

QRT Continuing Education Bulletin

February 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

Evidence-based Psychosocial Interventions with Seriously Mentally Ill Clients

QRTips

Presenter: Casey Dorman, Ph.D.
Date and time: February 14, 2006, 9:00am – 11:30am
Location: 744 N. Eckhoff, Orange, CA (Auditorium)

This two and one-half hour workshop will present a brief review of several psychosocial interventions that have been shown to be effective with clients with serious mental illness. These interventions include, Assertive Community Treatment (ACT), family psychoeducation, cognitive-behavior therapy, social skills training and neurocognitive enhancement therapy. Each intervention will be briefly described, as well as the evidence of its effectiveness, the resources needed to implement it within a mental health services system and sources for gaining more information about each type of intervention.

Target audience: Mental health practitioners and administrators

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

- 1) Describe at least five psychosocial interventions that have been shown to be effective with clients with serious mental illness
- 2) Describe the improvements expected in clients who receive evidence-based psychosocial interventions
- 3) Describe the resources needed to implement evidence-based psychosocial therapies with seriously mentally ill clients

2.5 CME credits will be available for physicians, psychologists, social workers, and MFTs

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

Assessment:

If it is determined (in a Medi-Cal case) during the assessment period that there is no medical necessity then the case must be closed as soon as possible. The assessment **MUST** not continue just because we have 60 days to complete the assessment.

For example if a clinician determines in the second session that there is **no** medical necessity then the case needs to be closed. Do not continue to provide assessment sessions if by the second session the documentation states that there is no medical necessity. Given that the clinician determines that there is no medical necessity during the assessment period then an NOA-A would be given to the consumer.

Client Service Plan: Objectives must be very specific. Having very specific objectives helps the clinician and the consumer know exactly what the focus of treatment is and be able to measure change. For example it is more specific and measurable to say “client will interact with peers at school at least once per week” than to say “client will be less withdrawn” (this is not a measurable objective). Another example would be to say “client will use his/her words when angry (at least two times per week) instead of destroying property” than to say “client will express his/her feelings.” In addition the progress notes must reflect treatment towards these specific objectives. Reminder: the specific objectives are the small steps to reach the ultimate goal/s.

Early identification of Psychotic Symptoms in Adolescents and Young Adults

Presenter: Tara A. Niendam, Staglin Music Festival
Center for the Assessment and Prevention of Prodromal
States (CAPPS) at UCLA
Date and Time: February 23, 2006, 9:00 a.m.- 11:30 a.m.
Location: **405 W. 5th St., Ste. 433 Santa Ana, CA**

There is increasing evidence that early identification and treatment of psychosis in adolescents and young adults can lead to a reduction in the severity and duration of psychosis, perhaps throughout the lifespan. It is also known that the prodromal state, in which the first signs of psychosis are beginning to appear without the full-blown disorder, may extend for several years, which may offer a window of opportunity for preventive intervention. At UCLA, the CAPPS research project is examining which assessment methods accurately predict who will become psychotic. This presentation will present current research related to risk factors for psychosis and research supporting early identification of psychotic symptoms, discuss methods of screening for prodromal symptoms in children and adults, briefly review empirically supported treatments for psychosis, and present the CAPPS Program.

At the conclusion of the training, participants will be able to:

1. Describe current research related to risk factors for psychosis
2. Describe methods of screening for prodromal symptoms in children and adults
3. Describe empirically supported treatments for first episode psychosis

2.5 CE credits will be available for physicians, psychologists, LCSWs and MFTs

Where indicated this is an activity offered by OC HCA, a CMA-accredited provider. Physicians attending this course may report up to 2.5 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.



AGING AND LONG-TERM CARE

Presenter: Roseanne Kotzer, MSW, ACSW
When: February 28, 2006, 9:00 a.m. to 12:00 p.m.
Location: **405 W. 5th St. Ste. 433A, Santa Ana, CA**

This workshop satisfies the training requirement for licensed psychologists, social workers and MFTs in aging and long-term care required by California State boards. The course will cover the biological, social, and psychological aspects of aging, as well as some information on substance abuse in older adults.

Target audience: Licensed psychologists, social workers, and MFTs

Objectives: Attendees will be able to:

1. Describe what is known about the biological aspects of aging
2. Describe what is known about the social aspects of aging
3. Describe what is known about the psychological aspects of aging

3 CE credits are available for psychologists, social workers, and MFTs.

Introducing – The Quality Review and Training Team

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Your Culture and Mine

The mental health needs of persons who are deaf

Persons who have had severe hearing loss since childhood and rely primarily on visual, rather than auditory cues for communication comprise from 0.55% to 0.88% of the general population. Many persons who are deaf consider that they do not have a disability, but instead have linguistic and cultural differences between themselves and the majority of the hearing society. Deaf persons communicate using American Sign Language (ASL), which is a language distinct from English or any other spoken language and without a written form. Many persons who are deaf also have difficulties reading English, despite having no intellectual impairment and may have gaps in their English language vocabulary, much as would anyone whose first language was not English. Most persons who are deaf consider that they are members of a deaf “culture,” or “community,” the core of which are the experiences of deafness and the use of ASL. Some persons who grew up in this community, despite not being deaf (e.g. persons with deaf parents), may be part of this community also. Persons who are deaf and also belong to an ethnic minority community may experience dual cultural barriers to receiving mental health services.

The best evidence suggests that the rate of Axis I mental health disorders does not differ between hearing and deaf populations, but Axis II and childhood behavior problems are three to six times more prevalent in deaf persons (Critchfield, A.B., 2002). Most scholars and deaf advocates and consumers recommend that mental health services be provided by an ASL-literate professional with knowledge or experience with the deaf community. A second, less desirable choice is the have an ASL interpreter who can mediate between the therapist and the client. New technology is presenting some help, if not solutions, to providing services for persons who are deaf, such as using teleconferencing with ASL interpreters who are not physically present. Most public mental health systems, including Orange County, have few clinicians who are trained to work with deaf clients.

References: Critchfield, A.B. (2002). *Cultural Diversity Series: Meeting the Mental Health Needs of Persons who are Deaf*. National Technical Assistance Center for State Mental Health Planning.

Show me the Evidence

Want more intensive training in evidence-based therapies?

During January, CYS QRT presented two trainings in evidence-based therapies – one on interventions for OCD and the other on *The Incredible Years Parent Training Program*. Both trainings were introductory. Now we are offering further training, over an extended period of time, for a limited number of participants. Dr. Michael Mullen, psychologist from East region, CYS, will provide ongoing, weekly consultation in cognitive-behavioral treatment to a limited number of clinicians who wish to use such techniques with clients. Prior to the beginning of the consultation, Dr. Greg Koch, who taught the OCD course, will provide a several hour special tutorial training on how to get started, for those who wish to use cognitive-behavioral treatment of OCD with kids and Dr. Koch will join Dr. Mullen’s consultation group to provide further consultation on OCD as needed for those whose cases have OCD symptoms.

Giselle Rocha and Margaret Creek, who provided the introductory training for *The Incredible Years*, will provide a more extended, 15-18 hour training for those who wish to use this program with their clients. Several people signed up during the introductory class, but anyone else who is interested may do so now.

For both trainings – Weekly consultation group for cognitive-behavioral tx, with or without an introductory session on OCD treatment, or 15-18 hour training on *The Incredible Years*, please email your interest to Dr. Casey Dorman at cadorman@ochca.com. The exact dates and times for training will be decided later.