



Training & Continuing Education Bulletin

Orange County Health Care Agency Behavioral Health Services

February 2007
Volume 1, Issue 1

Reminder:

HCA/BHS employees as well as the clinical staff of the contract agencies who provide services to our clients should be able to log-in to our online trainings. You will have access to a library of 500 online trainings, the majority of which are accredited through: APA, BBS, CAADAC, CADE, BRN and some are accredited for CME through Brown University Medical School.
Website:

www.essentiallearning.net

Name of Company: hca

Company Password: orange

Enter your full name

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If you experience problems logging in or have questions please e-mail:

cysqrtraining@ochca.com
or call Zanetta Nowden-Moloi @ 796-0179

QRTIPS

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

1. Crisis Intervention means 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.

2. Targeted Case Management means services that assist a beneficiary to access needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services. The service activities may include, but are not limited to, communication, coordination, and referral; monitoring service delivery to ensure beneficiary access to service and the service delivery system; monitoring of the beneficiary's progress; placement services; and plan development.

Mental Health in China

Presenter: Shearly Chambless, LCSW

Date and time: February 13, 2007, 1:00 pm – 3:00 pm

Location: 744 N. Eckhoff, Orange, CA

The People's Republic of China was established on October 1, 1949, with Beijing as its capital city. Political power remains centralized in the Chinese Communist Party. With well over 1.3 billion citizens, China has the largest population and is the third largest country in the world in terms of territory. China is currently undergoing rapid, profound economic and social change and development. But how are these changes affecting the Chinese society? Increased mental illness, increased suicide rates, increased depression? How is China responding to these issues?

Shearly Chambless has just returned from a visit to China where she attended lectures and presentations on mental health issues in that country and elsewhere. She will be addressing the questions raised above in this report of the information she received.

Training Objectives include:

- (1) Identify three cultural causes for the increased incidences of suicide in China.
- (2) Review three specific factors, which lead to the social stigma negatively affecting the Chinese community at large.
- (3) Discuss two major prevention and treatment approaches that China is using for mental illness.
- (4) Discuss the reasons that China has prioritized four groups of people who will receive mental health treatment.
- (5) Identify three major societal stressors experienced on mainland China but not in "modern China," which are having a major impact on the mental health of the population.

Target audience: Psychologists, social workers, MFTs and other mental health professionals

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Introduction to the DC: 0-3R

Terri Chandler, MFT Intern; Judy Linnan, Ph.D., Psychoanalyst; Casey Dorman, Ph.D.

Date: Feb 23, 2007 Time: 9:00 am - 12:00 pm

Location: 4999 Casa Loma, Yorba Linda, 92886

This three-hour presentation will provide an overview of the Diagnostic Classification 0-3, Revised and then show how it can be applied to a clinical case. The audience will be taken through the DC: 0-3R manual and then in small groups, use the manual to assess a case. This format has proved effective as a method of teaching the use of this diagnostic classification system that goes beyond DSM-IV both in terms of being applicable to very young children and assessing the relationship between the child and his or her caregivers.

It will be helpful, though not necessary, that attendees purchase the DC: 0-3R manual prior to attending. This manual can be found at Amazon.com or purchased through the organization Zero to Three at <http://www.zerotothree.org/>

Terri Chandler, Judy Linnan, and Casey Dorman are all members of the Orange County Early Childhood Mental Health Collaborative.

Learning objectives:

- 1) Be able to describe the DC: 0-3R and its five diagnostic axes
- 2) Be able to follow a decision-tree method of arriving at a diagnosis for an infant or toddler.

3 continuing education credits are available for psychologists, social workers and MFTs

Location Update: Lesbian, Gay, Transgender/Questioning Training for Support Staff

FYI: This training is Full - this is just a location update.

The Lesbian, Gay, Bisexual, Transgender/Questioning training schedule for Support Staff:

Date: Feb. 7, 2007 9:00 am – 12:00 pm

Date: Feb. 7, 2007 1:00 pm – 4:00 pm

Location: 801 Civic Center Drive West, Santa Ana, CA 92702 – 1st Flr. Board Room B

Important Parking Information:

RCOC building is at 100% capacity and does not have available parking for large trainings. Because of parking space limitations, we strongly urge you to carpool. Nearby parking lots are located 2 blocks west of RCOC on Civic Center Drive at Boyd Way and also a half block east of Civic Center Drive, both on the north and south side of Civic Center. We regret that parking cannot be validated by RCOC at these lots. Please do not park in the Regional Center lot.

Please allow enough time to find parking and walk to the location.

EMANCIPATION EXCELLENCE TRAINING

Please see the attached flyer for info. This training is being offered by OCHCA and several other community agencies. Please note that you must sign up using the attached registration form and do not sign up either online or by emailing the BHS training program.

BHS/MHSA Training Team

Casey Dorman, Ph. D.
Zanetta Nowden-Moloi, S. A.
Anthony Perera, RAIII
Dung Le, MHWIII

For further information

E-mail:
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FAX: 714 568-5781

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Show me the Evidence!

Beware of labeling!

Evidence-based is a much-used term these days. Clinicians and administrators are being urged to demand that the interventions they use in their mental health practices are evidence-based. But how are they to know what is evidence-based and what is not? Most clinicians and mental health administrators find they are either too busy or not equipped to examine the evidence for or against the success of mental health interventions themselves and, instead, rely upon the judgment of journal reviewers, government agencies, professional societies, or sometimes even advertising, to tell them what is evidence-based and what is not. This practice is not without risk. Just as an example, in 1998 the Substance Abuse Mental Health Services Administration (SAMHSA) named six evidence-based practices (EBPs) for which they developed "toolkits" for use in their implementation by providers. But what is the evidence that these practices work? Recent reviews of the evidence-bases for the practices upon which the SAMHSA toolkits are based shows that some have strong evidence bases and some do not. Assertive Community Treatment, Supported Employment and Family Psychoeducation are strongly supported by their evidence base. Illness Management and Recovery can only be rated as "promising" because some components of the program have strong evidence of effectiveness and some do not. Similarly, Medication Management Approaches are based mostly on expert recommendations, rather than evidence that the approach as a whole is effective. Finally, Integrated Dual Diagnosis Treatment programs continue to lack strong evidence that they are effective, though virtually all experts endorse their use. How can this be? The truth is that the SAMHSA EBP toolkits represent the best practices that are available on the basis of what evidence is out there, but in many cases that evidence is not of the scientific quality to warrant the term "evidence-based."

Your Culture and Mine

The mental health client culture

The desire to be culturally competent mandates that we listen and learn from the members of the cultures from which our clients come. We think of these cultures in terms of ethnicity, language, national origin, sexual orientation, etc. and take pains to learn as much as we can about the cultures of our clients, usually by listening to members of those cultures. But does being a mental health client, just in itself, place a person in a special culture? Perhaps it does. Mental health clients share many experiences that are foreign to people who have never been mental health clients. First there is the experience of the illness itself, then the stigmatization that often accompanies being known as someone who has gone through a mental illness. For many clients there is the additional experience of loss of employment, loss of income, sometimes loss of family, receipt of public assistance or disability income and receiving services from the public mental health system. For more and more clients there is also the experience of coming to terms with one's illness, learning to reassert power over one's life, finding new possibilities in employment and social relations and, in short, engaging in the process of recovery. All of these elements of client culture provide a vehicle for sharing among clients and offer a window into experiences that allow clients to help each other. As clinicians we need to learn about and respect client culture as much as we need to learn about other cultures. Our clients can inform us about their culture and, in the same vein as our need to employ people from Latino and Asian and deaf and hard of hearing and gay and lesbian cultures because they may be better able to relate to some of our clients, we need to employ clients themselves in positions where they can reach out and help each other with the support of our mental health system behind them.