



Pacific Clinics

Advances

Advancing Behavioral Healthcare

**Reshaping
Destiny:
Prevention
and Early
Intervention
Changes Lives**

Advancing Behavioral Healthcare

Educating the public and professionals about mental illness...initiating community efforts for improving parenting techniques or recognizing signs of gang and drug involvement...working with families long before emotional issues escalate into hospitalization, homelessness or despair...these prevention and early intervention activities have long been part of Pacific Clinics' programs. The value of PEI services has been recognized in the distribution of the Mental Health Services Act (Prop. 63) funding — a major component will address underserved populations for which it is believed PEI is especially critical to their mental health.

We at the Clinics are very excited about the challenges and opportunities to expand and enhance PEI services along the same lines as those we have been providing for many years. As part of our response to this call, we have recently created a new corporate-level Prevention and Early Intervention program and named Rocco Cheng, Ph.D., former Satellite Services Director of our Asian Pacific Family Services division, to direct the program. Dr. Cheng has dedicated most of his tenure at the Clinics to PEI services, including developing a hugely successful community-based parenting education program in the East San Gabriel Valley area. This program has assisted more than 1,200 at-risk Asian-American parents to better understand and communicate with their children about cross-cultural stresses and other issues that can cause serious family conflicts.

Because our Board and staff has long recognized and addressed the need for integrating prevention

and early intervention services into school settings, much of our attention has been directed to children and youth from kindergarten-on. Now, however, an even more compelling group is becoming a greater focus of our efforts...the youngest consumers from birth to five years old. Gina Perez, Psy.D, another Clinics pioneer who has led us in addressing behavioral health and homelessness issues for transitional-age youth ages 16-25, is also highly knowledgeable in her field regarding mental and emotional influences on children as young as

infants or in their prenatal environment. As a result of her expertise and the Clinics' recognition of need for these services, Dr. Perez has now been named to the new corporate level position of Director of Transitional-Age Youth and Birth-to-Five Services at Pacific Clinics.

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- Susan Mandel, Ph.D.

The elevation of these programs to corporate-level status — and the promotion of two of our most talented professionals to lead them — exemplifies Pacific Clinics' ongoing commitment to the efficacy of prevention and early intervention. As we explore new and better ways to lead the Clinics, it is these types of programs that convey unequalled potential for reducing the trauma of mental disease and creating healthier communities.



*Susan Mandel, Ph.D.
President/CEO*



*Lary Mielke
Chairman of the Board*

The Way Forward:

Innovative Prevention and Early Intervention Services at Pacific Clinics

The 2004 passage of the Mental Health Services Act (MHSA, formerly known as Prop. 63) provided new funding for an innovative effort to transform the mental health system. An estimated \$1.5 billion was generated this year and is earmarked for mental health services to those Californians with unmet needs. Planning is under way for developing new programs and services for prevention and early intervention -- an approach that Pacific Clinics has long embraced.

“Under the MHSA’s prevention and early intervention phase, about 20% of the funding will target priority populations for whom prevention and early intervention will have a considerable impact in reducing mental health problems,” explains Rocco Cheng, Ph.D., Corporate Director of Pacific Clinics’ Prevention and Early Intervention Services (PEI).

These populations include underserved bicultural/immigrant populations, individuals of all ages experiencing the onset of serious psychiatric illness, and troubled children and youth from stressed families who have had exposure to trauma and are at-risk for problems such as school failure or juvenile justice involvement. Dr. Cheng states, “Pacific Clinics’ research and field practice confirms that addressing behavioral health issues early is much less costly on a personal basis for individuals and families, as well as more cost-effective for the overall care system. We are gratified that additional resources are now available to advance the prevention and intervention practices that Pacific Clinics has long held to be effective and has advanced in its own programs for consumers of all ages.”

Sensitivity and to Local, Cultural, Ethnic Differences

Dr. Cheng refers to Pacific Clinics’ successful efforts since the 1980’s to develop culturally competent PEI models, many of which have been replicated at the Clinics and elsewhere. One reason for success in



delivering the agency’s programs is the emphasis on recruiting and training bicultural and bilingual professionals and support staff. “Our programs in five Southern California counties are sensitive to diversity, to local practices and cultural or ethnic sensitivities in the use of mental health services,” says Dr. Cheng. “A geographic area, or even a different type of group, may require a unique approach to shaping programs. We tailor program design and staffing to those we serve and always solicit community and consumer input.” He cites Pacific Clinics’ numerous PEI programs for youth and parents at its Asian Pacific Family Center, its nationally recognized Latina suicide prevention program at several southeast LA County schools; and court-related programs and “wraparound” care for children and families provided in coordination with other social services groups. “All of these represent PEI best-practices models of care that have changed and saved lives. Pacific Clinics pioneered these programs and has continued to facilitate them when there was no readily available funding, making them a priority and making them happen.”

Consumer Participation

Pacific Clinics was one of the first organizations to emphasize consumer involvement and goal-setting as a key component in effective care. Consumer Advisory

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Boards at many program sites and a Clinics-wide Anti-Stigma Group provide real-world training for active participation in advising and directing policy – “a hallmark of quality service delivery and a cornerstone for PEI programs,” adds Dr. Cheng. He cites consumer staffing at Pacific Clinics’ Clubhouses and Wellness Centers as a path to optimal functioning. In encouraging and training consumers to be involved in their own care, as well as that of their peers, people with mild to severe mental illnesses function and thrive.”

Collaborative Networks

Dr. Cheng goes on to explain that through the years Pacific Clinics has understood the value of establishing collaborative relationships with community groups, law enforcement agencies, schools and universities, faith-based organizations, and other agencies as a means to encourage communication and mutual education. “These partnerships are often textbook examples of how program systems and personnel can be integrated. This provides the opportunity to elevate services that were previously constrained by budget limitations to a higher level of quality care,” explains Dr. Cheng.

There are many examples of Pacific Clinics’ collaborative approach within the local community: Joint venture Mental Health Worker courses with Pasadena City College and Santa Ana College attract and train consumers to enter the field as paraprofessionals. As the connection between mental and physical health becomes more evident, Pacific Clinics is incorporating medical services through its affiliation with URDC, which operates a primary care clinic in Pasadena. Dr. Cheng explains, “This critical component is integral to our ‘whole person’ approach to working with consumers. We are very excited to have the opportunity to give them access to a wider range of healthcare options.”

As new PEI-related services are developed, Dr. Cheng points to all of these essential elements that contribute to the success of Pacific Clinics’ programs: “Proposition 63’s mission is to make changes for the better. Pacific Clinics has a proven record of program development, community/consumer involvement, staffing commitment and training expertise to effect that transformation.”



Prevention and Early Intervention (PEI) Services help individuals of all ages.

“Proposition 63’s mission is to make changes for the better.”

- Rocco Cheng, Ph.D.

“The Earlier, the Better”

Solutions for Improving Caregiver-Child Relationships



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Cuddling counts. So does eye contact, language, music, and smiles. It all matters very much in early child development.

“A great deal of existing research details the positive and negative effects of environment before and after birth on the neurological development and socialization of babies,” says Gina Perez, Psy.D., Pacific Clinics’ Corporate Director of Birth to Five and Transitional-Age Youth Services. “The brain is considered a ‘social’ organ and, by age three, 85% of a child’s brain core structure is formed with synaptic connections in response to its relationship attachments. For infants and toddlers, these are with their primary caregivers. The early responses and feelings that babies perceive strengthen connections in regions of the brain that later help to shape their emotions, memory, trust, and sense of safety in exploring the world.”

Lives at Risk

Through technological advancement in the 1980s, a surge of research examined the development of “pre-nate” babies *in utero*. This research demonstrated that they are aware, socially oriented, and

that early experiences in the womb shape their learning and development.

Mothers who gently stroke their unborn child while pregnant, play music, and laugh build positive pathways in these biological connections. “It all counts,” says Dr. Perez. “By the same token, an infant’s unhealthy environments — pre- and post-birth — can negatively influence the infant’s response to the world. Prenatal exposure to the mother’s drugs and alcohol abuse, poor nutrition, and violent relationship — even lack of social support, education, and inadequate parenting skills — can add up to a detrimental relationship with the primary caregiver.” These negatives show up in an infant’s failure to thrive: poor sucking and swallowing, and sensory-motor deficits of hyper-sensitivity, restlessness, trembling, excessive crying, sleep disturbance or shut-off of surrounding stimuli.

Dr. Perez also points out that negative prenatal and early caregiving exposure can leave infants and young children vulnerable to a host of life-long physical and behavioral problems. “Later in life, these children may exhibit detached or defensive behavioral problems, poor impulse control, distractibility, memory deficit, poor problem solving, poor judgment, and lack of socialization — even mental retardation and developmental delay.”

What is Needed: Comprehensive, Integrated Services

It is important to note that the brain is very “plastic” and open to forming new synaptic connections throughout life. The brain is most malleable within the first five years of life, providing tremendous opportunity for prevention and early intervention. To reduce the risk of these problems and the cost of addressing them, Dr. Perez advocates a vigorous program on several fronts. “Prevention is a priority, beginning even before a pregnancy, especially in high-risk populations. Education, awareness of the effects of substance abuse, pre-pregnancy screenings, and early prenatal healthcare are essential in producing physically and emotionally healthy babies.”

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Ounces of Pacific Clinics

The building blocks of success: Scott Fairhurst, Ph.D. uses play therapy to help a child in recovery.

Two innovative Pacific Clinics early childhood programs are leading the way in prevention and early intervention for troubled children and their families. The Incredible Years program works with groups of family members to capitalize on parent support, building healthy relationships through play so that interventions become more effective. Parent-Child Interaction Therapy (PCIT) works individually with families and their children, following a clear protocol which emphasizes clarity,

consistency, and a flexible curriculum. Although each model approaches the situation differently, the end goals are the same: replace negative behaviors with positive ones, build new relationships

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- Scott Fairhurst, Ph.D.

in parent-child interactions, and effectively promote the child’s social and emotional health. In doing so early, caregivers and their children set a new, more successful path with far-reaching impact.

Incredible Years: The Power of Positive Play Creates New Relationships

Instead of criticizing a child for using curse words, a parent, looking at the fallen tower of blocks his child was building, takes a deep breath and waits for a couple of seconds. As the child begins to put the pieces back together the parent says, “It’s awesome how you’re building it back! You stayed calm and didn’t give up!”

That positive emphasis makes all the difference, points out Scott Fairhurst, Ph.D., Program Director, Pacific Clinics Monrovia Youth Day Treatment, about the *Incredible Years* program he facilitates. “Of course, we want to reduce bad language. One way to do that is to teach the skill of emotional self-control. Behaviors that garner the greatest attention are typically the ones that will increase, thus we can teach by noticing and praising the positives. Once the skill of self-regulation is in place, the need for consequences will probably decrease, and, when they are needed, will be more effective.”

Early Intervention Pay Dividends: Programs Coach Parent-Child Relationships

Essentially, *Incredible Years* equips parents with specific tools that, during required play time at home, reorients their relationships with a bank of love, affection and trust to call upon. Dr. Fairhurst explains that children are similar to adults and are more likely to do what is asked when there is a positive relationship between the parties. “An example would be when the child is asked to turn off the TV and come to dinner, he is more willing to listen and respond, rather than lapse into antagonistic behavior or ignore the parent.”

Based on the award-winning training program founded by Professor Carolyn Webster-Stratton at the University of Washington, the research-based *Incredible Years* has proven effective for reducing children’s aggression and behavior problems and increasing social competence at home and at school. The comprehensive training has been selected by the U.S. Office of Juvenile Justice and Delinquency Prevention as an exemplary best practice program, as a Blueprints program for dissemination as an early violence prevention program, and as a model program by the Center for Substance Abuse Prevention (CSAP). It is recommended by the American Psychological Division 12 Task Force as a well-established treatment for children with conduct problems.

Dr. Fairhurst, who is nearing completion of an extensive *Incredible Years* certification process to become a group leader for training other professionals, brought the program to Pacific Clinics two years ago. “There is considerable research evidence that this early intervention program reduces the risk of teen conduct disorders, heading off problems that are much harder to deal with later on.”

PC Monrovia clients ages 2 to 10 years and their parents have been exposed to *Incredible Years*. At the 90-minute sessions, while their children are supervised by staff, the caregivers are engaged with information and videotapes demonstrating play situations in which parents praise

their children and encourage positive behaviors, followed by reports of individual successes, discussions and homework assignments. “We make it fun for the family members, aided by group dinners and a buddy system,” notes Dr. Fairhurst.

“During the course of the fourteen-week program, parents rediscover the fun of being with their children and enjoying time together. Laying a solid foundation with a strong parent-child bond helps to shape more adaptive behavior and teach new skills. The point is to reduce conflict, aggression, and other behaviors that are precursors to delinquency, drug and alcohol abuse, pregnancy, and violence in school and on the streets in later years.”



Incredible Years builds a bank of love, affection and trust for parents and their children to call upon.

Dr. Fairhurst notes that replacing harsh and inconsistent parenting styles with cooperation and support, and giving time and attention to their children through play builds mutual understanding that improves the child’s social and academic skills. “We are establishing new parenting habits. Kids watch parents and respond to their feedback. When it is positive, cooperative, and supportive, they respond in kind. That changes everything and sets the child up for success.”



PCIT: Immediacy of Parent-Child Interaction Therapy Reshapes Relationships

“The one-way observation mirror is the window into real-time insights as the caregiver plays with the child and receives immediate coaching by therapists through an ear mike.” This scenario describes an integral component of a highly effective therapy technique known as PCIT.

“Parent-Child Interaction Therapy, PCIT, is a novel, very well-documented approach to improving the relationships between children and their caregivers,” observes Christopher Leucht, Ph.D., Program Director of Pacific Clinics’ Comprehensive Assessment Program (CAP). “Being able to respond with immediacy to the situation at hand helps caregivers problem-solve and establish new patterns of interaction with children.”

PCIT is an outgrowth of the work of Pacific Clinics’ CAP with Head Start programs in Pasadena, Altadena, and Glendale, where it became very clear that young children would benefit from this innovative therapeutic intervention. The Pacific Clinics team was trained in PCIT for a year by senior staff from the UC Davis CAARE Center. Pacific Clinics staff now see ten to twenty children ages two to seven and their caregivers in a typical

“...within the first four to six weeks, they have an “A-ha!” moment and really take it to heart...”

- Christopher Leucht, Ph.D.

week. The participating adults and children are primarily Medi-Cal or Healthy Families recipients.

Dr. Leucht says that the PCIT observations, combined with immediate guidance, are springboards to warmer, more supportive relationships and better communications between the adult and child. “Caregivers are guided to shift attention from whining, temper tantrums, and anger to the child’s positive behaviors. Praise, positive feedback and small rewards result in a stronger bond and more positive behavior in the child in a short time.”

With the immediacy of situational modification, the PCIT team sees behavioral changes within a few months rather than over a longer term. Dr. Leucht also notes, “Within this process we are making incremental changes in the child’s behavioral trajectory, and a change of only one or two degrees means that the child travels a path ending up miles from where he or she would have been otherwise.”

“Many of the children we see were drug-exposed prenatally or are from violent, substance-abusing or neglectful environments,” notes Dr. Leucht. “By the same token, we see second, third, and even fourth

generational patterns of bad parenting. Many parents of this generation haven’t been exposed to good parenting models. We are establishing new patterns of nurturing and supportive parenting skills as a way to reduce negative behaviors and promote pro-

social behaviors in their children. This may then initiate and result in a positive cycle of parenting.”

At first, caregivers find it hard to understand why the new ways are better. “But within the first four to six weeks, they have an “A-ha!” moment and really take it to heart,” says Dr. Leucht. “By the end of the three-to-four-month program, they have mastered the positive verbal techniques of describing, reflecting and expanding on the child’s behavior in a fun, nurturing environment. They have also learned these specific behavioral management techniques while they played with their child. The parents enjoy it so much, they often ask to return to the program with another child.”

This thirteen-year-old was so depressed, she wouldn't get out of bed, recounts Leticia Gutierrez-Lopez, Psy.D., Program Director of Pacific Clinics' groundbreaking Latina Youth Suicide Prevention Program. With the program's intervention, the teen was able recently to confidently present her story, illustrating the benefits of the program to herself and her family before a large group of people, including Congresswoman Grace Napolitano, who was instrumental in initiating the program.

"Since the program began six years ago, we have had no suicides or attempts among our target population of twelve to eighteen year olds," reports Dr. Lopez. "However, a lot has changed recently in providing services to avert tragedies. We find that these youngsters need earlier intervention and more support in working through the issues."



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Latina Youth Suicide Prevention: A Model of Early Intervention

With funding from SAMHSA and the Los Angeles County Department of Mental Health, the suicide prevention program has filled a void where no similar programs exist. "Pacific Clinics has taken the lead in prevention and early intervention youth services," notes Luis Garcia, Psy.D. and Corporate Director of Latino Program Development. "We recognized early-on that waiting until the age of sixteen or seventeen years is too late. Our close working relationships and on-site programs in middle and high schools in our service areas has increased awareness of the fact that emotional, family, economic, and peer problems underlie poor academic performance, fighting, defiance, substance abuse, and gang involvement. Once we're alerted, sometimes from confidential tip-offs from the students themselves, we step in, include the family and address problems long before they have the opportunity to escalate. Dr. Garcia says, "The youngsters we see are dealing with issues such as a mom being beaten, a father's

drunkenness, a sister's addiction, all of which manifest themselves in acting out or worse. We discover that the students' behaviors stem from the family environment, so problems need to be viewed in context. We train teachers and school counselors to identify problems and make referrals early. Students also trust our confidentiality in referring their friends to us. The Latina Youth Suicide Prevention Program is a win-win situation for all involved."

In addition to the on-campus programs in the Santa Fe Springs area, additional schools in the San Gabriel Valley are being added. The programs are well-established in helping school personnel better understand what mental health is, what signs to look for and, most important, to make recommendations for therapy much sooner.

Preventing Youth Tragedies — Bridges Over Troubled Waters

However, Dr. Garcia suggests that these programs ideally begin with elementary school children. "At this earlier stage, the family is more involved and we can form strong collaborations with them and other family members or caregivers to start solving problems long before they become more pronounced."

Clinical Interventions for Foster Youth: the Bridges

Dr. Lopez cites as a major benefit to those they serve that the new MHSa funding will allow for additional staff of specialized training. "As our services expand, we will be able to keep pace and have the necessary personnel to step in earlier." She mentions the new Children's Comprehensive Special Services (CCSS) program in which clinical interventions for foster care children of all ages will provide a wider range of resources for this overlooked population. "Through CCSS, in-home services, the Incredible Years

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program, functional family therapy, trauma-focused cognitive behavioral therapy, and intensive case management will reach more youngsters with severe problems earlier. These additional resources will now blend and enhance all of our programs and improve the access to care for foster youth.”

Transitional-age youth, 16-to-25-year-olds who have grown too old for the foster care system’s homes, institutions, and camps, will benefit from Pacific Clinics’ prevention and early intervention programs and Full Service Partnerships. “This age group is most vulnerable to initial psychotic breaks and co-occurring disorders,” says Dr. Lopez. “We are focusing attention on this population and it is evident that there is much to be done.”

Dr. Garcia summarizes, “In the past there has not been enough emphasis on prevention and early intervention. In general, families have had to use costly emergency services and hospitalization. Unfortunately, more than 90% of youth referrals to Pacific Clinics have traditionally come as a result of hospitalization, an expensive after-the-fact approach.” He says that a greater emphasis on prevention and early intervention will be more cost-effective. “The Latina program is a proven prevention and early invention model that shows how it can be done. Integrated care — from prevention to intervention to assessment, treatment, and follow-up; for the youth facing — and reacting to — troubled waters, this is the bridge that leads them to a better quality of life as adults. But we need to start much further upstream.”



The Latina Youth Suicide Prevention Program is a win-win situation...

Image © Jeff Cleveland



Getting There Before

“Local law enforcement professionals on the street will often know which youngsters are headed for major gang involvement years before they show up in arrest records and juvenile court,” observes Glenn Masuda, Ph.D., Associate Director, Clinical, at the Asian Pacific Family Center (APFC) whose long-time work with Pacific Clinics’ law enforcement, community, and youth programs have imparted a street-wise sense of what works ... and what should happen. “Unfortunately, the police are not usually allowed to intervene until after a crime is committed.”

Gang Recruitment Begins Early

Gangs, as a source of criminal activity and violence, are sustained by their ability to recruit new, younger members. “While gang activity has lessened for a number of years, it is bubbling up again according to local street intelligence. The same patterns of domestic violence, racial conflict, unemployment, substance abuse, and poverty bounce kids to the streets where the gangs are waiting to recruit the most vulnerable ones,” says Dr. Masuda.

He illustrates the point: “By the time a youth is in his or her middle to late teens, it is often too late for prevention and early intervention programs. Increasingly sophisticated gangs start serious recruiting at ages ten to thirteen, identifying boys and girls who are thrown out or are runaways from dysfunctional households, who need a place to stay, sometimes food, medicine, even help with homework, whatever the youth needs or feels that they need. They draw them into their social network and become ‘family’ where loyalty and commitment are transferred to the gang. The net result? These recruits look up to the leaders as big brothers and sisters.”

Families in Pain

For their part, the families, if caught up in their own issues of violence, mental illness, poverty, substance abuse, etc., may exhibit destructive parenting patterns and be unwilling



© Douglas Knight

the Gangs Do: Early Intervention with At-Risk Youths

or unable to cope with their own life stresses. “Too often, overwhelmed parents will call in the police and say, ‘Do something’ or ‘Scare him’ which is not an effective role. In a counseling session, I’ve witnessed a distraught mother screaming at her daughter, ‘I should have had that abortion when I had the chance.’ The cycle of violence is not limited to physical abuse; verbal and emotional abuse can also have long term consequences. The absence of effective, respected adult role models and positive parent (or caregiver)-child interactions can make the structure available in a gang very attractive. Prevention begins with supplying approachable and accessible adults, such as a trusted teacher, an uncle, a coach, a counselor, for the youngster in trouble to go to for help and guidance.”

APFC’s parenting programs go a long way to heading off gang involvement, says Dr. Masuda. “One of our jobs is to strengthen parents and caregivers. Although many come in because they want to improve their parenting skills and are confused about how to deal with communication/culture gaps, there are many who are in pain themselves and may be barely surviving economically and emotionally. The stressors can translate into domestic violence, addictive behaviors, and lashing out at their children with abusive discipline, humiliation ... a disruptive family life which breaks a child’s spirit and drives them away. We have to have the empathy to understand that, in some instances, these types of parental behaviors are the only things the adults know, having suffered themselves as children. We aim to expand and change perceptions as to what parenting should be.”

Providing Alternatives and Possibilities

Dr. Masuda says despite limited resources and legal or funding constraints, the APFC gang violence prevention programs are among the few with outside funding sources

actively intervening as early as possible to help redirect youngsters. “Thanks to our outside funding and community experiences, we know more about what works on the street.”

He cites APFC’s long-standing collaborations with schools, community groups, churches, law enforcement and probation, as well as its own youth leadership groups and parenting classes, in heading off troubled youths before the gangs get to them. “One community group questioned the relevance of a traditional dance class they sponsored. We

advised them not to give up on a lot of so-called ‘old fashioned’ activities such as that dance class -- it was the only source of stability and its instructor was the only available adult role model in several girls’ lives. Community-based youth programs and activities, such as scouting and

Junior Achievement, can still work and be relevant for giving youths alternatives and possibilities.”

In the end, the hope is that the coming MHS Prevention and Early Intervention programs, including school-based ones, will be able to address persistent issues of access to youth mental health services. Dr. Masuda envisions a triage system to assess what services are needed and available for at-risk youth in heading off gang recruitment and its consequences. “Some school districts are already outstanding in providing trained counselors and resources on campus. Ironically, we, as a society, understand the need to provide psychosocial services for chronic and severely mentally ill adults, but do not understand the same needs for teens and transitional-age youth. Hopefully, the new funding will see that dedicated PEI programs provide the means for youths to bloom as positive citizens.”

“We must win the hearts and minds of at-risk youth early on. If we do not, the gangs will beat us to it.”

- Attributed to Sheriff Sherman Block

Mental Illness and Recovery Made Real:

Anti-Stigma Group Educates, Intervenes and Inspires



Rose Lopez, Ph.D., center, goes over meeting plans with advocates Barbara Minnifield and Robert Gilkey.

“How old do you have to be to kill yourself?”

“This remarkable question was posed by an eleven-year-old boy after a presentation by Pacific Clinics’ Anti-Stigma Group to a middle school audience,” reports Rose Lopez, Ph.D., an advisor to the group that presents educational panel discussions to a variety of audiences year-round. “In this instance, our first response was to normalize the situation by saying that a person can feel that way at any age. Then we made sure the boy was referred for help. The presentation was made towards the end of the school year and, because we were there, we might have averted a tragedy over the summer.”

Suicide prevention is just one of the mental health education topics that the all-volunteer group presents in a panel format to K-12 schools, colleges, community groups, and governmental bodies. Topics range from bullying to psychosis to mental health program needs. “We frequently get an “A-ha!” response from our audiences,” Dr. Lopez recounts. “At one local university’s social worker club, the bipolar discussion triggered a member, who recognized the symptoms in herself, to seek help.”

The Anti-Stigma Group’s presentations for medical students, interns and residents, especially those heading into family practice, elicit many questions. “Our speakers’ real-life experiences impart a sense of vividness and immediacy that textbooks cannot convey,” Dr. Lopez says. “For the first time, the young doctors are hearing what mental illness is really like, its impact, and how the speakers interrelated with their doctors. It is an eye-opener for them.”

Experience Also Changes Speakers’ Lives

Trained by a Toastmasters volunteer using Toastmasters curriculum, speakers vary widely in age, ethnicity, socio-economic, and educational backgrounds, with the majority of members either in college, employed full-time, or volunteers with community groups. Group members testify before legislators; sit on local, regional, and national boards; and are politically active as mental health consumers. Wellness and hope are integral parts of the message they impart and an important take-away for audiences. In giving voice to a group of people easily forgotten, they demonstrate that recovery and return to everyday life are part of the equation for mental illness.

The acquired skills and resulting confidence also impact members personally. “Seeing our volunteer speakers grow in self-esteem through the skills they acquire is a joy to behold,” points out Dr. Lopez. “In becoming comfortable with sharing their pain and experiences and garnering the thanks of their audiences, speaking becomes a valuable tool for them to help others. It is immensely satisfying to them.”

Looking Ahead

Dr. Lopez identifies several unmet needs in anti-stigma education. “All of our speakers are adults, yet there would be a great benefit in expanding the program to include teen-age speakers. In general, adolescent audiences respond to their peers, but even more so when deeply personal mental health topics are presented by those in their own age group. The benefits of self-confidence and esteem would accrue to the teens in a fashion similar to what the adults have experienced.”

Dr. Lopez also envisions the additional support that PEI funding could provide for the dedicated volunteer speakers who provide their own transportation and pay for their expenses. “We look forward to additional training and wider exposure to national groups and professional conferences to enhance an already valuable experience for our members and the individuals whose lives they touch.”



Joe Lucero volunteers to make a presentation.

Is it Dementia, Depression, or Neither?

Education and Training Solutions to Prevent Misdiagnosis of Older Adults

“Too often, we see older adults with a mental illness subject to misdiagnosis and insufficient treatment,” asserts Faye Ashby, MSW and Corporate Director of Pacific Clinics Older Adult Services. “When family members or medical and mental health professionals see an older person with complaints of memory problems or a variety of physical issues, they assume it is due to old age or dementia, and that it is ‘to be expected.’ But that is not necessarily the case.”

Depression is often unrecognized in older adults, partly because symptoms can be different from those of younger people. Rather than reporting sadness and depressed mood, older adults may complain of memory problems and physical aches and pains. These memory problems are often assumed to be the result of dementia, and the depression is frequently overlooked.

Barriers to Care

Several barriers exist to early and accurate diagnosis and treatment of depression in older adults. One is the influence of “ageism” — negative attitudes about aging — that is pervasive in a youth-oriented society. “Misdiagnosing depression as dementia occurs because dementia is what the doctor expects to see in an old person,” explains Ms. Ashby. “Even when depression is recognized, it is often untreated or undertreated. It is not uncommon for a physician to say, ‘Well, I would be depressed too if I was 80 years old and sick’ — and then no treatment is provided because even the depression is seen as normal. However, depression and dementia are not normal parts of aging.”

Another barrier is that health and mental health professionals usually receive little training in diagnosing and treating aging adults. Without specialized training, they are more likely to misunderstand the symptoms they see. “Studies have found that physicians can diagnose depression more readily in a 40-year-old than they do with an older adult, and they are more likely to treat it. Even suicidal older adults are less likely to be treated



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than suicidal younger adults,” notes Ms. Ashby. “The picture becomes more complex when the older adult’s multiple health conditions and medications are added.”

Further, shame and stigma that older adults tend to have about mental illness can prevent early diagnosis and treatment of mental illness. Ms. Ashby explains, “Most of today’s older adults have limited knowledge of mental illnesses. They grew up at a time when hospitalization was the only treatment option for mental illness. There were no community mental health services and enormous stigma was attached to being perceived to be ‘crazy.’ An older person who has had recurrent episodes of major depression during his/her adult life might not know or use the term. He/she is more likely to talk about having had ‘nervous breakdowns’ or ‘trouble with nerves.’ Because of this stigma, mental health services for older adults need to be presented in a non-threatening way for them. We often take the services to them in their homes and in the community, instead of making them come into a mental health clinic.”

Thorough Evaluation is Essential

“In geriatric services we talk about the ‘5 D’s of older adults’ — depression, dementia, delirium, drugs, and drink (alcohol),” adds Ms. Ashby. “These 5 D’s account for many symptoms in older adults, and only with careful evaluation can we distinguish between them.”

Older adults’ many health problems, side effects of medications, drug interactions, hidden infections, substance abuse, nutrition, and psychosocial status influence mood, memory and cognition. As many as thirty health conditions can cause symptoms similar to dementia or depression; many are reversible with proper intervention. She recommends thorough medical work-

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“Medicaid funds 37% of all births in the U.S., but requires no education or prenatal screening for substance abuse. Yet, this abuse has severe effects on babies that echo throughout their lives.”

- Gina Perez, Psy.D.

Pacific Clinics' Birth to Five Program includes these essential components through its partnerships with primary care physicians to identify high-risk women and intervenes with a range of services -- from education, support groups and individual counseling to substance abuse programs and social services. Pacific Clinics also maintains strong relationships with several Head Start schools to assist with behavioral problems, language and developmental delays, and signs of neurological damage and sensory processing issues. Screenings, psychological testing, mental health treatment, and case management are available to identify and treat these problems in young children Pacific Clinics' day treatment programs for children as old as age nine, and outpatient services for all ages, offer this continuum of care.

Dr. Perez points to Pacific Clinics' partnership with URDC, a primary health care provider, as an example of a comprehensive PEI program that demonstrates how mental health services can be integrated with basic healthcare. URDC's Choices drug/alcohol treatment program admits about 22 pregnant and 18 post-partum women yearly for a full range of mental health care, social services, and support. Pregnant women who receive services at URDC's Choices also receive medical care at the Bill Moore Clinic located within the same program.

Because substance abuse education and screening is not available for most low-income mothers, linkage and collaborations with primary care, emergency room, and hospital labor and delivery physicians and nurses are essential in reaching these and other high risk women,” advises Dr. Perez. “New mothers must be followed with ongoing education and support that reduces family stress, with the added benefit for their other children. With therapeutic redirection for the child before early childhood behaviors become habits, we can transform negatives into positives for both mother and child. With coordinated, integrated care, progress is realized much more quickly.”

Finding Solutions: Expanding Access and Focused Training

Dr. Perez reports that although the Clinics has made great strides in recognizing and responding to these needs, there is much more to do to facilitate earlier access to effective care for families. Stronger ties with Head Start programs and regional providers can effect referrals that bring mothers and children to treatment resources and care much sooner. Essential home visits to observe families in their natural settings help determine if their environment needs adaptations to emotional stimuli, if new routines need to be established, and to assist in enhancing the attachment relationship with primary caregiver(s). Dr. Perez also recommends focused graduate social work and medical school education, internships, and extended professional training in interrelated infant and adult mental health. “Training and teamwork in prevention and early intervention -- all this works toward advancing solutions that result in better caregiver-child outcomes.”

ups, medication reviews, and geriatric specialist services for assessing older adults' physical and mental health. With an accurate mental health diagnosis, treatment needs to be appropriate for aging adults. Medications must be carefully selected based on the mental health condition, but must also take into account age-related physiological changes, multiple health conditions and all prescription and over-the-counter medications the older adult may be taking.

Services Assist: Gap Remains

In early 2007, Pacific Clinics began implementing new MHSA-funded Full Service Partnership Programs for older adults. These programs provide intensive comprehensive field-based services for severely impaired older adults from four of Pacific Clinics' service areas in greater Los Angeles. In addition, Pacific Clinics now has two Field Capable Clinical Services (FCCS) Programs serving a similar population with a less intensive level of service. One of these programs is based at the Asian Pacific Family Center serving Chinese-American older adults.

Advancing Professional Training:

Pacific Clinics Training Institute Launches Online Learning

In the relentless world of technology and busy schedules, updating and upgrading skills is an ongoing challenge for all who work in behavioral healthcare. “Pacific Clinics Training Institute (PCTI) has always been in the forefront of providing accredited courses, seminars, workshops, and innovative conferences,” notes Craig Weiss, Corporate Director of Pacific Clinics Training Institute. “Now, with the launch of PCTI Online, our staff will have easy, convenient access to cutting edge practices, online continuing education (CE) courses and topics, whenever and wherever, 24 hours a day, seven days a week.”

While the Training Institute will continue to offer behavioral healthcare instructor-led courses, E-learning, and training solutions for Pacific Clinics staff, PCTI will branch into other behavioral healthcare markets. “Our online presence expands PCTI’s offerings as a truly blended learning solution, incorporating content-rich E-learning, instructor-led training, paper-based materials, DVDs and other media deliverables,” adds Mr. Weiss. “With Pacific Clinics background and experience in all aspects of training, we can meet any outside agencies’ learning needs.”

PCTI Online Expands Interactive Learning

The addition of an online option underscores Pacific Clinics’ focus as a continual-learning organization. Launching in December in a phased roll-out, PCTI Online participants will log in from their workstation’s desktop computers and immediately start taking an online class or return to one previously begun.

“Unlike textbooks, with students following a linear method ... read chapter 1, then chapter 2 ... or instructor-led training where the learner follows the pace of the instructor, online learning is non-linear and self-paced.

Participants can go in and out of the course as often as they want, can drill down to a specific topic anywhere in the course, and learn on their own time, without the need to get in their car and travel to a physical site.”

However, as Mr. Weiss explains, the goal of PCTI Online is to provide E-learning with distinctive capabilities not necessarily found in other fields. “Eventually, our online offerings are to be a new learning experience, maximizing the advanced use of Internet technology capabilities.” For instance, the online courses will feature scenario-based learning, where a real-life situation is presented and, based on the learner’s action, the situation changes and another action may be required. “Learners will see the results of their actions and modify accordingly,” says Mr. Weiss. “Interactive content promotes faster, more effective learning.”

A wide range of online clinical CE courses and non-clinical courses will be available to Pacific Clinics’ staff at no charge through PCTI Online. Some of the non-clinical courses include *Valuing Diversity*, *Mentoring*, *Business Writing*, and *Time Management*.

PCTI is a registered provider of accredited courses for CE by the American Psychological Association (APA), Board of Behavioral Sciences (BBS), Board of Registered Nursing (BRN), California Association of Alcoholism and Drug Abuse Counselors (CAADAC), and the California Association of Alcohol/Drug Educators (CAADE).

For more information about Pacific Clinics Training Institute, visit: www.pacificclinics.org, select *Learning* and then *Training Institute*; contact Craig Weiss, Corporate Director of the Training Institute at (626) 793-5141 ext. 306; or e-mail him at cweiss@pacificclinics.org.

Moving Forward: News and Notes



Make Someone Thankful

Pacific Clinics serves many clients that have been disabled for quite a while. Many come from low-paid working families with little disposable income and are barely making ends meet. Pacific Clinics can provide them with the low-cost behavioral healthcare services that are strictly defined by its contracts, but often consumers need other urgent help that only speedy financial assistance can remedy. That's where the *Pacific Clinics C.A.R.E. Fund* comes in. C.A.R.E. (Client Assistance and Resources for Emergencies) began in 2004 and has helped numerous Clinics consumers.

An emergency resource when no others are available, *C.A.R.E. Fund* contributions from private individuals and foundations help keep families together and safe, improving their quality of life. The fund has purchased furniture for formerly homeless families with small children, paid relocation expenses for a medically imperative move, replaced eyeglasses for an elderly person, and helped many others. A committee comprised of consumers, clinicians, and administrators meets to consider C.A.R.E. requests for disbursement of funds.

If you would like to make a contribution, please use the envelope enclosed or refer to the donate section of our web page, www.pacificclinics.org. You may also call Public Affairs to make general donations at 626-254-5000.

Pacific Clinics, a California 501(c)3 nonprofit corporation, has been certified since 1993 by the American Psychological Association for its psychology, internship programs and since 1995 by CARF -- The Rehabilitation Accreditation Commission -- for its vocational services. Pacific Clinics' work is funded by contracts from Los Angeles, Orange, Riverside, San Bernardino and Ventura counties, as well as state, federal and municipal governments, United Way, corporate and foundation grants, and private donations.

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