

### **Training & Continuing Education Bulletin**

**Orange County Health Care Agency Behavioral Health Services** 

November 2007

### **Upcoming Trainings**

#### **DECEMBER**

### December 17, 2007

A Working Guide to Asian Gangs

Date: TBA

Non-Violent Crisis Intervention

Date: TBA

Clinical Supervision

### **MHSA Training Website**

#### **BHS Training Website:**

http://www.ochealthinfo.com/ Behavioral/TrainingActivities

#### Email:

mtrainingprogram@ochca.com

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### **Notice to Essential Learning Users**

At this time, we have reached our capacity and are unable to add new staff into Essential Learning. We have reached our capacity. In order to register staff that are not currently enrolled in Essential Learning, please email the following information.

- Name of Training
- Staff Name
- License Number
- License Type
- Program Name
- Service Chief or Program Director Name

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), the California Board of Registered Nursing (provider no. CEP5694), 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.

Personal stories
narrated from the client
and family
perspectives



## **Understanding Client Culture:** An Experiential Workshop\*

**Presenter:** Minh-Ha Pham, Psy.D., Cultural Competency **Date and Time:** November 7, 2007 1:00 p.m. – 4:00 p.m. **Location:** 405 W. 5th Street Suite 433A, Santa Ana, CA 92701

Co-Presented By: Theresa Boyd, Chair, OC Mental Health Board; Kymberly Kercher Smith, OC Mental Health Board, MHSA Wellness Planning Committee; Hannah Ngo, Staff Assistant, MHSA Program; Janice DeLoof, OC Mental Health Board, NAMI Parent-to-Parent

This experiential workshop highlights personal stories narrated from the Client (Consumer/Patient) and family system perspectives. Clients' values, beliefs, adjusted lifestyles, and resilience that are molded, in part, by the clients' personal experiences with mental illness, the mental health system, and their own ethnic cultures will be explored.

Learning Objectives: At the end of the training session, the participants will will have an understanding of:

- 1. Clients' worldviews, self concept, and relationship dynamics within their cultural and family systems
- 2. Their resilience and journey of recovery
- 3. The personal challenges they face within the mental health care system as individuals with mental illness or as a care giver or a parent of a family member with mental health issues
- Cultural consideration, sensitive communication and quality of care required in working with individuals and families involved with the mental health acre system

\*This Training meets the State Cultural Competency Mandate requiring BHS Providers of specialty mental health services to be trained in the specifics of client culture.

3 Continuing Education Credits are available for Psychologists, LCSWs, MFTs. Credits for RNs have been applied for.

Clinical and cultural consideration, treatment approach, and the level of sensitivity required in working with Human Trafficking victims

## A Cultural Guide in Working with Human Trafficking Victims

**Presenter:** Minh-Ha Pham, Psy.D., Cultural Competency **Date and Time:** November 13, 2007 9:00 a.m. – 12:00 p.m. **Location:** 405 W. 5th Street Suite 433A, Santa Ana, CA 92701

Co-Presenters for Experiential Training Segment: Dottie Laster, M.A., OC Human Trafficking Task Force Administrator Suzie Dong-Matsuda, LCSW, Pacific Asian Unit Service Chief

This workshop highlights current Human Trafficking issues and focuses on local resources available as well as the process of care once a victim is identified. The training also provides culturally sensitive clinical approach in working with and providing care to post-trauma victims.

Learning Objectives: At the end of the training session, the participants will have an understanding of:

- 1. The cross-cultural issues associated with human trafficking
- 2. Locus of control, self concept, sense of duty and responsibility to the family of victims from connective cultures
- 3. Relationship dynamics of fused family systems
- 4. The challenging immigration and acculturation process as refugees
- 5. Clinical and cultural considerations, treatment approach, and the level of sensitivity as well as quality of care required in working with Human Trafficking victims

<u>3 Continuing Education Credits are available for Psychologists,</u> LCSWs, MFTs. Credits for RNs have been applied for.

The processes of outreach and engagement and offering interventions

# Outreach and Engagement Strategies to Latino Populations and Faith-based Communities

Presenters: Anthony Delgado, MSW

**Date and Time:** November 27, 2007 9:00 a.m. – 1:00 p.m. **Location:** 744 N. Eckhoff, Orange, CA (Auditorium)

Outreach and Engagement Strategies to Latino Populations and Faithbased Communities

Anthony Delgado is a social worker and Service Chief with OCHCA Adult Mental Health Services. His presentation will explore issues of Latino culture, acculturation, political climates, religion, self-concept and identity, barriers to treatment, cultural competence and outreach activities. The processes of outreach and engagement and offering interventions will be explored with particular attention to reaching Latino populations and using faith-based communities as a medium for engaging clients.

Many of the difficult issues that must be faced when outreaching to underserved groups will be discussed as well as the institutional changes that need to occur for real outreach to happen.

By the end of the training, participants will be able to:

- 1. Describe Latino culture, traditions and history
- Describe Latino attitudes and behaviors related to mental health
- 3. Describe outreach to Latino communities including use of faith-based communities in outreach activities

Target audience: Clinicians who provide interventions or outreach to Latino clients

4 CE credits will be provided to psychologists, social workers and MFTS. CE credits for registered nurses have been applied for.

Ways to diagnosis and treat methamphetamine addiction



### **Methamphetamines and Adolescents**

"A Road from Outreach to Treatment"

Presenters: Joshua Taylor, Psy.D, HCA

**Date and Time:** November 28, 9:00 a.m. – 4:00 pm.

Location: 10 Civic Center Plaza, Board Room, Santa Ana, CA 92701

Co-Presenters:

Timothy Shaw, LMFT, HCA)

Reggie Caldwell, LCSW, CA Dept of Public Health Victor Diaz, Family Health Center, San Diego

The training will focus on methamphetamine use in adolescents and ways to diagnosis and treat methamphetamine addiction as well as outreach programs for the community. This training should be attended by anyone who is interested in developing a more comprehensive understanding of the complexities of methamphetamine use to include Social Workers, Clinicians, Probation, and EMS providers.

Section I provides an overview of methamphetamine and the effects on Southern California and the growing epidemic of methamphetamine addiction.

Section II offers guidelines for assessment, treatment and recovery.

Section III looks at the impact of methamphetamine on special populations in California, especially the gay population, and provides an overview of successful outreach programs.

Section IV provides documented material on the significant clinical issues surrounding methamphetamine use, followed by a list of suggested treatment strategies – actual action steps – to assist practitioners and others who work with methamphetamine-addicted individuals.

Learning Objectives: After attending this training, participants will be able to:

- Describe the impact of methamphetamine in Southern California
- 2. Describe the screening tools used to identify methamphetamine use and treatment strategies
- 3. Describe the parts of the brain and brain functioning that are impaired in methamphetamine users
- 4. Identify current as well as best practices for developing outreach programs to the gay community

Target audience: Psychologists, social workers, marriage and family therapists, psychiatric nurses

<u>6 continuing education credits are available for psychologists, LCSWs, MFTs.</u> CE credits for registered nurses have been applied for.

### **QRTIPS**

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

<u>PROGRESS NOTES</u>: Please answer "Yes" or "No" to the following questions. Please answer just based on the information provided.

1) A clinician writes a note and in the context of the note, in addition to the identifying information, he says he met with the Psychologist to inform her that the mother had called to say that their home phone number had changed and had also called to cancel today's session. Is this a billable service?

Yes or No

2) A clinician documents in the context of a note that she spoke on the phone with the mother on how her son is doing at home in relation to the objectives and goals. The clinician also documents that at the end of their phone conversation the mother reported that her son was taken to Juvenile Hall last night. Is this a billable service?

Yes or N

3) A clinician completes a CSP dated 1/31/05 without the client's signature (The CSP is due by the end of Jan. 2005). The clinician writes a note stating that the signature will be obtained at the next session. The Clinician provides individual sessions on 2/5/05, 2/14/05 and 2/23/05 (none of these notes indicate an attempt to get the signature). The client and clinician sign the CSP with the date of 2/23/05. Will the services provided on 2/5 and 2/14 be items for recoupment?

Yes or No

Answers: 1. No; 2. No; 3. Yes



### **Essential Learning**

Website:

http://essentiallearning.net/student

Login:

Name of Company: HCA
Company Password: orange
Enter your First & Last Name
Your Password:
If you are a County
Employee
Enter your employee
number. If you work for one
of our contract programs
enter the password assigned
to you.

Accessing online courses:
From the main page
(Learner Profile), click on
Other Courses Offered by
HCA and click on GO button
to view all online trainings.
You can narrow the selection
by specifying the
accreditation or subject
categories.

Please e-mail or call with any questions or concerns: All registrations are done via essential learning or e-mail. **No phone registrations** 

mtrainingprogram@ochca.com or call (714) 796-0179

### **Storytelling and the Fine Art of Disclosure**

Richard Krzyzanowski, Consumer Employee Advocate

(Richard Krzyzanowski has recently joined our Behavioral Health Training staff as a person to provide support and advocacy for consumers who are employees of our mental health system. Prior to joining HCA, Richard was a Patients Rights Advocate for LA County Mental Health).

I recently participated in a training, the purpose of which was to better inform HCA staff and contract providers about the "ins and outs" of working with consumers, specifically in the contracting process. In general, I thought the content excellent, although I always feel a bit strange to be part of such conversations in which consumers are discussed in the third person, all the while being hyper-aware of the fact that, for me, consumers are not a "they," but a "we." Looking back, I wish I had disclosed, but it was only my third day at HCA: A new guy starting a new job, in a new county with a mandate to do something, well, new. So, all of this made me feel rather circumspect, and I suspect I allowed another small opportunity to educate my colleagues slip past.

The decision to disclose is always a very personal one. It is always a calculated risk and an act of courage.

When I was in the midst of a severe, life-changing mental health crisis several years ago, I shared my predicament more readily and fully with my close friends and some coworkers before I did the same with members of my own family. I felt the bonds which tied me to those special people were more flexible -- more forgiving -- than were my baggage-laden family ties. I was often surprised by the reactions I received. Some to whom I disclosed obviously were very uncomfortable with the specter of mental illness passing so close by, and they simply acknowledged my information before politely pretending it had never come up. Others stepped up to the plate to reaffirm their friendship and offer their support, often stressing that they would rely on me to educate them about my situation and how they could help. Many times, the reaction was not what I had expected from that particular person.

Calculated risks.

One observation offered at the training I mentioned earlier was that consumers often feel it valuable to share something of our personal stories, especially at the beginning of a relationship or collaboration. There are myriad reasons for this, often having to do with the stigma and lack of validation many of us have experienced both in the course of our treatments and in society at large. We also offer our stories by way of explanation, especially in a professional, behavioral health setting, because we know that our roles and relationships are changing significantly and we hope our experiences and insights will contribute to a profound transformation of the environment we all now share.

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On another level, as a former journalist and newspaper editor, I was engaged for 20 years in the great game of being objective when I relayed the news. Ultimately, I failed, eventually concluding that there is no such animal as "objectivity." I decided that we all have our own experiences and points of view, and the best we can do is to share these openly with others so that, at least, they can judge our information in light of our honest disclosures.

It is in this spirit that I share these few thoughts with you, as I begin to assume the duties of the Consumer Employee Advocate, hopefully the first of many more to come, dedicated to supporting fellow consumer employees who, like myself, find themselves working "on the inside" of our system. Yes, it can be a little strange at times but, in my experience, it's not a bad place to be at all.

If I can be of any assistance to you, whether you are a consumer employee, supervisor or simply a colleague, please feel free to contact me directly via e-mail or at (714) 796-0138.

### **Greetings from Our New Staff: Hiromi Williams**

Hi everyone,

My name is Hiromi Williams and I am the new Information Processing Specialist with the MHSA Training Program.

Before I joined the Health Care Agency, I worked as an Access Database Developer/Data Processor for a dimensional measurement company, which measures and reverse engineers a variety of objects used in many fields, from medical to aerospace. I have also worked as a web designer for two of my previous employers.

I was born in Hiroshima, Japan and came to the U.S. in 1995. I went to UC Santa Barbara and earned a bachelor's degree in Global Studies with socioeconomic and political emphasis.

If you have not met me yet, I am located in room 429 on the 4<sup>th</sup> floor.

### **BHS Training Team**

Casey Dorman, Ph. D. Training Coordinator

Joshua Taylor, M.A. Assistant Training Coordinator

Zanetta Nowden-Moloi Staff Specialist

Anthony Perera Research Analyst III

**Dung Le**Mental Health Worker III

**Guadalupe Montoya** Office Assistant

**Hiromi Williams** Information Processing Specialist

Contact MHSA's Training Staff Main Line: 714 796-0179 Fax: 714 568-8781 <a href="mailto:mtrainingprogram@ochca.com">mtrainingprogram@ochca.com</a>

### **Your Culture and Mine**

By Minh-Ha Pham, Psy.D., Cultural Competency Department

Currently 20 % of children in America are born to immigrant parents, and it is projected that by the year 2010, 50% of public school children grades K-12 will be of multi-ethnic origin (Martin et al., 2006). However, white, middle-class, English speakers will continue to make up the vast majority of teachers and health care providers for at least the next several years. Culturally competent practitioners understand that while risk factors are often associated with cultural and socio-demographic status, children's backgrounds are also potential assets. Two studies examining drug use among African American and Puerto Rican adolescents reported that knowledge of cultural history and ethnic identity reduced drug use (Prevention Works, 1999). One must not assume that acculturation is more important than maintaining the cultural identity of an individual or a family.

Augustine (2004) reported that youth who attend programs that are culturally inclusive with culturally competent staff and care providers would be more likely to embrace their own backgrounds and understand the cultural heritage of others based on the positive assets and benefits of diversity. Strong culturally competent programs also often allow the incorporation of youth's ideas and values into their activities and structures, and this collaborative approach has shown to encourage youth's attendance, involvement and enjoyment. Multicultural education has been proven to have the potential to promote healthier psychosocial development for youth of all cultures throughout childhood and adolescence (Woolfolk, 2004). The ultimate result is that youth will be better prepared to enter a multi-cultural workforce and society through such a character building and enrichment process.

Many have a tendency to view culture as something unique to others. However, in order to fully understand one another, it is necessary to reflect on how culture influences oneself as well as how it influences others. While stereotypes are common and may seem accurate, they can however be debilitating and non-constructive in many situations (Brehm et al., 2003). Surpassing one's own stereotyping would mean becoming an active and reflective learner. As individuals, organizational structures, programs, community, and society strive toward cultural competence through self-evaluation and perpetual adaptation, transcending our own cultural comfort levels will help at all levels to communicate and develop more effectively with increasing ability to reflect and devise more meaningful preventive means as well as creating opportunities toward healthy change and growth.

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Human Services and SAMHSA's National Clearing House for Alcohol and Drug Information. Woolfolk, A. (2004). Educational Psychology (9th ed.). Boston, MA: Allyn & Bacon.