Gwendolen Morris, PhD, Senior Medical Science Liaison, Neuroscience Field Medical Affairs at Otsuka Pharmaceutical Development & Commercialization, Inc. presented a Grand Rounds Event with lunch last Thursday, 7/27/17, at noon in the auditorium. The topic was “Updates in Schizophrenia: Research, Remission, and Recovery”. Forty clinical staff were in attendance.
Dr. Laura Moseng, MSH Staff Psychologist

Stages of Change – A Summary of Treatment Needs and Strategies

Contemplation: Treatment Needs Appropriate Motivational Strategies for the Clinician

Many of our patients are likely in the Pre-Contemplative and Contemplative Stage of Change related to substance abuse. What does this mean in terms of our interventions?

Stage of Change is Contemplative: The user is aware of some pros and cons of substance abuse but feels ambivalent about change. This user has not yet decided to commit to change.

Intervention: This patient should explore feelings of ambivalence and the conflicts between her substance abuse and personal values.

The brief intervention might seek to increase the patient’s awareness of the consequences of continued abuse and the benefits of decreasing or stopping use.

- Normalize ambivalence. People are undecided and promoting indecision as a stage of change is important
- Help the patient “tip the decisional balance scales” toward change by helping them identify and weigh pros and cons of substance use and the change process. It is HARD to do!
- Changing extrinsic to intrinsic motivation or supporting core reasons for change
- Examining the patient’s personal values in relation to change
- Emphasizing the patient’s free choice, responsibility, and self-efficacy for change
- Elicit self-motivational statements of intent and commitment from the patient
- Elicit ideas regarding the patient’s perceived self-efficacy and expectations regarding treatment
- Summarize self-motivational statements

Interview Approaches

1. Elicit positive and negative aspects of substance use.
2. Ask about positive and negative aspects of past periods of abstinence.
3. Summarize the patient’s comments on substance use and abstinence
4. Make plain the differences between values and actions.
5. Consider a trial of abstinence (going without).

Source: Center for Substance Abuse Treatment, “A Guide to Substance Abuse Services for Primary Care Clinicians” Treatment Improvement Protocol (TIP)
Welcome New Employees!

Beginning orientation this week:

Back row, L to R: John Frisinger, BHRA; Carrie Ful-lenkamp, Nurse 4; Rosemary Ritchie, BHRA; Eva Shields, BHRA; Jessica Lewis, BHRA; Amber Pear-son, BHRA.

Front row, L to R: Shonica Hartless, RT3; Maria Palao, Chare Nurse 3; Brittany Koerner, BC3.

Opioid Abuse Down in Younger Americans, But Up Among Older Adults: Rates have doubled in people over 50, report says

WEDNESDAY, July 26, 2017 (HealthDay News) —

While opioid abuse has fallen among younger Americans, the same cannot be said for older adults, a new government report shows. Opioid abuse includes either the use of heroin or illegal use of prescription opioid painkillers, such as oxycodone (Oxycontin, Percocet) and hydrocodone (Vicoprofen). Rates of opioid abuse among young adults -- aged 18 to 25 -- decreased from 11.5 percent in 2002 to 8 percent in 2014. But in adults 50 years and older, opioid abuse doubled, from 1 percent to 2 percent, according to the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA).

Overall, about 9.5 million adults had abused opioids in the past year, the 2014 National Survey on Drug Use and Health found.

"These findings highlight the need for prevention programs for all ages, as well as to establish improved evidence-based treatment, screening and appropriate referral services," Dr. Kimberly Johnson, director for the Center for Substance Abuse Treatment, said in a SAMHSA news release. "The high rates of [multiple] illnesses in older populations and the potential for drug interactions has profound implications for the health and well-being of older adults who continue to misuse opioids," Johnson said.

What can be done to get these rates down, particularly among older people? The U.S. Department of Health and Human Services has identified five strategies to tackle the opioid crisis in the United States, including:

1. Improving access to treatment and recovery services, including the full range of medication-assisted treatment.
2. Promoting targeted availability and distribution of overdose-reversing drugs.
3. Strengthening understanding of the epidemic through better public health data and reporting.
4. Providing support for cutting edge research on pain and addiction.
5. Advancing better practices for pain management.
A Note for All – Students are Coming!

From mid-August to December we will once again be welcoming ASN Students from Ivy Tech. Students from Ivy Tech will be here on Mondays/Wednesdays from 5 - 10 p.m. Pat Alcorn will be serving as the MSH Coordinator and Ivy Tech instructor for these students. Starting in late August, the nursing department will also be hosting IU Nursing Students from IUPUC for 15 weeks for their psych clinical rotation. Students will be here Mondays/Tuesdays from 8 a.m. to 6 p.m. We will have approximately 60 students rotating through. Jeanna Middeler will be serving as preceptor and coordinator for these students. Please make all of these students feel welcome!

Way to go! Success Road: All staff were playing Bingo with the patients and helping them do a puzzle. They were engaged with the patients at all times! Thank you for connecting!

From Dirk: We are excited about the opportunity to welcome nursing students back to MSH this fall. We will enjoy having the Ivy Tech Students return once again. It’s also very exciting to have the opportunity to welcome IU Nursing Students. We are pleased to have this opportunity to reach more potential nurses, and to show them what we do here at MSH. I know you will all welcome these folks and help them learn everything they can about mental health care from OUR perspective as a 24/7 facility.

Flash Training with Jeanna

To minimize the spread of infection, the use of gloves is one of the simplest and most effective measures you can take.

What’s the procedure? Let us refresh your memory!

1. Wash hands.
2. Put gloves on both hands to perform any procedure where skin may make contact with patient and non-intact skin, or any of the patient’s body fluids/excreta.
3. Perform patient care. Do not touch bedrails or other items of furniture or equipment with gloves used for patient care.
4. Remove gloves when care is completed. Pull the glove from one hand and hold removed glove in the remaining gloved hand. With the bare hand, reach beneath cuff of remaining glove and pull it down off of hand over the first glove.
5. Dispose of gloves in lined trash container. If contaminated with body fluids, dispose of gloves in biohazard container.
6. Wash hands following glove removal.

This month's theme is "Live to Be Infection Free!!!!"

Continued next week!