

Happy 4th of July 2005

Evidence-based Cultural Competence

Presenter: Casey Dorman, Ph.D.

Date and time: July 12, 9:00 a.m. – 11:00 a.m.

Location: 744 N. Eckhoff, Orange, CA

Do all ethnicities have the same likelihood of developing mental illness? How does acculturation affect the likelihood of developing mental illness in different immigrant groups? Who uses alternative and complementary therapies most? Who reports the greatest number of depressive symptoms – whites or Asians? Which groups eat the healthiest diet? Are there ethnic/cultural differences in terms of which mentally ill persons are most likely to be homeless? Which ethnic/cultural groups are healthiest with regard to infant mortality, heart disease, stroke, and cancer? How do ethnic/cultural groups differ with regard to access to health and mental health services? If you think you know the answers to these questions, you are probably wrong. This workshop will look at these relationships from a data-based perspective. The answers to all of these questions will surprise you and challenge your concepts about the relationships between ethnicity, culture and mental health. They may also lead to some innovative proposals to improve mental health in all people.

Objectives: As a result of taking this workshop, participants will be able to:

1. Describe recent data on prevalence of health and mental health disorders in different ethnic groups
2. Describe recent data with regard to the effects of acculturation on mental health in different immigrant groups.
3. Describe innovative ideas for preventing homelessness, child abuse, and other mental health problems using strengths of different ethnic groups.

Target audience: Health and mental health practitioners and planners

2 CE credit have been applied for Physicians, Psychologists, LCSWs, MFT's

QRTips

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

ED and Progress Notes

- 1) CPT code 90899 is used in our ED (Encounter Document) for **crisis intervention** (private insurance only). To be used by **County clinics only**.
- 2) When making corrections in the chart **all** of the following are required:
 - the error needs to be crossed-out
 - it must be dated
 - it must be initialed
 - it must have the word "error"
- 3) All progress notes must "Stand Alone." A payer is not required to read any other supporting information other than is written in the session note. A "stand alone" note includes, under (S): age, gender, ethnicity, diagnosis, and symptoms/behaviors/problems. **If** the note references other documents the payer is responsible to review the referenced document for additional information if needed.

Psychological Testing

- 1) If psychological testing is done on any of our CYS clients we must ensure that there is a referral question/s in the chart indicating why the psychological testing is needed.
- 2) If a Psychologist who is assigned to a case decides to do psych testing on his/her own case then the psychologist must indicate in a progress note the reason/s the psych testing is being done.
- 3) Any psychological testing must be relevant to the current/proposed client service plan.

IF YOU WISH TO RECEIVE CE CREDIT YOU **MUST** ARRIVE WITHIN 15 MINUTES! THANK YOU

The Social Basis of Children's Mental Health Problems

Presenter: Casey Dorman, Ph.D.

Date and time: July 26, 9:00 a.m. – 11:00 a.m.

Location: 744 N. Eckhoff, Orange, CA

This course will examine how the broader social context of the family, neighborhood, school, and the community affect health and mental health outcomes such as teen pregnancy, single-parent status, child abuse and neglect, domestic violence, delinquency, drug use, identity development, self-esteem and internalizing and externalizing behavior problems. An approach to children's mental health that looks at community-based risk and protective factors as targets for intervention will be discussed and illustrated with examples from successful community intervention programs.

Objectives: As a result of taking this workshop, participants will be able to:

1. Describe the evidence that family, neighborhood, school, and community-level factors affect the development of mental health problems in children and youth.
2. Describe successful programs for intervening at the community level to decrease children's mental health problems.

Target audience: Mental health practitioners and planners who work with children and families

2 CE credit have been applied for Physicians, Psychologists, LCSWs, MFT's

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

The Development of the Self: Clinical and Narrative Approaches

Presenter: Casey Dorman, Ph.D.

Date and time: July 27, 9:00 a.m. – 12:00 a.m.

Location: 744 N. Eckhoff, Orange, CA

This course takes the approach that the self is socially constructed and contains many of the elements of a story about ourselves and the world. How this self functions in decision-making and in the production of problem behavior will be discussed. The work of Susan Harter in assessing self-concept in children will also be reviewed as well as her methods of looking at negative self concept in generating depression. Therapeutic techniques that focus on changing the narratives people tell about themselves and the world will be explored.

Objectives: As a result of taking this course, participants will be able to:

1. Describe a narrative view of the self.
2. Describe the development of the self in children and adolescents
3. Describe how to assess self concept using Harter's self-perception profiles for children and adolescents.
4. Describe psychotherapeutic techniques that utilize narrative therapy with children.

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

3 CE Credit have been applied for Psychologists, LCSWs, MFT's,

Your Culture and Mine

Disparities in mental health services revisited

A recent Institute of Medicine report (IOM, 2002) defined disparities in health care as “racial or ethnic differences in the quality of healthcare that are not due to access-related factors or clinical needs, preferences, and appropriateness of interventions.” They found large ethnic differences in the quality of medical care given, often due to discrimination and stereotyping, even when access to health care (i.e. having insurance) was not a factor.

McGuire et al (2005) disagreed with the IOM and included access to health care as a factor in assessing disparities because ethnic groups in the U.S. often differ in having insurance coverage. They excluded differences in treatment due to either differences in health status (i.e.. one ethnic group has less or more illness than another) or preferences (i.e. one ethnic group chooses to seek more or less or different treatment than another). By their definition, total *differences* in treatment are due to differences in health status, preferences *and* disparities.

Recent data question the assumption that prevalence of mental illness is the same across ethnic groups. While preferences may determine whether some ethnic groups seek treatment for mental health problems, preferences may themselves be determined by such things as stigma about receiving services, or perceptions of the cultural competence of the services offered.

Are there differences in prevalence of mental health disorders between ethnic groups? Are there differences in preferences for obtaining mental health services between ethnic groups? After these two factors are controlled, are there still differences between ethnic groups in the quality of health care they receive? These are all questions that have been partially, but not completely answered. They are important questions because their answers will tell us a lot about how well our mental health system is working for everyone.

❖ Introducing- The Quality Review and Training Team

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Where indicated this is an activity offered by OC HCA, a CMA-accredited provider. Physicians attending this course may report up to 2 hour(s) of Category 1 credit(s) toward the California Medical Association's Certificate in Continuing Medical Education and the American Medical Association's Physician's Recognition Award.



Show Me The Evidence!

More than half a million children are abused by substance-abusing caregivers each year in the United States (National Committee for Prevention of Child Abuse, 1989) and 40-50% of child abuse perpetrators have been found to abuse substances. Are there any treatments that work for drug abusing, neglectful or abusive, young mothers?

Although there are no controlled treatment studies of drug abusing neglectful or abusive mothers, there are controlled treatment studies of both neglectful mothers and drug abusing young persons. One treatment that has received much support for neglectful and abusing parents is called *Ecobehavioral Intervention*, in which behavioral methods are implemented in the home to improve nutrition, cleanliness, safety, and discipline behaviors of the mothers. In addition, several studies have found that Family Behavior Therapy, carried out in the home reduced neglect and abuse, as did parent problem solving skill training, especially if combined with social networking interventions for young mothers.

Although drug abusing parents have not been the subject of many controlled treatment studies, drug abusing older teens have, and the evidence suggests that either individual cognitive-behavioral treatment or family-based treatment is effective in reducing drug and alcohol use. Based on a review of the outcome literature on neglectful parenting and on treatment of substance abuse in young persons, Donohue (2004) has provided a detailed description of modifications of Family Behavior Therapy to make it effective with young mothers who both abuse drugs and/or alcohol and are neglectful and/or abusive of their children.

Donahue B. (2004). Coexisting child neglect and drug abuse in young mothers: Specific recommendations for treatment based on a review of the outcome literature. *Behavior Modification*, 28, 206-233.

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), and is approved by the American Psychological Association to offer continuing education for psychologists. The Orange County Health Care Agency maintains responsibility for the programs.