



# Orange County Psychiatric Society

DISTRICT BRANCH OF THE AMERICAN PSYCHIATRIC ASSOCIATION

## March 2015 Newsletter

### PRESIDENT'S REPORT

By Brenda Jensen, M.D.

#### The Importance of Advocacy

"Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it's the only thing that ever has." This sentiment, initially expressed by anthropologist Margaret Mead in the 1950's, was referring to efforts to fight racism and environmental harm. Over 60 years later, it remains equally true that a small number of psychiatrists and supporters, advocating together, can change the landscape of mental healthcare in this country. The recent passage of the Clay Hunt Act is an excellent example of that change in action and it shows what is possible through advocacy.



On February 12, 2015, the Clay Hunt Act was signed into law by President Obama at a White House ceremony. This new law establishes increased loan repayment for newly hired VA psychiatrists to aid recruitment efforts, improves support for veterans transitioning from active duty and increases VA accountability to Congress in an overall effort to reduce veteran suicide. The background leading up to this bill's passage is interesting and it can serve as a blueprint for future advocacy efforts.

The Department of Government Relations at the APA has excellent relationships with many Veteran Service Organizations (VSOs) and maintains frequent communication. Over two years ago, Dr. Jenny Boyer, Dr. Alan Hines and I, as Co-Chairs of the APA VA Caucus, had the opportunity to meet with representatives from multiple VSOs in Washington DC to further this communication and discuss shared concerns. A variety of issues were discussed including the need for more VA psychiatrists to treat veterans with mental illness and the difficulty some VA hospitals were experiencing with recruitment.

The difficulty with VA psychiatrist recruitment was discussed in an APA VA Caucus meeting and members felt that increasing medical school loan repayment would be a viable means of improving recruitment. However this required approval from Congress during a time when new funding expenditures in Congress were routinely defeated. The VA Caucus supported an APA Action Paper suggesting that the APA advocate for this change.

After the Action Paper passed the APA Assembly, the APA drafted legislation which would increase loan repayments for newly hired VA psychiatrists through a three year pilot project. The APA then contacted multiple Congressional representatives to look for legislative sponsors. Ultimately bipartisan sponsors were identified and the bill officially became a House Resolution. Several months later, psychiatrists from around the country traveled to Washington DC for APA Advocacy Day and met with their Senators and Representatives to ask for support for this legislation. In addition, the APA asked the VSOs for their help in educating Congressional representatives about the need for this legislation. One Veteran Service Organization, the Iraq and Afghanistan Veterans of America, made over 200 Capitol Hill visits in support of this legislation.

Over time the legislation written by the APA was added to larger bills, which initially stalled its progress. The APA and VSOs did not give up and continued to emphasize the need for this legislation. The APA legislation was ultimately renamed the Clay Hunt Act in honor of Clay Hunt, a veteran with PTSD who had committed suicide. Provisions were added to the bill which would

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In an effort to improve communications and to save money and trees, OCPS intends to "go electronic" as much as possible, especially with its communications with its membership. To that end, please provide your E-mail address to Holly in the OCPS office ([happelbaum@ocps.org](mailto:happelbaum@ocps.org)). Starting with this issue, the OCPS Newsletter will be sent to members by E-mail and also will be posted in the "Members Only" section of the OCPS website ([www.ocps.org](http://www.ocps.org)). We appreciate your assistance and cooperation in this effort.

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increase support for transitioning veterans and increase VA accountability to Congress. The bill had scores of co-sponsors from both political parties and its passage appeared eminent during the lame duck sessions of Congress in late 2014. However a retiring senator was able to block passage of the Clay Hunt Act due to a procedural technicality and Congress adjourned.

When the new Congress convened in 2015, the APA and VSOs immediately asked members to write, call or meet with their representatives and ask for quick passage of this legislation. In late January, the Clay Hunt Act passed the House with an overwhelming majority. The Senate vote was even more impressive, 99 in favor and zero opposed. When the Clay Hunt Act was signed by President Obama in early February, it represented a victory for veterans with mental illness and the many psychiatrists and VSOs who had tirelessly advocated on their behalf for over 18 months.

OCPS will soon be sponsoring an event designed to teach members how to effectively advocate. This will be held at UCI Medical Center on Thursday, March 19, with dinner starting at 6pm and the presentation at 6:30pm. The California Psychiatric Association will then be hosting CPA Advocacy Day on April 13, giving CPA members an opportunity to speak with State Senators and Assembly members about issues relevant to state mental health. OCPS members interested in advocacy are also welcome to become involved with the OCPS Government Affairs Committee, which has met with the Orange County Board of Supervisors on multiple occasions to successfully promote passage of Laura's Law and 5270 legal holds in Orange County.

The voice of a few committed individuals can change society. Margaret Mead saw this in the 1950's and we are thankfully still seeing it today as demonstrated by the recent passage of the Clay Hunt Act. Even one visit, letter or phone call to a County Supervisor, state legislator or U.S. Congressional representative can make a significant impact. Please use your voice to improve the future of mental healthcare in our county, state and country. Advocacy can, and does, change the world in which we live.

# SAVE the DATE

## California Psychiatric Association 29th Annual Premier Conference

### September 25-27, 2015

### Laguna Cliffs Resort & Spa Dana Point

OCPS is thrilled to announce that Vinayak Shanbhag, M.D. was presented with the 2015 Mental Health Association Community Service Award in the professional category. He received this honor during a gala celebration luncheon at The Turnip Rose "Celebrations" in Costa Mesa on February 26, 2015.

The Community Service Award is presented to individuals who demonstrate compassion and excellence and have made a positive contribution to the mental health community in Orange County. The award is presented to individuals in three categories – professional, volunteer and client. Dr. Shanbhag epitomizes what this award is all about as this is the second time he has received this honor. In 2003 the Community Service Award was presented to both Dr. Shanbhag and Dr. Barton Blinder.

Jeannine Loucks, clinical coordinator of behavioral health at St. Joseph Hospital in Orange, submitted the following statement on why Dr. Shanbhag should be honored with the 2015 MHA Community Service Award:

*Dr. Vinayak Shanbhag represents the epitome of the professional psychiatrist. His vision to reduce the stigma associated with mental illness through his education and visionary leadership is evidenced through his participation as an active member of numerous Orange County Community entities. He has been practicing psychiatry for over 20 years in Orange County and has always cared for this vulnerable population with the utmost respect, dignity and compassion. He has willingly assisted me with educating law enforcement on various mental health diagnoses and providing real life stories on handling psychiatric field encounters. Dr. Shanbhag provided officers with strategies and communication tools to better handle field contacts with those individuals experiencing mental health issues. His information has enhanced each officer's knowledge, skill level, and confidence to better interact with those in crisis. The feedback from the officers has been and continues to be extremely positive. His professionalism, innovation, humor, and examples have inspired officers to provide exceptional care and as a direct result has reduced the stigma associated with mental illness. Dr. Shanbhag also assisted me with developing in association with MHA and Orange Police Department a training video on Schizophrenia that is currently available to all first responders.*

*He has presented at numerous mental health conferences on mental illness and reducing stigma. His energy and commitment to*

*making a difference in the lives of those suffering with mental illness is boundless. At St. Joseph Hospital he is always willing to consult on difficult cases. He consistently demonstrates and delivers the most compassionate and quality care. He is so generous of his time and always willing to help no matter how busy he is.*

*For these reasons, he is the candidate who demonstrates the criteria for the Mental Health Association of Orange County 21<sup>st</sup> Annual Mental Health Community Service Award in the professional category.*

Please join me in congratulating Dr. Shanbhag for being recognized for his tireless work in improving the lives of mentally ill people in Orange County.

## CONGRATULATIONS

Congratulations to the following OCPS members who attained 50-year Member status in the APA this year:

**Edward Kaufman, M.D.**  
**Joseph Pursch, M.D.**

Congratulations to the following OCPS members who reached Life Member status this year:

**George Karamigios, M.D.**  
**Nayana Shah, M.D.**  
**John Ursino, M.D.**

Congratulations to the following OCPS members who received the Distinguished Fellow honor this year:

**Laura Dardashti, M.D.**  
**Thomas Okamoto, M.D.**

# Online Physician Reviews: Take Them or Leave Them?

By Kristin Lambert, JD, MSW, LICSW, FASHRM, and Moira Wertheimer, JD, RN, CPHRM

Online reviews of businesses such as restaurants, movies and hotels are becoming the norm. Reviews of healthcare professionals are also on the rise and psychiatrists are increasingly finding themselves the subject of online patient reviews. Online reviews may not be factually correct and there is no proof that the “author” was, in fact, a patient. A recent survey conducted showed that the number of patients using online reviews grew 68% from 2013 to 2014, and Yelp followed closely by Healthgrades and RateMds were the most popular sites visited. Thus, ignoring online reviews is becoming more difficult. However, options for recourse among physicians are often limited due in part, to federal and state privacy laws.

In addition to the limitation imposed by patient confidentiality laws, the Federal 1996 Communications Decency Act provides immunity to interactive online services for publishing content authored by a third party. Many review websites have terms and conditions that posts must adhere to. You can request that the site “take down” posts that violate their terms, contain personal identifiable information, or violate privacy laws such as HIPAA, although, most sites are reluctant to do so.

Attempts by physicians to file suit against a patient for defamation have been met with mixed results, including taking a toll on the physician's physical, emotional and financial well-being. To prevail in a defamation case, a plaintiff must prove four elements: 1) a false statement claiming to be fact was made; 2) the communicator knew the statement was false; 3) the false statement was communicated to a third person, and, as result; 4) the plaintiff suffered damages. Many courts thus far, however, are reluctant categorize a patient's online reviews as defamatory, thereby limiting a patient's speech.

From risk management perspective, what can a psychiatrist do to counter a negative review already written or to proactively manage their online reputations?

- **First**, conduct an internet search of yourself to determine what information is posted online about you; even if you don't have a website or do not engage in online social media there can still be online information about you out there. You should consider revising any incorrect biographical, educational or contact information. You may also be able to set up “alerts” on search engines like Google that will examine the internet looking for mention of specific key words you request and send you an email when it finds something.
- **Second**, if your “search” uncovers false or inflammatory content regarding your patient care it must be handled prudently so as not to make the situation worse. Posting a response online may violate patient privacy laws and it may be prudent to discuss the issue with

the patient offline, if you know who the author is. Furthermore, patients who seek behavioral health treatment may have highly sensitive issues and they may be especially vulnerable. As such, particularly with the psychiatric patient population, responding to a patient post is not advisable.

- **Third**, build your own online content. The American College of Physicians and the Federation of State Medical Boards issued a policy statement concerning “online medical professionalism.” Among other things, they recommended that physicians consider establishing a professional profile so that it appears “first” during a search, rather than a physician ranking site.

Many of the negative reviews involve criticism surrounding practice management issues rather than patient care issues. These reviews may help you identify and correct issues, and head off additional negative reviews.

## Conclusion:

Physicians, especially psychiatrists are often held to a higher standard of professionalism, including their online interactions. When faced with a concerning online review, it is important to contact your risk management professional to discuss how to address or respond to the issue.

## Authors

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Moira Wertheimer, JD, RN, CPHRM is an Assistant Vice President of Healthcare Risk Management at AWAC Services Company where she provides consulting and client services to Allied World's insured psychiatrists helping them access and manage the risks that they encounter. Ms. Wertheimer has a background in law and psychiatric nursing.

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## Member Spotlight : Stella Cai, M.D.

Numerous outstanding and accomplished individuals comprise the membership of OCPS. In order to better recognize the unique and dynamic individuals who are OCPS members, "Member Spotlight" has become a regular feature of the OCPS Newsletter.

Stella Cai, M.D. is one such member. Dr. Cai was born in Chengdu, China, but came to America when she was 12 years old. Her undergraduate studies were completed at UCLA. She attended medical school at the University at Buffalo State University of New York School of Medicine & Biomedical Sciences. She is currently a PGY-3 at UCI Medical Center and plans to begin her child and adolescent psychiatry fellowship at USC in July. Her professional interests are child and adolescent psychiatry, global mental health, and cross-cultural psychiatry.



### **Dr. Cai was recently elected as the APA Resident-Fellow Member Trustee-Elect. A portion of her platform is reprinted here:**

*Given the expansion of the Affordable Care Act (ACA), an estimated 15 million patients will gain mental health coverage through insurance exchanges and expansion of Medicaid programs. However, given the shortage of psychiatrists and the downsizing of hospital beds, access to mental health treatment remains uncertain for many patients. Bridging this gap will be the most difficult challenge psychiatrists will need to face in years to come. As a resident, I cannot feel help feeling frustrated by this shortage in the emergency room when the patients sit there for days before being admitted to the inpatient unit.*

*The accessibility to mental health care will continue to be a problem, and more patients will find their ways to primary care settings or the nearest emergency room for first line treatment. In order to close this gap in access to care, we need to investigate opportunities to bring mental health treatment to the primary care and emergency room settings while simultaneously working to increase mental health education. I advocate for making psychiatric training a requirement in internal medicine and emergency medicine. Under current Accreditation Council for Graduate Medical Education (ACGME), psychiatry is not listed as a program requirement for either practice; yet in the real world the primary care and emergency doctors are at the front line in providing psychiatric care. I want to take an active role to increase awareness at ACGME and collaborate with State Medical Boards to incorporate psychiatric assessment as a requirement for Continuing Medical Education (CME). Lastly, there needs to be more questions focused on various psychiatric conditions on Board Exams for other specialties.*

Art is an intricate part of Dr. Cai's life. At the age of 4 she began drawing and painting. She continues that passion to this day and she has been an editorial illustrator and worked on various projects such as Make Art Stop AIDS. She also has spearheaded a project called Healing Thru Art in the AIDS home in New Delhi. In addition to becoming a child and adolescent psychiatrist, Dr. Cai's dream is to become a children's book illustrator.

Being a Chinese-born immigrant Dr. Cai has a unique perspective on culture awareness in mental health. With Dr. Francis Lu, she helped develop her training program's cultural competency curriculum to educate her peers on the unique mental health needs of immigrants. Dr. Cai also has served as a group facilitator and active member in NAMI Orange County.

Congratulations Dr. Cai for being elected as the APA Resident-Fellow Member Trustee-Elect. Given your passion, motivation and enthusiasm, you are a force to be reckoned with in the fight for adequate access to quality care for patients who most desperately need psychiatric services.

# Residents' Corner

By: Surani Jayaratna, M.D., Co-Chief Resident,  
U.C. Irvine Health Department of Psychiatry

On behalf of the UCI residents, we would like to say thank you to all the members who have volunteered their time to help assist residents with their various endeavors and have made our engagement with OCPS increasingly meaningful!

Resident involvement with OCPS continues to grow with each passing month. In addition to the 12 residents slated to present posters at the APA, two of our residents will be involved with conducting symposiums. Third-year resident Alexis Seegan (current Resident Fellow Member Deputy Representative for Area 6) will be part of the *Patient Suicide as a Resident* symposium and third-year resident Ijeoma Chukwu (Associate Editor for the American Journal of Psychiatry Residents' Journal) will be part of the *How To Get Involved with AJP Residents' Journal* symposium. Second-year resident Jonathan Serrato is the recipient of the inaugural Bill Callahan, M.D. Memorial Advocacy Award and third-year resident Stella Cai is now the APA Resident-Fellow Member Trustee-Elect (RFMTE). Fourth-year resident Stephanie Lei, with the guidance and support of her OCPS mentors, helped to hold the initial meeting of the Women's Forum which was successful at uniting residents, both past and present, with various OCPS members from the community. Thanks to the APA, all residents now have a nifty portable USB charger as a gift for 100% membership.

As the temperatures paradoxically seem to be getting colder with winter coming to an end, it may be a great time to consider getting that UC Irvine Psychiatry fleece that wowed you during your read of the last newsletter!

## OCPS Calendar of Events

- April 8, 2015 ..... OCPS/OCPA (Child/Adolescent) Mixer – 6:00 p.m. – 8:00 p.m. – OCMA offices
- April 12, 2015 ..... CPA Council Meeting – Sacramento
- April 13, 2015 ..... CPA Advocacy Day - Sacramento
- April 14, 2015 ..... Gustavo Alva, M.D. - Using lurasidone, vortioxetine and vilazodone in clinical practice: tips and tricks.
- April 15, 2015 ..... OCPS Women's Forum, OCMA offices
- May 13, 2014.....Robin Berman, M.D. – Her talk is based on her book, “Permission to Parent: Raising Your Child with Love and Limits”.
- May 16-20, 2015 ..... APA Annual Meeting – Toronto, Ontario, Canada
- June 9, 2015 ..... MHA “Meeting of the Minds”, Anaheim Marriott, 8:00 a.m. – 4:30 p.m.
- July 30, 2015 ..... ..OCPS Women's Forum, OCMA offices
- Sept 25-27, 2015 ..... CPA Annual Meeting, Laguna Cliffs Resort and Spa, Dana Point
- Oct. 27, 2015 ..... OCPS Women's Forum, OCMA offices

# ETHICS CORNER

As a service to our members we are presenting ethics questions and their answers as reprinted from Opinions of the (APA) Ethics Committee on the Principles of Medical Ethics with Annotations Especially Applicable to Psychiatry.

Question: Is it ethical for psychiatrists to see members of the same family as individual patients?

Answer: Because of the complexity of factors to be considered, there is not a hard and fast rule; each case should be weighed separately. Seeing multiple members from the same family may blur boundaries of the doctor-patient relationship. Depending on the dynamics in the family, there is the possibility of causing complicated feelings of guilt, resentment, or shame if one family member responds well to treatment but the other does not. If you treat both a parent and a minor, is the parent's appointment used to communicate only about that individual, or is some of the session used to discuss the child? How do you maintain clear boundaries between communicating with the adult as a patient vs. as a parent of a patient? It is possible that a treatment recommendation for one family member may not be therapeutic for another family member? How do you balance your recommendations when, for example, what is best for the parent may not necessarily be best for the child and both are your patients?

Even if a psychiatrist avoids the accidental disclosure of information heard from one patient to another patient from the same family, a patient may have doubts about the confidentiality of their treatment if they know the psychiatrist sees a relative. These doubts may interfere with the doctor-patient relationship.

On the other hand, there may be a number of considerations that mitigate the above concerns. For example, psychiatrists practicing in rural areas, those treating underserved populations, and those with specialized expertise required by more than one member of the same family may reasonably treat members of the same family. In these instances, the psychiatrist should explicitly discuss concerns about boundaries and confidentiality at the beginning of treatment, and should remain vigilant about all of the potential ethical complications throughout the treatments. (2013)

Question: I have several adult patients who are younger than 60 and who I believe need a guardian. They have no family members available and/or willing to file the paperwork to get the process started, and they don't believe they need a guardian so they will not consent to sign a release. Several attorneys who process guardianships have

told me that all I need to do is let them know who the person is and they will file the necessary paperwork. Most of them tend to charge a \$250 yearly fee that they deduct from the patient's income. I have spoken with the local adult protective services about this issue, but they have no jurisdiction until the patient is 60 or older, after which APS is able to petition the courts to get the patient a guardian, and the judge just appoints an attorney. Is it ethical to choose an attorney to process the paperwork, violating the patient's confidentiality by sending this information, since I ultimately believe the patient doesn't have the capacity to consent to the release of information in the first place? If the patient were to sue me for breach of confidentiality, would he/she have a valid claim?

Answer: The concept of confidentiality is built on two fundamental ethical principles: beneficence (doing good for patients) and non-maleficence (not doing harm to patients). There are certain instances in which the preservation of confidentiality could actually violate both of these principles. For example, when a patient is in danger to self or others, preserving the patient's confidentiality by not sharing his identity with the appropriate authorities, could lead to harm TO the patient (and/or the community). Identifying the patient to authorities can lead away from harm and towards good for the patient via access to treatment, which in turn can minimize or remove the potential for harm.

In this guardianship conundrum, rigidly adhering to the principle of confidentiality would similarly serve neither beneficence nor non-maleficence. To avoid excessive paternalism, the doctor should be doubly sure that these patients truly have no one to exercise stewardship over their vulnerability. If the ethical duty to deploy beneficence and avoid maleficence for a highly vulnerable person simply cannot be realized by passing such duty to an agency or ethically responsible family member, then it is ethical for the psychiatrist to identify this patient to the appropriate authorities or experts in order to initiate the formal process which might result in guardianship. Analogous to the patient who is an acute danger to self or others and for whom the sharing of information with authorities has long been ethical and legal practice, pursuing the first step of guardianship initiates a sequence that mobilizes authorities (police, judges, lawyers) who take things from there.

The second question requires a legal, not an ethical, response. (2012)

# OCPS WOMEN'S FORUM

By: Yujuan Choy, M.D., Co-Organizer

**Organizers: Drs. Yujuan Choy, Laura Lai, Stephanie Lei, Deena McRae and Michelle Park.**

February 24, 2015 marks the inaugural event of the newly established OCPS Women's Forum!

Thank you to all the 20+ attendees that made the event such a fun and successful one.

The mission of the OCPS Women's Forum is to provide support and mentorship to women psychiatrists in OCPS. The idea for the OCPS Women's Forum came out of our involvement as mentor/mentee pairs in the OCPS mentorship program. Although the five of us organizers are at different levels of our careers, from residency to mid-career, we all face similar challenges as professional women. Our mentor/mentee group derived a great deal of benefit from providing mentorship and support to each other. We believe that other women psychiatrists would benefit from having a forum to come together and get mentorship from other professional women. Hence, the birth of the OCPS Women's Forum.

We conducted a survey of women members of OCPS about their interest in participating in a Women's Forum. Based on interests expressed by respondents, we decided to hold regularly scheduled events on a quarterly basis for networking opportunities and discussion of important topics that are of unique challenges and interest to professional women psychiatrists.

The OCPS Women's Forum held its first networking event on February 24, 2015. Twenty plus members of all career levels (resident, mid-career and advanced career) and in many different work settings attended the event. This first event gave members an opportunity to be active in shaping the future of Women's Forum events. The event was a huge success with positive verbal and written feedback on the evaluation forms received. Members gave high marks for the organization of the first networking event, felt the event was engaging and interesting, and provided a comfortable venue to network with other female psychiatrists. Members agreed that the OCPS Women's Forum met their needs as a female psychiatrist and they would be interested in attending future OCPS events.

During the event's group discussion, attendees expressed appreciation

for the opportunity to get together with other professional women psychiatrists. Attendees were very active and collaborative in sharing what they want to get out of the forum. Among the themes shared include:

- The opportunity to network and learn about work opportunities
- The opportunity to connect with other female psychiatrists
- Obtaining mentorship and support from other more experienced members
- Learning from each other regarding unique challenges as professional women, such as balancing professional work and family, child care issues, maternal leave requests, asserting self in the workplace as women, how to say no and not feel guilty
- Empowerment of women psychiatrists in areas of contract negotiation, setting up private practices, and leadership skills

The attendees engaged in a fruitful discussion of the format for future OCPS Women's Forum events. Given the many topics that members would like to discuss, the members reached a consensus on a format that included a casual dinner with networking opportunities, followed by a process group with discussion of one topic of interest at each meeting.

The OCPS Women's Forum will convene on the following upcoming dates: April 15, 2015, July 30, 2015 and October 27, 2015. All events will be held at the OCMA location. Keep an eye out for the event announcement for RSVPs. Events will be free of charge to OCPS women members (there will be a fee for non-OCPS women psychiatrists to cover the cost of food and facilities).



# SAVE the DATE

## Trauma-Focused Cognitive Behavioral Therapy Training

During and after a disaster, thousands of children may experience mental health distress and/or develop disorders needing assessment and therapy by mental health professionals experienced in dealing with children. In order to expand our capacity as a county to handle the surge in pediatric mental health needs after a disaster, the KIDs (Kids in Disasters) Working Group in conjunction with Health Care Agency Behavioral Health Services is arranging for free Trauma-Focused Cognitive Behavioral Therapy training for licensed mental health professionals. This training usually costs participants about \$500 but will be provided at no cost. For more information, contact Dr. Michele Cheung at [mcheung@ochca.com](mailto:mcheung@ochca.com). **Registration will be limited to 40 per 2-day session.\***

**Three sessions planned: May 1 & May 2, 2015; May 12 & May 13, 2015, or May 15 & May 22, 2015**

**Place TBA**

### **Trauma-Focused Cognitive Behavioral Therapy**

**(TF-CBT)** training aims to improve treatment of children who have experienced trauma by providing therapists with knowledge and skills to deliver this research-supported intervention model. Therapists will learn to deliver to identify appropriate cases for TF-CBT and will learn to deliver the treatment components in a way that is faithful to the model but allows for flexibility and creativity. Therapists will learn how to implement **TF-CBT** with diverse populations in a variety of treatment settings.

**TF-CBT** training and consultation calls incorporate:

- Introduction to TF-CBT model
- Screening and assessment in TF-CBT
- In-depth focus on each TF-CBT component and practice-based interventions
- Interactive exercises designed to give participants the change to enhance clinical skills in implementing TF-CBT components
- Emphasis on cultural and developmental considerations
- Focus on TF-CBT implementation in “real world” community settings

### **Training Structure:**

- 2-day initial training
- Follow-up consultation calls (1-2 times/month) available

### **Requirements:**

- Completion of the 10 hour TF-CBT web training (<http://tfcbt.musc.edu>)
- At least Master's degree in Behavioral Science and experience in providing therapy to children

\*Preference will go to registrants who agree to sign up for the Medical Reserve Corps (MRC) as a potential volunteer during a disaster. MRC volunteers supplement existing local emergency and public health resources. *For questions about the MRC, email [jgoss@ochca.com](mailto:jgoss@ochca.com). To register for MRC, go to [www.healthcarevolunteers.ca.gov](http://www.healthcarevolunteers.ca.gov).*

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Please submit resume to:  
[info@lagunabehavioral.com](mailto:info@lagunabehavioral.com)

### Contact Person:

Adel Eldahmy, MD, MBA  
[\(714\)-390-6859 \(Mobile\)](tel:(714)390-6859)

\*\*\*\*\*

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Thank you

Steve Koh, MD, MPH, MBA  
Assistant Professor, Dept of Psychiatry  
Director, Community Psychiatry Fellowship Program  
University of California, San Diego  
Consulting Faculty, Balboa, Naval Hospital

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Job # 98606

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