

# May 2005

## Identification and Treatment of Eating Disorders in Children and Adolescents

## QRTips

Presenter: Richard D. Recor, Ph.D., Clinical and Forensic Psychologist, Newport Beach  
**Date and time: May 19, 2005, 9:00 a.m. – 12:00 p.m.**  
Location: 405 W. 5<sup>th</sup> St. Ste. 433A, Santa Ana, CA

Eating disorders in children and adolescents are common, often overlooked and challenging to treat. This course will cover identification of eating disorders including those that appear in early childhood (Pica, ruminative disorders, feeding disorders) and those that occur at older ages, such as Bulimia Nervosa and Anorexia Nervosa. Treatment strategies will include cognitive behavioral interventions, interpersonal therapies, and family systems as well as relapse prevention strategies.

Richard D. Recor, Ph.D. is a graduate of the University of Oklahoma and has worked extensively in both inpatient and outpatient psychological services with children and adolescents. He is currently in private practice in Newport Beach, CA.

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

- 1) Describe the criterion for identifying eating disorders as they appear in DSM-IV-TR
- 2) Describe treatment strategies that work with different types of eating disorders

Target audience: Mental health clinicians who work with children and adolescents

3 CE credits applied for: Psychologist, LCSW, MFT's,

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

**PROGRESS NOTES** : 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 **No**

- 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

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

### What are ethnic disparities in mental health services?

People from different cultures seek and receive mental health services at different rates. An assumption made by most people in the field is that rates of mental disorder do not differ by ethnicity (although there are not adequate data to determine if this is the case, except with some mental disorders such as schizophrenia). Therefore, differing use of mental health services is related to cultural factors (likelihood of labeling a disorder as mental, or comfort in seeking services, or use of alternative methods of treatment), or to access (having resources such as health insurance, transportation, familiarity with services, etc), or to adequacy of the services (linguistic appropriateness, cultural competence of providers, etc.).

Although a number of factors determine whether cultural and ethnic groups will receive services at the same rate, it is fairly easy to determine whether they do or don't. If the number of persons of a particular cultural or ethnic group in a community who receive mental health services is divided by the number of that group who reside in the community, the result is called a penetration rate, which indicates what proportion of persons of a certain ethnicity or culture receive services. Each ethnicity or culture can be compared to all others to determine if there are disparities in the rates at which they receive mental health services. In Orange County, penetration rates for Latinos and Asians and Pacific Islanders have characteristically been lower than for non-Latino whites, though the disparities are not nearly as marked in terms of children as they are in terms of adults.

A second way of looking at disparities is to examine what services are received. San Diego County, for instance, recently determined that ethnic minority clients in their children's mental health services were less likely to receive medications than non-Latino white children. Other national studies have indicated that some ethnic groups are more likely to be hospitalized than others and that number of treatment sessions is lower for some ethnic minority groups than for non-Latino whites.

A goal of all public mental health systems is to reduce ethnic and cultural disparities in use of mental health services by community outreach and provision of culturally competent services.

## Child and Family Substance Abuse

Presenter: Roseanne Kotzer, MSW, ACSW

**Date and time: May 24, 2005, 9:00 a.m. – 1:00 p.m.**

Location: 744 N. Eckhoff, Orange, CA (**Auditorium**)

This is a 4 hour training session designed to familiarize clinicians with substance abuse issues within the family structure. It focuses on problem definition, prevalence and intervention approaches. Topics include the definition of substance abuse and how abuse of common substances affects the family. Particular attention will be given to how substance abuse within the family affects children of different ages. Interventions that address the entire family will be discussed.

Roseanne Kotzer, MSW, ACSW has her degree in social work from Boston University and has taught at Chapman University and the University of Phoenix. She has worked extensively with families and heads Kotzer Health Consulting.

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

- 1) Define and explain substance abuse and commonly used substances
- 2) Describe effects of substance abuse on family members
- 3) Describe the therapy options for treating families with a problem of substance abuse

Target audience: Mental health clinicians who work with families

**4 CE credits have been applied for: LCSW, MFT's, and Psychologist**

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

# Show Me The Evidence!

## Supervision Training: Clinical Supervision Basic and Advanced Topics

### Behavioral Therapy and Schizophrenia

Clinical wisdom in mental health has, for years, dictated the assumption that psychosocial therapies, rather than medication, were an effective treatment for reducing symptoms in schizophrenia. Medications, combined with case management that teaches symptom monitoring, socialization skills, relapse prevention strategies, and support for recreational and vocational activities has been the treatment of choice. Recently, however, some data have emerged which challenge this traditional clinical wisdom.

Kuipers et al. (1998) provided nine months of behavioral therapy to 60 schizophrenic clients whose symptoms were resistant to change with medication. Both at the end of nine months and six months after the conclusion of treatment, clients showed a reduction in distress from delusions and frequency of hallucinations, compared to a control group who received standard care.

Sensky et al (2000) conducted a similar study with 90 schizophrenic clients whose symptoms were medication resistant and compared behavioral therapy to a "nonspecific befriending control intervention." After nine months of treatment both groups showed reductions in positive and negative symptoms and depression. At nine months the behavioral treatment group maintained their improvement.

Sellwood, Barrowclough and Tarrier (2001) provided behavioral therapy to families of clients with schizophrenia and compared the clients' outcomes to those whose caregivers received general family support and standard care. The treatment group had relapse rates that were half of the control group, showed greater reduction in symptoms, and fewer caregiver needs as a result of treatment.

The above studies indicate that service providers for those with severe mental illness may need to take a new look at the literature and incorporate behavioral therapy methods into their treatment strategies with schizophrenic clients.

Presenters: Roseanne Kotzer, MSW, ACSW, Casey Dorman, Ph.D.

**Date and time: May 31, 2005, 9:00 a.m. – 4:00 p.m.**

Location: 744 N. Eckhoff, Orange, CA Auditorium

This course is designed to introduce participants to the supervision of students, interns and supervisees. This course is intended to enhance conceptual, perceptual and executive supervisory skills and assist participants in the development of clinical theory and methodology. This course may be taken as a "stand alone" supervision course or as part of the 15 hour supervision course requirement for those supervising social work associates. It is designed to complement the material presented in earlier courses. An update on legal and board regulations pertaining to supervision of trainees in psychology, marriage and family therapy and social work will be part of the course coverage.

Roseanne Kotzer, MSW, ACSW has her degree in social work from Boston University and has taught at Chapman University and the University of Phoenix. She has done many previous trainings on supervision. Casey Dorman, Ph.D. is a psychologist with OCHCA and has supervised psychology interns and practicum students and is currently the Director of the Behavioral Health Services Clinical Psychology Internship Program.

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

- 1) Describe the law and regulations pertaining to supervision
- 2) Describe a variety of supervisory methods and theories
- 3) Describe the process of assisting supervisees in identifying clinical strengths and weaknesses.
- 4) Describe roles, responsibilities and personal styles of supervisors

Target audience: Licensed mental health clinicians who supervise

6 CE Credits have been applied for: Psychologist, LCSW, MFT's

Introduction, Quality Review and Training Team

|                       |            |
|-----------------------|------------|
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#### Fax Number

70368781

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 for psychologists. The OCHCA maintains responsibility for the programs.