



**COMMUNITY
ACCOUNTABILITY
JUSTICE**

**D.C. PRETRIAL SERVICES AGENCY
WASHINGTON, DC 20004-2908**

The Advocate

Spring 2005

~ INSIDE ~

LAB'S CERTIFICATE OF COMPLIANCE

OPERATIONS UPDATE

PRISM 2

PSA'S NEWEST STAFF CONSULTANT:
ASAM (AMERICAN SOCIETY OF
ADDICTION MEDICINE)

GIVING ONE'S-SELF FULLY

(SATTP) SUBSTANCE ABUSE
TREATMENT TRAINING PROGRAM

DATA WAREHOUSE

HEALTH TIPS

MISSION STATEMENT

The D.C. Pretrial Services Agency (PSA) honors the constitutional presumption of innocence and enhances public safety by formulating recommendations that support the least restrictive and most effective nonfinancial release determinations, and by providing community supervision for defendants that promotes court appearance and public safety and addresses social issues that contribute to crime.

From the Director by Susan W. Shaffer



It has been too long since our last *Advocate*, which is in some ways a reflection of how difficult it is for us all to take a little time away from the millions of things we are doing and reflect on our accomplishments. In every corner of the Agency there is critical work going on, new programs, assignments, ideas, and IT systems, new work groups and a host of pending management instructions, some of which are waiting for PRISM deployment to come and go so that we will have the precious TIME we need to train on new work processes. We are in somewhat of a catch-22, needing to move forward with some hiring, training, and job aides for new, much long awaited operational instructions,

yet aware that as we approach the June 6 launching of PRISM 2.0, that this is an exceedingly demanding time for staff to handle anything other than learning the functionality of a new information system.

The training staff has been working around the clock to prepare for extensive training for most of the Agency in the month of May, and the Court Services team, led by Trudy Van Voorhis, D Tigs, Michelle Consuegra, Mike Kainu, and Janeth Munoz, has been working tirelessly with Training and IT to make this transition as smooth as possible. We all know that leaving ABA DABA, a legacy system we have relied on for countless years, and moving our over 30-year old criminal history repository and our entire diagnostic/bail report function to

PRISM will be particularly demanding for the Court Services Division. And of course the timing isn't great in light of the always higher summer lockups and current vacancies in the unit that are impossible to fill in the midst of this transition.

Barring unforeseen crises, we must move on schedule, and we will be reaching out to other Divisions to assist Court Services however we can. Overtime will be awarded as necessary to compensate staff for extra hours that will have to be put in. Another supervisor will be added to Diagnostic. We will look at other ways to cut down on any requirements that are not essential for the Court Services staff to undertake. We will inform the Court of this mammoth undertaking so that judges and court staff are also aware of the

Continued on page 2...

impending changes in the format of our bail report and of the glitches we may encounter during the first weeks of deployment.

There is a list of fixes and improvements to PRISM that observant and thoughtful staff have identified that have not yet been able to be addressed, either because of limited resources or because of having to “freeze” PRISM for testing and training prior to deployment. Once PRISM 2.0 is deployed and stable, IT will turn its attention to the priority “fixes” that staff have identified. Kenny [Kennedy] is keeping a long list! In the meantime, the IT staff is also working with the JUSTIS system to ensure that there will be a vehicle for outside law enforcement agencies to retrieve PSA data as they have done until now through ABA DABA on the MPD mainframe. These agencies also have to be trained on how to access PRISM through JUSTIS, and appropriate security protocols must be in place.

Just to make matters more complicated, the DC Superior Court Criminal Division is moving to a new information system by the end of the summer, so our IT staff is also extremely busy anticipating the changes that will be necessary to retrieve court data. Ultimately, JUSTIS is expected to be the primary vehicle for inter-agency exchange of information, but unexpected delays in the JUSTIS procurement processes have led many of us to question how well this is all going to work. We will keep you posted. But needless to say, if we can stabilize with PRISM 2.0 before this all happens, we will be that much ahead of the game when the Court makes its switch.

In the midst of seeming chaos, we are actually doing a lot of planning and painstaking work to try to move us from a reactive to a proactive position on many emerging issues. Cliff [Keenan] can compete with Janice [Bergin] in the hours he packs into a workday, and I am so pleased to see the progress he has made on so many fronts with the strong support of managers, supervisors and line staff. His “brown bag” lunches should not be missed!

In the meantime, the budget process has moved forward. Our FY 06 budget request is on Capitol Hill, and we are already discussing FY 07. We are likely to again raise our concerns about inadequate staffing numbers, though we are not overly optimistic that in this era of enhanced concern about national security that we will receive major programmatic increases. It is lucky that we have a good reputation as an agency for doing a lot with a little, since despite our good fortune in some respects, I know you could use more support than I am able to give you. Yet I continue to hear rave reviews from the court and from other agencies about the high quality of your work, and I take my hat off to you for doing it so well under sometimes very trying circumstances. It makes me very proud to be affiliated with PSA.

Memorandum

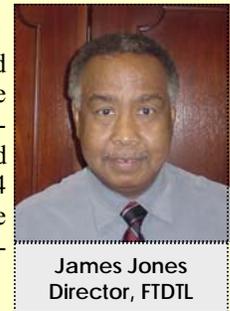
TO: PSA Entire Staff

FROM: Janice C. Bergin
Deputy Director, PSA

SUBJECT: Forensic Toxicology Drug Testing Laboratory

Section 353 of the Public Health Services Act (42 USC § 263a) and revised by the Clinical Laboratory Improvement Amendments (CLIA) requires that laboratories performing analysis on human specimens receive certification on an annual basis to maintain operations at an approved level. **We are proud to announce that the Forensic Toxicology Drug Testing Laboratory (FTDTL) has once again received their Certificate of Compliance.**

The nature of the work performed by the FTDTL demands that any certification process be rigorous and stringent. The FTDTL has fulfilled the standards set forth by CLIA, all the while processing "off the charts" numbers of drug samples, providing testimony, preparing litigation packages, responding to individual CSO and PSO questions and concerns and handling an array of other services for CSOSA, PSA and our stakeholders. The staff is to be commended for the dedication and arduous work they perform 24 hours a day, 5 days per week, even on Saturdays and holidays. Recognition also goes to staff at all the CSOSA and PSA collection sites, who are at the front end of the drug testing chain of custody. Their attentiveness and precision is vital to the FTDTL's accomplishments. Congratulations and thank you all!



James Jones
Director, FTDTL



Cliff Keenan
Operations Director

Hello again, PSA. They say time goes by quickly when you're having a good time – I must be having a GREAT time because I find it hard to believe I've passed my six-month mark here at Pretrial. While I've learned a lot (such as navigating through PRISM and keeping my "A Number of Things" e-mails to a more "reasonable" number) and have met many of you, I know there's still so much more for me to absorb and many of you to meet. I will be attending more staff meetings and am also scheduling time to work in the various units to get a better understanding of how the different parts make up the whole of PSA. This is very important for me because I feel that a big part of my job is to make sure that we're all working together as effectively as possible in order to deliver the very best product we can in the services we provide to the community, the court, and the defendants with whom we work.

Developing this kind of cohesiveness depends so much upon open communication that is meaningful, regular, and productive. Susie [Shaffer] does a tremendous job in fostering such open communication between management and staff throughout PSA, from the monthly Director's Staff Communications Advisory Committee meetings to the *Advocate* to stopping by and chatting with folks. I hope to do likewise through talking with you, e-mail (remembering to keep it brief!), the brown bag lunch series, providing whatever other training I can that would be of assistance, and mostly through listening. I encourage you to always be thinking about ways we can or could be doing our work better, better for us, for our defendants, the court, as well as the community. Share those ideas with your colleagues and supervisors and management – communicate in any way you think appropriate because you are part of the team, too. And always please remember, we don't make widgets or gadgets, we deal with some of the most crucial issues around, community safety and people's lives. It's hard to find more important work anywhere and we do it so very well. Thank you for doing so.

A couple of reminders – PRISM 2.0 is coming and will require a lot from all of us. Our schedules will be tight in May in order to accommodate all of the training that will need to be given and we may be asking for assistance in staffing Diagnostic during the transition period. Also, a number of very important Management Instructions will be distributed over the next few weeks. While not drastically changing our current business practices, there will be some additional training and job aids that will go along with their implementation. Stay tuned – more details will follow.

P.S. – Yes, the grandson is doing great – thanks for asking! Pictures are always available!

PRISM 2

The time has finally arrived when everyone will be introduced to the new PRISM 2 computer system. PRISM 1 and 2 will become one, and ABA DABA must retire - most of its current users could not recite you a few bars from the song that acronym came from (*Aba Daba Honeymoon* - think Debbie Reynolds - the original Princess Leia's Mom).

Anyone who has been in a PRISM meeting with me lately knows I repeatedly use the line "Sorry - that ship has sailed"... Ships are usually referred to as females and indeed I believe PRISM 2 is a female. Just when you think you have figured her out - she changes. Like a homely woman, she looks intimidating at first but as you get to know her better you begin to love her.

It has been interesting to be at the Agency long enough to witness the early years of ABA DABA, its development and how it is so relied upon in the criminal justice system. Having been a part of PRISM 2's inception, I am sure that this system will carry on the high reputation of its ABA DABA predecessor. I am sure that Marcello [Macherelli] may be a bit weepy having to say goodbye to ABADABA after all their years together.

This PRISM project has been working for years - blending many requirements that go into planning, constructing, implementing, training and deploying such a system. Many have been involved and dedicated many hours (and brain cells) to the project. I would like to extend my personal thanks for their efforts and patience in dealing with me throughout the process. I have learned so much, especially about IT terminology. Did you know that the original point and click interface was a Smith and Wesson...?

So while in training, keep an open mind and think of the ways the system can benefit you in your work. Many Agency procedures and processes are being altered - not just through PRISM 2, but with the introduction of numerous management instructions. While change may be complicated, it is necessary. As Franklin D. Roosevelt once said, "To reach a port, we must sail - sail, not tie at anchor - sail, not drift." And like I say, now that PRISM 2 is here "that ship has sailed..."

Trudy Van Voorhis
PRISM 2 Project Manager for Operations

Introducing PSA's Newest Staff Consultant: ASAM

by Terrence D. Walton, Branch Manager

Community Justice Resources Branch



Picture this. A 24-year-old female defendant reports to the PSA Social Services and Assessment Center (SSAC) for a court ordered substance abuse assessment. Let's call this hypothetical defendant Courtney. Courtney reports a 5-year history of sporadic cocaine use—having smoked cocaine approximately 12 of the last 30 days. Despite her concerted efforts, she has been unable to last more than two weeks without smoking crack in the last two to three years. While she views crack cocaine as her primary substance problem, she also acknowledges drinking daily and smoking marijuana occasionally. Because of her recent possession charge and a desire to regain custody of her children, she is very interested in getting treatment to help her stop smoking cocaine. Courtney doesn't believe that she needs treatment for either her alcohol or marijuana use and believes that if she is able to leave the cocaine alone she'll be able to handle these other substances. She has no previous treatment. She has recently broken up with her drug using, live-in boyfriend and is now living with her mother. Her mother does not allow any alcohol or drug use in or around her home and insisted that Courtney promise to "get help for her drug problem" before agreeing to allow her to move in. Courtney reports no serious emotional or psychiatric problems, but admits to feeling really tired and depressed after a 3 or 4 day crack binge. She also reports having cried for days when she lost custody of her children. She reports being in good health, but complains of occasional shortness of breath and tightness in her chest. She has not had a complete physical since her last pregnancy four years ago.

Now that you've got the picture, what kind of treatment would you recommend for Courtney? While this is a purely hypothetical case, there is nothing unusual about its contents. Pretrial Services Officers at the SSAC meet and are expected to recommend treatment for such clients every day. (In fact, SSAC staff might argue that Courtney's issues are simple compared to many others that they see.) To help them make these critical recommendations, SSAC staff members utilize an exhaustive set of criteria established by the American Society of Addiction Medicine (ASAM). These criteria are contained in a nearly 400-page book known as the *ASAM Patient Placement Criteria for the Treatment of Substance-Related Disorders* (ASAM PPC-2R).

The ASAM PPC-2R directs the assessor to rate severity in six major life areas to determine the most effective treatment. These six areas, called dimensions, are as follows: (1) **Acute Intoxication and/or withdrawal potential**, (2) **Biomedical conditions and complications**, (3) **Emotional, behavior, or cognitive conditions and complications**, (4) **Readiness to change**, (5) **Relapse, continued use, or continued problem potential**, and (6) **Recovery/living environment**. The assessor is tasked to rate the severity in each of the dimensions individually and then to consider how the various dimensions impact on each other.

Here is how the assessor might apply the ASAM PPC-2R criteria to Courtney. Courtney didn't appear to be dangerously under the influence of any substance during the assessment and abstaining from chronic marijuana and cocaine use doesn't usually cause dangerous withdrawal symptoms. Alcoholics, on the other hand, can become dangerously ill if they stopped drinking alcohol too suddenly. However, Courtney reported no withdrawal symptoms when abstaining from alcohol. Therefore, after considering all of these factors, the assessor concludes that Courtney's **Acute Intoxication and/or Withdrawal Potential** severity is "low". She wasn't currently overdosing and is unlikely to enter withdrawal if she stops using. There is no need to recommend her for a detoxification program or rush her to the hospital.

Courtney didn't report any serious biomedical conditions—like pregnancy, HIV, heart disease, etc. However, she did complain of occasional chest pains and shortness of breath. She also hasn't had a physical in several years. The assessor considers her **Biomedical Conditions and Complications** severity to be "medium". She has no apparent severe medical needs, but her medical complaints could be related to her drug use. Although she reported no serious emotional problems, she described depression following crack cocaine binges and crying spells after losing custody of her children. However, the assessor understands that depression is a common feature of the "crash" that comes after a cocaine binge and knows that being sad after losing custody of a child is normal. If the assessor were in

Continued on page 6

doubt, then he or she would contact the PSA Specialized Supervision Unit to assess the defendant's mental and emotional status. The assessor concludes that the defendant's *Emotional, Behavioral, or Cognitive Conditions and Complications* severity is "low".

What about her *Readiness to Change*? Here the situation is mixed. She does have some motivation to get clean—getting her kids back, wanting to get off of crack, pressure from her mother, and concern over her criminal charge. All of these factors would suggest a low severity in this dimension. (When the severity is low in this dimension, then that means the person is really ready to change.) However, she doesn't want to stop using marijuana or alcohol and believes that if she stops smoking crack she can continue the other substances without it causing problems for her. This ambivalence causes the assessor to rate her severity in this dimension as "medium".

The assessor concludes that her severity in the *Relapse, Continued Use, or Continued Problem Potential* dimension is "high". The assessor knows that once a person has started regularly using crack, (s)he is likely to continue using it. The assessor considers that Courtney reports repeated unsuccessful attempts to stop using crack and has smoked for five years. And, the assessor remembers her stating that she has not been able to go more than two weeks without smoking in the past two to three years. The assessor notes that Courtney uses multiple substances. Finally, the assessor notices her multiple positive and missed drug tests in PRISM. All of this suggests that without some form of treatment Courtney will be getting high again within two weeks.

It is already clear to the assessor that this defendant is going to need treatment. But what kind of treatment does she need—outpatient, intensive outpatient, or residential? Because the first five dimensions produced high severity in only one area—quite a bit is riding on the severity in the final dimension—*Recovery/Living Environment*. Is her living environment "supportive of" or "toxic to" her recovery? The assessor is relieved that Courtney is no longer living with another active user. The assessor is impressed that her mother strongly supports her daughter's abstinence and has made getting into treatment a prerequisite for Courtney moving in. The assessor also knows that the defendant is now being supervised by the court and will be placed on a sanction contract. All of these facts lower the severity in this area. The assessor finally concludes that Courtney's severity in this dimension is "low". The assessor determines that the defendant has a living environment that is supportive of her getting and staying clean.

The assessor is now able to conclude that due to the high severity in "Relapse/Continued Use Potential" and the moderate concerns in some other dimensions, something more intensive than just outpatient is required. Courtney needs at least an intensive outpatient program and maybe more. If her recovery/living environment had been determined to be "toxic" to her getting clean, then she would likely have been recommended for some form of residential treatment. However, because her environment is "supportive", the assessor recommends that the defendant be placed in Intensive Outpatient Treatment.

And so that story goes. This is the process that SSAC staff members use to make treatment recommendations each day. To support their ongoing expertise in making ASAM-based recommendations, each staff person attended a 4-day intensive training seminar in 2003 and a 1-day follow-up training with one of the authors of the ASAM PPC-2R late last year. Each SSAC staff member has his or her own copy of the ASAM PPC-2R and uses it regularly to make these difficult calls. They also participate in quarterly ASAM-related in-services to further hone their skills. CSOSA's assessment teams are equally committed to making ASAM-based treatment recommendations and have also begun the training process. At last, the addiction treatment community has produced an objective, evidence-based protocol for determining treatment need and PSA and CSOSA are taking full advantage of this long-awaited and exciting technology.



I give myself fully to that which is nearest ...



by Trudy Ann Mitchell-Gilkey
Treatment Coordinator

Three weeks ago, eight of my friends agreed to hike with me along the Appalachian Trail, ten miles in and ten miles back. The rain threatened that morning but held back its vengeance. And so, we set off. I, of course, had everything I thought I needed in tow: compass, first aid kit, a 3-liter reservoir of water, extra food, flashlight, flares, transistor radio, extra batteries, and yes, matches. Everything. At baseline, we gathered small stones, stacked them high, and made an offering of compassion to travelers having gone before us, and drank in the sweet elixir of silence. And we were off again. After a steep, bone-wearying ascent, we reached a lovely plateau overlooking Bear's Den and decided to rest. There were grapes, hummus, avocado dip, and cous cous to enjoy! But it was getting late, and we needed to be getting back. After we'd eaten and recovered a modicum of our strength, we gathered our gear without lingering and headed back. The group thinned slowly after a while, and pretty soon I could see no one in front of me (they were clearly better hikers) and no one behind (clearly worse). Without thinking, I panicked. The body knows things it's never been taught. Like fear. After all, we'd just seen, ahem, BEAR'S DEN! Maybe I should have brought my cell phone along, I thought. Maybe that's how they'd determine at what point I was dragged off the trail to be torn limb from limb. What if I break my ankle, fall and smash my face against a rock? I should hurry up, it's getting dark. What if I can't see the white markings in the darkness. No, I should slow down, because if not, I won't have the energy to make it back at all. All these thoughts flooded my mind, locking up on me like brakes on ice. At last, I found a rock very nearby and sat. I needed the rest and what's ten minutes anyway, really? And that's when it happened. Suddenly, and from out of nowhere, it occurred to me. "Trudy, you're missing the whole point of the hike in worrying about the way in which you'll finish." I kept sitting there, lonely and somewhat frightened, letting that thought surround me like the woods. The darkness was descending, no voices marked the trail ahead. It was as if the world was standing perfectly still, watching me with curious, widening eyes. I saw my life like a great ship, passing by me in the distance. It was a ship within my reach, so I climbed aboard and let it take me, one step at a time, past aged rocks, timeless brooks, the earth partly in gestation, partly giving forth, and it was transformative. "I give myself fully to that which is nearest," I whispered, putting one foot in front of the other, without hurry, without fear. And wouldn't you know it? In less time than seemed possible, I arrived at the very same plateau where I'd set my own sacred stone. It took a while before the other four behind me arrived, but how long is a while when you're not measuring time, really? When time passes through you rather than beside? We took down our stone statue and placed them back where they were, leaving in the same sacred silence in which we'd come. I had everything I thought I needed in tow. Except faith.

Substance Abuse Treatment Training Program (SATTP) Third Year Report



by Dan Taylor

Policy and Program Development Manager

By now, many of you are aware that the SATTP has been (officially) up and running for the past three years. In fact, the next class participant completion ceremony is scheduled for April 27, 2005. While the SATTP remains an excellent opportunity for staff to learn more about substance abuse and pursue certification, the program has gone through several changes since its inception. In particular, there's been considerably more participation from staff at CSOSA. Based on "lessons learned," and valuable feedback from many PSA and CSOSA staff, the SATTP committee has decided to make a few changes for the next SATTP training cycle:

- The course offerings will be "ala carte" for the next cycle, meaning that the courses will be offered throughout the year, and PSA/CSOSA staff will sign up for individual classes vs. the whole program. This decision was due primarily to the fact that PSA has considerably slowed hiring of new staff, as well as the need to be more flexible in the amount of time participants are away from their primary job responsibilities.
- Some courses such as ethics, rules and regulations, and HIV/AIDS will be offered more than once to allow more opportunity for those already holding substance abuse certifications to earn continuing education hours.

Additionally, there are some exciting opportunities in substance abuse certification. The D.C. Certification Board for Professional Alcohol and Drug Counselors has recently been approved to offer the new "reciprocal" Certified Criminal Justice (Addictions) Professional credential, as well as the Advanced Alcohol and Drug Counselor credential. As such, the Board is opening a "grandfathering" period for both credentials, meaning that those who meet the requirements may apply for those certifications without having to take the written examination. The deadline is May 27, 2005 – for more information, please contact the SATTP chairperson, Charles Windley, at 202-220-5516.

One other project that the SATTP committee will be undertaking in the near future, is looking into expanding substance abuse-specific, on-going clinical supervision for PSA's substance abuse case managers. Given the skills and competencies that are required to provide substance abuse treatment services, as well as the inherent "burn-out" factor involved, there is a strong need to provide this vital support for our substance abuse PSOs. Finally, I'd like to commend the Training and Career Development staff for their tremendous support in making this program such a success!

If you have any questions, comments or suggestions for the committee, please feel free to contact any of the committee members listed below.

SATTP Committee

Charles Windley, Chair

Janice Bergin

Linda Buckmon

Staci Burrough

Laura DeVol

Rufus Felder

Renee Madden

Trudy mitchell-gilkey

Norma Scott

Dan Taylor

Terrence Walton

Data Warehouse



by Mike Vaughn, Program Analyst
Strategic Planning, Analysis and Evaluation

Do you find collecting manual data for performance measures tedious? If so, I have great news! Since March 2004, Strategic Planning, Analysis and Evaluation (SPA&E), Operations and the Information Technology (IT) staff have been working diligently on the data warehouse. The work we are doing will allow SPA&E to extract, aggregate and present data from PRISM in an automated, precise and consistent manner. Once completed, the data warehouse will relieve much of the burden of manual data collection. As a result, you will have more time to supervise/manage defendants.

It is difficult to convey the amount of effort that is being put into this project, but due to the knowledge and tireless efforts of PSA's IT staff (Ken Chen, Ashton Khuu, Ron Hickey and Dennis Caravantes), Operations (Spurgeon Kennedy, Brenda Greene, Michelle Amos, Terrence Walton, Miranda Boozer, Alton Byrd, Trudy Van Voorhis, Demond Tigs and Michelle Consuegra), and Training and Career Development (Scott Hopkins), this project will soon be a success. In less than a year, the team has already developed six modules relating to PSA's performance measures. The following modules up and running are:

- Rearrest
- Failure to appear
- Close-out compliance with release conditions
- Referrals for substance abuse assessment, assessments completed and treatment placements
- Referrals for mental health assessment, assessments completed and mental health placements
- Referrals made for education and employment and appointments made for education and employment

Over the next six months, SPA&E and IT will be validating the information in modules four, five, and six (in other words, making sure the data is correct). We hope to eliminate manual data collection in these areas by the end of FY 2005. The next phase of development will focus on diagnostic and court services modules. Construction of the sanctions and incentives modules will soon follow.

We believe this will be an exciting year for PSA in terms of data collection. SPA&E would like to give kudos to you for your hard work and attention to detail in collecting the manual data for PSA's performance measures. For those who are unaware, collecting manual data is very labor intensive and is prone to errors for various reasons. With an automated system, the reliability factor for gathering accurate information about the defendants we serve will be substantially higher. However, for SPA&E to accurately extract information from the data warehouse, it is imperative that you enter information into PRISM about defendants in accordance with established procedures.

10 Essential Health Tips (The Basics to Practice Every Day)

Submitted by Romeyn Rowlson, Human Resources Unit
Reprint: Health & Fitness Tips Copyright © 2002 Vitacost.com, Inc.

"He who has health has hope, and he who has hope has everything." -*Arabian Proverb*



Romeyn Rowlson

1. Move More

Make it a daily challenge to find ways to move your body. Climb stairs if given a choice between that and escalators or elevators. Walk your dog; chase your kids; toss balls with friends; mow the lawn. Anything that moves your limbs is not only a fitness tool, it's a stress buster. Think 'move' in small increments of time. It doesn't have to be an hour in the gym or a 45-minute aerobic dance class or tai chi or kickboxing. But that's great when you're up to it. Meanwhile, move more. Thought for the day: Cha, Cha, Cha.... Then do it!

2. Cut Fat

Avoid the obvious such as fried foods, burgers and other fatty meats (i.e., pork, bacon, ham, salami, ribs and sausage). Dairy products such as cheese, cottage cheese, milk and cream should be eaten in low fat versions. Nuts and sandwich meats, mayonnaise, margarine, butter and sauces should be eaten in limited amounts. Most are available in lower fat versions such as substitute butter, fat free cheeses and mayonnaise. Thought for the day: Lean, mean, fat-burning machine.... Then be one!

3. Quit Smoking

The jury is definitely in on this verdict. Ever since 1960 when the Surgeon General announced that smoking was harmful to your health, Americans have been reducing their use of tobacco products that kill. Just recently, we've seen a surge in smoking in adolescents and teens. Could it be the Hollywood influence? It seems the stars in every movie of late smoke cigarettes. Beware. Warn your children of the false romance or 'tough guy' stance of Hollywood smokers. Thought for the day: Give up just one cigarette.... the next one.

4. Reduce Stress

Easier said than done, stress busters come in many forms. Some techniques recommended by experts are to think positive thoughts. Spend 30 minutes a day doing something you like. (i.e., soak in a hot tub; walk on the beach or in a park; read a good book; visit a friend; play with your dog; listen to soothing music; watch a funny movie. Get a massage, a facial or a haircut. Meditate. Count to ten before losing your temper or getting aggravated. Avoid difficult people when possible. Thought for the day: When seeing red, think pink clouds....then float on them.

5. Protect Yourself from Pollution

If you can't live in a smog-free environment, at least avoid smoke-filled rooms, high traffic areas, breathing in highway fumes and exercising near busy thoroughfares. Exercise outside when the smog rating is low. Exercise indoors in air conditioning when air quality is good. Plant lots of shrubbery in your yard. It's a good pollution and dirt from the street deterrent. Thought for the day: 'Smoke gets in your eyes'...and your mouth, and your nose and your lungs as do pollutants....hum the tune daily.

6. Wear Your Seat Belt

Statistics show that seat belts add to longevity and help alleviate potential injuries in car crashes. Thought for the day: Buckle down and buckle up.

7. Floss Your Teeth

Recent studies make a direct connection between longevity and teeth flossing. Nobody knows exactly why. Perhaps it's because people who floss tend to be more health conscious than people who don't? Thought for the day: Floss and be your body's boss.

8. Avoid Excessive Drinking

While recent studies show a glass of wine or one drink a day (two for men) can help protect against heart disease, more than that can cause other health problems such as liver and kidney disease and cancer. Thought for the day: A jug of wine should last a long time.

9. Keep a Positive Mental Outlook

There's a definitive connection between living well and healthfully and having a cheerful outlook on life. Thought for the day: You can't be unhappy when you're smiling or singing.

10. Choose Your Parents Well

The link between genetics and health is a powerful one. But just because one or both of your parents died young in ill health doesn't mean you cannot counteract the genetic pool handed you. Thought for the day: Follow these basic tips for healthy living and you can better control your own destiny.

I hope that this information has been informative and proactive. If I can answer any of your questions, please call me on 220-5678 or send me an e-mail. Thanks ...

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