



Training & Continuing Education Bulletin

Orange County Health Care Agency Behavioral Health Services

March 2008

Upcoming Trainings

April

Immersion Training

Basic Cultural Competency:
Lesbian, Gay, Bisexual,
Transgender

MHSA Training Website

BHS Training Website:
[http://www.ochealthinfo.com/
Behavioral/TrainingActivities](http://www.ochealthinfo.com/Behavioral/TrainingActivities)

To register for all trainings
please email to
mtrainingprogram@ochca.com

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

No More Essential Learning

After more than a year of excellent service from the online training provider, Essential Learning, we have ended our contract with them. Following a review of staff use of their library of online trainings we realized that we were paying many thousands of dollars for a service that few employees used. Furthermore, the online, CEU-bearing trainings provided by Essential Learning were not fundable under the Mental Health Services Act and the current fiscal situation of the state and public funding mandates using our resources more economically. We will, however continue to register staff for our live trainings using an online provider. We are finalizing a system that will utilize our county Network of Care to allow online registration for live trainings. The system should be in place by March 15 and we will keep you apprised.

Many of you have continuing education certificates on your account at Essential Learning. We have been informed that you will have 90 days of continued access to the Essential Learning website in order to download your personal certificates and records of training. We will be issuing a reminder as the 90 days draws to a close.

We regret the loss of the online library of trainings and the inconvenience caused by changing our registration system and we will try to be available to all of you when you have questions about the new system, once it is in operation.



**MHSA Training Program is Moving
As Of
March 10, 2008**

NEW LOCATION

**600 W. Santa Ana. Blvd. Ste. 510
Santa Ana, CA 92701**

Our New Phone Numbers are:

**Main Line: (714) 667-5600
Fax: (714) 667-5612**

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.

Non-Violent Crisis Intervention

Presenter: Michael Parra, Ph.D.

Date and Time: March 5 & 26, 2008 9:00 a.m. - 4:00p.m.

Location: 405 W. 5th Street Suite 202A, Santa Ana, CA 92701

Limited to 12 attendees; please dress casually, as you will be doing physical exercises.



Children and Youth Services is re-instituting mandatory Non-Violent Crisis Intervention Training. This training is mandatory for HCA CYS clinical and support staff who work in County CYS clinical programs and who have not taken this training within the last 12 months. The training does not apply to other staff, such as contract agency staff or central administrative staff at this time.

Trainings will occur over the next year. The Training teaches you how to de-fuse potentially violent confrontations, how to de-escalate confrontations, and methods of handling physical confrontations, if necessary.

6 Continuing Education Credits are available for LCSWs and MFTs.

Basic Cultural Competency: Lesbian, Gay, Bisexual, Transgender

Presenter: Christine Browning, Ph. D.

Date and Time: March 19, 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 Basic Cultural Competency: Lesbian, Gay, Bisexual, Transgender 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 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.



BHS Training Team

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Contact MHSAs Training Staff
Main Line: 714 796-0179
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Play Therapy: An Introduction and Review

Presenter: Elizabeth K. Sorensen, LCSW

Date and Time: March 27, 2008, 9:00 a.m. – 12:00 p.m.

Location: 744 N. Eckhoff St, Orange, CA

This interactive workshop, taught by an experienced play therapist who is a Registered Play Therapist and holds a Post-Graduate Certificate in Play Therapy, introduces the models and techniques of play therapy. It is designed for mental health professionals at all levels of practice.

Objectives:

- a) Develop an understanding of why play therapy is used
- b) Describe the levels & types of play in children
- c) Review suggested toys & their uses
- d) Provide a basic overview of the models of play therapy
- e) Provide a toolbox of play therapy interventions
- f) Develop a beginning conceptualization for treatment planning

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

Faith

Call it whatever you would please;
Faith isn't anything science can touch or measure.
But you can feel it in the heart;
it is what keeps hope going, people trying and trusting
to believe in the goodness of life and others.
It is often greater than any sum of its parts,
or beyond the blueprint wonders of spirituality and genetics.
Faith provides the gift of resilience to weather the storm,
the courage to bridge dividers and strength to overcome adversity.
It has a sibling named compassion with the ability to seek understanding
to embrace true meanings of goodness,
a place where people's souls can find safety
to rest their cares on the gentle softness of inner peace...

Anonymous



QRTIPS

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

What is Medical Necessity?

Under Medi-Cal the beneficiary must meet **all three** of the following criteria:

1. The beneficiary has an **included** DSM IV TR diagnosis contained in the CCR, Title 9, Chapter 11
2. The beneficiary, **as a result of the included diagnosis** listed in (1.) must have, at minimum, one of the following:
 - a) Significant impairment in an important area of life functioning
 - b) Probability of significant deterioration in an important area of life functioning
 - c) Probability that the child will not progress developmentally as individually appropriate
3. Must meet each of the intervention criteria listed below:
 - a) The focus of the proposed intervention is to address the condition identified in number 2 above
 - b) The expectation is that the proposed intervention will do, at minimum, one of the following (1, 2 or 3):
 1. Significantly diminish the impairment
 2. Prevent significant deterioration in an important area of life functioning
 3. Allow the child to progress developmentally as individually appropriate

So what does that mean?

- 1) Have an included primary diagnosis
- 2) There must be documentation of symptoms to support the diagnosis
- 3) There must be documentation of the resulting impairment/s secondary to the diagnosis
- 4) Clinical intervention related to mental health condition



“Thank heaven, I eventually sought and received the help I needed: Help from people like those whom I now proudly call my colleagues. Most likely, people like you.”



CONSUMED!

By Richard Krzyzanowski, Consumer Employee Advocate

On Connectivity

I know that I'm running the risk that, by the time anyone reads these words, it may be raining cats and dogs, while an arctic wind whips through the Southland. Yet, as I now click merrily away at my keyboard, we enjoy an early arrival of spring-like weather, the warmth of which has enticed the wildflowers from their winter slumbers.

Why do such things touch us so deeply, informing our mythologies and our poetry through the ages; gladdening our hearts and making us somehow feel more alive?

Certainly, such seasonal changes are no surprise, for this drama has played out in more or less the same way across time and our brief life spans. For those of us with allergies, those bright blooms can be a mixed blessing, at best. And, clever species that we are, we have constructed numerous technologies to soften the blows of Mother Nature, allowing us to finesse our immediate environments with the powers of a self-indulgent heat and cold.

So why do the great events of nature, or even society, affect most of us so deeply, despite an arguable predictability, the occasional “down side,” and the option of possibly ignoring them altogether?

Because we are **connected**. As human beings, as creatures living on the earth, we enjoy fundamental connections to the world and to each other which, like the wildflowers I mentioned earlier, can be both blessing and exasperating curse. On the whole, I choose to see them as blessings, and, to explain why, I must don my “consumer” hat. For many of us who manage our lives with some “psychiatric disability,” this factor often leads us to places of devastating isolation, robbing us of that precious connectivity which should be helping us to grow, learn and enjoy.

When I was lost in the depths of my own, most severely depressive episode -- not all that long ago -- it felt like I was trapped in a thick, “pea soup” fog. I somehow knew that my friends and loved ones were just on the other side, waiting for me to emerge, but I didn't have the strength or wisdom to break through that shadowy wall. At least, not without help.

Thank heaven, I eventually sought and received the help I needed: Help from people like those whom I now proudly call my colleagues. Most likely, people like you.

I recently spoke to a fellow consumer-employee, who shared with me that he had just survived a particularly stressful meeting. Yet, his manner showed that he was still enjoying his day. Why? He explained that he remembers, all too well, being caught in that zone of isolation, with its crushing mediocrity. He felt that even the tricky, difficult phases of his professional life were far better than that nothingness we had both known. It's like getting drenched in a sudden storm, yet still enjoying the feel of the raindrops on your upturned face. It's how it should feel to be alive.

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So, if you have the good fortune to work with some of us consumer-employees, you may occasionally notice a certain enthusiasm and idealism – a certain **oompf!** --on our part as we discharge our duties, for which we hope you will forgive us. Being here can have a special meaning for us, in light of our experiences and the hard work it took us to join the ranks of this demanding profession. Perhaps, as you took your first steps down this vocational path, you felt something similar.

It is good to have meaning back in my life, and to do good work with good people. It's good to feel the sunshine again, and good to be connected.

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

Your Culture and Mine

March 2008 Article: Our Journey and Process of Cultural Exchange
By Minh-Ha Pham, Psy.D., Department of Cultural Competency & Multi-Ethnic Services



In 1880, J.W. Powell first coined the word “acculturation” in a report by the U.S. Bureau of American Ethnography and later in 1883 defined it as the psychological changes induced by cross-cultural imitation. Despite anthropologist Franz Boas’ argument back in 1888 that all people, not only “savages” and minorities, acculturate and exchange cultures as they co-exist and interact with one another, the first psychological study of acculturation by Thomas and Znaniecki did not occur until 30 years later in 1918. After 18 years, in 1936 anthropologists Redfield, Linton, and Herskovits first noted the “psychic conflict” possibly arrived from conflicting cultural norms, and they further defined acculturation as a two-way “phenomena which results when groups of individuals having different cultures come into continuous first hand contact, with subsequent changes in the original culture patterns of either or both groups.” In 1980, Berry theorized that acculturative stress is a fundamental psychological force in the acculturative process and posed four major options that a minority can choose with different motivations and consequences commonly known as assimilation, separation, integration and marginalization. Since then some have reported that acculturative stress is a significant problem for minorities while others have found no supportive evidence that such is distressful. In a 2006 study, Sam, Vedder, Ward and Horenczyk found that immigrant adolescents had better mental health than their non-immigrant classmates.

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To date more than a hundred different theories on acculturation have been developed by various disciplines; however, research direction and theory have continued into the 21st century to focus on the adjustments and changes experienced by immigrants, aboriginal people, ethnic groups and minorities in response to their contact with the dominant majority. Acculturation may have been a successful approach in the integration and creation of new language development (Kanji in Japan, Hanja in Korea, Viet Ngu in Vietnam via Chinese colonialism and dominant culture influence), but such forced replacement process toward the dominant new culture also caused an irreversible impact to the recipient indigenous people of First Nations of Canada, Native Americans, Australian and Taiwanese aborigines who have mostly lost their traditional language and culture as a consequence. Although unintended, acculturation can be conceived to be the process of cultural leaning imposed upon minorities both by the fact of being minorities and by the unidirectional expectation to minimize cultural and social conflict with the dominant culture.

With increased ethnic diversity in today's way of life that connects to others globally, it is important to reflect and define our own self-identity beyond our genetic pools and blueprints. Our sense of ethnic identity and cultural belonging with the dominant American culture and our ancestral cultures may have been both "foreign" at one point, but today they are in fact integral parts of our spiritual, emotional, functional, and cognitive development and culture essence. As we share our lives in the living process of interactions, continual change, global exchanges, osmosis and infusion of diverse cultures, we cannot help but being naturally enriched everyday by the new gifts and values bring to us by people who have crossed our paths as well as what we choose to embrace and share with others.

References:

- Berry, J. W. (1980). Social and cultural change. In H.C. Triandis, & R. W. Brislin (Eds.), *Handbook of cross-cultural psychology: Social Psychology*, 5, (pp.211-279). Boston: Allyn and Bacon.
- Sam, D. L., Vedder, P., Ward, C., & Hoarencyzyk, G. (2006). Psychological and sociocultural adaptation of immigrant youth. In J. W. Berry, J. S. Phinney, D. L. Sam, & P. Vedder. (Eds.), *Immigrant youth in cultural transition: Acculturation, identity and adaptation across national contexts* (pp. 117-141). London: Lawrence Erlbaum.