



# Training & Continuing Education Bulletin

Orange County Health Care Agency Behavioral Health Services

## Upcoming Trainings

### June 2008

LGBT Transitional Age Youth (TAY)

Meeting the Mental Health Needs of Deaf & Hard of Hearing Training

How to Help Others without Hurting Yourself

Getting Quality Notes Done on Time

Parent Child Interaction Therapy (PCIT)

## MHSA Training Website

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

**To register for all trainings**  
 please email to  
[mtrainingprogram@ochca.com](mailto:mtrainingprogram@ochca.com)

**If you have any questions or concerns, please call (714) 667-5600.**

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### A Mother's Love

A mother's love is beyond words.  
 It endures the depths of all pain,  
 Beyond sacrifice and devotion.

It teaches forgiveness and acceptance  
 Even when all is forsaken,  
 And a heart is breaking.

A mother's love is kind and patient  
 Beyond the wonder of humility  
 And the mystery of a rare gem.  
 Bright, beyond shimmering,  
 It defines beauty.

Yes, it is my mother's love  
 That is now embedded in my heart,  
 Teaching me the art of unending love.

Minh-Ha Pham, Psy.D.

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). Provider approved by the California Board of Registered Nursing, Provider No. CEP 15019 for 3 contact hours, 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. **You must retain a copy of your certificate for four years.**

## What MHSA Training Means for You

On May 8<sup>th</sup> the Orange County Mental Health Board will hold a public hearing and vote whether or not to approve a plan to spend \$8.2 million of state Mental Health Services Act money on workforce education and training. Following Mental Health Board approval, the Plan still will require approval from the Board of Supervisors to request the funds from the state and, finally approval by the Department of Mental Health to release the funds to Orange County to spend on the activities listed in the Plan. The county can probably expect to receive the funds by sometime in August.

The county Workforce Education and Training (or WET, as it is often called) Plan contains 19 different “actions” related to educating, recruiting and training a mental health workforce to serve public mental health clients in Orange County. These actions support an MHSA Training Department, provide programs at the high school, community college, four year college and graduate school level to support students by providing scholarships, stipends, internship experiences and supervision to persons who someday will likely join the public mental health workforce, and development of a community psychiatry fellowship program through a local medical school. The aim is to bring new and well-trained people into the workforce who will be able to meet the needs of the diverse client population of our county and provide mental health services that reflect a recovery orientation and empower clients and families. With regard to the latter, the Plan also contains pathways for consumers and family members to receive education and training so that they can become part of the workforce and enter a long-term career pathway in the field of mental health.

The educational experiences that will bring new people into the workforce and provide career pathways for consumers and family members who want to join our mental health workforce are also open to employees of both county Behavioral Health Services and any of its contract agencies. Employees who want to go to school to obtain a degree or a more advanced degree than they currently possess will be able to apply for funds to assist in paying for schooling and even apply for funds to continue their full salary while they take time off to go to class or complete fieldwork assignments. The mechanisms for allocating these funds or deciding who receives them will be developed over the next several months and made available to staff once they are completed.

In addition to the workforce development actions included in the plan, there are several actions devoted to more traditional “training.” These include providing staff training in evidence-based practices, providing training to persons who work with foster families, and providing training by consumers and family members on the consumer/family member perspective to both mental health staff and the community at large.

The Orange County WET Plan was developed through a community stakeholder process that included meetings with approximately 350 individuals representing a diverse cross-section of the community and mental health providers, consumers and family members. Representatives from most of the educational institutions within the county were also involved and the actual plan was developed by an advisory committee composed of representatives from all of these groups. The Plan itself is posted on the Orange County Health Care Agency, Behavioral Health Services website at <http://ochealthinfo.com/mhsa/training>.

## Vietnamese Spiritual Values and Their Roles in Mental Health (Repeat)

**Presenter:** Brian Lam, Ph. D.

**Date and Time:** May 15, 2008 1:00 p.m. – 4:00 p.m.

**Location:** 405 W. 5<sup>th</sup> St., Ste. 433, Santa Ana, CA 92701

### Description:

Understanding cultural and spiritual components that shape individuals' coping mechanism with stresses is the critical factor in the development of culturally competent clinicians. Traditionally, research on stress and coping have been focused on the paradigm emphasizing de-contextualization. This 3- hour training has been created to assist clinicians in recognizing individuals' belief and behaviors used to develop a sense of coherence in responding to the internal and external demands of stressful situations. Different theoretical models of interpreting stresses will be presented as well as a review of coping strategies. Bibliography will be included to familiarize clinicians with the most current research related to stress and coping.

### Learning Objective:

Participants in the training can expect to:

1. Identify the role of cultural influences on stress and coping paradigm.
2. Become familiar with cultural and spiritual interpretation, Buddhist and Taoism perspectives of (1) self concept (collective self-esteem); (2) grief; (3) happiness and suffering; (4) psychological distress; and (5) somatization.
3. Become familiar with collective coping strategies beyond a Western cultural perspective.

### About the presenter:

Brian Lam is a licensed clinical social worker with extensive experience in children and families. Dr. Lam has worked as a social work consultant for PacifiCare, Blue Shield, Blue Cross, and the Orange County Social Services Agency (California). He received his doctorate in Social Work from Columbia University in 2003. Currently, Dr. Lam is an assistant professor at California State University of Long Beach. His teaching area is in direct social work practice and advanced clinical social work. His current research interests focus on ethnic identity, community influences on psychological distress, and behavioral proneness among minority adolescents. His articles appear in the *International Journal of Behavioral Development*, *International Journal of Intercultural Relations*, and *The American Journal of Orthopsychiatry*. He has a small private practice, serving the Asian Pacific Islander population in Orange County. He is a current vice-president of the National Association of Social Workers, Long Beach Unit,

3 continuing education credits are available for Psychologists, LCSWs, MFTs, and RNs.

## BHS MHSA Training Team

**Casey Dorman, Ph. D.**  
Training Coordinator

**Joshua Taylor, Psy. D.**  
Assistant Training  
Coordinator

**Zanetta Moloji**  
Program Supervisor

**Richard Krzyzanowski**  
Consumer Employee  
Advocate

**Minh-Ha Pham**  
Research Analyst III

**Dung Le**  
Mental Health Worker III

**Joaquin Granado**  
Mental Health Specialist

**Guadalupe Montoya**  
Office Assistant

**Margo Moton**  
Office Assistant

**Hiroimi Williams**  
Information Processing  
Specialist

### Contact MHSA's Training Staff

Main Line: (714) 667-5600

Fax: (714) 667-5612

[mtrainingprogram@ochca.com](mailto:mtrainingprogram@ochca.com)

## The LGBT Transitional Age Youth

**Presenter:** Nikki Yocham, The Center Orange County

**Date and Time:** May 16, 2008 9:00 a.m. – 12:00 p.m. or 1:00 p.m. – 4:00 p.m.

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

- Gender and orientation issues - coming out, transitional identity
- Conflicts/Resolutions/Support - Cultural and social issues
- The NEXT generation's attitudes and desires
- Sexuality, AIDS and HIV, experimentation, safer sex
- Transgender special concerns - the individual and family-transitioning
- Hate crimes and violence: alive and well in society

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## Exploring LGBT issues within childhood

**Presenter:** Nikki Yocham, The Center Orange County

**Date and Time:** May 19, 2008 9:00 a.m. – 12:00 p.m. or 1:00 p.m. – 4:00 p.m.

**Location:** 405 W. 5th St., Rm 433A, Santa Ana, CA

- Gender and orientation issues/early identity and declaration
- Cultural and social issues/family issues
- Children with LGBT families/parents/relatives
- Answering questions for children and adults/education/resources/support
- Questions that have no answers, but present individuals with many
- Feelings - moving towards acceptance

3 continuing education credits are available for Psychologists, LCSWs, MFTs, and RNs.

## Basic Cultural Competency: Lesbian, Gay, Bisexual, Transgender- Required for Direct Clinical Service Providers and their supervisors

**Presenter:** Christine Browning, Ph. D.

**Date and Time:** May 7, 2008 1:00 p.m. – 4:00 p.m. 5/21/08 1:00 p.m. – 4:00 p.m.

**Location:** 405 W. 5th St., Rm 433A, Santa Ana, CA

This MHSA Plan Approved training entitled Basic Cultural Competency: Lesbian, Gay, Bisexual, Transgender is being provided for all BHS direct providers and supervisors of a clinical nature. This training is targeted towards direct providers and supervisors of a clinical nature in Behavioral Health Services (BHS), including contract agencies and new CCS/FSP contractors. This is a 3-hour training. 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

**Objective:**

1. Provide knowledge about the lives of LGBT people 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 staff, both county and contract agency. If you have already taken this training please disregard**

3 continuing education credits are available for Psychologists, LCSWs, MFTs, and RNs.

## QRTIPS

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

### I. Different Day Documentation (PROGRESS NOTES):

- a) If a progress note is written on a different day than the day the service was provided, it must be documented as “different day documentation”. *Example:* If a provider meets with a client at 6 p.m., however the provider is not able to write the progress note until the next day at 8 a.m., the progress note must be documented on a different day than the service was provided. Documentation on the same progress note would be as follows:

**10/10/04 Therapist met with 12 yr., wht, M, Dx Dysthymia for an individual session. Documentation to follow.  
Paul Provider, MFT II**

**Late entry, 10/12/04 documentation of service rendered on 10/10/04.**

**S) .....I).....R).....O).....P)  
Paul Provider, MFT II**

### II. Client Service Plan

- 1) The CSP must have symptom/s and the resulting impairment or impairments. Example: Client’s ongoing fighting with peers at school, defiance towards teacher and throwing books at peers in the classroom has **resulted** in client being suspended from school 3 times in the last 6 months.

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

- 2) **The Client Service Plan 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. The baselines can be either in the first or third column of the CSP. Reminder: **NO PERCENTAGES. NO PERCENTAGES.**

### Annual Update

- 1) Mental status examination. A new MSE form must be completed.

## CONSUMED!

*By Richard Krzyzanowski, Consumer Employee Advocate*

### Is the spirit willing?

The standard social caution, which we all have heard at some point, advises us to avoid speaking of “religion and politics.” Given the realities of the current election cycle, I think the “politics” part is out the window, and it takes an iron will -- or total apathy -- not to get drawn into the myriad political discussions presently reinvigorating our Republic. This leaves the realm of “religion” for a dyed-in-the-wool troublemaker such as me to merrily explore. Don’t get me wrong: I am usually as reluctant to go there as I once was to disclose my status as a consumer. In polite society, it’s just not done.

But, the subject, stealthily relabeled as “spirituality,” has become a major topic of interest in both the mental health consumer and professional worlds, and so, in my opinion, warrants open discussion in our common workplace. Those of you who know me well know that there is not a religious bone in my poor ol’ materialistic body. The reasons for this need not concern us here, for I already hear someone saying, “But religion and spirituality are not the same!”

Perhaps. But why is it, then, that whenever I answer a query about my religion in the negative, the response is usually, “So, you are probably more spiritual!” No, no, no. And, in this case, my reasons might surprise you.

The subject comes up nowadays since many consumers and professionals have concluded that a person’s spiritual beliefs are often profoundly integral, if not central, to their world view and self image and, subsequently, should at least be considered in evaluating and addressing their mental health needs. Quite right, I think.

I have noted a plethora of potential responses, in terms of treatments and supports, offered to consumers who report that they are spiritually rooted in everything from the many forms of the Judeo-Christian-Islamic traditions, Buddhism, Hinduism and other “world” traditions, to ethnically based traditions, such as we might find among some Native-Americans. Identifying “faith-based” resources in our communities is all the rage.

Yet, for the small, often overlooked (if not reviled) minority who do not seek meaning or identity within one of these spiritual structures, it seems we do not have much to offer, except for a kind of secular “B-list” of ideas and resources that is the same as that offered our spiritual fellows, minus the creativity and enthusiasm that goes into addressing the deeper, more philosophical recesses of our beings. Sometimes, all we get is a clumsy, blank stare when we deny any spiritual connections in our lives. It’s a pity, and a potential opportunity lost.

So, I challenge our profession and our consumer community to rethink and expand our assumptions about what is really important to people and their overall well-being on all levels, and regardless of convenient labels, so that we don’t leave anyone feeling that they lack something or are less than.

Personally, I have problems with the concept of a spiritual dimension, because it is most often posed as being transcendent of, separate from, or even opposed to our mundane, material world.

I manage what is, at times, a fairly severe depression and, at my worst, have known a dark transcendence which keeps me from both the joys and pains of everyday life. In my wellness, therefore, I have come to embrace – even revel in – all the dirty little details of my existence: the triumphs and defeats; the elations and, yes, even the depressions; the great parade of life, from soaring seagulls to stinging mosquitoes; the good friends and the annoying telemarketers! The **last** thing I want is to transcend!

This is not a matter of right or wrong, it is a matter of understanding. I guess I wish our culture, mental health and otherwise, were more open to such discussions with people like me. Perhaps you will look at the information below and consider initiating one ...

*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](mailto:rkrzyzanowski@ochca.com). He welcomes your comments and suggestions, and is available to assist all consumer employees, their coworkers and supervisors.*

## Your Culture and Mine

By Minh-Ha Pham, Psy.D., BHS – MHSA Training Program

### Prevention and Intervention in a Sensible and Culturally Effective Approach

In the year 2002, the Institute of Medicine (IOM) forewarned that twenty-five percent of today's adolescents in the United States are at serious risk of not achieving "productive adulthood." The concurrent increasing technical and multicultural complexities of our society and communities have placed new challenges on families and youths in terms of education, training and the interpersonal skills required in a highly competitive living environment. In the face of increasing challenges, many navigate successfully with strength while others fall by the wayside or experience a greater sense of isolation, emotional homelessness or become more involved in high risk behaviors leading to poor outcomes, self injurious and destructive behaviors.

As our public mental health arena begins to take on a broader approach that combines identifying and preventing problem behavior early and promoting positive outcomes for all youth, it is important to take note that the exclusive focus on eliminating problem behavior is not sufficient to produce healthy, competent youth. In order for the current initiative to be effective, agencies, educators and care providers will need to focus youths on the development and knowledge of life skills, social assets, how to build relationships and adequate personal connectedness with self and others in order to function competently (IOM, 2006). Thus, in addition to early intervention programs for high-risk behaviors such as substance-use prevention and anti-bullying campaigns, more schools, agencies and organizations are offering positive development programs such as mentoring, school-based community service, and parenting classes, as well as family communication skills and interactive engagements. Besides Latinos, the Asian American and Pacific Islander (AAPI) youth group is also one of the fastest growing youth populations in the United States and our county. For those confronting wide-ranging needs and concerns living with cultural and generational gap issues among family members of different acculturation rates, local schools, agencies, communities and neighborhoods are increasingly turning their attention to strategies to support bicultural youths at-risk of negative behaviors and families with cultural and lingual barriers.

To effectively address the developmental challenges confronting youths of cultural and ethnic diverse families with parents of different acculturation rates, part of the Prevention and Early Intervention program development is to accurately identify:

- (1) The key risk and protective behavioral factors of the youth and family framework, with particular attention paid to the strength and weakness of the family system, unique cultural and ethnic characteristics;
- (2) The essential cultural adaptive components that the program could utilize to effectively influence healing, change, health and growth;
- (3) The key barriers, infrastructure issues as well as facilitating components in the implementation and sustainability of these prevention and early intervention programs.

#### Reference:

National Research Council and the Institute of Medicine. (2002). *Community programs to promote youth development*. J. Eccles & J. Gootman (Eds.). Washington, DC: The National Academies Press.