

# QRT Continuing Education Bulletin

## April 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 of the start time!**

## HIV/AIDS and Mental Health Issues

## QRTips

**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. **Priority given to newly licensed MFTs and LCSWs**

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

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

### Client Service Plan (CSP) Updates.

A six-month update or any update done to the CSP means it is a time to review the progress of treatment. It is a time to look at how your client is responding, or not responding, to the current interventions. It is a time to decide if you should continue with the current treatment or to make changes.

For instance, if the 6-month review is due on 9/1/06, and the CSP has 2 milestones (one dated for 7/06, the second one dated for 8/06), then the clinician must review the two milestones. If the milestones dated for 7/06 and 8/06 have not been met then the clinician must document in the "6-month review progress note" why each of these two milestones were not met. Maybe the client has missed several appointments? Maybe the frequency of sessions needs to increase? Or maybe the client needs to be assessed for meds? **IT IS NOT SUFFICIENT TO JUST DOCUMENT "IN PROGRESS" IN THE UPDATE SECTION OF THE CSP.**

Reminder: The CSP is developed with the participation of the client and/or caregiver. Therefore, if the milestones are not met by the dates specified in the CSP, then the primary therapist must review and discuss this with client and/or caregiver. This process will assist both parties (therapist and client) to move in the same direction in treatment.

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# The ABCs of Cognitive Behavioral Therapy

# Child Abuse Assessment and Reporting

**Presenter:** William Parham, Ph.D. Psychologist, UCLA Counseling Center

**Date and time:** April 14, 2006, 9:00 a.m.- 1:00 p.m.

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

Cognitive-Behavioral Therapy is an evidence-based, clinically-proven and solution-focused intervention that has been shown to be the treatment of choice for a range of problems including depression, anxiety, health related challenges, substance use, performance pressures, interpersonal relationships, disordered eating and self-esteem. This seminar will invite participants to take a look at CBT's historical foundations, its evolutionary journey and contemporary expression. The benefits and limitations of CBT compared to other therapeutic interventions also will be addressed.

**Objectives:** 1. Describe three mental health problems for which CBT is the treatment of choice. 2. Describe the basic elements of CBT.

**Target audience:** Psychologists, social workers, MFTs and other mental health providers

**4 CE credits will be available for Psychologists, LCSWs and MFTs**

**Presenter:** Leanne Tamm, Ph. D. Clinical Psychologist, CHOC and UCI

**Date and time:** 9:00 a.m. – 5:00 p.m. April 18, 2006

**Location:** 1337 Braden Court, Orange, CA 92868

This course includes the study of the assessment and method of reporting of sexual assault, neglect, severe neglect, general neglect, willful cruelty or unjustifiable punishment, corporal punishment or injury, and abuse in out-of-home care. The training also includes physical and behavioral indicators of abuse, crisis counseling techniques, community resources, rights and responsibilities of reporting, consequences of failure to report, caring for a child's needs after a report is made, sensitivity to previously abused children and adults, and implications and methods of treatment for children and adults.

**Objectives:**

1. To be able to describe the regulations regarding reporting of child abuse
2. To be able to describe how to detect the signs and indicators of possible child abuse
3. To be able to describe how to work with individuals who have been victims of child sexual abuse.

**Target audience:** non-licensed psychologists, social workers, MFT interns, and other mental health workers.

**This is a pre-licensure course and is not eligible for CE credits**

Where indicated this is an activity offered by OC HCA, a CMA-accredited provider. Physicians attending this course may report up to 7 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

Casey Dorman, Ph.D. 714-796-0119  
**Zanetta Nowden-Moloi, OS 714-796-0179**  
OfficeTech. (Vacant) 714 796-0118

[CYSQRTTraining@ochca.com](mailto:CYSQRTTraining@ochca.com) (All Workshop Registration)

**Fax Number 714-568-5781**

# Show me the Evidence

## Your Culture and Mine

### Kids in the city vs. Kids in the country

Is it better to raise your young children in the city and suburbs or in the country? A recent study looked at differences between urban and rural children who were entering school. The results were somewhat surprising. The report was part of a longitudinal study across the United States of more than 30,000 children. Comparisons were made between rural and non-rural. In these analyses, “rural” areas include those areas with a population of less than 25,000 located outside of metropolitan areas. The study found that rural children, in general, while poorer and coming from less educated families, had several advantages, such as living in safer neighborhoods, being more likely to eat dinner with the family, being rated as more socially competent, more likely to have contact with the non-custodial parent if the parents were separated, more likely to attend Head start and attend smaller and more orderly kindergarten classes. On the other hand, rural children showed less academic readiness than non-rural children and were more likely to be in special education. With regard to mental health, there were no differences in behavior problems between rural and non-rural children, although rural mothers were more likely to be depressed. Access to mental health services was much more restricted for rural children. As an exception, Native American rural children showed more behavior problems than Native American non-rural children although most measures of positive parental behaviors favored rural Native Americans over non-rural Native Americans

### Complementary and Alternative Therapies

Complementary and Alternative therapies, which often are included under the acronym CAM, which means Complementary, Alternative Medicine can be defined as a group of medical, health care, and healing systems other than those included in mainstream health care in the United States. In some cases CAM represents traditional healing methods, which have often been carried down for generations in cultures which did not have a Western medicine tradition. In other cases, CAM represents “new age” holistic healing practices, such as some types of massage therapy and megavitamin therapy, which are actually more prevalent in mainstream, upper middle-class American culture than in traditional ethnic groups. In some cultures, such as many tribal systems in Africa, traditional healers are used more often than medical doctors. In the United States, studies have shown that use of CAM is more related to the chronicity of the ailment, than the ethnicity of the sufferer. For instance, the majority of cancer patients use CAM in addition to regular medical care as do about half of those with HIV infection and a substantial portion of chronic pain sufferers do also. The term “complementary” was coined to reflect the finding that many people use mainstream medicine and alternative medicine simultaneously.

Does CAM work? It is a myth that CAMs have not or cannot be studied using traditional scientific methodology. There is evidence in favor of several alternative therapies, including low-fat or modified fat diets for preventing cardiovascular disease, acupuncture in the management of low back pain and recurrent headaches, St John's Wort for treating mild to moderate depression, herbal and glucosamine therapy for treating osteoarthritis, and nutritional supplements for several neurological conditions. On the other hand, The White House Commission on Alternative and Complementary Medicine Policy, though generally favorable toward CAM, warned, “A recent review published in the Journal of the American Medical Association found that some commonly used herbal products can cause serious complications for surgery patients. The potential complications included bleeding, cardiovascular instability, hypoglycemia, and there was evidence that some herbs may increase the strength of anesthetics or the metabolism of many drugs used during and after surgery.”

Although complementary and alternative therapies may be sought by many clients and may provide an avenue for reaching some persons who are less comfortable with regular medicine, because use of CAM offers risks as well as benefits, it is necessary to conduct scientific studies of their efficacy and make sure that their practitioners are trained to recognize conditions that are more amenable to mainstream medicine.