

February 2005

Show Me The Evidence!

QRTips

Questioning Evidence-based Therapy

The evidence-based therapy movement in mental health has encountered what, to many, is a surprising amount of resistance from the mental health community. This resistance comes in two forms: 1) reluctance of practitioners to adopt evidence-based therapies in their daily practices, and 2) intellectual opposition on the basis of questions about the evidence and the philosophy behind the movement. In the former case, reluctance is due to lack of knowledge or skill in providing the therapy, favoring of long-term over short-term therapies (most evidence-based therapies are short-term), or excessive comorbidity or vague client complaints that don't easily fit any evidence-based models. Lack of knowledge or skill can be remedied by training, and use of long-term therapies or inability to fit an evidence-based therapy to a client's problems may represent a real issue (some clients do need long-term therapy) or it may signal rigid therapeutic thinking (even long-term therapy can be composed of discrete steps using evidence-based methods to accomplish them).

Intellectual opposition to evidence-based approaches has some merit, which proponents of such approaches need to take seriously. Evidence-based approaches stress different techniques for different illnesses, despite years of accumulated evidence that the psychotherapeutic relationship is at least as important, if not more so than the technique used in determining treatment outcome. Most (not all) of the evidence for evidence-based approaches was gathered on white, middle-class clients with only one disorder and no comorbid diagnoses. We don't have a lot of clients like that in CYS. Finally, Seligman's non-controlled, non-random assignment *Consumer Reports* study of psychotherapy found that most therapy techniques worked, that no technique worked better than another, and that longer term therapy worked better than short-term.

More training in evidence-based methods is becoming available. Some relationship-based methods, such as motivational interviewing are achieving evidence-based status, studies of longer-term therapies, such as family therapy lasting at least a year, have shown evidence that they work with severe mental disorders such as schizophrenia, and some studies, such as the MTA study of ADHD, and studies of The Incredible Years Parent Training Program are starting to look at which therapies work best with which ethnic and which socioeconomic groups. The reluctance of some practitioners to use evidence-based therapies may have been well-founded in the past, but the reasons for such reluctance are gradually disappearing as the field places more and more emphasis on showing results no matter what kind of therapy is practiced and for how long.

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

1) PROGRESS NOTES

The following examples are activities that **cannot** be billed to Medi-Cal:

- a) "Clinician received message from school regarding the need to fax them a copy of the (whatever form). Clinician located chart and faxed the necessary form to the school" **This is clearly a clerical activity and cannot be billed as targeted case mgmt.**
- b) "Therapist went to meet with client at (whatever location) and was informed that the client had just been arrested and taken to Juvenile Hall. Therapist met instead with the parent and discussed client's progress and recommendations on some behavioral interventions". **Even if the client was just arrested, we cannot bill Medi-Cal.**
- c) "This clinician received a call from client's mother to cancel today's session. Mother reported she was ill and would not be able to bring her son. This clinician re-scheduled appt. for another time." **This is clearly an activity on canceling and re-scheduling an appt., therefore, this activity cannot be billed to Medi-Cal.**

For Those Who Missed It The 1st Time

Development of Severe Mental Illness

Presenter: Casey Dorman, Ph.D. OCHCA, BHS, CYS
When: February 22, 2005 9:00 a.m.-11:00 a.m.
Where: 744 N. Eckhoff, Orange, CA

What is known about the precursors of severe mental illness and can we identify them in clinical populations? Can we do anything to prevent such disorders emerging or from becoming chronic? This seminar will review recent research on both the brain-related factors that are involved in early onset schizophrenia, the clinical factors that predict later development of schizophrenia, and the evidence for the effectiveness of early intervention in reducing the severity and chronicity of the disorder.

Course Objectives:

1. To be able to describe the course of first episode schizophrenia,
2. To be able to describe research on intervention with first episode schizophrenia,
3. To be able to describe the syndrome, including brain changes, of adolescent schizophrenia

2 CE credits are available for Psychologists, MFTs and LCSWs

Your Culture and Mine: A Monthly Column About Culture and Mental Health

Multicultural Guidelines

A little over a year ago, The American Psychological Association (APA) published "Guidelines on Multicultural Education, Training, Research, Practice and Organizational Change for Psychologists," (American Psychologist, 58 (5), 377-402). Subsequently, the California Board of Psychology established a Human Diversity Workgroup and has published two papers devoted to this issue: "Diversity Based Psychology: What Practitioners and Trainers Need to Know," and "Diversity Based Psychology with Lesbian, Gay and Bisexual Patients: Clinical and Training Issues – Practical Actions." The former article is available on the Board of Psychology website (<http://www.psychboard.ca.gov/>) and the latter in the latest edition of the BOP Update (Issue no. 12, January, 2005).

These latest publications from the APA and the Board of Psychology address not just the fact that our society, and our clientele has become increasingly diverse, but that psychologists and other mental health professionals cannot afford to take a passive stance with regard to developing their own multicultural awareness and skills or addressing societal and institutional ethnocentrism and discrimination. Social workers have long had a history of addressing social justice issues such as discrimination. In fact it is part of their Code of Ethics that *Social Workers challenge social injustice*. Their Code says, "Social workers pursue social change, particularly with and on behalf of vulnerable and oppressed individuals and groups of people. Social workers' social change efforts are focused primarily on issues of poverty, unemployment, discrimination, and other forms of social injustice. These activities seek to promote sensitivity to and knowledge about oppression and cultural and ethnic diversity."

What do these pronouncements by our professional associations and local regulating boards mean for each of us? They mean that, as individuals, we need to increase our knowledge and awareness of diversity and culture, as mental health professions we need to insure that we do not enshrine culture-bound, ethnocentric values as universal facts or ethics or practices, and as an organization, we continually labor to reduce health care disparities that are themselves aspects of social injustice and may reflect the way in which we approach the task of thinking about people, our community, and how to provide mental health services.

Supervision Training For Mental Health Professionals

Presenter: Roseanne Kotzer, M.S.W. Children and Youth Services
Date: February 24, 2005
Time: 9:00 a.m. – 4:00 p.m.
Place: 744 N. Eckhoff, Orange, Ca Auditorium

This workshop will provide training in clinical supervision skills for mental health professionals who wish to supervise interns or trainees who work with children or families. The supervision will also cover all legal and ethical aspects of supervision. This six-hour workshop will satisfy the bi-annual training requirement for supervision training for licensed psychologists and MFT's who wish to supervise interns and will satisfy six of the fifteen hours required for social work supervisors. This is not a repeat of previous training and social workers may combine this training with previous classes in order to reach their required 15 hours of supervision training.

Target audience: Licensed psychologists, social workers, and MFTs, who plan to supervise students, interns or associates

Course objectives:

1. To be able to describe clinical supervision methods from a family systems perspective
2. To be able to describe the ethical and legal guidelines that apply to clinical supervision
3. To be able to describe the use of clinical supervision with interns in a public mental health setting

6 CE credits available for Psychologists, MFTs, LCSWs

For Those Who Missed it The 1st Time

Violentization: Understanding Violent Persons By Listening To Their Stories

Presenter: Casey Dorman, Ph.D.
Date/Time: February 16, 2005 9:00 a.m.-12:00 p.m.
Where: 744 N. Eckhoff, Orange, Ca Auditorium

Does the behavior of dangerous, chronically violent persons "make sense" to them? Did they learn this behavior over many years and in several stages, at each one of which there might have been an opportunity to intervene and stop the process? According to sociologist Lonnie Athens, who interviewed over a hundred dangerous, violent, criminals, such people learned to become violent and became convinced that acting violent was the only rational way for them to behave. Research based on Athens' theory has demonstrated that by interviewing violent adolescents it is possible to tell how far along in the *violentization* process they are. This course will use excerpts from Athens' interviews, video clips of film characters who demonstrate the process, and discuss research findings to introduce participants to the theory of *violentization*, to place it in the context of other theories of psychopathy, and discuss its implications for therapy with violent adolescents and their families.

As a result of taking this course participants will:

1. Be able to describe the theory of *violentization*
2. Be able to describe the research that has used the theory with adolescents
3. Be able to discuss how the theory of *violentization* might apply to their work with violent children and adolescents

3 CE credits are available for psychologists, MFTs and LCSWs

PLEASE REMEMBER TO CALL AND CANCEL IF YOU HAVE SIGNED UP FOR A WORKSHOP AND YOU ARE UNABLE TO ATTEND. NO PHONE SIGNUP PLEASE!!

❖ Introducing- The Quality Review and Training Team

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All staff may be reached via county email as well.

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). OCHCA is approved by the American Psychological Association to offer Continuing Education. The OCHCA maintains responsibility for the programs.