Training & Continuing Education Bulletin

Orange County Health Care Agency Behavioral Health Services

June 2008

Upcoming Trainings

July

Immersion Training

Vietnamese Spiritual Values

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CONSUMED!

Your Culture and Mine

MHSA Training Website

BHS Training Website:
http://www.ochealthinfo.com/Behavioral/TrainingActivities

To register for all trainings please email to mtrainingprogram@ochca.com

If you have any questions or concerns, please call (714) 667-5600.

Less Is More

May our hearts be opened to love more and hate less
May people trust more to doubt less
May our worlds connect more and isolate less
May we seek to understand more and judge less
May our minds reflect more, and our instincts react less
May our ears listen with kindness more, and our angry cruel lips utter less
May our work be intended to give more and obstruct less
May things of this world be shared more and taken less
May every breath be taken with more compassion and humility,
May life be lived with more humanity and less self destruction

Minh-Ha Pham, Psy.D.

The County of Orange Health Care Agency is an approved provider of continuing education credits for the California Board of Behavioral Sciences (provider no. PCE389). Provider approved by the California Board of Registered Nursing, Provider No. CEP 15019 for 3 contacts hours, and is approved by the American Psychological Association to sponsor continuing education for psychologists. The Orange County Health Care Agency maintains responsibility for this program and its content.

Exploring LGBT Issues within Childhood

Presenter: Nikki Yocham
Date and Time: June 2, 2008 9:00 a.m. – 12:00 p.m. or 1:00 p.m. – 4:00 p.m.
June 6, 2008 9:00 a.m. – 12:00 p.m. or 1:00 p.m. – 4:00 p.m.
Location: 405 W. 5th Street Suite 433A, Santa Ana, CA 92701

- Gender and orientation issues/early identity and declaration
- Cultural and social issues/family issues
- Children with LGBT families/parents/relatives
- Answering questions for children and adults/education/resources/support
- Questions that have no answers, but present individuals with many feelings-moving towards acceptance

3 continuing education credits are available for Psychologists, LCSWs, MFTs, and RNs.

Taming the Beast of Paperwork: Getting Quality Notes Done On Time

Presenter: Tim Colvin, MFT & Jeannie Colvin, MFT
Date and Time: June 3, 2008 9:00 a.m. – 12:00 p.m.
Location: 405 W. 5th Street Suite 433, Santa Ana, CA 92701

Description:
With paperwork consuming more and more time during our work with clients, this interactive training will break down barriers to paperwork and offer tips for completing paperwork on time with less stress.

Learning Objectives
At the end of the training session, the participants will be able to:

1) Identify barriers to completing paperwork on time
2) Explain normalizing frustrations
3) Identify Top 5 paperwork myths
4) List time management tips for therapists
5) Demonstrate time-tested note-writing strategies

3 continuing education credits are available for Psychologists, LCSWs, MFTs, and RNs.

Involuntary Hospitalization (5585)

Presenter: Manny Robles, LCSW, Diane McDowell, Ph.D., OC HCA
Date and Time: June 3, 2008 9:00 a.m. – 12:00 p.m.
Location: CYS South Region 21632 Wesley Drive, Laguna Beach, CA 92651

This is a mandatory workshop for all CYS county staff who have recently become certified to hospitalize patients without their consent or who will become certified in the next 3 months. The workshop will cover 5585 laws, the latest CYS policies, and clinical procedures for determining that a client is dangerous to themselves or to others.

Course objectives:

1. To be able to describe the clinical situations in which a person should be hospitalized against his or her will
2. To be able to describe the laws relating to involuntary hospitalization
3. To be able to identify the forms and procedures for carrying out an involuntary hospitalization

3 continuing education credits are available for Psychologists, LCSWs, MFTs, and RNs.

Basic Cultural Competency: Lesbian, Gay, Bisexual, Transgender

Presenter: Christine Browning, Ph.D.
Date and Time: June 4, 11 & 18, 2008 1:00 p.m. - 4:00 p.m.
Location: 405 W. 5th Street Suite 433A, Santa Ana, CA 92701

This MHSA Plan Approved training entitled Basic Cultural Competency: Lesbian, Gay, Bisexual, Transgender is targeted toward direct providers and supervisors of a clinical nature in Behavioral Health Services (BHS), including contract agencies and new CCS/FSP contractors. This curriculum was developed especially for direct providers and clinical supervisors in the community mental health field and is intended to assist in understanding of the culture. This is a 3-hour training.

Objectives:

1. Provide knowledge about the lives of LGBT in order to create a safe environment for LGBT clients, their families, and OCHCA employees
2. Learn basic information about LGBT people and societal influences
3. Learn to become an ally to the LGBT community

This is a reminder that the above training is **mandatory** for all BHS staff, both county and contract agency. **If you have already taken this training please disregard.**

3 continuing education credits are available for Psychologists, LCSWs, MFTs, and RNs.

BHS MHSA Training Team

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Non-Violent Crisis Intervention

Presenter: Michael Parra, Ph.D.
Date and Time: June 5 & 19, 2008 9:00 a.m. – 4:00 p.m.
Location: 600 W. Santa Ana Blvd., Suite 525, Santa Ana, CA 92701

Limited to 12 attendees, please dress casually, as you will be doing physical exercises.

Children and Youth Services is re-instituting **mandatory** Non-Violent Crisis Intervention Training. This training is **only mandatory for HCA CYS** clinical and support staff who work in County CYS clinical programs and who have not taken this training within the last 12 months. The training does not apply to other staff, such as contract agency staff or central administrative staff at this time.

Trainings will occur over the next year. The Training teaches you how to de-fuse potentially violent confrontations, how to de-escalate confrontations, and methods for handling physical confrontations, if necessary.

6 Continuing Education Credits are available for LCSWs and MFTs.

Co-Occurring Disorders & API Populations

Presenter: Tim Fong, MD
Date and Time: June 6, 2008 1:00 p.m. – 4:00 p.m. or
June 30, 2008 9:00 a.m. – 12:00 p.m.
Location: 600 W. Santa Ana Blvd., Suite 525, Santa Ana, CA 92701

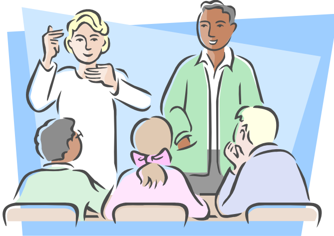
This workshop highlights the effects of co-occurring disorders on the general Asian Pacific Islander population. Specifically, the training will address substance abuse, sexual addiction, internet addiction and gambling. API populations often view such co-occurring disorders as gambling as normal cultural practices. However the striking increase in psychiatric related incidents of suicidal ideation/attempt, major depressive disorders, not to mention socioeconomic issues caused by gambling make this training very timely. This training will also focus on the cultural particulars of various API populations, specifically Vietnamese in Orange County.

Learning Objectives
At the end of the training session, the participants will be able to describe:

1. Risk factors for API with co-occurring disorders
2. Cultural factors that impede treatment and escalate the disorder/s
3. The role gambling plays in many API cultures
4. Treatment options for co-occurring disorders in API, which include traditional therapy and pharmacological therapies.

Presenter's Bio: Timothy Fong, MD is the Assistant Clinical Professor at the Semel Institute of Neuroscience and Behavior at the UCLA David Geffen School of Medicine, the Director of the Impulse Control Disorders Clinic, Director of the Addiction Medicine Clinic and co-Director of the UCLA Gambling Studies program. Dr. Fong has written numerous studies on the area of co-occurring disorders and serves as a Reviewer for the Journal of Gambling Studies, Journal of Addiction Medicine, among others.

3 continuing education credits are available for Psychologists, LCSWs, MFTs, and RNs.



Meeting the Mental Health Needs of the Deaf and Hard of Hearing

Presenter: Barry Critchfield

Date and Time: June 9, 2008 9:00 a.m. - 12:00 p.m. or 1:00 p.m. – 4:00 p.m.
Location: **744 N. Eckhoff, Orange CA (Auditorium)**

Date and Time: June 10, 2008 9:00 a.m. – 12:00 p.m. or 1:00 p.m. – 4:00 p.m.
Location: **600 W. Santa Ana Blvd., Suite 525, Santa Ana, CA 92701**

This workshop will focus on addressing the needs of people who are deaf and hard of hearing who have mental health issues. Training is also focused on identifying specific issues confronted by this population and useful interventions. A culturally sensitive approach in working with this population, as well as clinical considerations, will also be covered.

Learning Objectives
At the end of the training session, the participants will be able to describe:

1. Barriers to treatment and unique issues that people who are deaf and hard of hearing confront.
2. Effective interventions in working with people who are deaf and hard of hearing
3. Clinical considerations that are culturally sensitive

3 continuing education credits are available for Psychologists, LCSWs, MFTs, and RNs.

Parent-Child Interaction Therapy (PCIT)

Presenters: Lori Pack, LCSW; Mary Pratt, LCSW; Derek Carroll, MFTI; Jennifer Depry, Psy.D.; Child Guidance Center, Inc.
Date and Time: June 17, 2008 9:00 a.m. – 12:00 a.m.
Location: 405 W. 5th Street Suite 433, Santa Ana, CA 92701

A how-to presentation of the evidence-based, innovative PCIT treatment model. Participants will learn how a therapist/coach assesses and treats child abuse, relationship difficulties and behavior problems by simultaneously seeing the child (ages 2 – 8) and caregiver/parent together using a one-way mirror and wireless earphone. Case examples and video footage demonstrate PCIT principles, techniques, therapeutic process, and progress. Child Guidance Center's PCIT demographic/outcome measurements will also be reviewed.

Participants will be able to:
1. Describe the basic principles of PCIT
2. Describe the basic techniques of PCIT
3. Describe the evidence base for the effectiveness of PCIT

Child Guidance Center, Inc., trained by/in partnership with UC Davis CAARE Center, has seen over 300 Orange County families for PCIT since its program began in 2004.

Lori Pack, LCSW, is Clinical Director for The Child Abuse Prevention and Treatment Programs at Child Guidance Center, Inc. (CGC)

Mary Pratt, LCSW and Derek Carroll, MFTI are PCIT therapists at CGC and train therapists in the PCIT model.

Jennifer Depry, PsyD., completed her dissertation in PCIT. She is a registered psychologist and PCIT trainee at CGC's Fullerton location.

3 continuing education credits are available for Psychologists, LCSWs, MFTs, and RNs.

How to Help Others without Hurting Yourself: Therapist Self-Care

Presenter: Tim Colvin, MFT & Jeannie Colvin, MFT
Date and Time: June 18, 2008, 9:00 a.m. – 12:00 p.m.
Location: 600 W. Santa Ana Blvd., Suite 525, Santa Ana, CA 92701

Description:
"Therapist Self-Care" will bring new passion to your work with clients. Tips and strategies for keeping yourself healthy and re-energizing your emotional and physical well being as you work with difficult clients.

Learning Objectives
At the end of the training session, the participants will be able to:
1) Explain client-induced stressors
2) Identify work-environment methods to maintain self care
3) Explain self-induced stressors

3 continuing education credits are available for Psychologists, LCSWs, MFTs, and RNs.

QRTIPS

This section provides monthly critical reminders in relation to CYS documentation standards.

1. **Annual Update Paperwork** – Part of the annual update paperwork is to complete a full Mental Status Evaluation (MSE). It is not enough to complete the section on the annual update under MSE; the provider must complete a full MSE form.

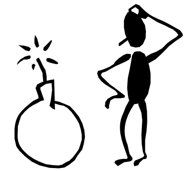
2. **Client Service Plan (CSP)** – There must be a baseline to the Symptoms or problems addressed in the CSP. The baseline must be in the first column or the second column (milestones) of the CSP. **Reminder: NO PERCENTAGES ON THE CSP**

3. **Crisis Intervention** - A service, lasting less than 24 hours, to or on behalf of a beneficiary for a condition that requires more timely response than a regularly scheduled visit. Service activities include but are not limited to one or more of the following: assessment, collateral and therapy. Crisis intervention is distinguished from crisis stabilization by being delivered by providers who do not meet the crisis stabilization contact, site, and staffing requirements described in Sections 1840.338 and 1840.348. **Special note: you cannot bill MediCal above 480 minutes for crisis intervention for a single day. This includes the total time of several clinicians or even other agencies.**

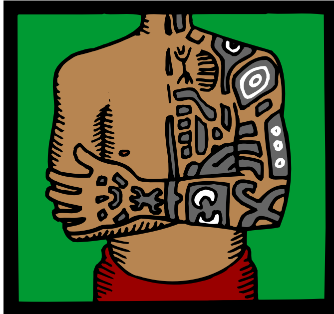
4. **Chart Documentation** – All clinicians/providers must use Version 4.0. All of the forms Version 4.0 can be found in the 2007 APT.

CONSUMED!

By Richard Krzyzanowski, Consumer Employee Advocate



CONFRONTING STIGMA



I recently had the honor of being asked to represent the County by joining the Stigma Elimination Task Force, a coalition of organizations and individuals including mental health professionals, consumers, family members and members of the community at large who are interested in challenging the many prevalent stereotypes and misconceptions about mental illness and how it affects people's lives.

I gladly accepted the opportunity to join in a collaborative effort that has the motto, "Opening Minds About Mental Illness," not only because this is work that resonates with me personally, but because I believe that it dovetails nicely with my Consumer-Employee Advocate job here in Behavioral Health Services.

A large part of my work involves education, which really means engaging our coworkers in conversations that explore the issues surrounding the integration of consumers into the mental health workplace. Some of these conversations can be quite challenging, and most are both productive and enjoyable.

These conversations – ***especially*** the challenging ones – are necessary to acknowledge and begin to address the forms stigma takes within our profession, which I believe can be stiffer and more pernicious than the stigma to be found in the general public. Some of its taproots lead to assumptions formed before the arrival of consumers and family members in the university classrooms and meeting rooms of various professional associations, while others run to the actual work experience mental health professionals have had within their clinics or offices.

"… I encourage my fellow consumer-employees to spread their wings, strut their stuff, and be "walking stigma-busters."

So, unlike the types of stigma generated by popular culture, our professional stereotypes are not necessarily based in ignorance, but in points of view often built upon quite respectable foundations. And so, as a consumer-employee who wants to challenge misinformation, but in a collaborative manner, I strive to engage my colleagues in an exercise of mutual transformation. I say "mutual," since I fully appreciate that I am asking people to rethink some fundamental ideas which may actually have served them well, up to a point, and so need to be sensitive to the fact that I may be asking a lot of them. The other part of this mutuality comes from the fact that I usually learn and grow myself as a result of these conversations, as well.

Hopefully I, too, will be able to put aside some of my own all-too-comfortable misassumptions and stereotypes, as employees who are and are not consumers leave behind these divisive labels and unite in the pride we can all take in the good work we can do: together.

Ultimately, I believe that we could spend a million words trying to make such points, yet nothing will equal the power of example. When people do good work that is recognized by both colleagues and the people we serve, and others can say that, "Oh, by the way, that excellent case manager (or supervisor or psychologist) also happens to be a consumer… ," we will have gone a long way in spreading our message.

So, to the degree I will embrace a "consumer" label, I encourage my fellow consumer-employees to spread their wings, strut their stuff, and be "walking stigma-busters." Only we are truly empowered to teach this particular lesson.

Richard Krzyzanowski is the Consumer Employee Advocate for HCA's Behavioral Health Services. He can be reached at (714) 667-5607, or at rkrzyzanowski@ochca.com. He welcomes your comments and suggestions, and is available to assist all consumer employees, their coworkers and supervisors.

Your Culture and Mine

Clinical Evidence-Based Practice

Minh-Ha Pham, Psy.D., BHS-MHSA Training Department

Treatment models and interventions that incorporate family and culturally diverse perspectives beyond addressing the individuals are those that arise from thoughtful understanding and respect for family systems and contextual dynamics. To be effective in therapy and centered with clients and families is to instill hope and peace in their inner place of emotional vulnerability and desperation, fragmented sense of self and connectedness, and demoralization from mental illness. The therapeutic goal for a sound evidence-based and long-term treatment model is for practitioner, client/consumer, and family to work together in partnership to support recovery.

Family Psychoeducation in particular is an excellent example of such a method, designed to help consumers as well as families develop sophisticated coping skills for handling problems posed by severe mental illness such as Schizophrenia and Bipolar Disorder. The model encourages participation in outpatient programs and understanding symptoms and prescribed medications that affect consumers. Research has shown that relapse rates and re-hospitalization decrease significantly within the first year following hospitalization for consumers whose families participate in Family Psychoeducation programs in comparison to groups who use medication, with or without individual psychotherapy. Several outcome studies of Family Psychoeducation model (1) indicate relapse decreased in frequency by 50% or more. Depending on the consumer's and family's wishes, Psychoeducation can be done in single family or multi-family group format using similar therapeutic components. The multiple-family format however has resulted in better outcomes in the long term, a decrease in families feeling stressed and isolated while providing the psychosocial support that consumers need to extend recovery, re-enter the work force, and develop social skills. Recent studies have also shown employment rate gains of 2 to 4 times baseline levels particularly when combined with supported employment services.

"It is essential that practitioners establish rapport not only with individuals with mental illness but also with their family members in order to accurately assess a family's strengths and difficulties as well as expectations ..."

Why work with the family? It is essential that practitioners establish rapport not only with individuals with mental illness but also with their family members in order to accurately assess a family's strengths and difficulties as well as expectations in order to coordinate all elements of treatment and rehabilitation toward the common goals in a culturally sensitive, collaborative and supportive stance. For many practitioners, this requires a shift in traditional roles of the expert and authority dictating the treatment direction without truly seeing consumers and their family system beyond the conceptuality of pathology. It is most helpful when the practitioner takes the time to clarify to families that their loved one suffers from a bona fide illness, and no family is ever immune from mental illness. This approach often relieves families of their guilt and anxiety so that the entire family system is then able to make major contributions to one another and collectively as a whole toward recovery.

To achieve the best possible outcome, providers will need to also listen to families' needs and treat them as equal partners while providing support and encouragement for family members to foster their loved one's recovery and social engagement. Being flexible in meeting one another's needs, as well as addressing feelings of guilt, shame, loss within the family system, cultural context, and stigma, as well as resolving conflicts among family members, are often essential for families in building problem-solving skills. Multi-family groups also promote coping skills and ongoing social contact when one family is supported by another at the workshop or during ongoing group sessions. One of the key therapeutic factors is universality where multiple families realize that they are not alone with isolated and unique problems. In establishing connections with a broader, supportive social network with others who have similar experiences, consumers and families would often experience accelerated healing.

References:

1. McFarlane, W. R. (Ed.) (2002). Multifamily groups in the treatment of severe psychiatric disorders. New York: Guilford Press.