

# QRT Continuing Education Bulletin

## March 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**

## Aging and Long-Term Care

Presenter: Roseanne Kotzer, MSW, ACSW  
When: March 9, 2006, 9:00 a.m. to 12:00 p.m.  
Location: 405 W. 5<sup>th</sup> St. Ste. 433A, Santa Ana, CA  
**THIS IS A REMINDER OF THE DATE CHANGE. THIS CLASS IS FULL**

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.**

## QRTips

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

### Progress Note:

During recent audits, the auditors gave feedback concerning the (S) portion on our progress notes. The comments were as followed:

- 1) The (S) section repeats itself verbatim and does not show any change or progress in the consumer's presentation over several months to a year. It does not contain the current presentation of the consumer. We suggest that you include a brief description of your consumer's current presentation or situation along with the template of identifying information.
- 2) The (S) section reports that the consumer is doing well over several months or throughout the entire assessment period. This reflects a lack of medical necessity. Although consumers may not be struggling every week and you want to give the current presentation, we suggest that you include a description that covers why you are assessing or treating this consumer.
- 3) The (S) section is too vague and does not give a clinical snapshot of the consumer including current impairment(s). Please remember that auditors may read only one note, and that note will need to have enough information as a stand-alone note.
- 4) The (S) section needs to reflect what the provider is going to focus on. The interventions should address the issues worked on in the session.
- 5) For Case Management Notes, the (S) section needs to reflect the clinical purpose of this service to justify medical necessity. Describing symptoms (i.e., depression) and giving a short intervention (i.e., consulted with social worker) does not explain the purpose of Case Management and is at risk for lacking medical and service necessity.

### **Client Service Plan (CSP)**

Here are just a few reminders:

- 1) Make sure your CSP includes impairment, and not symptoms only. A CSP without impairments could be seen as lacking medical necessity.
- 2) Avoid use of vague language in the objective section that is not measurable (i.e., 'poor boundaries', 'aggressive', 'low self-esteem', 'lack of trust', etc...).
- 3) Milestones need to be incremental and related to the listed impairment. One milestone generally does not cover an entire year.
- 4) If the consumer is 16 years or older, make sure you include a transitional goal and objective in your CSP.

# Coming April 11, 2006

## HIV/AIDS Training for the Mental Health Professional

# Law and Ethics for Mental Health Professionals

**Presenter: Mark Davis, Psy.D. APA HIV Office Psychology Education (HOPE) Trainer**  
Mental Health Specialist, OCHCA, AMHS  
Date and time: April 11, 2006, 9:00 a.m. – 5:00 p.m.  
Location: 744 N. Eckhoff, Orange, CA Auditorium

This course covers the characteristics and method of prevention, medical information, assessment and treatment of people living with HIV and AIDS. The course is designed to meet the requirements of the Board of Behavioral Sciences for persons renewing their license for the first time. The course also covers material useful to other professionals and is recommended as a subject of training, but not required by the California Board of Psychology.

Mark Davis, Psy.D. is a Mental Health Specialist with the County of Orange Adult Mental Health Services. He is also designated as a HIV trainer by the APA Office of Education. He is a graduate of CSPP- Fresno.

Course objectives: At the end of this course, participants will be able to:

- 1) Describe recent scientific knowledge about HIV and AIDS and its prevention
- 2) Describe mental health problems likely to be encountered by persons with HIV/AIDS
- 3) Describe treatment issues to be encountered when working with persons with HIV/AIDS

Target audience: Mental health professionals who work in the public mental health system

**7 CE Credits will be available for: LCSW, MFT, Psychologist, and MD's**

Presenter: Michael T., Griffin, JD, LCSW  
Date: March 28, 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 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.



### Introducing – The Quality Review and Training Team

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# Your Culture and Mine

## Ethnic/racial disparities in health

Within the United States there exist consistent disparities in health services and outcomes that are related to race and ethnicity. Efforts to reduce disparities in health outcomes have focused on improving access to care and improving quality of care as well as on prevention efforts, such as community education and reducing environmental barriers and safety risks. A study published in 2003 by the George Washington University Center for Health Services Research and Policy found that increasing access of poor people to health services reduced ethnic disparities in health outcomes related to prenatal care, tuberculosis and overall death rates, though it did not affect death rates from diabetes or heart disease. Greater use of health services by minorities was associated with patient outreach and education activities, telehealth services, use of interpreters and other efforts to make services culturally competent, developing special disease – related services and the addition of other services besides direct care to health centers.

Two recent efforts to reduce disparities in health outcomes can be highlighted. The Prevention Institute has developed a community assessment tool, called THRIVE, that helps residents and local leaders to identify and target those factors in the community environment that hold the most promise for improving health outcomes and reducing disparities. The aim of using the THRIVE instrument is to promote community resilience factors that will, in turn promote better health in the community residents. Preliminary results in Oakland, California have shown that use of THRIVE has resulted in development of new community-based resources aimed at improving health. The California Wellness Foundation recently announced a \$1 million grant to Ogilvy Public Relations Worldwide to implement a public education campaign promoting the benefits of increasing ethnic diversity in the California health care workforce. Increasing racial and ethnic diversity among health professionals is important because evidence indicates that diversity is associated with improved access to care for racial and ethnic minority patients and greater patient choice and satisfaction.

# Show me the Evidence

## Rating deficits in executive function

Executive function is defined as the ability to make plans, to start an activity, to carry out steps of a complicated task, and to complete a task even when distracting things are going on around you. Executive function requires initiative, persistence, attention and memory. In neurological conditions, executive function impairment is associated with damage to the brain's frontal lobes. However, executive function deficits are also found in disorders such as ADHD, Autism, and schizophrenia, where specific damage to the frontal lobes has been less conclusively shown. While neuropsychological tests are a method of assessing executive function, rating scales are another method and can provide valuable information for planning treatment or assessing change in client behavior.

A recent review of rating scales for executive function found two scales, one for children and one for adults, to be the most reliable and have the best normative data (Malloy and Grace, 2005). The *Behavioral Rating Inventory of Executive Function* (BRIEF) is an 86-item rating scale for children age 5-18, which has recently been extended to the preschool ages. There are both parent and teacher rating scales and the BRIEF yields two indexes – one related to behavioral regulation and one related to cognitive functioning. Both data from nearly 15,000 normal controls and a variety of clinical groups are presented in the manual and the BRIEF has been shown to be useful in differentiating subtypes of ADHD as well as brain-injured children.

For adults, the *Frontal Systems Behavior Scale* (FrSBe) has 46 items, filled out by someone who knows the client, and yielding three scales: Apathy, Disinhibition, and Executive Dysfunction. These scales have high internal consistency. Numerous studies have shown the FrSBe to be related to real-world impairment. The FrSBe has been used extensively with schizophrenic patients as well as brain-injured patients. Normative data are available on 436 adult men and women.

Both the BRIEF and the FrSBe are useful scales, filled out by people who are knowledgeable about the client, and predictive of deficits in executive function. Although the FrSBe has been shown to be sensitive and specific to actual frontal lobe damage, the BRIEF has not and both should be considered measures of behavior, rather than neurological function. Both are most useful in treatment planning. They each take 10-15 minutes to administer and the same time to score. Although neither rating scale takes a graduate degree in psychology to interpret, both require, according to their catalog descriptions, a bachelor's degree in psychology or a closely related field plus completion of coursework in Test Interpretation, Psychometrics and Measurement Theory, Educational Statistics, or a closely related area.

Both the BRIEF and FrSBe are available from Psychological Assessment Resources.