

# Behavioral Science Handbook

## Psych Faculty and Resources

**Ralph Armstrong, MD:** Consulting psychiatrist. Part of OPS rotation. Sees patients referred by residents and faculty with resident in the AFMC Friday mornings. Adult psychiatry. Special interest in addiction medicine

**Ronald Pollack, MD:** Consulting psychiatrist. Part of OPS rotation. With resident Tuesday afternoons. Resident arranges patients to be seen either in the AFMC or in the hospital.

**Marge November, MD:** Consulting psychiatrist. Works primarily with the Ventura County Behavioral Health. Part of OPS rotations. Sees patients referred by residents and faculty with resident Wednesday afternoons in the AFMC.

**Mary Stahlhuth, MA.** Pre-doctoral psychology intern. Sees patients referred by residents and faculty in the AFMC. In clinic Friday mornings.

**Gina Vaughn, LCSW.** Clinical social worker with the Ventura County Behavioral Health Department. Sees patients referred by residents and faculty. This is part of a research project. Patients must meet certain criteria to be included in the study. Criteria and referral process spelled out below. Ms. Vaughn consults with Dr. November.

**Ron Bale, PhD:** Psychologist, Director of Behavioral Science. Sees patients with resident in Immunology Clinic Monday afternoons, and at the AFMC on Tuesday afternoons. Shadows residents Friday mornings at AFMC. Generally available for that which captures his interest. This typically includes anything of a psychological nature.

## Psych Referrals

### Ventura County Behavioral Health

#### Crisis Team:

#### [S.T.A.R. Program - Entry to Mental Health Services](#)

**Description of Services:** Entry to Ventura County Mental Health Services is facilitated through the Screening, Triage, Assessment and Referral (S.T.A.R.) Program. When the S.T.A.R. program is contacted, staff will talk with the individual to clarify the extent of their mental health needs as well as the services that will best serve them. Individuals whose mental health needs will be best served by county mental health services will be scheduled for an initial psycho-social assessment with a Behavioral Health Clinician. Individuals, whose needs will be better served by other community resources, will be provided with appropriate referrals.

**Contact for Information:** CALL TOLL- FREE 1-866-998-2243;

**Days and Hours of Operation:** 8am-6pm, Monday to Friday

**Method of Payment and Fees:** No Cost for Initial Call Initial assessment – Medical, Medicare, sliding scale, self pay, private insurance

**How Referred to the Program:** Individuals seeking services contact the toll-free number 1-866-998-2243 Community providers can contact the toll-free number or fax a referral to 805-981-9268.

**Special Eligibility Criteria:** Individuals seeking county mental health services must be deemed seriously mentally ill (adults) or severely emotionally disturbed (children). Services are provided to individuals with medical or medical care. Individuals with no insurance will be served, but payment based on income will be charged. Individuals with private insurance will be served subject to availability of space at county clinics.

***The vast majority of patients we see at the AFMC will not meet criteria for the Behavioral Health Department's target population. Generally, they focus on patients who suffer with chronic, severe mental illness.***

## California Lutheran University

### Community Counseling and Parent Child Center

Ph: (805) 493-3059

Fax: (805) 485-0170

2200 Outlet Center Drive

Oxnard, CA 93036

[http://www.callutheran.edu/community\\_counseling/](http://www.callutheran.edu/community_counseling/) [MACROBUTTON HtmlResAnchor http://www.callutheran.edu/community\\_counseling/](http://www.callutheran.edu/community_counseling/)

***This clinic is located in the Oxnard Outlet Center, just off the freeway between Rose and Rice. It's across the parking lot from the VCMC Mandalay Bay Clinic. Patients are seen by graduate students working on their Master's Degree in counseling. Beginning in September, 2011 there will be psychology doctoral students training there as well.***

***Patients are screened in a phone interview and then come in for an assessment interview. Following that they will be assigned to a graduate student for treatment. Student therapists are closely supervised on site by clinical faculty.***

***Fees are based on ability to pay. Patients are asked to bring in some proof of income (or lack thereof).***

## Ventura County Jewish Family Service

1915 E. Main Street, Ventura, CA 93001

641-6565

Ventura County Jewish Family Service provides **non-denominational** services for the people of Ventura County as well as services for the Jewish Community. Fees are on a sliding scale. The lowest rate is \$20/visit. They have “fee scholarships” available on a case by case basis. [www.jfsvc.org](http://www.jfsvc.org)

***Counseling services are provided by Licensed Clinical Social Workers (LCSWs), Marriage, Family Therapists (MFTs), MFT Interns, Trainees, MSW Associates and students. All counseling services are supervised by a LCSW.***

## Prevention and Early Intervention (PEI) Referral Process

This is part of a research project under the auspices of the Ventura County Behavioral Health Department where a licensed clinical social worker (LCSW) is onsite at the VCMC outpatient clinics including the AFMC. Patients who meet the inclusion criteria listed below are eligible for referral. Treatment is based on a structured cognitive behavioral protocol.

Gina Vaughn, LCSW works with the AFMC. Her office is located on the first floor near Med Ed. Dr. Margaret November who is at the AFMC on Wednesday afternoons is the psychiatric consultant working with Ms. Vaughn.

If you suspect an AFMC patient is depressed

1. Administer the PHQ-9
2. Look at #9, if 1,2, or 3 is checked assess for suicidality. If the patient is in imminent danger of harming themselves or someone else call the crisis team at **1-886-996-2243**.

If you are not sure, call **1-886-996-2243**.

You may make a PEI referral under the following conditions

1. The patient is not abusing alcohol or drugs.

Patients who are abusing substances can be referred to ADP (ALCOHOL & DRUG PROGRAMS/TREATMENT & RECOVERY) in Ventura at **652-6919** located at 24 E. Main Street.

2. The patient is not suffering from a more complex disorder (i.e., bipolar disorder, a psychotic disorder, post traumatic stress disorder) – these patients should be referred to STAR.
3. The patient is medically stable. If not, you may request a specialty consult with Dr. Margaret November held on Wednesday afternoons.
4. The patient's PHQ-9 score is 9 or higher.
5. The patient is 18 or older and English speaking.

## Psychiatric Consultation Clinics at AFMC

**Ralph Armstrong, M.D. (Friday AM)**

**Behavioral Health Psychiatrist, Margery November, MD (Wednesday PM)**

*Appointments with Drs. Armstrong and November are scheduled through the AFMC by our office staff. It's good form to document in your clinic note the fact that you are referring the patient as well as the reason (be specific) for the referral.*

## Psych on Outpatient Specialties (OPS) Rotations

Behavioral science is incorporated across all three years of residency. During the OPS rotation residents will spend Friday mornings with Dr. Bale who will shadow you while you see your continuity patients at the AFMC. When school is in session interns will participate in the "Ask A Doc" experience where you get to meet with a fourth grade class and answer their challenging questions.

Second and third year residents during both OPS and Medicine-Pediatrics rotations will participate in clinics seeing patients with Drs. Armstrong, Pollack, November, and Bale.

## Personal referrals

Your health insurance through the Ventura County Health Care Plan (VCHCP) covers mental health services. Mental health benefits are managed through a program known as “Life Strategies”. Below is the process through which you can confidentially access the necessary consultation.

“Pre-authorization is required for all Inpatient, Outpatient and Severe Mental Illness (SMI) Benefits. You do not need to go through your Primary Care Physician, but you must obtain prior authorization through Life Strategies, offered Optimum Health, Behavioral Solutions of California, VCHCP’s Behavioral Health Administrator that specializes in mental health and chemical dependency benefits. i Optimum Health, Behavioral Solutions is available to you toll-free, 24 hours a day, 7 days a week, at 1-800-851-7407.”

**However, we’ve made it a little easier. We’ve identified mental health professionals who are on the provider panel and also meet the following criteria:**

- Familiarity with residency process and life as a resident
- Proximity to VCMC (within 5-10 minutes away)
- Dr. Bale would let them treat his family members

Here’s how it works for our residents (and family).

Contact one of the clinicians listed below  
Arrange an appointment  
Call the above 800 number indicating that you were referred to the clinician you have selected and request authorization. They should send the necessary documentation directly to the clinician.

If you have **ANY** trouble whatsoever with this process let Dr. Bale know and he will personally (and confidentially) see to it that you are taken care of.

### **Doyle, Alan, LCSW**

#### **Clinical Social Worker**

260 Maple Ct Ste 130  
Ventura , CA 93003  
(805) 642-8064

### **Mendiola, Lee, MD**

#### **Psychiatrist**

1752 S. Victoria Ave, # 250  
Ventura, CA 93003  
(805) 650-3880

### **Reinhart, Richard, Ph.D.**

## Psychologist

3445 Telegraph Rd Ste 225  
Ventura , CA 93003  
(805) 644-1535

## Yoshimura, Ellen Ph.D.

### Psychologist

4080 Loma Vista Rd Ste K  
Ventura , CA 93003  
(805) 652-2283

## Assessment Forms

These instruments can be found on the residency website under the “Psych” link of “Medical Links”. Completed forms should be filed in the chart.

## Cognitive Assessment

### Montreal Cognitive Assessment Test (MOCA)

This is a brief (about 5-10 minute) test you administer directly to the patient. There are versions in multiple languages. Go to the website via the link and download the test and instructions. Make sure you read the *italicized* instructions verbatim. A score < 26 is suggestive of mild cognitive impairment. This test is superior to the Mini Mental Status Exam (MMSE) in that it is more challenging and thus more likely to pick up mild impairment.

## Adult ADHD Assessment

In recent years there has been increased sensitivity to and publicity about attention deficit and hyperactivity disorder in adults. Our experience is that this does exist and can be managed. However, the treatment often involves using psycho-stimulants. Thus it's important to differentiate between patients who truly suffer with ADHD and those that are trying to access stimulant drugs. While there is no definitive mechanism or lab test to make this differential there are tools that are helpful. As always, there is no substitute for a good history. The diagnosis of Adult ADHD requires onset during childhood. Ask about school, history of problems with impulsivity, difficulty with organization, and/or not following through with tasks. When possible seek corroboration from another source.

In addition to the childhood history the diagnosis requires the symptoms to be disruptive in at least 2 areas of the patient's life.

The instruments listed below will help with the diagnosis. Have the patient complete them **on site** and file them in the chart. Use both the Wender Utah and

the Adult ADHD Self-Report Scale. You can also review the DSM-IV criteria and include that in your chart note.

Questionnaire responses may also be reviewed with the patient as part of the assessment interview.

### **Wender Utah Rating Scale for the Attention Deficit Hyperactivity Disorder**

This is a 61 item questionnaire asking about childhood behavior. The patient responds with a 0-4 rating on each item. The neat thing is that scoring is based on only 25 of the items. A score > 45 is suggestive of ADHD.

### **Adult ADHD Self-Report Scale (ASRS-v1.1) Symptom Checklist**

This is a self-report questionnaire where the patient checks boxes reflective of their experience with various behaviors. Patient meets criteria if they endorse more than 4 items in the critical (shaded) area.

### **DSM-IV Criteria of ADHD**

This lists the criteria for ADHD diagnosis. It is based on kids but also applies to adults. It is useful to review in arriving at and documenting the diagnosis.

## **Pediatric ADHD Assessment**

Clicking on this link [http://www.nichq.org/adhd\\_tools.html](http://www.nichq.org/adhd_tools.html) will take you to a website that has a multitude of resources to facilitate assessment and treatment of childhood ADHD. This can also be found on the residency website under Psych links.

**Great ADHD website:** <http://www.drthomasebrown.com/>

I stumbled upon this website a while back. I have found it to be a very helpful resource as have many patients.

This website offers a new perspective on this disorder, one based on current clinical and neuroscience research. It presents a model of ADD/ADHD as essentially a problem with executive function, the management system of the brain. It describes how a child or adult with ADD/ADHD can focus very well on a few activities that intensely interest them, yet be unable to focus adequately on most other tasks of daily life. It explains how ADD/ADHD often looks like a weakness in willpower, but isn't

## Depression Screening

### Patient Health Questionnaire-9 (PHQ-9)

The PHQ-9 is a depression screening tool that we use at the AFMC as part of a collaboration with a Behavioral Health Department research project. Patients screening positive will be seen on site by a licensed clinical social worker (LCSW) with consultation from one of the Behavioral Health Department psychiatrists. Dr. Helmer is the faculty point person on this project. Administration and interpretation of the results are outlined on the document.

## Articles and other stuff Bale thinks may be useful

### How to Conduct a Family Meeting:

[http://bloodjournal.hematologylibrary.org/content/116/10/1648.full.pdf+html?  
?maxtoshow=&hits=10&RESULTFORMAT=&fulltext=how+i+treat&searchid=1&FIRSTINDEX=20&sortspec=relevance&resourcetype=HWCIT&eaf&eaf](http://bloodjournal.hematologylibrary.org/content/116/10/1648.full.pdf+html?maxtoshow=&hits=10&RESULTFORMAT=&fulltext=how+i+treat&searchid=1&FIRSTINDEX=20&sortspec=relevance&resourcetype=HWCIT&eaf&eaf)

### Getting the Most out of the Clinical Encounter:

#### The Four Habits Model:

<http://xnet.kp.org/permanentejournal/fall99pj/habits.html>

Bored, too much time on your hands? Challenge yourself with one of these psych quizzes:

<http://www.psychiatrictimes.com/quiz>

Log in as follows:

E-Mail: [ron.bale@ventura.org](mailto:ron.bale@ventura.org)

Password: 1vcmc1

## Psychiatric Interview Template

### IDENTIFYING INFORMATION

Age:

Sex:

Race:

Marital status:

Employment status:

**CHIEF COMPLAINT/MAJOR LIFETIME PROBLEM** (use patient's own words)

**HPI** (include pertinent negatives, current psychotropic medications)

**PAST PSYCHIATRIC HISTORY**

Initial symptoms/symptoms not currently of concern:

Prior treatment and response to treatment:

Other psychiatric disorders that have resolved:

**FOCUSED MEDICAL HISTORY**

Current illnesses:

Medications:

Allergies:

Prior serious illness or surgeries:

Reproductive history:

Pertinent negatives:

**SUBSTANCE USE HISTORY** (pattern of use, longest periods of abstinence, use of self-help or professional resources)

Drugs:

Alcohol:

Cigarettes:

**FAMILY PSYCHIATRY HISTORY** (first- and second-degree relatives)

Mental illnesses:

Suicides:

Substance abuse:

**SOCIAL/DEVELOPMENTAL HISTORY**

Family of origin:

- Members:
- Ethnic background:
- Social background:

Relationship between parents:

Parents' relationship to children:

Major life events (moves, divorces, deaths):

School history:

Early friendships:

Adolescent behavior:

Intimate relationships:

College/military history:

Adult work history:

Adult relationships:

Marriages:  
Relationships with children:  
Current social situation  
Current job stability:  
Financial difficulties/resources:  
Supportive/problematic relationships:

**MENTAL STATUS EXAMINATION** (include pertinent negatives)

Appearance

- Dress:
- Grooming:
- Weight:
- Motor behavior:
- Eye contact:

Level of consciousness:

Attitude toward interview:

Speech:

Thought process:

Affect:

Mood:

Perceptions:

- Hallucinations:
- Illusions:

Thought Content:

- Delusions:
- Ideas of reference:
- Preoccupations (main themes/concerns):

Suicidal/assaultive thought, plans, intentions:

Formal cognitive tests:

- Orientation:
- Attention:
- Concentration:
- Registration and short-term memory:
- Calculations:
- Abstraction:
- Fund of knowledge:
- Vocabulary:

Insight (into source of symptoms or into personal motivations, qualities):

Tested judgment, personal judgment:

**MULTIAXIAL DIAGNOSIS**

Axis I: Main provisional diagnoses, diagnoses to “consider also”

Axis II: Possible maladaptive personality traits

Axis III: Current medical problems, medical problems contributing to current condition

Axis IV: Main stressors

Axis V: Global assessment of function (use published scale in DSM-IV)

