* published a book review authored by Ms. Carey in the Spring of 2005. Currently, Veronica Carey is a doctoral learner in the College of Medicine with anticipated graduation in 2009.

AGENDA

This opportunity explores the *Transforming Mental Health Care in America* final report 2003 as it pertains to services in Pennsylvania. Utilizing recovery and recovery-oriented care is essential to service delivery and is addressed in this course. Also illustrated is perception, resiliency, and a guidepost to recovery.

Participants will be able to:

- Distinguish guide post criteria;
- State the definition of recovery as it pertains to rehabilitation;
- State components of a recovery-oriented system.

TARGET AUDIENCE

All VBH-PA Providers, HealthChoices Consumers & Family Members

REGISTRATION

Please contact Kim Tzoulis at (724) 744-6377 or e-mail
Kimberly.Tzoulis@valueoptions.com

Light Refreshments will be served.

Drexel University will provide certificates of attendance, which are recognized by OMHSAS as having had a presentation/presenter sanctioned by them to deliver training hours.

3 credit hours of continuing education are provided for PCB & LSW.
There is a \$10 fee for LSW CEUs; cash or checks only payable to Seton Hill University.

Providers: In light of the recent hurricane tragedies, we hope you will post this list at your facility to assist your patients.

HELPFUL SUGGESTIONS FOR COPING WITH CRITICAL EVENTS

1. Don't be frightened by traumatic stress reactions. And don't be surprised if it takes a little time before you start feeling like your old self again.
2. Don't withdraw. Take time to share your thoughts and feelings with your family members and supportive co-workers.
3. Keep your daily life as normal as possible to reduce stress. That means don't start any new or major projects unless absolutely necessary (you can start your new "diet" next month when you are feeling better).
4. Do things that help you feel good and increase your feelings of self-control.
5. Stay busy but don't forget to take time for relaxation and leisure activities.
6. Get some exercise, even if it is just a walk in the neighborhood with a family member or friend.
7. Be sure you eat properly and regularly -- even if food doesn't have its normal appeal. Otherwise your energy level will decrease and your recovery will be slowed.
8. Avoid the temptation to "numb out" with drugs and alcohol.
9. Limit your intake of caffeine (a stimulant) and sugar, especially if you are having difficulty sleeping.
10. If you are having difficulty sleeping (which is a common reaction), don't lie there tossing and turning. Get up and do something until you are able to fall asleep.
11. Be prepared for "trigger" stimuli that may cause a stress reaction (for example, seeing an article about a similar event in the newspaper).
12. Work towards eventually accepting the event and coming to peace about its consequences.
13. Seek professional counseling if necessary.

Hurricane-Related Documents and Resources Recently Released or Updated

Medical Care of Ill Hurricane Evacuees: Additional Diagnoses to Consider

Common medical problems will continue to be the most prevalent conditions among evacuees. However, evacuees have been exposed to potentially contaminated flood waters and crowded living conditions and have had many opportunities for traumatic injury. Therefore, clinicians also should consider some less common diagnoses when evaluating patients. This document outlines, by presenting symptoms and alphabetically, some conditions to consider when providing healthcare to evacuees.

<http://www.bt.cdc.gov/disasters/hurricanes/katrina/medcare.asp>

Respiratory Protection for Residents Reentering Previously Flooded Areas and Homes

<http://www.bt.cdc.gov/disasters/hurricanes/katrina/respiratorypub.asp>

Environmental Health Needs & Habitability Assessment, CDC and EPA

<http://www.bt.cdc.gov/disasters/hurricanes/katrina/pdf/envassessment.pdf>

Violence Prevention Cards

<http://www.bt.cdc.gov/disasters/hurricanes/katrina/shelters.asp#evacuee>

Vibrio parahaemolyticus

<http://www.bt.cdc.gov/disasters/hurricanes/katrina/vibriop.asp>

Rodent Control After Hurricanes & Floods

<http://www.bt.cdc.gov/disasters/hurricanes/katrina/rodents.asp>

Carbon Monoxide Poisoning: Flyers & Other Educational Materials

<http://www.bt.cdc.gov/disasters/co-materials.asp>

MRSA - Methicillin-Resistant Staphylococcus aureus Information for Patients (After a Hurricane)

<http://www.bt.cdc.gov/disasters/hurricanes/katrina/mrsa.asp>

Shigellosis Concerns in the Hurricane Evacuation Center Environment: Q&A

<http://www.bt.cdc.gov/disasters/hurricanes/katrina/shigella.asp>

Preventing Violence after a Natural Disaster

<http://www.bt.cdc.gov/disasters/hurricanes/katrina/preventingviolence.asp>

Drug Use & Safety in the Aftermath of Hurricane Katrina – FDA site

<http://www.fda.gov/cder/emergency/default.htm>

Medical Devices & Hurricane Disasters – FDA site

<http://www.fda.gov/cdrh/emergency/>

Medication Combined With Behavioral Intervention Appears Effective in Treating Teen Heroin Addiction

In a comparison of two drugs prescribed to treat teenagers dependent on heroin and other opioids, the drug buprenorphine was more effective, especially in treatment retention, according to a study in the October 2005 issue of the *Archives of General Psychiatry*.

The use of heroin among adolescents has more than doubled in the past 10 years, and the use of prescription opiates, including controlled release oxycodone (OxyContin) and hydrocodone bitartrate and acetaminophen (Vicodin), also has increased, according to background information in the article. Opiates are the second most commonly abused class of illicit drugs among adolescents, second only to marijuana. Despite the need to identify effective treatments, virtually no research has been conducted to systematically characterize or evaluate treatment interventions for adolescent heroin and opioid abusers.

Lisa A. Marsch, PhD, and colleagues at the University of Vermont, Burlington, evaluated the relative efficacy of buprenorphine hydrochloride and another drug, clonidine hydrochloride, in detoxification of opioid-dependent teenagers. Buprenorphine hydrochloride treats opiate addiction by preventing symptoms of withdrawal from heroin and other opiates. Clonidine hydrochloride belongs to a class of drugs known as alpha-blockers. It is commonly prescribed to treat high blood pressure.

The researchers conducted a double-blind, randomized, controlled trial in an outpatient research clinic at the University of Vermont from October 2001 to December 2003. A volunteer sample of 36 opiate-dependent adolescents (aged 13 to 18) took part in the study. They were randomly assigned to a 28-day, outpatient, medication-assisted withdrawal treatment with either buprenorphine or clonidine. Both drugs were provided along with behavioral counseling three times a week and incentives contingent on opiate abstinence.

"Results clearly demonstrated that combining buprenorphine with behavioral interventions is significantly more efficacious in the treatment of opioid-dependent adolescents relative to combining clonidine and behavioral interventions," the authors report.

The major difference between the two medications was in treatment retention. Over the course of the 28-day detoxification program, 72 percent of those who received buprenorphine were retained in treatment, compared with 39 percent of the group receiving clonidine.

"Participants in both groups reported relief of withdrawal symptoms and drug-related human immunodeficiency virus risk behavior," the authors write. "Those in the buprenorphine condition generally reported more positive effects of the medication."

After detoxification, all teens in the study were offered continued treatment with the drug naltrexone hydrochloride, an alternative to methadone. A relatively high proportion of those in the buprenorphine group, 61 percent, accepted naltrexone treatment, compared with only 5 percent of those given clonidine. "Given the efficacy of naltrexone in promoting continued abstinence postdetoxification from opioids, this finding further underscores the importance of and likelihood of success with early intervention among opioid-dependent adolescents," the authors write.

**Announcing
an
Important
VBH-PA
Provider
Training!**

RTF/CRR Provider Training

Thursday, November 3, 2005

9:30 a.m. - 12:30 p.m.
Registration starts at 9:00 a.m.

Radisson Hotel
101 Mall Boulevard
Monroeville, PA 15146

Refreshments will be provided.

TARGET AUDIENCE

All RTFs/CRRs & County MH/MR Staff

AGENDA

Review of the 120-Day Cycle
Review of the ISPT Process

REGISTRATION

Please contact Kim Tzoulis at (724) 744-6377 or e-mail
Kimberly.Tzoulis@valueoptions.com

Save the Date!

6th Annual Consumer Recovery Forum

Friday, April 28, 2006

Radisson Hotel – Monroeville

Featuring: keynote address, workshops,
Leadership in Recovery Awards, and much more!

More details will follow in future issues of ValueAdded.



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accessed at:
<http://www.valueoptions.com/provider/contractspecific/pahealthchoices.htm>

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Contact Kim Tzoulis at Kimberly.Tzoulis@valueoptions.com or 724-744-6377 and tell her your name and organization's name (if applicable) and how you would like your *ValueAdded* delivered to you.