

Training & Continuing Education Bulletin

Orange County Health Care Agency Behavioral Health Services

February 2008

Upcoming Trainings

March

Cultural and Clinical Perspectives in Working with Human Trafficking Victims and Post Trauma

Non-Violent Crisis Intervention

Basic Cultural Competency: Lesbian, Gay, Bisexual, Transgender

MHSA Training Website

BHS Training Website: http://www.ochealthinfo.com/ Behavioral/TrainingActivities

Email:

mtrainingprogram@ochca.com

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If thou must love, let it be for naught
Except for love's sake only. Do not say,
"I love for the smile-the look-the way...
For these things in themselves, Beloved, may
Be changed...

But love for love's sake, that evermore Thou mayst love on, through love's eternity.

Elizabeth Barrett Browning



HAPPY VALENTINE'S DAY

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.

Essential Learning

Website:

http://essentiallearning.net/student

Login:

Name of Company: HCA
Company Password: orange
Enter your First & Last Name
Your Password:
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.

Accessing online courses:
From the main page
(Learner Profile), click on
Other Courses Offered by
HCA and click on GO button
to view all online trainings.
You can narrow the selection
by specifying the
accreditation or subject
categories.

Please e-mail or call with any questions or concerns: All registrations are done via essential learning or e-mail. **No phone registrations**

mtrainingprogram@ochca.com or call (714) 796-0179

A Cultural Guide in Working with Korean American Families

Presenter: Minh-Ha Pham, Psy.D.

Date and Time: February 6, 2008 9:00 a.m. - 11:00 a.m. **Location:** 405 W. 5th Street, Suite 433A, Santa Ana, CA 92701

This workshop highlights the Korean American Family system's perspective by detailing their worldview; cultural values and belief systems; concept of self; and spirituality; as well as family characteristics in terms of socialization; parenting styles; roles and rules; relationship dynamics; communication patterns; and coping mechanisms. Training is also focused on current issues of identity, intergenerational gaps and different acculturation rates of Korean American Families. A culturally sensitive approach in working with this population as well as clinical considerations will also be covered.

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

- 1. The reasons associated with the underutilization or hesitation to utilize mental health services by Korean American individuals and families
- Locus of control, sense of responsibility and self concept of Korean Americans and their family systems as well as the origins of their worldviews
- 3. Relationship dynamics of Korean American Families
- 4. The challenging acculturation process as well as the intergenerational gaps and acculturation conflicts between first-generation immigrant parents and their first and second generation Korean American children
- Clinical considerations, and the level of sensitivity as well as quality of care required in working with Korean American Families

Presenter's Bio:

Minh-Ha Pham, Psy.D. is currently with the Cultural Competency and Multi-Ethnic Services of Orange County Health Care Agency/Behavioral Health Services. Dr. Pham also teaches at University of California, Irvine, School of Medicine, Department of Psychiatry and serves on the Curriculum Advisory Board of the Doctorate and Master programs in Counseling Psychology at Argosy University, Santa Ana. She is a part-time counselor at the Family Counseling Program at Rancho Capistrano Campus of Crystal Cathedral.

2 continuing education credits will be available to Psychologists, LCSWs, MFTs.

BHS Training Team

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Basic Cultural Competency: Lesbian, Gay, Bisexual, Transgender

Presenter: Christine Browning, Ph. D.

Date and Time: February 6, 13 & 27, 2008 1:00 p.m. - 4:00 p.m. **Location:** 405 W. 5th Street, Suite 433A, Santa Ana, CA 92701

This MHSA Plan Approved training entitled <u>Basic Cultural Competency: Lesbian</u>, <u>Gay</u>, <u>Bisexual</u>, <u>Transgender</u> is targeted toward direct providers and supervisors of a clinical nature in Behavioral Health Services (BHS), including contract agencies and new CCS/FSP contractors. This curriculum was developed especially for direct providers and clinical supervisors in the community mental health field and is intended to assist in understanding of the culture. This is a 3-hour training.

Objectives:

- 1. Provide knowledge about the lives of LGBT in order to create a safe environment for LGBT clients, their families, and OCHCA employees
- 2. Learn basic information about LGBT people and societal influences
- 3. Learn to become an ally to the LGBT community

This is a reminder that the above training is **mandatory** for all Behavioral Health staff, including both County and contract agency employees. If you have already taken this training please disregard.

3 Continuing Education Credits are available for Psychologists, LCSWs, MFTs.

Innovations in Recovery Conference

An Immersion Experience in a Transformational Approach to Providing Mental Health Services for Mental Health Staff and Consumers

Presenter: The staff of Recovery Innovations, Phoenix, AZ **Date and Time:** February 21, 2008 9:00 a.m. – 4:00 p.m.

Location: 505 East Central Ave., Santa Ana, CA 92707 (Delhi Community Center)

Learn About:

- The Recovery Education Center providing courses in life skills and community college certificates in Recovery–based mental health to mental health consumers, a model for future Orange County Programs
- Recovery-based housing programs, stressing independence and self-reliance by consumers
- The Living Room A consumer-run adjunct to emergency mental health that has resulted in elimination of use of restraints
- WRAP and WELL classes in clinic sites
- How to develop a transformed mental health system in Orange County

Registration Process:

Staff that has access to Essential Learning must sign up through Essential Learning. If you don't have access to Essential Learning please send an e-mail to: mtrainingprogram@ochca.com **No phone registration.**

Consumers must RVSP by calling 714 796-0179.

NOTE: If transportation is needed please let us know at the time of call.

6 Continuing Education Credits are available for Psychologists, LCSWs, MFTs.

Law and Ethics: Risk Management

Presenter: A. Steven Frankel, Ph.D., JD, ABPP

Date and Time: February 25, 2008 9:00 a.m. – 4:00 p.m. **Location:** 744 N. Eckhoff (Auditorium), Orange, CA 92868

A. Steven Frankel, PhD, JD, ABPP will provide you with tools and resources to more effectively deal with legal/ethical issues and dilemmas that frequently confront licensed therapists. In *The Legal & Regulatory Environment*, Dr. Frankel uses the doctrine of informed consent to define core issues between ethical, legal, and regulatory forces that create potential challenges and pitfalls for therapists. In *Records and Record Keeping*, he discusses legal and ethical standards for maintaining current records including privacy, content, retention and storage, patient access, dealing with subpoenas for records, and current HIPAA regulations. Finally, in *Confidentiality and Privilege for Adults & Children*, Dr. Frankel clarifies the concepts of confidentiality and privilege for adults and children, when/how to assert privilege in deposition and/or courtroom, and provides structured guidelines to minimize risk when working with custody-related issues and divorcing families.

Steven Frankel PhD, JD, ABPP (Clinical and Forensic), is a clinical psychologist (PSY3354) and an Attorney at Law (SBN192014). He is a Diplomat in Clinical and Forensic Psychology from the American Board of Professional Psychology.

Objectives:

- Appreciate the core issues created by interplay between law, ethics, and regulations in mental health care
- Understand the doctrine of informed consent and its elements
- Incorporate the latest changes in professional ethics codes into your practice
- Implement clinical and risk management strategies which minimize dangers relating to informed consent, while complying with regulatory guidelines and maintaining patient safety

6 Continuing Education Credits are available for Psychologists, LCSWs, MFTs.

QRTIPS

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

Client Service Plan (CSP)

1) The CSP must include symptom/s and the resulting impairment.

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

It is <u>not</u> sufficient only to list the symptoms ie, ongoing fighting, defiance and throwing books in the classroom. The impairment/s <u>must</u> be present in the CSP.

- 2) The CSP 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. Baselines can be recorded 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 complete a new Mental Status Evaluation form.

CONSUMED!

By Richard Krzyzanowski, Consumer Employee Advocate

For the last week or so, I have lived in dread of having to write this humble column's February installment. Always on the lookout for a clever theme in which to clothe my message, I was on the verge of resigning myself to giving in to the inevitable -- and painfully obvious -- device provided by Valentine's Day, looming on the horizon with its endless load of sugary sap, and you, gentle readers, would have had to put up with some drivel about the true meaning of love.

Even worse, about the true meaning of love *from a consumer perspective*.

As it relates to mental health systems transformation ...

OK: You have no doubt figured out by now that the official purpose of my scribbling is to explore such client-centered, transformative territory, but — well, c'mon folks! I would do you a disservice if I bought into such a silly notion as that, being a consumer, my experience of something so universally human is in any fundamental way different from anyone else's.

I'm afraid the "consumer perspective" on love is pretty standard: In the beginning, a terrifyingly exhilarating joyride in which one's heart seems a tiny boat tossed on the tempestuous waves of a churning sea, riding high on the crest of a wave one moment, sunk deep in the blackness of a trough the next. If one is lucky enough to survive this ordeal, perhaps one can look forward to the annoying stability of a long and fruitful mutual interdependence that elevates you beyond the sheer ego in which your identity is often encased. And, sometimes, one's little craft is dashed on the shoals of bitter disappointment, and you wash up on the shores of Heartbreak Beach. Sound familiar?

Have you also ever noticed that there seems to be something about love that pushes our "dumb" buttons, giving us license to do and say things that can be fairly embarrassing after we begin our "recovery" from such emotions? As a matter of fact, whenever I feel a little reluctant to disclose my psychiatric disability, I just remember how my "normal" friends acted when they were in the clutches of full-blown love, and I immediately feel at peace with my situation. How come society doesn't stigmatize *them*? No, I'm afraid that, once again, in another major arena of life, I must take the position that we "consumers" usually aren't that different from everyone else.

Now, I hope that you "normies," as we sometimes call you, consider this little tongue-in-cheek argument the next time you ask one of us for our "consumer perspective." Sure, it's a heady feeling to be elevated to the status of an expert based solely on one's identity and experience. But one's identity and experience do not necessarily imply that one has learned from them, let alone that one has derived wisdom from them.

That takes reflection, and it takes work, and it's our willingness to put **those** valuable items on the table that will enable us to take our place at the side of every other committed mental health professional in this system of ours.

See? Aren't you glad I didn't write any nonsense about love? Maybe next year ...

Richard Krzyzanowski is the Consumer Employee Advocate for HCA's Behavioral Health Services. He can be reached at (714) 796-0138, or at rkrzyzanowski@ochca.com. He welcomes your comments and suggestions, and is available to assist all consumer employees, their coworkers and supervisors.

"... One's identity and experience do not necessarily imply that one has learned from them, let alone that one has derived wisdom from them."

Your Culture and Mine

February 2008 Article: Healthy Relationship and Family By Minh-Ha Pham, Psy.D., Marital & Family Therapy Specialty, Cultural Competency Dept.

As a society, today we continue to place importance on a good marriage and family life. Some research indicates that children thrive best when raised by both biological married parents as long as the marriage is not in conflict¹. In reality, our culturally diverse communities are also made up of single parent, same sex parents, blended and adopted families, not to mention that the elements of a healthy marriage and healthy family need to be assessed differently for different cultures and ethnic populations. Mihaly Csikszentmihalyi from Claremont Graduate University raised an important question: "If We Are So Rich, Why Aren't We Happy?" (1999), and John Locke (1975) cautioned us not to mistake imaginary happiness for the real thing. After reviewing decades of research on marriage and scholar perspectives, Moore et al. (2004) helped narrow the construct of marital satisfaction and communication to ten elements of a healthy marriage: (1) commitment of the couple to one another; (2) overall marital satisfaction; (3) positive, respectful communication that requires compromise and humor at times, (4) the ability to resolve disagreements, conflicts, and decisions; (5) the absence of domestic violence; (6) fidelity; (7) intimacy and emotional support; (8) commitment to children and strong parentchild relationships; (9) marital duration; and (10) marital status. In the end, it is up to each one of us to deeply reflect and discover our own meanings of love and happiness. The formula may not be more complex than to live and embrace life fully and to love deeply with one's own meaning.

Family Profiles in Orange County's Diverse Population Source: U.S. Census Bureau, 2006 American Community Survey

Relationship Indicators	OC Total Population	White Alone	All Hispanic	Mexican Only	Asian Alone	Vietnamese Alone
Population in Households	2,966,572	1,920,140	980,163	857,674	477,134	153,715
Householder or spouse	50.4%	54.3%	34.5%	33.2%	50.6%	43.4%
Child	32.6%	30.5%	40.2%	41.2%	30.5%	34.1%
Other relatives	10.0%	7.8%	16.4%	16.6%	13.6%	18.7%
Unmarried partner	1.6%	1.8%	1.8%	1.7%	0.8%	1.1%
Households By Type		1.0.0	1.070	1.770	0.070	1.176
Married-couple families	53.9%	52.2%	39.1%	57.6%	62.2%	60.8%
Female householder, no husband present	11.3%	10.3%	18.0%	17.9%	10.2%	11.4%
Female householder with own children under 18	6.0%	5.2%	11.8%	12.0%	4.2%	5.7%
Male householder	13.5%	14.8%	8.3%	2.7%	11.1%	8.1%
Male householder, not living alone	3.8%	4.1%	3.4%	3.4%	2.7%	1.7%
Average family size	3.60	3.41	4.56	4.68	3.70	4.10
Population Age 15 & Older	2,340, 840	1,549, 108	674,003	578,175	396,668	124,633
Married & Not separated	51.6%	51.2%	48.5%	48.5%	57.5%	55.5%
Widowed	5.1%	5.8%	2.7%	2.5%	4.6%	5.8%
Divorced	9.2%	10.9%	5.7%	5.0%	4.6%	4.0%
Separated	2.1%	2.0%	3.7%	3.7%	1.4%	1.6%
Never Married	32.0%	30.1%	39.4%	40.4%	31.9%	33.0%
Male Age 15 & Older	1,161,419	768,647	350,462	303,607	190,590	62,178
Married & Not separated	53.3%	53.4%	49.4%	49.3%	58.6%	56.6%
Widowed	2.0%	2.2%	1.0%	1.1%	1.9%	2.7%
Divorced	7.1%	8.5%	4.0%	3.3%	3.5%	3.9%
Separated	1.6%	1.5%	2.6%	2.4%	1.1%	1.4%
Never Married	36.0%	34.4%	43.1%	43.8%	35.0%	35.5%
Female Age 15 & Older	1,179,421	780,461	323,541	274,568	206,078	62,455
Married & Not separated	49.9%	49.1%	47.6%	47.6%	56.5%	54.4%
Widowed	8.1%	9.4%	4.5%	4.0%	7.0%	8.9%
Divorced	11.2%	13.2%	7.7%	6.9%	5.6%	4.2%
Separated	2.6%	2.4%	4.8%	5.0%	1.8%	1.8%
Never Married	28.2%	25.9%	35.5%	36.5%	29.0%	30.6%

References

Csikszentmihalyi, M. (1999). If we are so rich, why aren't we happy? *American Psychologist*, 54 (10), 821-827. Locke, J. (1975). Essay concerning human understanding. Oxford. England: Clarendon Press. (Original work published 1960)

Moore, K.A., Kekielek, Chalk, R., J. Scarpa, Vandivere, S. (August 2002). Family strengths: Often Overlooked, but real. Child Trends.