

Training & Continuing Education Bulletin

Orange County Health Care Agency Behavioral Health Services

July 2008

Upcoming Trainings

August

Non-Violent Crisis Intervention

Eating Disorders

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.

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Achieving Dreams

Something good has come from having dreams;

The higher ideals often require tender sacrifices

Beyond precious time and even ways of looking at the world.

Compromises are weighed and at times paid with a price;

But dreams don't just come true without endearing passion,

The wholehearted kind that surpasses devotion and dedication

They require a gentle tending and weaving

And a blueprint of enduring resilience and tenacious patience

Dreams are made and planted like a seed,

That within every ending is a new beginning,

And meant for more to be created, achieved and conquered.

Minh-Ha Pham

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 contact 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.

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Greeting From a New Staff Member

Linda Kaye

Mental Health Specialist

STAYING ON TRACK

Linda Kaye is a new employee to our MHSA Training Department. She comes to us with experience as a mental health consumer, advocate and dedicated volunteer who has now transitioned in to an employee through the MHSA Recovery Model of mental health services.

Linda's background is broad with a life of community service; a career in civil engineering (see the newspaper clipping of Linda below), a member of Home Council – City of Huntington Beach, Huntington Beach school district while raising her two children, then, returning to employment as a faculty member in the Health Science Department of Citrus College.

Linda maintains a passion for disseminating information and knowledge that equalizes one's focus with inspiration and hope through their life's journey. Linda will bring, through the MHSA Training Department, resources and trainings demonstrating the effectiveness of the Social Security Administration Benefits with Employment that will bring social economic balance into the Mental Health Recovery Model. We welcome Linda in Partnership as a Mental Health Consumer and an Orange County Mental Health Employee.



Job Well Done – Linda Krupenkin of Glendora Spike being driven by Air Force Col.W. K. Ashby to mark the completion of a railroad spur at the Aerojet-General corp. Sacramento plant. Watching is superintendent R. D. Spence. Mrs. Krupenkin a member of the firm's Covina Aetron Division Project group responsible for the design of the track is an attractive young woman who produced most of the drawing in the design package and contributed an appreciable amount of the engineering effort. She has an interesting background of mechanical, civil and artistic ability and is one of the very few female engineering "draftsmen" employed by Aerojet or any other organizations.

Linda (Krupenkin) Kaye in her former life as a civil engineer



Vietnamese Spiritual Values and Their Roles in Mental Health (Repeat)

Presenter: Brian Lam, Ph. D

Date and Time: July 3, 2008, 1:00 p.m. – 4:00 p.m.

Location: 405 W. 5th Street, Ste. 433, Santa Ana, CA 92701

Description:

Understanding cultural and spiritual components that shape individuals' coping mechanisms with stress is the critical factor in the development of culturally competent clinicians. Traditionally, research on stress and coping have been emphasized on the paradigm focusing on the de-contextualization. This 3-hour training has been created to assist clinicians in recognizing individuals' belief and behaviors used to develop a sense of coherence in responding to the internal and external demands of stressful situations. Different theoretical models of interpreting stresses will be presented as well as a review of coping strategies. Bibliography will be included to familiarize clinicians with the most current research related to stress and coping.

Learning Objective:

Participants in the training can expect to:

- 1. Identify the role of cultural influences on stress and coping paradigm
- 2. Become familiar with cultural and spiritual interpretation, Buddhist and Taoism perspectives, of (1) self concept (collective self-esteem), (2) grief, (3) happiness and suffering, (4) psychological distress, and (5) somatization.
- 3. Become familiar with collective coping strategies beyond a Western cultural perspective.

About the presenter:

Brian Lam is a licensed clinical social worker with extensive experience in children and families. Dr. Lam has worked as a social work consultant for Pacific Care, Blue Shield, Blue Cross, and the Orange County Social Services Agency (California). He received his doctorate in Social Work from Columbia University in 2003. Currently, Dr. Lam is an assistant professor at California State University of Long Beach. His teaching area is in direct social work practice and advanced clinical social work. His current research interests focus on ethnic identity, community influences on psychological distress, and behavioral proneness among minority adolescents. His articles appear in the *International Journal of Behavioral Development, International Journal of Intercultural Relations, The American Journal of Orthopsychiatry.* He has a small private practice, serving the Asian Pacific Islander population in Orange County. He is a current vice-president of the National Association of Social Workers, Long Beach Unit.

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



Seeking Safety

Presenter: Martha Schmitz, Ph.D.

Date and Time: July 22 - 23, 2008 9:00 a.m. – 5:00 p.m.

Location: Delhi Community Center, 505 East Central Ave. Santa Ana, CA 92707

Continental breakfast is served from 8:00 a.m. – 8:30 a.m.

Seeking Safety is a present-focused therapy to help people attain safety from trauma/PTSD and substance abuse. The therapy is described in a book and contains 25 different topics designed to be of assistance in working with clients with trauma and substance abuse. The therapy can be offered in either individual or group format. The present, two-day training will prepare attendees to use this therapy with substance clients and those with co-occurring disorders.

Martha Schmitz, Ph.D. offers continuing education workshops and supervision in the treatment of PTSD and substance abuse to clinicians throughout the United States. She has worked with Lisa M. Najavits, Ph.D., author of Seeking Safety: A Treatment Manual for PTSD and Substance Abuse, since 2000. Dr. Schmitz has held a Staff Psychologist position at the V.A. Pittsburgh Healthcare System and a joint appointment as Assistant Psychologist at McLean Hospital and Instructor in Psychology at Harvard Medical School. She received her doctorate in Counseling Psychology from the University of Missouri at Columbia after earning her master's and bachelor's degrees from the University of California at Davis. She has collaborated on several research projects in both the United States and France. Her clinical and research interests include posttraumatic stress disorder, substance abuse, and resiliency in survivors of trauma. She is based in San Francisco, CA.

Registration

This is a two day training and you must be able to attend both days

For ADAS Staff Contact Marco (Tony) Guillen at (714) 834-2488
Or mguillen@ochca.com

For ADAS Contract Providers Contact Bhuvana Rao at (714) 834-2863
Or brao@ochca.com

For Non-ADAS Staff:
Send your request to

mtrainingprogram@ochca.com (No Phone Registration)

Please provide the following information by June 30, 2008:

Training Name & Training Date
Your Name
License Type & License Number
Program Name
Service Chief or Program Manager

14 Continuing Education Credits are available for Psychologists, LCSWs, MFTs, RNs. AOD and CAADAC Counselors.

These Continuing Education Hours comply with section §13055 of Chapter 8, Division 4, Title 9 of the California Code of Regulations concerning renewal of an Alcohol or Other Drug (AOD) Counselor Certification and for CAADAC (Provider #1N-06-834-0508).



QRTIPS

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

A Primer of Medi-Cal Documentation (Update 10/30/06)

Article 1 - CYS will <u>not</u> use billable CPT codes for any services while the consumer is in the psychiatric hospital. There are some rare cases when discharge planning may be billable within the last 30 days of hospitalization; however, the progress notes must clearly be labeled "Discharge Planning," reflect discharge planning as a stand-alone note and meet the following criteria: 1) direct contact with hospital staff; 2) arranging for out of home placement (not returning to the same placement/group home); and if applicable 3) consultation with receiving agency staff concerning transition to their new placement. Scheduling aftercare appointments, collateral support services and consultation with own staff or updating SSA social worker are <u>not</u> billable under discharge planning.

Article 2 - CYS will <u>not</u> use billable CPT codes for scheduling or missed appointments.

Article 3 - CYS will <u>not</u> use billable CPT codes for services that occur from the time that the consumer is arrested and throughout the time that the consumer is in Juvenile Hall.

Article 4 - CYS will <u>not</u> use billable CPT codes for any clerical activities such as faxing, copying or any other activities that an office support person could perform.

Article 5 - CYS will <u>not</u> use billable CPT codes for services that are solely for educational or vocational activities (i.e., tutoring, doing homework, employment searching, downloading information off the internet, etc...).

Article 6 - CYS will <u>not</u> use assessment CPT codes to bill for treatment during the 30/60 day assessment period. In cases where immediate treatment is necessary during the assessment phase, you must complete the "Non-Assessment Services Treatment Plan" before *any* treatment is provided.

Article 7 - CYS will <u>not</u> bill assessment CPT codes past the 30/60 day period. After the assessment phase, use of treatment CPT codes require a CSP that has been signed by the <u>provider</u> (QMHP) and consumer (or parent, legal guardian or representative) by the 30/60 day assessment period. If the CSP is late, the only exception that may allow use of a billable CPT code is when there is a progress note that documents why the consumer's signature has not been obtained. The clinician then must continue to document, in each subsequent progress note, his/her effort to obtain the consumer's signature. If such documentation is not in the chart, then services must be entered with the "Noncompliant Chart" Codes until the consumer's signature is obtained.

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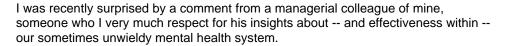
- **Article 8** CYS will <u>not</u> use billable CPT codes for assessment notes that would be seen as incomplete. Each assessment note should include the specific gathered information from each session, or reference the section on the assessment summary that contains the information.
- **Article 9** CYS will <u>not</u> use billable CPT codes for excluded diagnosis as primary diagnoses (i.e., Autism, Cognitive Disorder NOS, Substance Abuse, Sleep Disorders, etc...). This applies to all Specialty Mental Health Services, including Crisis Intervention.
- **Article 10** CYS will <u>not</u> use billable CPT codes for travel time between clinics nor bill travel time for missed appointments. This includes situations in which TBS coaches travel to a location to provide services and the consumer is not available.
- Article 11 CYS will not use billable case management CPT codes for supervision.
- **Article 12** CYS will <u>not</u> bill without an ED and corresponding progress note. In practical terms, this refers to the fact that misplaced or misfiled notes, discrepant dates and units in the notes as compared to the paid claims, are considered by Medi-Cal equivalent to "no progress note."
- **Article 13** CYS will <u>not</u> use billable CPT codes for socialization or generalized group activities that are not specific to targeted behaviors.
- **Article 14** CYS will <u>not</u> use billable CPT codes for services that are solely for translation/interpretation. The interpreter must be intervening as a clinician, not functioning as a translator, to bill for his or her service.

Version 3.0 **These are general guidelines that apply in most situations. If certain situations arise that do not fit these points, please discuss with your service chief, program director or contract consultant.

CONSUMED!

By Richard Krzyzanowski, Consumer Employee Advocate

On Advocacy



"I wouldn't want your job," he said. "You get into the middle of some very stressful situations."

He was right, of course, but I suppose I have been doing the work of a professional mental health advocate for so many years, I had become oblivious to the way others perceive us, and this remark got me to thinking about the wide range of perceptions that people have regarding advocates and advocacy.

Often dependent on their experience, others perceive us as selfless heroes, meddlesome troublemakers, and everything in between.

Advocacy can be a powerful thing, and I have come to see it as ethically neutral, like electricity: The same force that can heat a home or cook a meal can also start a fire or take a life. When dealing with power of any kind, one must take care.

In my day, I have seen fellow advocates use their power to protect the interests of others, give a voice to the less powerful members of society, and preserve the integrity of the system. I also have seen it used to destroy, to attack for the sake of attacking, and to serve someone's self-serving agenda or boost their ego.

I think the best advocates also are good diplomats, have a highly developed sense of mission and an ethical code that structures their passion and sharpens their technique. Advocacy doesn't come with these elements already in place. When you show up for work, you have to bring your own!

Whenever I become engaged as an advocate, I always prefer a collaborative approach, if possible, to find solutions to the problem at hand. Although I am not afraid to become involved in an adversarial situation, I believe such a dynamic yields diminished results. Adversarial advocacy is the "big gun" that is most effective when seldom used.

So, as an advocate, whose "side" am I on?

Though far, far from perfect, I try to advocate for *process*, and for *sustainability*. Beyond specific issues of right or wrong, of justice or the lack thereof, I always have my eye on preserving the integrity of a structure that protects and sustains us all, and that perpetuates the hard work we all do and the ideals that brought us together in the first place. If that structure does not yet exist, I want a hand in building it; if it is in need of repair, I want to play a part in making the necessary improvements.

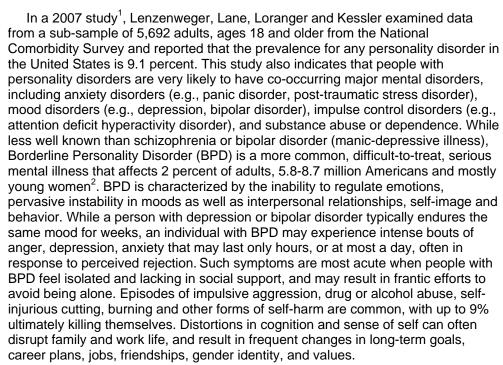
I must admit to feeling a little pride as I answered my colleague's observation. "I'm an advocate," I said. "I'm **supposed** to be in the middle of tricky situations!"

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

Recent Findings with Borderline Personality and Dialectical Behavior Therapy Minh-Ha Pham, Psy.D., BHS-MHSA Training Department



Neuroscience research reveals brain mechanisms underlying the impulsivity, mood instability, aggression, anger, and negative emotion seen in BPD. Study results have indicated that people predisposed to impulsive aggression have impaired regulation of the neural circuits that modulate emotion. The amygdala, a small almond-shaped structure deep inside the brain, is an important component of the circuit that regulates negative emotion. In response to signals from other brain centers indicating a perceived threat, it marshals fear and arousal. Inability to regulate emotion is more pronounced under the influence of drugs like alcohol, or stress. Recent brain imaging studies³ show that individual differences in the ability to activate regions of the prefrontal cerebral cortex with the function to dampen the activity of the threat circuit are thought to be involved in inhibitory activity which predict the ability to suppress negative emotion. Such brain-based vulnerabilities can be managed with help from behavioral interventions and medications. Although accounting for at least 20 percent of psychiatric inpatient admissions and frequent utilization of mental health services, BPD clients often fail to respond to commonly available treatments. (Continued below)



Dialectical Behavior Therapy (DBT) has been considered as a well recognized evidence-based treatment effective for reducing suicide attempts by half in comparison to other types of psychotherapy available to BDP patients. DBT also excelled at reducing the use of emergency room and inpatient services and decreasing more than half of the therapy dropout rates compared to traditional approaches.⁴ Findings from a 2003 outcome study⁵ in terms of treatment retention and the course of suicidal, self-mutilating and self-damaging impulsive behaviors indicated that DBT is superior to usual treatment in reducing high-risk behaviors in BDP patients.

References:

¹Lenzenweger MF, Lane MC, Loranger AW, Kessler RC. (2007). DSM-IV personality disorders in the National Comorbidity Survey Replication. *Biol Psychiatry*. Sept 15, 62(6):553-64.

²Swartz M, Blazer D, George L, Winfield I. (1990). Estimating the prevalence of borderline personality disorder in the community. *Journal of Personality Disorders*, 4(3): 257-72.
³Davidson RJ, Putnam KM, Larson CL. (2000). Dysfunction in the neural circuitry of emotion regulation: A possible prelude to violence. *Science*,; 289(5479): 591-4.

⁴Linehan MM, Comtois KA, Murray AM, Brown MZ, Gallop RJ, Heard HL, Korslund KE, Tutek DA, Reynolds SK, Lindenboim N. (2006). Two-Year Randomized Controlled Trial and Follow-up of Dialectical Behavior Therapy vs Therapy by Experts for Suicidal Behaviors and Borderline Personality Disorder. *Arch Gen Psychiatry*. July 63, (7):757-766.

⁵Verheul, R., van den Bosch, L.M.C., Koeter, M.W.J., de Ridder, M.A.J., Stijnen, T., & van den Brink, W. (2003). Dialectical behavior therapy for women with borderline personality disorder. *British Journal of Psychiatry*, 182, 135-140.