



THE CENTENNIAL BRIEFING



CHEYENNE · ELBERT · KIT CARSON · LINCOLN · LOGAN · MORGAN · PHILLIPS · SEDGWICK · WASHINGTON · YUMA

Our mission is to achieve excellence in the provision of behavioral health services that lead to optimal health and well being

WE THE PROFESSIONALS

This information from Dr. Freda is intended to help guide the content in clinical notes and in communications with med providers. Please feel free to contact him with questions as he would welcome further discussion!



Part 1: What is a Premise?

- A previous statement or proposition from which and after which another statement or proposition (an idea) is inferred or follows as a conclusion.
- If the premise is true, then the next statement must be true.
- The patient's message = the starting premise: his reason for calling us.
- This is the patient's "truth". But is this "truth" valid???
- It is our job—our responsibility—to evaluate the validity of that message.
- His message—his "truth"—becomes the basis for our discussion.
- The opening statement will be the premise of the rest of our phonecall.
 - "Hello 911? There's a person in my yard!" (gas meter-reader?)
 - Then he must be a thief, because you're making a 911 call. (Premise)
 - "You're saying you're suicidal?"
 - "Let's discuss your SI." (Premise)
 - So my wish to be dead is a SI?
 - "My Risperdal isn't working anymore!" (Premise)
 - "OK, I'll let your provider know."
 - "Doctor, Joe says his Risperdal isn't working now."

This then becomes the basis upon which the truth (validity) of the rest of the conversation is based.

The Process of The Posited* Premise

- The words used by the client advertises his perception of his problem.
- Is his perception of the problem the real problem (the real issue here)?
- Does the client want/need a solution for his problem as he sees it?
 - Do we agree that his perception of the problem actually is the problem?
 - Can we bring our expertise to bear on recognizing the actual problem?
 - How we respond to the call sets a precedent for the rest of the conversation.
 - How we respond will lend credence to the premise posited by the caller.

- The wording used is important
 - Not asking clarifying questions lets the client "off the hook"
 - What is the client's premise here? (Does he want a quick fix?)
 - The stating of the complaint is the implied basis of the logic or validity of the complaint.
 - The reasoning process behind that complaint may be flawed. And how we respond will continue that flawed premise in future communications.
- *To posit = To assume an idea as a fact; To put forward as a basis of argument.

Please follow for the next 10 weeks as this will be a weekly column by Dr. Freda.

CONGRATS TO STAFF



Congrats Phil Spaulding for obtaining your Certified Prevention Specialist II accreditation! In order for Prevention Specialists to obtain this certification they must complete the following: A minimum of 2,000 hours of prevention experience across six domains, a minimum of 120 hours of prevention specific education and a passing score on the 150 question International Certification and Reciprocity Consortium Exam. Recertification is required every two years.

CELEBRATING PRIDE

PRIDE MONTH commemorates the ongoing pursuit of equal justice for the lesbian, gay, bisexual, transgender and queer community and celebrates the accomplishments of LGBTQ individuals. The event that catalyzed the gay rights movement occurred June 28, 1969 at the Stonewall Inn in New York City. PRIDE is an acronym for Personal Rights in Defense and Education. This organization was formed in Los Angeles, CA in 1966 by Steve Ginsburg. NOW The International Gay and Lesbian Travel Association maintains a calendar of over a hundred Pride event around the world.

As part of Centennial's Cultural Diversity Committee we wanted to celebrate Pride Month by giving all staff a Pride button to wear during the month of June. Look forward to these buttons coming to all offices soon and grab one to show your support!



JUNE ANNIVERSARIES

MAY NEW HIRES



15 YEARS
KARLA
ROSAS



15 YEARS
PAM
CRAIG



15 YEARS
RAYMUNDA
ORTEGA



14 YEARS
SUE
WHITED



9 YEARS
RACHAEL
FRYREAR



9 YEARS
MILYNN
DWYER



8 YEARS
JAMIE
FARMER



6 YEARS
JACI
YULA



6 YEARS
HEATHER
GLOVER



5 YEARS
BRANDY
CUTSHAW



5 YEARS
AARON
SHEA



5 YEARS
AUBREY
SHERIDAN



5 YEARS
KACEY
SLIGER



4 YEARS
ASHLEY
BALL



4 YEARS
JAMIE
CANTRELL



4 YEARS
BECCA
HOOPER-ESQUIBEL



4 YEARS
DEVIN
HOUCHIN



4 YEARS
ASHLEY
LANMAN



3 YEARS
ARCELIE
LOPES



1 YEAR
ALEX
MONTAYA



1 YEAR
LONI
GETCHELL



SHANNON PARKER
ECMHC
Sterling



SHAWN ASHMORE
Drug Testing/OA
Limon



TRACY GARCIA
OC
Wray



SHAYLA HONEBEIN
MHP 1
Brush STEPS



DORY NEWTON
Mentor
Yuma



CYDNEY SWADINSKY
MHP 2
Fort Morgan



MICHAEL TAYLOR
Respite
Journey Point



SYDNEY TERRELL
MHP 2
Burlington



MIKE TIDWELL
Crisis Transport
Journey Point



DANA VELAZQUEZ
MAT Case Manager
Fort Morgan

WELCOME
We are glad you
are here!

THANK YOU

to everyone for all your years
of service and for continuing
to move lives forward!

ECMH IN THE COMMUNITY

Understanding and Responding to Childhood and Adolescent Sexual Behaviors and Identifying and Reporting Child Abuse for Mandated Reporters Training.

The Early Childhood Mental Health Consultation team hosted a free virtual training on May 13th. This was a 3 hour training facilitated by Margaret Ochoa (Child Sexual Abuse Prevention Specialist) and Jamie Soucie (NE Regional Training Consultant) from the Colorado School Safety Resource Center to learn about Understanding and Responding to Childhood and Adolescent Sexual Behaviors and Identifying and Reporting Child Abuse for Mandated Reporters. There were 25 participants who attended, including community partners from schools, early childhood centers, Baby Bear Hugs and Healthy Steps. Centennial staff from Early Childhood, Prevention, Family Navigators, Medical, Clinical and Office Support teams also attended!