



Catholic Social Workers National Association

March 2008

Letter from the President:

The CSWNA inaugural conference is only a couple months away. God has blessed us with this wonderful opportunity to come together as a common group to collaborate on issues pertaining to Catholic Social Work. I hope to see you in June!

The CSWNA website redesign is finally complete, thank you for your patience during this process. Many thanks go out to **Tim Zack**, for the beautiful web design. I hope you have time to visit the website; a blog has been added as a tool for members to communicate to each other on current issues or concerns.

The association continues to grow with members from all across the U.S and Puerto Rico. We are in the process of working with members who have expressed an interest in starting state chapters.

Dr. Juan Ramos, retired from the National Institute for Mental Health, has joined the CSWNA Board of Directors. Dr. Ramos is a great asset to the Board and the association and I hope you join me in welcoming him. As always, if you have any concerns or questions, please feel free to contact me.

Immaculate Heart of Mary, cause of our joy, pray for us.

Kathleen Neher

Kathleen Neher, MSW, LSW

Catholic group to start faith-based counseling service

Buffalo, Jul 4, 2007 / 09:57 am (CNA).

The Diocese of Wheeling-Charleston has announced that it will establish a statewide network of faith-based counseling services, after an increasing number of parishioners have been turning to their parish priests for help with problems beyond the spiritual.

The counseling service will be established by the diocese's social service arm, Catholic Community Services. The Catholic charity is seeking approval from the West Virginia Health Care Authority, and hopes to get the program started this summer.

"The plan is to bring counselors to where people need them," said **Ellen Vance**, assistant director of Catholic Community Services. "This is for a person who wants counseling that respects his or her views, that respects their prayer life, spiritual life and church affiliation."

The counseling service will be available to people of all faiths, ages and income levels. It intends to make counselors more available to people in rural areas.

Catholic Community Services eventually plans to hire counselors in each diocese's seven vicariates. The counselors can also help people with employment issues — troubles at work and finding a job.

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Why pray the Rosary today?



Certainly, to grow in holiness and in one's prayer life. The following are a few others reasons why the rosary should be prayed often, even daily:

- "Among all the devotions approved by the Church none has been so favored by so many miracles as the devotion of the Most Holy Rosary" (Pope Pius IX).
- "Say the Rosary every day to obtain peace for the world" (Our Lady of Fátima).
- "There is no surer means of calling down God's blessings upon the family . . . than the daily recitation of the Rosary" (Pope Pius XII).
- "We do not hesitate to affirm again publicly that we put great confidence in the Holy Rosary for the healing of evils of our times" (Pope Pius XII).
- "No one can live continually in sin and continue to say the Rosary: either they will give up sin or they will give up the Rosary" (Bishop Hugh Doyle).
- "The Rosary is a magnificent and universal prayer for the needs of the Church, the nations and the entire world" (Pope John XXIII).
- "The Rosary is the compendium of the entire Gospel" (Pope Paul VI quoting Pope Pius XII).
- "Meditation on the mysteries of the Rosary . . . can be an excellent preparation for the celebration of those same mysteries in the liturgical actions [i.e. the Mass] and can also become a continuing echo thereof" (Pope Paul VI).
- "My impression is that the Rosary is of the greatest value not only according to the words of Our Lady at Fátima, but according to the effects of the Rosary one sees throughout history. My impression is that Our Lady wanted to give ordinary people, who might not know how to pray, this simple method of getting closer to God" (Sister Lucia, one of the seers of Fátima).
- "How beautiful is the family that recites the Rosary every evening" (Pope John Paul II).
- Pope John Paul II has called the Rosary his "favorite prayer," after the Mass and the Liturgy of the Hours.
- St. Louis de Montfort warns us against both the ignorant and scholars who regard the Rosary as something of little importance... "the Rosary is a priceless treasure inspired by God."

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St. Vincent
HEALTH

Coming Events

April 1-3, 2008

Roundtable of the Migration and Child Welfare National Network • Chicago, Illinois, United States
 Website: <http://www.americanhumane.org/migration>
 Contact name: Lara Bruce

Come early for a half-day skills-building session on April 1. After the Roundtable, stay from April 3-5 for the **Unaccompanied Minors and Separated Immigrant Children's Conference** hosted by the National Immigrant Justice Center and the Immigrant Children's Lawyers Network.
 Enquiries: MCWN@americanhumane.org
 Web address: <http://www.americanhumane.org/migration>
 Sponsored by: The American Humane Association

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April 1, 2008

Making the Extraordinary Ordinary • London, United Kingdom
 Website: <http://www.homeless.org.uk/events>
 Contact name: Kate Alaway

Making the extraordinary ordinary is an event that senior staff and commissioners of services from across the homelessness sector cannot afford to miss. Organized by: Homeless Link and Thames Reach
 Deadline for abstracts/proposals: Not available.

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April 8, 2008

Palliative Care Fixed Bed Units Audio Conference
 1:30-2:30 pm • Eastern, United States
 Website: http://www.capc.org/support-from-capc/audio-conf/04-08-08/index_html
 Contact name: Margaret Schutz

This audio conference cover the benefits of a fixed bed patient unit to your palliative care program, types of patients to seek and to avoid, and how to show fixed bed unit benefits to the institution. Organized by: Center to Advance Palliative Care
 Deadline for abstracts/proposals: Not available.

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Wednesday, April 9, 2008

Archdiocese of Washington Dept. of Social Concern will hold its annual national advocacy day. Catholics should consider attending and lobbying for bills to aid those in need among us.

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April 9-11, 2008

Anger Solutions Train the Trainer • Niagara-on-the-Lake, Ontario, Canada
 Website: <http://www.angersolution.com/trainthetrainer.php>
 Contact name: Julie Christiansen

Three-day intensive training for counselors and social workers to learn how to apply Anger Solutions in their agencies. There are certain pre-requisites for participating in this program - please see website. Organized by: BRC. Deadline for abstracts/proposals: Not available.

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April 18, 2008

Workshop: Cognitive Therapy for Chronic Worry Assumption
 University, The Aaron T. Beck Institute for Cognitive Studies • Worcester, MA

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April 17-18, 2008

California Breakthrough Strategies to Teach and Counsel Youth • Los Angeles (El Segundo), CA, United States
 Website: <http://www.youthchg.com>
 Contact name: R Wells

Free sample interventions, and free monthly Problem Student Problem-Solver magazine available at our web site, <http://www.youthchg.com>, or via email (dwells@youthchg.com), or call toll-free to 1-800-545-5736. Work-study financial aid available. Organized by: Youth Change. Deadline for abstracts/proposals: Not available.

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Saturday, April 26th

23rd Annual Maryland United for Peace and Justice Conference – Intergenerational Peace and Justice: Saving the Earth for Future Generations • Stony Run Friends Meeting House, 5116 N. Charles St., Baltimore, MD.

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April 26, 2008

9-Hour REBT Intensive Workshop
 7.5 CE Credits • New York, NY Open to Professionals and Nonprofessionals: This 9-Hour Intensive course in Rational Emotional Behavior Therapy uses lectures, group exercises and interactions to teach participants the basic principles of rational thinking so they can achieve lasting behavioral change.
 Topics Include:

- Self Acceptance
- Dealing with Anger and Frustration
- Setting Life Goals
- Improving Relationships
- Overcoming Procasination and Perfectionism

Tuition:
 \$175 (includes box lunch)
 \$165 per person for groups of 5 or more

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Wednesday, May 7th

Interfaith Works (formerly known as Community Ministries of Montgomery County) is having its "Caregiving in a Diverse County" provider's fair • St. Rose of Lima Parish, Gaithersburg, MD, 8:30 – 3:30 p.m.

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Saturday, May 10th

Moving Away from Just War and Toward Just Peace
 Pax Christi Metro Baltimore and DC Annual Assembly – Trinity College

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May 1-2, 2008

Kansas Breakthrough Strategies to Teach and Counsel Youth

• Kansas City, MO, United States

Website: <http://www.youthchg.com>

Contact name: R Wells

Free sample interventions, and free monthly Problem Student Problem-Solver magazine available at our web site, <http://www.youthchg.com>, or via email (dwells@youthchg.com), or call toll-free to 1-800-545-5736. Work-study financial aid available. Organized by: Youth Change. Deadline for abstracts/proposals: Not available. [Check the event website for latest details.]

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May 4-6, 2008

Community HealthCare Conference, Innovation, Shared Wisdom, Positive Outcomes

• Whistler, BC, Canada

Website: <http://bccommunityhealthcareconference.ca>

Contact name: Maria Capostinsky

The conference theme is Simply the Best: From Local Heroes to Global Gurus. Presenters are experts in the home and community care sector and will provide you with thought provoking content, encourage interactive discussion and new ideas. Organized by: BC Care Providers and HealthCare Leaders. Deadline for abstracts/proposals: Not available.

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May 2-8, 2008

Washington Breakthrough Strategies to Teach and Counsel Youth

• Seattle, WA, United States

Website: <http://www.youthchg.com>

Contact name: R Wells

Free sample interventions, and free monthly Problem Student Problem-Solver magazine available at our web site, <http://www.youthchg.com>, or via email (dwells@youthchg.com), or call toll-free to 1-800-545-5736. Work-study financial aid available. Organized by: Youth Change. Deadline for abstracts/proposals: Not available.

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May 9-10, 2008

Elder Care Expo 2008

• St. Paul, Minnesota, United States

Website: <http://www.choosingeldercare.com>

An educational event bringing together government agencies, nonprofits and private vendors in one place, with one simple goal: helping baby boomers, their parents and seniors plan for and find solutions for their elder care challenges. Organized by: Elder Care Expos, LLC. Deadline for abstracts/proposals: Not available.

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May 22-23, 2008

Cultural Diversity and Vulnerable Families: A Bias in Favour of Cultural Competence

• Montreal, Quebec, Canada

Website: <http://www.graveardec.symposium2008.uqam.ca/>

Contact name: Catherine Adam This is a symposium for reflection on perspectives of cultural competency and a place to learn from the confrontations and challenges but also from the successes of intervention to promote protection and development of vulnerable children. Organized by: GRAVE-ARDEC. Deadline for abstracts/proposals: 1 November 2007

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May 22-25, 2008

20th Annual National Conference on Social Work and HIV/AIDS

• Washington, DC, United States

Website: <http://socialwork.bc.edu/outreach/hiv-aids/>

Contact name: Dr. Vincent Lynch

Over 500 AIDS-care social workers are expected to attend more than 100 sessions. The 2008 theme will address critical contemporary themes including, preparing future social work leaders for HIV/AIDS social work, advocacy skills and funding. Organized by: Boston College Graduate School of Social Work

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June 8-9, 2008

Catholic Social Work: Living the Mission

• Grand Rapids, Michigan, United States

Website: <http://www.cswana.org>

Contact name: Kathleen Neher, MSW, LSW

The Catholic Social Workers National Association invites you to the association's Inaugural Conference to be held in Grand Rapids, Michigan on June 8-9, 2008.

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June 17-20, 2008

CMSA's 18th Annual Conference & Expo

• Orlando, Florida, United States

Website: <http://www.cmsa.org/conference>

Contact name: Denise Flake

CMSA's 18th Annual Conference & Expo at Rosen Shingle Creek Hotel & Golf Club, June 17 - 20, 2008 is at the forefront in creating the future of case management. Earn CEs, network, meet other healthcare professionals in this growing industry. Organized by: CMSA (Case Management Society of America). [Check the event website for latest details.]

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July 10-13

Pax Christi USA Annual Assembly

• Philadelphia

With a PCUSA sponsored event on Thursday July 10th and on

July 11-13

Convention for Catholics in Alliance for the Common Good

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November 13-16, 2008

ABCT 42nd Annual Convention Assoc. Behavioral and Cognitive Therapies

• Dolphin Hotel, Orlando Submissions accepted March 1 through March 17

Group Therapy Program Offers Meaningful Gains for People with Borderline Personality Disorder

A 20-week group therapy program focusing on cognitive behavioral and skills training, when used in conjunction with usual care, helped reduce symptoms of borderline personality disorder and improve overall functioning, reported NIMH-funded researchers. Their findings were published online February 15, 2008 in the *American Journal of Psychiatry*.

Borderline personality disorder is a serious mental illness noted by unstable moods, behavior and relationships. Each year, 1.4 percent of adults in the United States have this disorder, which is widely viewed as being difficult to treat. However, recent advances in treatment research for specific symptoms of borderline personality disorder, such as dialectical behavioral therapy to reduce suicidal thinking or behavior, have shown reasons to continue exploring options for therapy.

In this study, led by **Donald W. Black, M.D.**, of the University of Iowa, researchers tested the effectiveness of the Systems Training for Emotional Predictability and Problem Solving (STEPPS) program for treating people with borderline personality disorder. STEPPS, developed by lead author **Nancee Blum, MSW**, and colleagues, is a structured treatment program involving 20 weekly meetings that each last for two hours. Over the course of the program, participants learn about the disorder as well as skills for controlling problematic emotions and behaviors. Family members also receive a two-hour session to learn about the illness and best ways to interact with their loved one. STEPPS is meant to be used along with other forms of treatment, such as medication or individual therapy.

The researchers randomly assigned 165 men and women ages 18 and older to receive either STEPPS plus any other care they had previously been receiving ("treatment as usual"), or treatment as usual alone. During the 20-week treatment period, people who received STEPPS plus treatment as usual had greater and more rapid improvement in borderline-related and



depressive symptoms (which affected 78 percent of study participants) than people who received treatment as usual alone.

Also, participants in the STEPPS group continued to improve over the entire 20 weeks of the program, whereas improvements in the group that received only treatment as usual leveled off after 10 weeks.

Furthermore, people who received STEPPS plus treatment as usual were more likely to rate themselves, and to be rated by their study therapist, as "very much" or "much" improved, compared to the other group. At follow up visits during the year after the end of treatment, improvements of the STEPPS plus treatment as usual group were maintained.

Fewer participants who received STEPPS had emergency department visits, compared to the group that received treatment as usual alone. There were no significant differences between the two treatment groups in the number or frequency of suicide attempts, self-harming acts, or hospitalization. Also, similar to other studies of borderline personality disorder, there was a relatively high rate of dropout from the study from both treatment groups, roughly 25 percent of the 165 randomly assigned participants.

The researchers suggest that a relatively brief therapy program offers "real world" benefits because their study mirrored common treatment situations in which people are already receiving other types of mental health care. Following similar results in earlier studies, STEPPS has been widely adopted in The Netherlands as the primary group treatment for borderline personality disorder. Other countries, including the United States, have been evaluating more widespread use of this program as well.

Reference

Blum N, St. John D, Pfohl B, Stuart S, McCormick B, Allen J, Arndt S, Black DW. Systems Training for Emotional Predictability and Problem Solving (STEPPS) for Outpatients with Borderline Personality Disorder: A Randomized Controlled Trial and 1-Year Follow-Up. *Am J Psychiatry*. 15 Feb 2008 [online ahead of print].

Teens with Treatment-resistant Depression More Likely to Get Better with Switch to Combination Therapy

Teens with difficult-to-treat depression who do not respond to a first antidepressant medication are more likely to get well if they switch to another antidepressant medication and add psychotherapy rather than just switching to another antidepressant, according to a large, multi-site trial funded by the National Institutes of Health's National Institute of Mental Health (NIMH). The results of the Treatment of SSRI-resistant Depression in Adolescents (TORDIA) trial were published February 27, 2008, in the *Journal of the American Medical Association (JAMA)*.

"The findings should be encouraging for families with a teen who has been struggling with depression for some time," said lead researcher **David Brent, M.D.**, of the University of Pittsburgh. "Even if a first attempt at treatment is unsuccessful, persistence will pay off. Being open to trying new evidence-based medications or treatment combinations is likely to result in improvement."

Adolescents with treatment-resistant depression have unique needs, for which standard treatments do not always work.

"About 40 percent of adolescents with depression do not adequately respond to a first treatment course with an antidepressant medication, and clinicians have no solid guidelines on how to choose subsequent treatments for these patients," said NIMH Director **Thomas R. Insel, M.D.** "The results from TORDIA bring us closer to personalizing treatment for teens who have chronic and difficult-to-treat depression."

Brent and colleagues conducted TORDIA at six regionally dispersed clinics with 334 adolescents ages 12 to 18. The teens in the study all had major depression and had not responded to a previous two-month course of a selective serotonin reuptake inhibitor (SSRI), a type of antidepressant. The teens were randomly assigned to one of four interventions for 12 weeks:

- Switch to another SSRI—paroxetine (Paxil), citalopram (Celexa) or fluoxetine (Prozac)
- Switch to a different SSRI plus cognitive behavioral therapy (CBT), a type of psychotherapy that emphasizes problem-solving and behavior change
- Switch to venlafaxine (Effexor)—another type of antidepressant called a serotonin and norepinephrine reuptake inhibitor (SNRI)
- Switch to venlafaxine plus CBT

The researchers chose to compare SSRIs with an SNRI because some studies on adults have found that venlafaxine is more effective than an SSRI in managing treatment-resistant depression.

About 55 percent of those who switched to either type of medication and added CBT responded, while 41 percent of those who switched to another medication alone responded. There were no differences in response between those who

switched to an SSRI and those who switched to an SNRI, nor were there differences in response among the three SSRIs tested.

Unlike similar studies on adolescent depression, TORDIA did not exclude teens who were thinking about suicide or had attempted suicide. They were included so that TORDIA would mirror real-world treatment situations, and its findings would be readily applicable to community settings.

More than half of the participants expressed suicidal thinking and behavior (suicidality) before treatment began, and all teens were monitored weekly for side effects related to suicidality and predictive symptoms like hostility and irritability. None of the TORDIA treatment groups, however, showed any measurable effects on suicidality, a finding consistent with other studies that have discovered suicidality does not necessarily subside when the depression does. The researchers reiterated the need for new treatments that specifically prevent or alleviate suicidality.

Although none of the medications seemed to be superior over the others, venlafaxine was associated with more adverse effects, such as skin infections and cardiovascular side effects. The researchers concluded that because venlafaxine had a greater potential for side effects, switching to another SSRI should be considered first.

The findings echo those of the NIMH-funded Treatment for Adolescents with Depression Study (TADS), which concluded that depressed teens benefited most from a combination of medication and psychotherapy over both the short and long terms. They are also consistent with results from the NIMH-funded Systematic Treatment Alternatives to Relieve Depression (STAR*D) study, which showed that adults with persistent depression can get well after trying several treatment strategies.

TORDIA was conducted at the University of Pittsburgh, University of Texas at Galveston, University of Texas at Dallas, UCLA, Brown University, and Kaiser Permanente Center for Health Research in Portland, Ore.

Reference

Brent D, et al. The treatment of adolescents with SSRI-resistant depression (TORDIA): A comparison of switch to venlafaxine or to another SSRI, with or without additional cognitive behavioral therapy. *Journal of the American Medical Association*. 2008 Feb 27.



The National Institute of Mental Health (NIMH) mission is to reduce the burden of mental and behavioral disorders through research on mind, brain, and behavior. More information is available at the NIMH website.

The National Institutes of Health (NIH) — The Nation's Medical Research Agency — includes 27 Institutes and Centers and is a component of the U.S. Department of Health and Human Services. It is the primary federal agency for conducting and supporting basic, clinical and translational medical research, and it investigates the causes, treatments, and cures for both common and rare diseases. For more information about NIH and its programs, visit the NIH website.

Primary Care Doctors May Overlook Elderly Patients' Mental Health

Doctors spend little time discussing mental health issues with their older patients and rarely refer them to a mental health specialist even if they show symptoms of severe depression, according to an NIMH-funded study published December 2007 in the *Journal of the American Geriatrics Society*.

People age 65 and older represent 12 percent of the U.S. population, but they accounted for a disproportionate 16 percent of suicide deaths in 2004.¹ Improved mental health screening in primary care may improve detection and treatment of mental disorders before drastic consequences, such as suicide, can occur.

To determine how doctors deliver mental health care to their elderly patients, researcher **Ming Tai-Seale, Ph.D.**,

of Texas A&M Health Science Center and colleagues analyzed 385 videotaped visits of 35 doctors with 366 of their elderly patients. The researchers identified topics discussed and how much time was devoted to each topic. Mental health-related topics occurred in 22 percent of visits, typically lasting about two minutes. An average visit lasted about 16 minutes overall. The majority of that time was spent discussing biomedical and other topics.

Efforts to treat or provide care for a mental health issue varied widely among the doctors participating in the study. Most fell into one of three patterns of care:



1) listening to the patient for an extended period of time and referring him or her to a mental health care specialist; 2) gathering information but providing inadequate treatment; or 3) being dismissive toward the patient and his or her emotional distress, and failing to follow up.

More female patients (27 percent) discussed a mental health topic during a typical visit than male patients (12 percent). In addition, the researchers found that the gender pairing of doctor and patient affected the likelihood of discussing mental health issues. Female-to-female doctor-patient pairs were most likely to discuss mental health, while male-to-male doctor-patient pairs were least likely.

The results indicate that primary care doctors need more support in how to identify, treat and refer patients to mental health specialists, concluded the researchers.

Reference

Tai-Seale M. McGuire T. Colenda C. Rosen D. Cook MA. Two-minute mental health care for elderly patients: inside primary care visits. *Journal of the American Geriatrics Society*. 2007 Dec. 55:1903-1911.

1. Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS) [online]. (2005). Available at: <http://www.cdc.gov/ncipc/wisqars>

\$1.2 Million Available for Community-based Drug Prevention Coalitions **DFC Mentoring Grants to Fund 15 Drug-free Communities**

(Washington, D.C.)

Today, the White House Office of National Drug Control Policy (ONDCP), in partnership with the Substance Abuse and Mental Health Services Administration (SAMHSA), announced the availability of \$1.2 million for new Drug-Free Communities Support Mentoring Program (DFC Mentoring) grants. An estimated 15 new Mentoring grants will be awarded (averaging \$75,000 per grant, per year) to drug and alcohol prevention community coalitions representing a cross-section of rural, urban, suburban, and tribal communities.

“The Drug-Free Communities Support Program is the largest Federal drug prevention effort in the United States,” said **John P. Walters**, Director of National Drug Control Policy. “By providing new drug and alcohol prevention coalitions with invaluable insight and direction, the DFC Mentoring Program enhances community-based drug prevention efforts, and works to advance consensus building toward a drug-free community. It helps communities in addressing their particular substance abuse risks and challenges, and empowers them to craft their own prevention strategies and responses.”

The purpose of the DFC Mentoring Program is to provide grant funds to effective current DFC grantees (mentors) to facilitate the development and/or expansion of new community drug prevention coalitions (mentees) that seek to prevent substance abuse among youth. By building the capacity of local anti-drug organizations to assess the unique challenges facing their communities, and assisting in the organization of a coalition-based response to those challenges, the mentoring process better prepares “mentee” groups to implement effective drug-prevention strategies.

“The Drug Free Communities Support Program is the foundation of our efforts to continue preventing and reducing substance abuse in our communities,” said SAMHSA Administrator **Terry Cline, Ph.D.** “The DFC Mentoring Program increases opportunities for active, sustained citizen participation, community-wide ownership of problems, and local solutions tailored to local needs.”

To be eligible for a DFC Mentoring grant, interested drug prevention community coalitions must have been in existence for five years; be a current DFC grantee or grantee applicant; have achieved measurable results in youth drug and alcohol prevention; have dedicated staff, volunteers, or members to assist the mentee coalitions; have displayed the willingness of mentee communities; and must demonstrate consensus and community support from local key sectors and stakeholders, including youth, parents, businesses, media, law enforcement, government, and religious and civic organizations, among others.

To review the grant application or its requirements, or to learn more about the Drug Free Communities Support Program, please visit, <http://www.ondcp.gov/dfc> DFC Mentoring grants are awarded through a competitive peer review process.

The deadline to submit a DFC Mentoring grant application is Friday, April 18, 2008.

