Training & Continuing Education Bulletin

Orange County Health Care Agency Behavioral Health Services

April 2007

Reminder:

If you are an HCA/BHS employee as well as the clinical staff of the contract agencies that provide services to our clients through contracts, you should be able to log-in to our on-line training system. You will have access to a library of 500 online trainings. The majority of these trainings are accredited through: APA, BBS, CAADAC, CADE, BRN and some are accredited for CME through Brown University Medical School. Website:

http://essentiallearning.net

Name of Company: hca

Company Password: orange

Enter your full name

Enter your County ID # or 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:

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

QRTIPS

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

1) Using 296.90 diagnosis and entering it into IRIS.
Information provided by Dave Horner, Ph.D. from QIPC.

When our clinicians select a numeric code, they are selecting based on DSM IV TR. As required by HIPAA, however, all codes must be billed and reported using ICD 9. In most cases, the DSM IV TR diagnosis number is identical to the appropriate ICD 9 diagnosis number, but the ICD verbal description that goes with that number is a little different.

Usually the verbal difference is minor and still provides an accurate picture of the client. In this case, however, the verbal description is significantly different in that it includes the word "psychosis" which is, in a case where there are no psychotic symptoms, not part of the clinical picture for this client. This, understandably, makes the clinician uncomfortable.

When the OT enters the 296.90 code, IRIS is correctly selecting the ICD code and verbal description of 296.90 Unspecified Affective Psychosis. This is not a mistake. The reference cited by the Department of Mental Health (DSM IV Crosswalk: Guidelines for Coding Mental Health Information, published by the American Health Information Management Association - AHIMA) indicates that this is the correct code to be used for coding a DSM IV diagnosis of 296.90 Mood Disorder NOS.

This question was discussed in the Corrective Action Committee meeting of 3/15/04. The Committee believes that the best way to handle this is for clinicians to not use this diagnosis if they are uncomfortable and to select a somewhat more definitive diagnosis than Mood Disorder NOS. This is a very non-specific code. While it is understandable that we often don't have sufficient information to be specific, clinicians do have the option of selecting one of several other NOS codes that are a bit more specific. It is hoped that if we are treating (especially giving meds) that there would be at least some idea of the general category of mood disorder. Other options include:

DSM IV TR **296.7** Bipolar 1 Disorder, Most recent episode unspecified = ICD 9 **296.7** Bipolar Affective disorder, Unspecified

DSM IV TR **311** Depressive Disorder NOS = ICD 9 **311** Depressive Disorder, Not Elsewhere Classified

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ORTIPS cont.

2) (CYS) A Client Service Plan is a document that is developed between the provider/clinician **AND** the consumer/guardian. Once the CSP requires updates or changes in between reviews **only** the provider/clinician and the consumer/guardian can make these changes/corrections. **Any** changes or corrections in this document require the initials of the person who made the changes as well as the date of when the corrections or updates were made. In addition to the initials and dates a progress note must be written explaining why the changes, corrections and updates were made.

3) (AMHS) MTP - An update to revise the MTP must be made to the Periodic Re-evaluation/Diagnoses when the identified goals: have been reached; require revision, or when the clinician receives new clinical information, between the required review dates. Sections of the Periodic Re-evaluation that are not updated must have lines placed through them with the date and initials of the clinician updating the form. The appropriate signatures must be obtained on the new Periodic Re-evaluation Form. The time of the revision does not change the review cycle due dates.
Review cycles are: ITP whenever a service other than assessment is provided during the assessment period (60 days); Intake Assessment with a completed MTP due at the end of the 60 day assessment period; 1st Periodic Re-Evaluation completed 6 months from the date of entry into treatment and subsequent review periods require completed Periodic Re-Evaluations according to the review cycles; and the Intake Assessment updated every 5 years at a minimum.

Preparing Youth for Permanency: Understanding Losses and the Grief Process

Darla Henry, Ph.D., MSW, Co-Director, Family Design Resources, Harrisburg, PA
Date and Time: April 3, 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 Street, Room 1304, Orange, CA

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 loss and grief processes. 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 (grief, loss, attachment). 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 increase knowledge and understanding of the grief process.

2. Participants will understand the connection between rage and depression behaviors and loss.

3. Participants will practice mourning techniques.

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).

Introduction to the DC: 0-3 Revised

Terri Chandler, MFT Intern; Judy Linnan, Ph.D., Psychoanalyst; Casey Dorman, Ph.D.
Date: April 20, 2007 Time: 9:00 a.m- 12:00 p.m
Location: 4999 Casa Loma, Yorba Linda, 92886

This three-hour presentation will provide an overview of the Diagnostic Classification 0-3, Revised and then show how it can be applied to a clinical case. The audience will be taken through the DC: 0-3R manual and then in small groups, use the manual to assess a case. This format has proved effective as a method of teaching the use of this diagnostic classification system that goes beyond DSM-IV both in terms of being applicable to very young children and assessing the relationship between the child and his or her caregivers.

It will be helpful, though not necessary, that attendees purchase the DC: 0-3R manual prior to attending. This manual can be found at Amazon.com or purchased through the organization Zero to Three at http://zerotothree.org.

Terri Chandler, Judy Linnan, and Casey Dorman are all members of the Orange County Early Childhood Mental Health Collaborative.

Learning objectives:

1) Be able to describe the DC: 0-3R and its five diagnostic axes
2) Be able to follow a decision-tree method of arriving at a diagnosis for an infant or toddler.

3 continuing education credits are available for psychologists, social workers and MFTs if this is the first time they have taken this course.

BHS/MHSA Training Team

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Show me the Evidence!

Prevention of recurrence in bipolar disorder

From *The Cochrane Database of Systematic Reviews* 2007 Issue 1: Recurrence rates for bipolar disorder are high despite effective treatments with mood stabilizing drugs. Self-help treatments and psychological treatments that teach patients to recognize and manage early warning symptoms and signs (EWS) of impending manic or depressive episodes are popular with patients. The main aim of such interventions is to intervene early and prevent bipolar episodes, thereby increasing the time to the next recurrence and preventing hospitalization. Six randomized controlled studies of high quality were reviewed to determine if interventions designed to help clients detect and manage early warning signs of recurrence of bipolar symptoms were effective. Clients receiving such interventions as well as treatment as usual, which included medication and regular appointments with health professionals, were compared to those receiving treatment as usual alone. Time to first recurrence of either a manic or depressive episode, time to recurrence of a manic/hypomanic episode, time to recurrence of a depressive episode, and percentage of people hospitalized as well as percentage of people functioning well, all favored the intervention group. Symptom type or severity once an episode recurred did not differ between those receiving early warning sign interventions and those not. These data provide robust evidence of the effectiveness of teaching clients relapse prevention techniques in reducing recurrences of bipolar disorder.

Your Culture and Mine

A movie worth seeing – *Journey from the Fall*

Orange County was one of the locations picked for the American opening of Ham Tran's epic story of loss and recovery by South Vietnamese after the fall of Saigon in 1975. *Journey from the Fall* begins in Saigon and concludes in Orange County but the danger, deprivation, torture and loss undergone by the characters gives the story a dimension that far exceeds the several years covered by the film. Having heard about the Viet Cong-run "Re-education camps," I was still shocked at the cruelty and the harshness of daily living portrayed in the film. The terror and hardship of traveling by boat, attempting to elude both the authorities and pirates, while avoiding drowning, is vividly captured as a mother, son and grandmother flee from their country, leaving behind the father who has been imprisoned.

Without giving away the ending of the story, I can say that it contains both tragedy and triumph. For those who made this perilous journey or who had family who did, the movie may well bring back traumatic memories at the same time that it educates those who may only be vaguely familiar with what their parents or aunts or uncles have been through. For other residents of Orange County, who work and live alongside of Vietnamese Americans, *Journey from the Fall* offers a glimpse into the terrible and courageous journey that many of our friends and co-workers endured to arrive here in the United States and is well-worth seeing.