



Training & Continuing Education Bulletin

Orange County Health Care Agency Behavioral Health Services

May 2007

E-Learning Tips:

To access online courses go to [Other Courses Offered by hca](#) to find a course. When you get to [Other Courses Offered by hca](#), you can see the list of all available online courses by just clicking on GO, or you can narrow the selection to those approved by one or another accrediting body (e.g. APA, CBBS-California Board of Behavioral Sciences) or to a specific topic area.

How to Log into Essential Learning:

Name of Company: hca

Company Password: orange

Enter your First & Last Name

If you are a County Employee enter your employee number. If you work for one of our contract programs enter the password assigned to you

For help with essential learning such as:

1. Logging in
2. Printing Certificates
3. Tech. problems or questions

Please e-mail or call:

cvsqrtraining@ochca.com or call Zanetta Nowden-Moloi (714) 796-0179

Website:

<http://essentiallearning.net>

QRTIPS

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

- 1) **Included diagnosis:** In order to bill MediCal, the service must meet MediCal Necessity. One of the requirements to demonstrate MediCal Necessity is to have an included diagnosis as the primary diagnosis.
- 2) **Reasons for recoupment:** During an EPSDT audit some of the reasons a service would be recouped would be if the progress note indicates that the service provided was solely for one of the following:
 - a) Academic educational service
 - b) Vocational service that has work or work training as its actual purpose
 - c) Recreation
 - d) Socialization that consists of generalized group activities that do not provide systematic individualized feedback to the specific targeted behaviors.

Preparing Foster Youth for Permanency: Understanding Attachments and Relationship Building

Darla Henry, Ph.D., MSW, Co-Director, Family Design Resources, Harrisburg, PA
Date and Time: May 1, 2007, *Session A: 9:00 a.m. – 12:00 p.m.: Session B: 1:00 p.m. – 4:00 p.m.*

Location: 800 N. Eckhoff, Orange, CA Room 1304 1st Floor.

This three-hour training will provide technical assistance, using a case consultation model, in applying Dr. Henry's model of preparing foster youth for permanency. Two cases will be presented during each session with Dr. Henry using the cases to illustrate the themes of understanding attachments and relationship building. Following the case presentations, Dr. Henry will then address the themes and further teach the implementation of the model in relation to the identified subject of attachment and relationships. Everyone who attended Dr. Henry's initial training is encouraged to attend either session A or session B. Since different cases will be presented in the morning and the afternoon, a participant may register for both sessions if they wish, **but continuing education credit may only be obtained for one session.**

Learning objectives:

1. Participants will review the attachment cycle as it relates to relationship building and helping youth maintain connections.
2. Participants will relate practice issues to youth difficulties in establishing lifelong relationships.
3. Participants will explore methods to find and make connections.

3 continuing education credits are available for psychologists, social workers and MFTs for attending either the Session A or Session B (3 credits maximum for the day).

Putting the Puzzle Together: The Road to Child Protection...It all starts with you

Keynote Speaker: Dr. Michael Riley, Director of Children and Family Services, County of Orange Social Services Agency, plus multiple other speakers

Date and Time: May 4, 2007, 8:00 a.m. – 5:00 p.m.

Location: 1337 Braden Court, Orange CA

This training is designed to go beyond what a mandated reporter is required to learn for his or her license. This training will facilitate mandated reporters' understanding of what occurs after a Child Abuse Report is filed. The training will include an update on the changes with the Orange County Child Abuse Registry, information regarding police and social services investigations, forensic interviewing and medical exams, legal aspects of the case including filing with the Deputy District Attorneys' Office, therapy, advocates and victim witness services. The training will conclude at Juvenile Court for a mock trial and a tour of Orangewood Children's Home.

Objectives - As a result of this training, participants will:

1. Increase knowledge of mandated reporting laws
2. Increase knowledge of police and social services investigations after an initial child abuse report is filed
3. Gain knowledge about each component of the Child Abuse Services Team
4. Be able to describe the court procedures that apply to an accused perpetrator of child abuse
5. Be able to describe the services available through Orangewood Children's Home

7 CE credits are available for psychologists, LCSWs and MFTs

Check out our BHS Training Activities – Homepage

We provide training to the staff of the Orange County Health Care Agency's Behavioral Health Services (BHS), as well as to community agencies that partner with BHS. In addition, we manage the training programs directed toward both county staff and the community that are funded under the Mental Health Services Act (MHSA). County BHS staff and BHS contract agency staff may find information about upcoming training opportunities on our Calendar page, descriptions of upcoming and recent trainings on our Newsletters page and instructions about using our online registration and training system under Online Trainings on the Conferences and Trainings page. Information about conferences and meetings being held outside of OCHCA BHS is also available under Non-county Trainings on the Conferences and Trainings page.

Press CTRL then click the link below:

<http://ochealthinfo.com/Behavioral/trainingactivities>

A Cultural Guide for Working with Asian American Families

Presenter: Minh-Ha Pham, Psy.D. OCHCA/BHS Cultural Competency and Multi-ethnic Services

Date and Time: May 8, 2007, 9:00 a.m. – 12:00 p.m.

Location: 405 W. 5th Street Ste. 433A Santa Ana, CA

This training highlights the Asian family systems perspectives by detailing their worldview, cultural values and belief systems, concept of self, spiritual diversities as well as family characteristics in terms of socialization, parenting styles, roles and rules, relationship dynamics, communication patterns, and coping mechanisms. Focus of the training is to also emphasize current issues of identity, intergeneration gaps, different acculturation modes and rates of Asian American Families. Recent research findings with regard to cultural and language integration, as well as clinical considerations will also be covered.

Learning Objectives: At the end of the training session, participants will be able to describe:

1. The reasons associated with the underutilization or hesitation to utilize mental health services
2. Asian locus of control, sense of responsibility and self within their family systems, as well as the origins of their worldviews
3. The challenging acculturation process of Asian newcomer immigrant families, as well as that of second generation Asian Americans
4. The intergenerational gaps and acculturation conflicts between Asian Immigrant parents and their first generation to second generation Asian American children
5. A number of clinical considerations, and level of sensitivity as well as quality of care required in working with Asian American families

Target audience: Mental health clinicians who are likely to work with Asian-American clients or families

3 Continuing Education Credits will be offered to psychologists, LCSWs and MFTs

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 sponsor continuing education for psychologists. The Orange County Health Care Agency maintains responsibility for this program and its content.

Learning a Wellness and Recovery Approach - ONLINE

Most of you are familiar by now with registering for live courses online via Essential Learning. But did you know that Essential Learning has been developing courses related to the Wellness and Recovery model of mental health and that you can learn a lot about this topic by taking online courses? For your convenience, we have listed below the titles of courses related to wellness and recovery that can be taken through Essential Learning and we encourage you to do so. Many of these courses include continuing education credit. **Looking for a PIP goal? Why not talk to your supervisor about learning about the Wellness and Recovery model online?** This is the model that describes our new services provided under the Mental Health Services Act and will eventually characterize all of our services.

Essential Learning Courses on Wellness and Recovery

Wellness and Recovery – general

- Person and family centered services
- Psychosocial rehabilitation and recovery
- Recovery and severe and persistent mental illness
- Coordinated Systems of Care
- Coordinating primary care needs of people with SMI
- Working with youth: A strength-based perspective

Integrated treatment of co-occurring disorders

- Integrated Treatment of co-occurring disorders: Evidence based practices (EBP) parts 1 & 2
- Co-occurring disorders
- Motivational interviewing
- Understanding the effects of substance abuse: EBP
- Addiction: a biopsychosocial model
- Older adults and alcohol problems
- Diagnosing substance abuse in older adults
- Recognizing substance abuse in older adults
- Treating substance abuse in older adults

Evidence-based practices (EBP)

- Illness Management and Recovery
- Overview of Assertive Community Treatment: EBP
- Overview of Family Psycho Education: EBP
- Introduction to Dialectical Behavior Therapy
- Supported Employment: EBP

Consumer services

- Employment of clients with mental illness

BHS/MHSA Training Team

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For further information

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Show me the Evidence!

Preventing conduct problems

Children diagnosed with ADHD are at increased risk for developing conduct disorder. A recent study (Chronis et al, 2007) examined 108 White and African American children, all with a diagnosis of ADHD, at ages 4-7 years and followed them for the next 8 years. Mothers were assessed for the presence of depression at the beginning of the study and parent-child interactions were assessed for positive versus negative parenting. Over the 8 year course of the study, besides the presence of conduct disorder symptoms at the beginning of the study, the best predictor of an increase in conduct disorder symptoms over time was maternal depression. The best predictor of a lack of increase or development of conduct disorder symptoms was positive parenting (negative parenting was not predictive of the development of conduct disorder). The results were identical across the two racial/ethnic groups. This study illustrates that, for children with ADHD, maternal depression is a risk factor for the development of conduct disorder while positive parenting is a protective factor.

Source: Chronis, A. et. al. (2007) *Developmental Psychology*, Vol. 43, No. 1, 70-82.

Your Culture and Mine

By Minh-Ha Pham, Psy. D., Cultural Competency Department

Children of Newcomer Immigrant Families in America:

Currently there are 328 different languages spoken in the U.S., and 32 million people, or 14 percent of our U.S. population, speak a language other than English at home. According to a 2007 research study by *Child Trends* and the Center for Social and Demographic Analysis (CSDA) of the State University of New York at Albany, four in five children in immigrant families are American citizens. One in four of these children in newcomer families have a parent who was born in the U.S. Three-fourths of the children speak English exclusively or very well and nearly one-half are fluent in English although they speak another language at home. Approximately 3 in 5 children in these families have a parent who speaks English exclusively or very well. This study across 50 states also reveals that young children in immigrant families are becoming more deeply rooted in the U.S., which they now call home, have citizenship, and linguistic integration since their parents have achieved a significant degree of English fluency.

Accounting for 20 percent of all U.S. children, these children are growing faster in numbers than any other child group. They are leading the racial-ethnic transformation of America. Their families come from diverse national origins with at least 40 percent coming from Mexico, the dominant country of origin for immigrants in 26 states. Of the remaining 60 percent, 10 to 11 percent come from Caribbean, European, Canadian or Australian origins; 5 to 7 percent come from Central American, South American, Indochinese (Cambodia, Laos, Thailand, Vietnam) or West Asian origins; and two to three percent each from the former Soviet Union or Africa. However, among nine states with primarily large Mexican-American immigrant populations, including California, 30 to 33 percent of these children of newcomer families live in linguistically isolated households where no one over the age of 13 speaks English exclusively or very well. In these states children of newcomer families are less likely to enroll their children in preschool at age 3 or 4 than are their U.S. born peers by about 10 percent, putting them at a disadvantage in both language learning and cultural integration rate. This lack of enrollment is primarily due to socioeconomic circumstances, rather than culture, since the rate of preschool enrollment in Mexico is actually higher than it is in the United States.