

# QRT Continuing Education Bulletin

## JANUARY 2006

Orange County Health Care Agency  
Behavioral Health Services  
Children and Youth Services  
Quality Review and Training

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

### Supporting Mental Health Clients in College

Presenter: Bob Orkin, Psy.D., Santa Ana College Psychological Disabilities Program  
Time: January 11, 2006, 9:00 a.m.- 11:00 a.m.  
Location: **744 N. Eckhoff, Orange, CA (Auditorium)**

This presentation will present the model and the services available through the Santa Ana College Psychological Disabilities Program, which is available to provide supported education services to mental health clients. The goals of this program are to support and assist students with mental health disorders in making a smooth transition into the college setting and to provide reasonable accommodations, when needed, so that the disability does not handicap the student in pursuit of his or her educational goals. To do this, psychologists are available to meet with the student to provide assessment and assistance, such as help with time management, coordination with therapists, interface with professors, etc. and the student is provided, as needed, priority registration, lecture assistance, note taking assistance, taping of lectures, tutoring, testing assistance such as extra time, distraction free settings, and readers.

As a result of attending this presentation participants will

- 1) Become knowledgeable about services at the junior college level for persons with serious psychological disabilities.
- 2) Have a groundwork for developing new networks between County Services and Santa Ana College.

Target audience: Mental health staff in adult and children's mental health and ADAS who work with clients who could attend college

2 CE Credits have been applied for: LCSW, MFT, and Psychologist

### QRTips

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

#### Client Service Plan (CSP)

1) It must have symptom/s and the resulting impairment.

Example: Client's ongoing fighting with peers at school, defiance towards teacher and throwing books at peers in the classroom has **resulted** in client being suspended from school 3 times in the last 6 months.

It is **not** sufficient only to list the symptoms i.e., ongoing fighting, defiance and throwing books in the classroom. The impairment/s **must** be present in the CSP.

2) The Client Service Plan must be developed with the participation of the client. When billing for the completion/development of the CSP the progress note must include that "the client participated in the development of the CSP." Just writing "completed the CSP" is not in compliance with our guidelines.

3) Baselines are a requirement. The baselines can be either in the first or third column of the CSP.

#### Annual Update

1) Mental status examination. Writing "please see the initial assessment" or "no changes" or "improving" is not in compliance with our guidelines. The clinician must elaborate/describe in more detail on how the client is doing in terms of a MSE. If the client is improving or not improving then elaborate how the client is improving or not and why.

### Diagnosis and Treatment of Obsessive-Compulsive Disorder

Presenters: Greg Koch, Ph.D. and Ken Steinhoff, M.D.  
Time: January 23, 2006, 9:00 a.m. – 12:00 p.m.  
Location: **744 N. Eckhoff, Orange CA Auditorium**

If you are like most clinicians, you have a basic knowledge of Obsessive-Compulsive Disorder that does not extend far beyond the DSM-IV criteria. This workshop, presented by a psychologist and a psychiatrist, is intended to sharpen your ability to recognize and correctly diagnose OCD in its many manifestations. Current research will be presented regarding the incidence, comorbidities, and the typical profiles of the OCD sufferer, as well as prognostic considerations. After being given this background, the bulk of the workshop will focus on the treatment of OCD. Both therapy and medication, both of which have been proven to be effective, will be covered. The use of therapy to treat OCD will be covered step by step and individual medications will be discussed. By the end of this workshop, the depth of your understanding of OCD will be increased, your ability to diagnose will be improved, and you will have become familiar with the therapeutic modality most effectively employed in the treatment of OCD.

Greg Koch, Ph.D. is a CYS psychologist and Ken Steinhoff, M.D., is a child psychiatrist, formerly with UCI School of Medicine.

#### Objectives

1. Participants will be able to identify the different flavors or themes of OCD.
2. Participants will be able name and describe instruments used to diagnose OCD.
3. Participants will be able to describe basic epidemiological data associated with OCD.
4. Participants will be able to describe the type of psychotherapy best suited to the treatment of the OCD, as well as the steps involved in using this modality.
5. Participants will be able to name the medications most effective for the treatment of OCD.
6. Participants will be prepared to discuss the relative merits of therapy and medication in treating OCD.

Target audience: Physicians, psychologists, LCSWs, MFTs who treat children with OCD

3 CE credits will be available for MD, Psychologists, LCSWs, and MFTS.

# Introduction to the Incredible Years

# Law and Ethics for Mental Health Professional

Presenters: Giselle Rocha, Ph.D., MFT, Margaret Creek, MA  
Time: January 24, 2006, 9:00 – 11:30 a.m.  
Location: **744 N. Eckhoff, Orange, CA (Auditorium)**

The Incredible Years Parenting Series is an evidenced-based program for reducing children's aggression and behavior problems while increasing social competence at home and at school. This workshop is designed to introduce participants to the program through lecture, video and experiential interventions.

Participants will learn:

1. A general overview of the content, structure, and organization of The Incredible Years Series to promote interest in facilitating new groups.
2. Key points of curriculum, including focus on its collaborative nature and the powerful use of both video vignettes and group participation.
3. How the program can be adapted to your population and documented for Medi-Cal billing.

Giselle Rocha, Ph.D. is a licensed MFT and Margaret Creek, MA, ATR-BC is a registered art therapist. Both work for Kinship Center.

*Target Audience: Mental Health clinicians who work with children and families.*

**2.5 CE Credits have been applied for: LCSW, MFT, and Psychologist**

Presenter: Michael T., Griffin, JD, LCSW  
Date: January 31, 2006, 9:00 a.m. – 4:00 p.m.  
Location: **744 N. Eckhoff, Orange, CA (Auditorium)**

This course meets the requirements for license renewal for the California Board of Psychology and Board of Behavioral Science. Topics covered include scope of practice, understanding and avoiding negligence, documentation, consent to treatment, managing and safeguarding client records, release of records, psychotherapist-client privilege, conflicts of interest, and mandated reporting.

Course objectives: 1) to be able to describe the laws related to scope of practice, negligence and documentation requirements; 2) to be able to describe the laws related to consent to treatment, client records and release of records; 3) to be able to describe the laws related to confidentiality, privilege and mandated reporting.

Michael T. Griffin has a law degree from Chapman University and a MSW from USC. He is licensed by the California State Bar and the BBS. He was formerly a Director of Clinical Operations for Western Youth Services and a program coordinator for Children's Hospital in San Diego. He currently is in private practice of both law and social work.

*Target Audience: Licensed psychologists, social workers and MFTs.*

**6 CE Credits have been applied for: LCSW, MFT, and Psychologist**

Where indicated this is an activity offered by OC HCA, a CMA-accredited provider. Physicians attending this course may report up to 3 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.



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.

## Introducing – The Quality Review and Training Team

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## Gender Bias

Gender bias refers to attitudes and practices that handicap or advantage one gender or another or erroneously associate qualities or characteristics with one or another gender. Unequal pay for equal work for males versus females is an obvious example of gender bias and so is the attribution of excessive emotionality to females and cool rationality to males. A classic study by Broverman et al (1970) found that mental health professionals associated mental health with concepts they identified as masculine, such as being rational, and independent, while they associated less mental health with concepts they identified as feminine, such as emotionality and dependence.

The World Health Organization (2000) has studied not only bias in attributing certain types of mental health problems to women but societal factors related to gender discrimination that lead women to have mental health problems. The most often cited gender-related mental health outcome is in rates of depression. Women have higher rates of depression in virtually every country studied by WHO. Related to the prevalence of depression are such factors as being victim of violence, sexual trauma, loss, experiencing poverty, etc., which because of gender disparities in the status of men and women in many cultures, affect the women more.

A recent set of studies in England by Brown et al (1995) identified the experiences of humiliation and entrapment (feeling degraded and powerless in the face of adversity) as the most powerful elements of traumatic events leading to depression and more powerful than the elements of loss and danger in terms of being related to depression in women. These feelings are more likely to occur when society fails to place equal value on the dignity and rights of women compared to men.

Brown, G. W., Harris, T. O., & Hepworth, C. (1995). Loss and depression: a patient and non-patient comparison. *Psychological Medicine*, 25, 7-21.

Broverman, I. K., Broverman, D. M., Clarkson, F. Rosencrantz, P. S., & Vogel, S. R. (1970) Sex-role stereotypes and clinical judgments of mental health. *Journal of Consulting and Clinical Psychology*, 34, 1-7.

World Health Organization (2000) *Women's mental health: An evidence-based review*. Geneva: Department of Mental Health and Substance Dependence, World Health Organization

Does matching client and therapist for ethnicity make a difference?

There are very few studies of the effects of matching client and therapist for ethnic background and the effects of such matching on treatment outcome. A recent study examined client-therapist ethnic match using the evidenced-based Multisystemic Therapy (MST). This is a therapy aimed at reducing delinquency and the need for out of home placement of delinquent youth by working with the primary caregiver and the environment surrounding the youth, even more than the youth him or herself. Accordingly, the ethnic match between the therapist and the primary caregiver was the subject of the study. A large number of clients and therapists were involved; 1,711 and 405, respectively. Most of the primary caregivers were Caucasian (64.4%), with 18.8% African American, 6.5% Asian or Pacific Islander, 5.1% Latino, 0.9% American Indian or Alaskan Native, 3.8% mixed ethnic heritage, and 0.4% another ethnicity. This is considerably different from our Orange County SED population. Ethnic matching had a significant and positive, though small effect on behavior problem scores (CBCL) on treatment duration, and on achievement of success by the termination of treatment. Language was not a factor as all therapists and caregivers spoke English as a primary language. The results were not generalizable to Latinos because there weren't enough matched Latino clients and therapists to test for treatment effects.

This study has only limited pertinence to our efforts to work with children and youth in Orange County, but raises some important issues. First, matching for ethnicity may extend beyond just the positive effects of matching for language differences. Second, with children who are in families, we need to be as aware of the caregiver's ethnicity as well as the child's. Third, evidence-based therapies still are vulnerable to the effects of cultural/ethnic considerations. Fourth, although the evidence for the positive effect for cultural matching is sketchy, it is greater than the evidence for the positive effect on treatment outcomes of making non-ethnically matched therapists culturally competent to work with clients from another culture, which is virtually non-existent. The conclusion may be that we need to make at least as great an effort to train and hire therapists from the same ethnic and cultural backgrounds as our clients as we do to make our existing therapists culturally competent.