



DSHS GRAND ROUNDS

the right line for a Healthy Texas

Questions? E-mail grandrounds@dshs.state.tx.us

Past Presentations – Fall 2012

- Sept. 19 - Motivational Interviewing
- Sept. 26 - Deep in the Heart of Texas: Integration of Public Health Research and Congenital Heart Disease
- Oct. 3 - Trauma Informed Care
- Oct. 10 - Healthy Texas Babies: Prevention of Subsequent Preterm Delivery in High Risk OB Patients - 17P
- Oct. 17 - What Is Causing the Increasing Rate of Mood Disorder in Youth?
- Oct. 24 - Redesigning Public Health Systems in Texas
- Oct. 31 - Poisonings in Texas
- Nov. 7 - Lessons Learned from The Immortal Life of Henrietta Lacks

Special Grand Rounds presentations:

- Aug. 6 - West Nile Virus: An Update for Clinicians
- Nov. 27 (Tuesday) - Integrated Behavioral Health and Primary Care: A Scientifically-Informed Pathway to the Future

DSHS Grand Rounds Special Session Recorded Webinar

West Nile Virus: An Update for Clinicians - Aug. 6, 2012, 5:30-6:30 pm CDT

Description: The Texas Department of State Health Services is urging all Texans to take precautions against West Nile virus. DSHS is seeing earlier and larger than normal disease activity compared to previous years. Through July 31, there have been more reported cases of West Nile virus illness cases than in any other year since West Nile came to the state in 2002. Nationally, there have been 241 cases reported to the CDC; Texas cases account for over 60% of this total, and half of the deaths. Please join David Lakey, MD, Commissioner, and Texas Department of State Health Services staff Robert Kaspar, MD, Paul McGaha, DO, MPH, and Tom Sidwa, DVM, MPH, to learn more about West Nile virus in Texas, including its epidemiology, prevention, diagnosis, and treatment.

Presenters: Robert Kaspar, MD, Infectious Disease Officer for the State of Texas, Texas Department of State Health Services (DSHS) and Clinical Associate Professor, University of Texas Health Science Center, San Antonio; Paul McGaha, DO, MPH, Regional Director for Health Service Region 4 and 5 (North), DSHS, and Acting Assistant Commissioner for the DSHS Division for Regional and Local Health Services; Tom Sidwa, DVM, MPH, Manager, Zoonosis Control Branch, DSHS.

Continuing Education Credit Hours: No continuing education credits will be awarded

Presentation documents: To request a copy of the slides and handouts, contact the DSHS Audiovisual Library at avlibrary@dshs.state.tx.us. No webinar recording available.

Suggested resources:

To request a full-text copy of any of the articles below, please e-mail library@dshs.state.tx.us.

- 1) Ferguson DD, Gershman K, LeBailly A, Petersen LR. Characteristics of the rash associated with West Nile virus fever. Clin Infect Dis. 2005 Oct 15;41(8):1204-7.
- 2) [Green MS, et al. Long-term Death Rates, West Nile virus epidemic, Israel, 2000.](#) Emerg Infect Dis. 2005 Nov;11(11):1754-7.
- 3) [Huhn GD, et al.. The emergence of West Nile virus during a large outbreak in Illinois in 2002.](#) Am J Trop Med Hyg. 2005 Jun;72(6):768-76.
- 4) Sejvar JJ, et al. Neurocognitive and functional outcomes in persons recovering from West Nile virus illness. J Neuropsychol. 2008 Sep;2(Pt 2):477-99.
- 5) Watson JT, et al. Clinical characteristics and functional outcomes of West Nile fever. Ann Intern Med. 2004 Sep 7;141(5):360-5.
- 6) [West Nile information from the CD](#)

Sept. 19

Motivational Interviewing

Presenters: Nanette Stephens, PhD, University of Texas-Austin, School of Social Work; Laura Czepiel, Program Specialist, Texas Dept. of State Health Services



Motivational Interviewing

TRAIN Course ID: 1034521

Presenters: Nanette Stephens, PhD, University of Texas-Austin, School of Social Work; Laura Czepiel, Program Specialist, Texas Dept. of State Health Services

Description: Much of public health and behavioral health concerns are about behavior change, but how do people really change? Motivational Interviewing (MI) focuses on exploring and resolving ambivalence and enhancing motivational processes within an individual to facilitate change. Motivational interviewing can be used in a range of settings and integrated with a variety of clinical applications. This presentation will enhance your understanding of MI and the research documenting it as an evidence-based practice.

Continuing Education Credit Hours Type: 1.5 contact hours for Continuing Medical Education (CME); Continuing Nursing Education (CNE); Social Workers; Certified Health Education Specialists (CHES) and/or Master Certified Health Education Specialists (M-CHES); Registered Sanitarians; LCDC, LPC, and LMFT; and certificate of attendance.

Presentation documents: To request a copy of the slides and handouts, contact the DSHS Audiovisual Library at avlibrary@dshs.state.tx.us. No webinar recording available.

Suggested resources:

To request a full-text copy of any of the articles below, please e-mail library@dshs.state.tx.us.

- 1) Assessment of Simulated Encounters (VASE-R, 2004). Medical Media Production Video Service, Puget Sound Health Care System, Department of Veterans Affairs, Seattle, Washington. (Available free by emailing John Baer, PhD at hsbaer@u.washington.edu.)
- 2) Building Motivational Interviewing Skills: A Practitioner's Workbook. Rosengren D. New York: Guilford Press, 2009.
- 3) Group Treatment for Substance Abuse: A Stages-of-Change Therapy Manual. Velasquez MM, Gaddy-Maurer G, Crouch C, DiClemente CC. New York, NY: The Guilford Press, 2001.
- 4) Motivational Interviewing in groups. Velasquez MM, Stephens N, Ingersoll K. Journal of Groups in Addiction and Recovery. 2006;1(1):27-50.
- 5) Motivational Interviewing in the Treatment of Psychological Problems. Arkowitz H, Westra H, Miller WR, Rollnick S. New York: Guilford Press, 2007.
- 6) Motivational Interviewing: Preparing People for Change, 2nd ed. Miller WR, Rollnick S. New York: Guilford Press, 2002.
- 7) The Motivational Interviewing Treatment Integrity (MITI) Code 3.0. Moyers TB, Martin T, Manuel JK, Miller WR, Ernst DE. Albuquerque, NM: University of New Mexico, Center on Alcoholism, Substance Abuse, & Addictions, 2007.
- 8) [Motivational Interviewing Website](#). SAMHSA.
- 9) University of New Mexico, [Center on Alcoholism, Substance Abuse, & Addictions](#).

Sept. 26

Deep in the Heart of Texas: Integration of Public Health Research & Congenital Heart Disease

Presenter: Keila Lopez, MD, MPH, Asst. Prof., Div. of Pediatric Cardiology, Baylor College of Medicine/Texas Children's Hospital



Deep in the Heart of Texas: Integration of Public Health Research and Congenital Heart Disease

TRAIN Course ID: 1034522

Presenter: Keila Lopez, MD, MPH, Assistant Professor, Division of Pediatric Cardiology, Baylor College of Medicine/Texas Children's Hospital

Description: Congenital heart disease is the leading cause of child mortality in the developed world, and results in more deaths in the first year of life than any other birth defect. While in past years research in congenital heart disease was primarily focused on survival, improved surgical techniques are now allowing these patients to survive well into their adult life. Research is now focusing on a broader landscape, including the impact of prenatal diagnosis, long-term prognosis in neurodevelopmental outcomes, challenges in adult congenital survivor lifelong care, and opportunities for quality improvement, with a particular focus on understanding potential racial/ethnic and other disparities in this high risk population. In this talk, Dr. Keila Lopez, MD, MPH (Pediatric Cardiologist with a public health focus) will discuss an overview of congenital heart disease and its applications in epidemiology and public health practice. This presentation is jointly-sponsored by DSHS Grand Rounds and Texas Health and Human Services Commission, Center for Elimination of Disproportionality and Disparities.

Continuing Education Credit Hours Type: 1.5 contact hours for Continuing Medical Education (CME); Continuing Nursing Education (CNE); Social Workers; Certified Health Education Specialists (CHES) and/or Master Certified Health Education Specialists (M-CHES); Registered Sanitarians; and certificate of attendance.

Presentation documents: To request a copy of the slides, handouts, and recorded webinar, contact the DSHS Audiovisual Library at avlibrary@dshs.state.tx.us. *CE credit is only available for those attending the live event, not the recording.*

Suggested resources:

To request a full-text copy of any of the articles below, please e-mail library@dshs.state.tx.us.

- 1) Disparities in outcome for black patients after pediatric heart transplantation. Mahle WT, Kanter KR, Vincent RN. *J. Pediatr.* 2005 Dec;147(6):739-43.
- 2) Strategies for implementing screening for critical congenital heart disease. Kemper AR, et al. *Pediatrics.* 2011 Nov;128(5):e1259-67.
- 3) [Mortality associated with congenital heart defects in the United States: trends and racial disparities](#), 1979-1997. Boneva RS, et al. *Circulation.* 2001 May 15;103(19):2376-81.
- 4) [Mortality in adult congenital heart disease](#). Verheugt CL, et al. *Eur Heart J.* 2010 May;31(10):1220-9.
- 5) [Racial/Ethnic disparities in risk of early childhood mortality among children with congenital heart defects](#). Nembhard WN, et al. *Pediatrics.* 2011 May;127(5):e1128-38.
- 6) [Technical report--racial and ethnic disparities in the health and health care of children](#). Flores G; Committee on Pediatric Research. *Pediatrics.* 2010 Apr;125(4):e979-e1020.

Oct. 3

Trauma Informed Care



Presenters from Serving Children and Adolescents in Need (SCAN) Inc.:
Luis Flores, MA, LPC, LCDC, RPT-S,
Executive Vice President; Susana Rivera,
PhD, Program Director, Border
Traumatic Stress Response

Trauma Informed Care

TRAIN Course ID: 1034524

Presenters: From Serving Children and Adolescents in Need (SCAN) Inc.: Luis Flores, MA, LPC, LCDC, RPT-S, Executive Vice President; Susana Rivera, PhD, Program Director, Border Traumatic Stress Response

Description: Please join Luis Flores and Susana Rivera, PhD, for an examination of the effectiveness of trauma informed care.

Traumatic experiences can be dehumanizing, shocking or terrifying, singular or multiple compounding events over time, and often include betrayal of a trusted person or institution and a loss of safety. Trauma impacts one's relationships with self, others, communities and environment, often resulting in recurring feelings of shame, guilt, rage, isolation, and disconnection. Trauma informed care is an approach to engaging people with histories of trauma that recognizes the presence of trauma symptoms and acknowledges the role that trauma has played in their lives. Trauma informed care facilitates the adoption of trauma-informed environments in the delivery of a broad range of services including mental health, substance use, housing, vocational or employment support, domestic violence and victim assistance, and peer support.

Continuing Education Credit Hours Type: 1.5 contact hours for Continuing Medical Education (CME); Continuing Nursing Education (CNE); Social Workers; Certified Health Education Specialists (CHES) and/or Master Certified Health Education Specialists (M-CHES); Registered Sanitarians; LCDC, LPC, and LMFT; and certificate of attendance.

Presentation documents: To request a copy of the slides, handouts, and recorded webinar, contact the DSHS Audiovisual Library at avlibrary@dshs.state.tx.us. *CE credit is only available for those attending the live event, not the recording.*

Suggested resources:

To request a full-text copy of any of the articles below, please e-mail library@dshs.state.tx.us.

- 1) Addressing Trauma in Mental Health and Substance Use Treatment. Rosenberg L. J Behav Health Serv Res. 2011 Oct;38(4):428-31.
- 2) A Change in Culture: Violence Prevention in an Acute Behavioral Health Setting. Goetz SB, Taylor-Trujillo A. J Am Psychiatr Nurses Assoc. 2012 Mar-Apr;18(2):96-103.
- 3) Effectiveness of Six Core Strategies Based on Trauma Informed Care in Reducing Seclusions and Restraints at a Child and Adolescent Psychiatric Hospital. Azeem MW, Aujla A, Rammerth M, Binsfeld G, Jones RB. J Child Adolesc Psychiatr Nurs. 2011 Feb;24(1):11-5.
- 4) Innovations in Implementation of Trauma-Informed Care Practices in Youth Residential Treatment: A Curriculum for Organizational Change. Hummer VL, Dollard N, Robst J, Armstrong MI. Child Welfare. 2010;89(2):79-95.
- 5) Trauma Informed Care for Primary Care: The Lessons of War. Ursano RJ, Benedek DM, Engel CC. Ann Intern Med. 2012 Sep 11. [Epub ahead of print]
- 6) Using Trauma Theory to Design Service Systems. Harris M, Fallot RD. San Francisco : Jossey-Bass, 2001.
- 7) [National Child Traumatic Stress Network website](#)

Oct. 10

Prevention of Subsequent Preterm Delivery in High Risk OB Patients - 17P



Presenter: George Saade, MD, Professor of Maternal Fetal Medicine at Univ. of Texas Medical Branch

Healthy Texas Babies: Prevention of Subsequent Preterm Delivery in High Risk OB Patients - 17P

TRAIN Course ID: 1034525

Presenters: George Saade, MD, Immediate Past President of the National Society for Maternal-Fetal Medicine and Professor of Maternal Fetal Medicine at Univ. of Texas Medical Branch, and Member of the Healthy Texas Babies Expert Panel

Description: The drug 17P is relatively unknown to the general public as a tool in preventing pre-term birth. George Saade, MD, esteemed member of the Healthy Texas Babies Expert Panel will discuss the debate surrounding the timing and administration of 17-P Alpha Hydroxy Progesterone, a hormone administered early in pregnancy to avert subsequent preterm birth in women with a history of preterm birth. The use of 17P has gained attention in the press since the FDA ruled recently on the use of a branded formulation vs. use of pharmacist-developed formulations.

Continuing Education Credit Hours Type: 1.5 contact hours for Continuing Medical Education (CME); Continuing Nursing Education (CNE); Social Workers; Certified Health Education Specialists (CHES) and Master-Certified Health Education Specialists (M-CHES); Registered Sanitarians; LPC, LMFT; and certificate of attendance.

Presentation documents: To request a copy of the slides, handouts, and recorded webinar, contact the DSHS Audiovisual Library at avlibrary@dshs.state.tx.us. *CE credit is only available for those attending the live event, not the recording.*

Suggested resources:

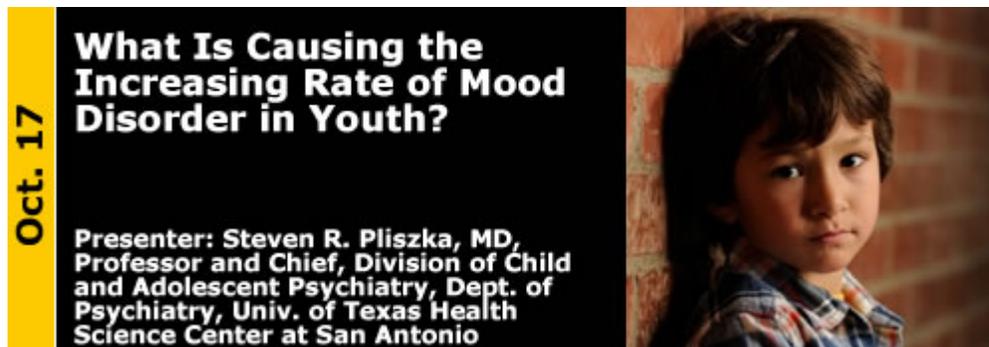
To request a full-text copy of any of the articles below, please e-mail library@dshs.state.tx.us.

- 1) 17 alpha-hydroxyprogesterone caproate to prevent prematurity in nulliparas with cervical length less than 30 mm. Grobman WA, et al. Am J Obstet Gynecol. 2012 Sep 17. pii: S0002-9378(12)01016-2.
- 2) A meta-analysis of randomized control trials of progestational agents in pregnancy. Goldstein P, et al. Br J Obstet Gynaecol. 1989 Mar;96(3):265-74.
- 3) The prediction of recurrent preterm birth in patients on 17-alpha-hydroxyprogesterone caproate using serial fetal fibronectin and cervical length. Romero J, et al. Am J Obstet Gynecol. 2012 Jul;207(1):51.e1-5.
- 4) Pregnancy Outcomes of Women Receiving Compounded 17 α -Hydroxyprogesterone Caproate for Prophylactic Prevention of Preterm Birth 2004 to 2011. Sibai BM, et al. Am J Perinatol. 2012 Sep;29(8):635-42.
- 5) [Prevention of preterm birth in triplets using 17 alpha-hydroxyprogesterone caproate: a randomized controlled trial](#). Caritis SN, et al. Obstet Gynecol. 2009 Feb;113(2 Pt 1):285-92.
- 6) [Prevention of recurrent preterm delivery by 17 alpha-hydroxyprogesterone caproate](#). Meis PJ, et al. N Engl J Med. 2003 Jun 12;348(24):2379-85.
- 7) Progestational agents to prevent preterm birth: a meta-analysis of randomized controlled trials. Sanchez-Ramos L, Kaunitz AM, Delke I. Obstet Gynecol. 2005 Feb;105(2):273-9.
- 8) [Progesterone and the risk of preterm birth among women with a short cervix](#). Fonseca EB, et al. N Engl J Med. 2007 Aug 2;357(5):462-9.
- 10) Progestogen administration in pregnancy may prevent preterm delivery. Keirse MJ. Br J Obstet Gynaecol. 1990 Feb;97(2):149-54.
- 11) Prophylactic administration of progesterone by vaginal suppository to reduce the incidence of spontaneous preterm birth in women at increased risk: a randomized placebo-controlled double-blind study. da Fonseca EB, et al. Am J Obstet Gynecol. 2003 Feb;188(2):419-24..
- 12) [A trial of 17 alpha-hydroxyprogesterone caproate to prevent prematurity in twins](#). Rouse DJ, et al. N Engl J Med. 2007 Aug 2;357(5):454-61.
- 13) [Universal cervical-length screening and vaginal progesterone prevents early preterm births, reduces neonatal morbidity and is cost saving: doing nothing is no longer an option](#). Campbell S. Ultrasound Obstet Gynecol. 2011 Jul;38(1):1-9.
- 14) [Universal cervical-length screening to prevent preterm birth: a cost-effectiveness analysis](#). Werner EF, et al. Ultrasound Obstet

Gynecol. 2011 Jul;38(1):32-7.

15) [Vaginal progesterone in women with an asymptomatic sonographic short cervix in the midtrimester decreases preterm delivery and neonatal morbidity: a systematic review and metaanalysis of individual patient data.](#) Romero R, et al. Am J Obstet Gynecol. 2012 Feb;206(2):124.e1-19.

16) [Vaginal progesterone reduces the rate of preterm birth in women with a sonographic short cervix: a multicenter, randomized, double-blind, placebo-controlled trial.](#) Hassan SS, et al. Ultrasound Obstet Gynecol. 2011 Jul;38(1):18-31.



What Is Causing the Increasing Rate of Mood Disorder in Youth?

TRAIN Course ID: 1034526

Presenter: Steven R. Pliszka, MD, Professor and Chief, Division of Child and Adolescent Psychiatry, Dept. of Psychiatry, University of Texas Health Science Center at San Antonio

Description: In recent years the diagnosis of bipolar disorder in children in the outpatient setting has raised over 40 fold. What has been the underlying cause of this increase? Is this change due to a change in diagnostic criteria, proper identification of unrecognized illness and actual change in illness rates? What are the treatment implications of this change? The history of the diagnosis of mood disorder in children will be reviewed, with particular emphasis on studies in the mid-1990's which in part led to this increase. The difficulty of assessing mood in children will be reviewed and interview techniques for this procedure will be discussed. The psychosocial and pharmacological treatments for bipolar disorder in children will be presented, with emphasis on balancing risks and benefits of each. Please join nationally recognized expert Steven R. Pliszka, MD to learn more about mood disorders in youth.

Continuing Education Credit Hours Type: 1.5 contact hours for Continuing Medical Education (CME); Continuing Nursing Education (CNE); Social Workers; Certified Health Education Specialists (CHES) and Master-Certified Health Education Specialists (M-CHES); Registered Sanitarians; LCDC, LPC, LMFT; and certificate of attendance.

Presentation documents: To request a copy of the slides, handouts, and recorded webinar, contact the DSHS Audiovisual Library at avlibrary@dshs.state.tx.us. (The slides are unavailable due to technical difficulties about 38 minutes into the presentation. The audio portion is intact and may be used with the pdf version of the slides.) *CE credit is only available for those attending the live event, not the recording.*

Suggested resources:

To request a full-text copy of any of the articles below, please e-mail library@dshs.state.tx.us.

- 1) Acute inpatient care for psychiatric disorders in the United States, 1996 through 2007. Blader JC. Arch Gen Psychiatry. 2011 Dec;68(12):1276-83.
- 2) Acute treatment of pediatric bipolar I disorder, manic or mixed episode, with aripiprazole: a randomized, double-blind, placebo-controlled study. Findling RL, et al. J Clin Psychiatry. 2009 Oct;70(10):1441-51.
- 3) A double-blind, randomized, placebo-controlled trial of oxcarbazepine in the treatment of bipolar disorder in children and adolescents. Wagner KD, et al. Am J Psychiatry. 2006 Jul;163(7):1179-86.
- 4) Effect size of lithium, divalproex sodium, and carbamazepine in children and adolescents with bipolar disorder. Kowatch RA, et al. J Am Acad Child Adolesc Psychiatry. 2000 Jun;39(6):713-20.
- 5) Heterogeneity of irritability in attention-deficit/hyperactivity disorder subjects with and without mood disorders. Mick E, et al. Biol Psychiatry. 2005 Oct 1;58(7):576-82.
- 6) National trends in the outpatient diagnosis and treatment of bipolar disorder in youth. Moreno C, et al. Arch Gen Psychiatry. 2007 Sep;64(9):1032-9.
- 7) Olanzapine versus placebo in the treatment of adolescents with bipolar mania. Tohen M, et al. Am J Psychiatry. 2007

Oct;164(10):1547-56.

8) A prospective open-label trial of lamotrigine monotherapy in children and adolescents with bipolar disorder. Biederman J, et al. CNS Neurosci Ther. 2010 Apr;16(2):91-102.

9) A randomized controlled trial of risperidone, lithium, or divalproex sodium for initial treatment of bipolar I disorder, manic or mixed phase, in children and adolescents. Geller B, et al. Arch Gen Psychiatry. 2012 May;69(5):515-28.

10) Risperidone for the treatment of acute mania in children and adolescents with bipolar disorder: a randomized, double-blind, placebo-controlled study. Haas M, et al. Bipolar Disord. 2009 Nov;11(7):687-700.

11) Second-generation versus first-generation antipsychotic drugs for schizophrenia: a meta-analysis. Leucht S, et al. Lancet. 2009 Jan 3;373(9657):31-41.

12) Stimulant medications and growth. Poulton A, Nanan R. J Am Acad Child Adolesc Psychiatry. 2009 May;48(5):574-6.

Books on parenting bipolar child:

1) Birmaher, Boris. New Hope for Children and Teens with Bipolar Disorder: Your Friendly, Authoritative Guide to the Latest in Traditional and Complementary Solutions. New York: Three Rivers, 2004.

2) Papolos, Demetri F., and Janice Papolos. The Bipolar Child: The Definitive and Reassuring Guide to Childhood's Most Misunderstood Disorder. New York: Broadway, 2006.

Oct. 24

Redesigning Public Health Systems in Texas

Presenters: Judith A. Monroe, MD, FAAFP, Deputy Director for the CDC and Director of the Office for State, Tribal, Local and Territorial Support; Representative of the Texas Public Health Funding & Policy Committee and Stephen L. Williams, MEd, MPA, Chair, Texas Public Health Funding & Policy Committee

Redesigning Public Health Systems in Texas

TRAIN Course ID: 1034527

Presenters: Judith A. Monroe, MD, FAAFP, Director of the Office for State, Tribal, Local and Territorial Support at the Centers for Disease Control and Prevention; Stephen L. Williams, MEd, MPA, Chair, Texas Public Health Funding & Policy Committee

Description: Much has changed in Texas and throughout the U.S. since the early development of our public health system. In addition to epidemics of acute infectious disease we are now also challenged by dramatic increases in complex, costly chronic disease. Individual and societal behavior now plays a more central role in the development of disease. Our personal health care delivery system has grown rapidly, while our public health infrastructure has remained stagnant. Please join Dr. Judith Monroe, Centers for Disease Control and Prevention, and Stephen L. Williams, Chair of the newly established Public Health Funding & Policy Committee for a thought provoking discussion on approaches and strategies for redesigning public health.

Continuing Education Credit Hours Type: 1.5 contact hours for Continuing Medical Education (CME); Continuing Nursing Education (CNE); Social Workers; Certified Health Education Specialists (CHES) and Master-Certified Health Education Specialists (M-CHES); Registered Sanitarians; and certificate of attendance.

Presentation documents: To request a copy of the slides, handouts, and recorded webinar, contact the DSHS Audiovisual Library at avlibrary@dshs.state.tx.us. *CE credit is only available for those attending the live event, not the recording.*

Suggested resources:

1) [Public Health Funding & Policy Committee website](#). Texas Dept. of State Health Services.

2) [Transforming Public Health website](#). Robert Wood Johnson Foundation.

Oct. 31

Poisonings in Texas

Presenters: Miguel Fernández, MD, Director, South Texas Poison Center; John Villanacci, PhD, Texas Dept. of State Health Services



Poisonings in Texas

TRAIN Course ID: 1034528

Presenters: Miguel Fernández, MD, Director, South Texas Poison Center; John Villanacci, PhD, Texas Dept. of State Health Services

Description: Poisons come in many shapes, sizes, colors and forms including synthetic drugs, snake and spider bites, insect stings, plants, food, medications and common household products. Thousands of Texans accidentally ingest or are exposed to poisons each year. In this presentation Miguel Fernández, MD, Director, South Texas Poison Center and John Villanacci, PhD, DSHS will discuss the incidence and trends in poisoning as well as evidence-based practices in prevention and treatment.

Continuing Education Credit Hours Type: 1.5 contact hours for Continuing Medical Education (CME); Continuing Nursing Education (CNE); Social Workers; Certified Health Education Specialists (CHES) and Master-Certified Health Education Specialists (M-CHES); Registered Sanitarians; LCDC, LPC, LMFT; and certificate of attendance.

Presentation documents: To request a copy of the slides, handouts, and recorded webinar, contact the DSHS Audiovisual Library at avlibrary@dshs.state.tx.us. *CE credit is only available for those attending the live event, not the recording.*

Suggested resources:

To request a full-text copy of any of the articles below, please e-mail library@dshs.state.tx.us.

- 1) Change in Glow Product Exposures Reported to Poison Control Centers on Halloween. Forrester M, Jaramillo J. Texas Public Health Journal. Fall2010 2010;62(4):43-46.
- 2) Emergency Medical Services' Use of Poison Control Centers for Unintentional Drug Ingestions. Bier SA, Borys DJ. Am J Emerg Med. 2010 Oct;28(8):911-4.
Peanut Butter Recall Calls Received by Texas Poison Centers. Forrester MB. TPHJ 2011;63(3):7-11.
- 3) Surveillance Detection of Concentrated Laundry Detergent Pack Exposures. Forrester MB. Clin Toxicol (Phila) 2012;50:847-850.
- 4) Synthetic cannabinoid and marijuana exposures reported to poison centers.
Forrester M, Kleinschmidt K, Schwarz E, Young A. Hum Exp Toxicol 2012;31:1006-1011.
- 5) Temporal and Geographic Patterns in Opioid Abuse in Texas. Forrester MB. J Addict Dis 2012;31:93-99.
- 6) Use of Interactive Voice Response Technology by Poison Centers during the H1N1 Outbreak. Forrester MB, Villanacci JF, Valle N. Prehosp Disaster Med. 2010;25:415-418.

Nov. 7

Lessons Learned from *The Immortal Life of Henrietta Lacks*

Presenter: Kathryn E. Artnak, PhD, RN, MA, CNS, CNE, Professor/Dept. of Nursing & Rehabilitation Science, The Community Center for Wellness, Education & Development, Angelo State University



Lessons Learned from *The Immortal Life of Henrietta Lacks*

TRAIN Course ID: 1034529

Presenter: Kathryn E. Artnak, PhD, RN, MA, CNS, CNE, Professor/Dept. of Nursing & Rehabilitation Science, The Community Center for Wellness, Education & Development, Angelo State University

Description: On October 4, 1951, Henrietta Lacks, an African-American mother of five died of cervical cancer on a segregated ward of Johns Hopkins Hospital in Baltimore at the age of 31. Yet her legacy lives in an immortal cell line generated from her cancerous

tumor. Known as HeLa, the cells harvested and disseminated without her knowledge or consent contributed to major scientific breakthroughs including the polio vaccine, cloning, and chemotherapy, that continue to advance medical research today. Written by Rebecca Skloot in compelling prose, *The Immortal Life of Henrietta Lacks* chronicles the story of this poor and largely illiterate tobacco farmer and the impact the celebrity of her cells had on her family. Please join Dr. Kathryn Artnak, a bioethicist and Professor of Nursing at Angelo State University, for a discussion of the many ethical issues surrounding this intriguing narrative. Copies of the 2010 *New York Times* non-fiction bestseller, *The Immortal Life of Henrietta Lacks*, are available for checkout through the DSHS Medical and Research Library at library@dshs.state.tx.us. **Ethics credit will be awarded.**

Continuing Education Credit Hours Type: 1.5 contact hours for Continuing Medical Education (CME); Continuing Nursing Education (CNE); Social Workers; Certified Health Education Specialists (CHES) and Master-Certified Health Education Specialists (M-CHES); Registered Sanitarians; LCDC, LPC, LMFT; and certificate of attendance. **Ethics credit for physicians and social workers.**

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Suggested resources:

To request a full-text copy of any of the articles below, please e-mail library@dshs.state.tx.us.

- 1) Are there property rights in human tissue? Baulig LT. *The Journal of Lancaster Hospital*. 2010;5(3):87-90.
- 2) "[Ethically Impossible](#)" STD Research in Guatemala from 1946 to 1948
- 3) *The Immortal Life of Henrietta Lacks*. Skloot R. New York, NY: Crown Publishers, 2012.
- 4) [Partners in Health website](#)
- 5) *Stories Matter*. Charon R, Montello M. [eds.] New York, NY: Routledge, 2002.
- 6) Tissue tug-of-war: a comparison of international and US perspectives on the regulation of human tissue banks. Edwards LC. *Vanderbilt Journal of Transnational Law*. 2008;41:639-675.
- 7) Who owns your body? A patient's perspective on Washington University v. Catalona. Andrews L. *Journal of Law, Medicine and Ethics*. 2006;34(2):398-407.

Nov. 27 (Tues.)

Integrated Behavioral Health and Primary Care: A Scientifically-Informed Pathway to the Future

Presenter: John M. Oldham, MD, MS, Senior Vice President and Chief of Staff at The Menninger Clinic; Professor and Executive Vice Chair, Menninger Dept. of Psychiatry and Behavioral Sciences, Baylor College of Medicine; and Immediate Past President, American Psychiatric Association

Integrated Behavioral Health and Primary Care: A Scientifically-Informed Pathway to the Future
TRAIN Course ID: 1037437

Presenter: John M. Oldham, MD, MS, Senior Vice President and Chief of Staff at The Menninger Clinic; Professor and Executive Vice Chair, Menninger Dept. of Psychiatry and Behavioral Sciences, Baylor College of Medicine; and Immediate Past President, American Psychiatric Association

Description: This session will focus on the critical need for integrated, collaborative, comprehensive care for patients with co-occurring psychiatric and general medical conditions. It is well-established in the literature that brain disorders are complex medical illnesses, which will be illustrated with a discussion of depression. It is also well-known that patients with psychiatric disorders often seek and receive help from primary care physicians or family physicians. However, given the demands of a busy primary care practice, it may not be feasible to explore psychosocial stressors or family histories sufficiently to clarify the presence or absence of psychopathology. Even when psychiatric conditions are identified, specialty-guided evidence-based treatment may be impractical or unavailable. There is increasing evidence, however, that common co-occurring conditions such as depression and diabetes are more effectively treated by an interdisciplinary, collaborative team. The need to incorporate evidence-based performance measures and practice guidelines in such teamwork will be reviewed, along with the growing recognition of the importance of screening for major behavioral health problems, such as depression or alcoholism, in general medical settings.

Continuing Education Credit Hours Type: 1.5 contact hours for Continuing Medical Education (CME); Continuing Nursing Education (CNE); Social Workers; Certified Health Education Specialists (CHES) and Master-Certified Health Education Specialists (M-CHES); Registered Sanitarians; LCDC, LPC, LMFT, and certificate of attendance.

Presentation documents: To request a copy of the slides, handouts, and recorded webinar, contact the DSHS Audiovisual Library at avlibrary@dshs.state.tx.us. *CE credit is only available for those attending the live event, not the recording.*



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