



## Newsletter Fall 2011



### **Letter from Your President ~ Lesley Manson, Psy.D.**

#### **Greetings NCAMHP,**

As the end of 2011 quickly approaches, I reflect upon the associations' accomplishments and aspirations with great pride. This year we were further able to develop collaborative relationships with other organizations, integrate a vital student membership component in the membership committee plan, improve our website and member resources, and provide original workshops and trainings which spoke to the memberships' needs. Continued aspirations include building student and community representation and involvement, and meeting the ever growing and changing needs of our membership with website development, education, and advocacy.

Our vision for NCAMHP is expanding and the need for psychology to present a united, professional front has never been greater. As great as the accomplishments of the past have been, the accomplishments yet to come for the membership, association, and profession will be even greater. As the president I have joined an illustrious group of individuals who have served and are serving with honor and distinction. I have great pride in the association that we continue to make strong and responsive to the challenges before us, both as a profession and as individuals. We collectively are up to the task of actualizing our associations' aspirations. Our contributions are many and powerful and I am deeply honored and pleased to be serving. I encourage you to consider a stronger role in NCAMHP and serve on a committee or on the Board of Directors. Your designated time and energy commitment will be honored and appreciated. Elections for the 2012 Board of Directors will be held at the October meeting. For those interested in serving and strengthening the profession through committee or board volunteering, please contact NCAMHP secretary, Bonnie Carroll ([bonnyrose@arcatanet.com](mailto:bonnyrose@arcatanet.com)).

Your Board of Directors has proposed a tentative slate of candidates: Jennifer Saffen for President, Michelle Lee continuing on as Treasurer, and Lesley Manson continuing on as Past President.

Best Regards,

Lesley Manson, Psy.D.  
NCAMHP Board President 2011



## **Be Informed: LPCC Questions and Answers ~**

**Compiled by, Jennifer Saffen, MFT and Lesley Manson, PsyD.**

**In October of 2010, Governor Schwarzenegger signed California Senate Bill 788, adding Licensed Professional Clinical Counselors (LPCCs) to California's masters level professional licensing. A license which reportedly has been advocated in CA for 8 years. Grandparenting for MFTs and LCSWs has officially begun.**

**There has been much debate regarding the presence of LPCCs into CA. Primary concerns have been raised by several professional organizations. These concerns have varied regarding reimbursement, scope of practice, and examination/licensure requirements. If interested, please go to the member discussion board to share your thoughts on this licensure.**

### ***What is the Scope of Practice for LPCCs?***

“Professional clinical counseling” means the application of counseling interventions and psychotherapeutic techniques to identify and remediate cognitive, mental, and emotional issues, including personal growth, adjustment to disability, crisis intervention, and psychosocial and environmental problems. The definition focuses on counseling for purposes of improving mental health, and is not intended to capture other, non-clinical forms of counseling.

The law stipulates that “professional clinical counseling” does not include the assessment or treatment of couples or families unless the counselor has completed additional training and education, beyond the minimum training and education required for licensure.

The law includes the use of assessments within counselors’ scope of practice. However, the law states that this does not include “the use of projective techniques in the assessment of personality, individually administered intelligence tests, neuropsychological testing, or utilization of a battery of three or more tests to

determine the presence of psychosis, dementia, amnesia, cognitive impairment, or criminal behavior.” <http://calpcc.org/professional-counseling/>

### **Questions and Answers related to LPCC and MFT (taken from AAMFT):**

*“Portability: Is the Professional Counseling license more portable than the Marriage and Family Therapist license across the country?”*

In terms of grandfathering, Licensed Marriage and Family Therapists and Clinical Social Workers grandfathered under the LPCC license in CA may have greater problems getting recognized as Counselors in other states because they may not meet the minimum requirements for out-of-state candidates for Counselor licensure in those states. In other words, grandfathering requirements may not match licensure requirements in other states for LPCC.

Per license associations, portability should be easier under their current Licensed Marriage and Family Therapist or Clinical Social Worker license.

Since each state sets its licensing laws, no license is absolutely portable, but all 50 states now have the same basic requirements for education, supervision and examination for LPCs. States that include the words "clinical" or "mental health" in the license title require additional coursework. All 49 states use one or both of the national counselor exams.

*Insurance Reimbursement: Which license is more recognized by third party payers?*

In terms of insurance reimbursement, MFTs, LCSWs, and LPCs are roughly equal nationwide. In some states, Licensed Marriage and Family Therapists and Clinical Social Workers are more recognized, and in other states, LPCs are more recognized. In Oregon, for example, Licensed Marriage and Family Therapists and Professional Counselors are in the same situation regarding insurance recognition. Thus, in terms of reimbursement, this is state based.

*Potential benefits: What would be the advantages of dual licensure?*

In California, the LPCC designation will initially have less recognition than the LMFTs and LCSWs. Persons who might benefit from dual licensure would be LMFTs and LCSWs who want to move to the handful of states where Counselors have slightly greater legal and/or reimbursement recognition. With over 100,000 LPCs spread across the other 49 states, it is possible that California MFTs and LCSWs may wish to license as LPCs in another state, just to be in the majority, as they have been in California. In addition, it may provide additional practice scope.

*Disadvantages: Would there be any disadvantages to dual licensure?*

Dual licensure would mean an additional expense in paying for two licensing fees. If a state LPC or LMFT/LCSW board refuses to double-count CEs earned, which is possible, the dual licensee will have to take twice as many CEs as one licensed. The dually licensed clinician would be responsible for adherence to two Codes of Ethics and subject to differing standards regulating disciplinary actions.

*Approved Providers: Are LPCs and LMFTs/LCSWs equally recognized by the federal government?*

At the federal level, LMFTs and LCSWs are recognized in more programs than LPCs. The Public Health Services Act recognizes LMFTs and LCSWs as core mental health professions. This recognition is currently not granted to LPCs. There are additional other programs which recognize LMFTs and/or LCSWs and not LPCs such as: Department of Transportation Substance Abuse; Minority Fellowship Program; independent providers of TRICARE services. School counselors are recognized under the No Child Left Behind federal programs, while MFTs are in the “other providers” category.

(Taken from: [http://www.aamftca.org/main/main\\_pac\\_li.html#Anchor-11481](http://www.aamftca.org/main/main_pac_li.html#Anchor-11481))

A comparison of scope of practice for LPCC; LMFT and LCSW can be found at the following link to a PDF:

[http://www.aamftca.org/main/pdf/Comparison\\_of\\_Scopes\\_for\\_LPCCs\\_MFTs\\_LCSWs.pdf](http://www.aamftca.org/main/pdf/Comparison_of_Scopes_for_LPCCs_MFTs_LCSWs.pdf)

### **LPCC Grandparenting for MFTs and LCSWs in good standing with the BBS: Q and A distilled from the BBS website:**

#### **1. Cost: \$280:**

\$100 for the test (still being developed) and \$180 for the rest (entire \$280 not refundable).

#### **2. Course requirements (ready your transcripts!):**

Check out the LPCC Application for full details

[http://www.bbs.ca.gov/pdf/forms/lpc/lpc\\_app\\_gp\\_mftlcs.pdf](http://www.bbs.ca.gov/pdf/forms/lpc/lpc_app_gp_mftlcs.pdf)

There is some leeway: if you earned your degree before 1996 you cannot be deficient in more than 3 of the 9 areas; if 1996 or after you cannot be deficient in more than 2 of the 9 areas. If deficiencies are found; the BBS will let you know and give you one year to make up for the deficiencies.

#### **3. Deadline?**

Legislation to extend the LPCC “grandparenting” period until **December 31, 2011**, was signed by the Governor on August 1, 2011! LPCC “grandparenting” applications

must be postmarked by December 31, 2011.

You will have one year from when you were notified of eligibility to complete the gap examination.

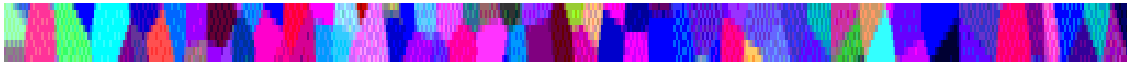
**4. More info:** [http://www.bbs.ca.gov/lpcc\\_program/index.shtml](http://www.bbs.ca.gov/lpcc_program/index.shtml)

Also check out the California Association of Licensed Professional Clinical Counselors at:

<http://www.calpcc.org>

**For Non-BBS Licensed Individuals check out this informative link to the BBS website for LPCC info:**

[http://www.bbs.ca.gov/lpcc\\_program/lpcc\\_grandparent\\_nonlic.shtml](http://www.bbs.ca.gov/lpcc_program/lpcc_grandparent_nonlic.shtml)



## **Billing for psychotherapy services- The proverbial Ball and Chain for Therapists**

**By A. Scott Greer, Ph.D.**

Billing insurance companies and keeping track of payments is a rather formidable challenge faced by all of us. How to do this in the most effective way with the least expenditure of time and frustration is often a matter of preference. The era of handwritten insurance bills is over and typed CMS 1500 forms are entering into the twilight as well. In fact, some insurers will not accept anything less than electronic submissions while others will only accept mailed CMS 1500 forms.

I would like to lay out the three basic choices we have for dealing with insurance billing. The 1st choice which reflects the lowest tech involves you typing CMS 1500 forms and mailing them via US mail to the insurance company. I don't need to go into the obvious challenge faced if we either increase the number of patients, or number of insurance companies. The cost of postage, paper, and time should also be factored in. We also lack the ability to track, gather data or keep a cohesive picture of the insurance billing over months for any patient.

The 2nd choice involves paying somebody else to do everything related to insurance claims. There is an abundance of commercial billing services that will handle virtually every aspect of record keeping, filing claims and working with your insurance company to solicit payment of the bill. These services work on a percentage or a flat fee per claim and can be found locally and on a national basis. Generally you simply have to notify them of the dates of service and CPT billing code and they will handle the rest. The fees for set up, problem solving, resolution of unpaid claims and obtaining authorizations, are but a few issues that you would want to thoroughly investigate prior to engaging the services of a billing company.

Of course it goes without saying that you will need to have some sort of oversight to insure that your claims are being properly paid.

The 3rd choice is for those of you who would like to keep your billing in-house. This choice has two options as well. The first option involves utilizing software that exists in the cloud on the servers of an intermediary/clearinghouse. Historically, clearinghouses charged both the provider and the insurance companies per transaction. However in the past several years several electronic clearinghouses have taken a rather proactive approach where we as providers benefit. Specifically several of these services, including Office Ally (OfficeAlly.com) and Availity (<http://www.availity.com>) charge only the insurer for the filing of an insurance claim. Further, Office Ally offers a free billing software that allows the individual practitioner to enter office visits on cloud software provided by the clearinghouse. This is probably the least expensive means to use an electronic intermediary and they can do everything for the clinician in terms of billing, payment and even notes. However at this time the Office Ally "Practice software" is Windows based. Use of Office Ally as an electronic intermediary though is available to you whether you be a Windows PC or MAC OS person.

Another available option to electronic billing is provided by many of the insurance companies who have their own electronic billing service that allows you to upload or use their website for insurance billing. The only difficulty here is that each insurance company has their own protocols, their own website and you would need to contact each insurance company separately to bill.

The second electronic option available is to purchase dedicated billing software. Software varies from about \$ 500.00 upwards and can be selected for individual or group practices with single or multiple office locations. There are various companies that provide software for both Windows and Mac operating systems. The cost vary and are dependent on whether the software is truly a robust product in terms of what it does and the level of customer service provided.

I've been using billing software in my practice for over 18 years. If you are looking for a bare-bones product, you can build one of your own in either FileMaker's ([www.Filemaker.com](http://www.Filemaker.com)) or in Proview's Panorama ([www.Provue.com](http://www.Provue.com)) flat file database software. Both of these products can be used cross-platform (Windows or Mac operating system). It does take a fair amount of programming knowledge and expertise to develop anything close to a sophisticated piece of software.

You also can buy software that has been developed for psychotherapists. The cautionary tale however is that you get what you pay for. I can tell you from experience, though I will not mention the name of one company in particular, that just because software is expensive does not mean that you get quality, decent customer service or software that is free of bugs or inherent design flaws. Having had that experience, I have spent a fair amount of time exploring the various software that is available. Regardless of what you spend, it is vital to have software

that is robust (no bugs, user and computer friendly) provides timely upgrades, improvements and is built on trusted database platform (such as Filemaker).

Below I have listed several providers of billing software for psychotherapists:

Beaver Creek Software: <http://www.beaverlog.com>

Delphi: <http://www.delhipbs.com>

eRecord: <http://www.carepaths.com>

Medisoft: <http://www.medisoft.com>

Practice Magic: <http://www.practicemagic.com>

PsyQuel: <http://www.psyquel.com>

TheraManager: <http://www.theramanager.com/>

Therapist Helper: <http://www.helper.com>

Theraquick: <http://www.theraquick.com>

TherapySoft: <http://www.getphysicalsoftware.com/software/therapysoft/index.cfm>

I strongly recommend you take the time to visit the software sites of the vendors that I've listed above and read about their software. Several companies allow demos that will give you the opportunity to practice and evaluate the software. Other companies will only sell you the software. Some have maintenance fees, upgrade fees, charges for technical support and other "hidden costs."

Features you would want to have in software regardless of cost:

1. An easy to learn interface. You shouldn't have to be a computer programmer to understand how to use the software.
2. The Software of choice has been thoroughly tested and is free of bugs and flaws.
3. Technical support is readily available and the personnel are knowledgeable, friendly and able to immediately address your concern/problem.
4. Software must be easily upgraded with little effort on your part. (The corollary is that software is regularly updated as quality improvement is an ongoing process).
5. Software must be stable and robust. For example, even if your software corrupts due to a malfunction of your computer, power failure or software crash, your data is never compromised.
6. Flexibility- Your software has all the services you need built in, e.g. email, note taking, HIPPA compliance, forms, patient billing, data input, CPT codes, DSM diagnostic codes, credit card processing, report functions, batch preparation, and batch download information from the clearinghouses, custom forms (to name a few features).

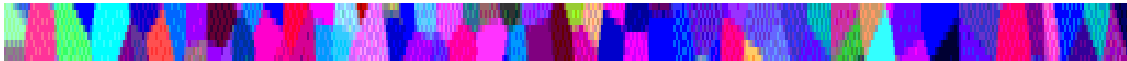
There is fairly unsophisticated software available for billing that simply fills in the CMS 1500 form. This type of software is limited to little more than form completion. On the other side of the spectrum, the most sophisticated of the software out there not only produces billing for your clients, but also bills all of your insurance companies in a single batch. In addition the better software has the ability to take credit card payments, checks, send letters, and keep your billing and insurance

payments organized. Calendars that allow you to enter the office visit and payment if made by the client are also included and automatically set up the insurance billing, etc. Basically, the best software makes for an easier task in billing, note taking, and insurance reimbursement processing.

I can tell you from my experience that I could not efficiently run my practice without the benefit of quality software that is supported by exemplary technical support. I can effectively run my entire month of patient and insurance billing (multiple companies) in about 1 hour.

While it would be inappropriate for me to recommend a single software product or service over another in this article, if you contact me directly, I can talk to you about the software I use and believe to be the best choice of the lot.

Depending on the complexity of your practice and your level of expertise and interest in using the computer, the solution to billing insurance companies and patients comes down to individual preference. At the end of the day we all want to spend as little time as possible in pursuit of reimbursement



## **The Creative Freedom of the Subconscious**

**By, Marcella Bixler, MA, MFT Intern, CHT**

The subconscious mind contains our creative imagination, our night dreams and daydreams, our source of vital energies, our body's awareness, our habits, our memories, and our emotions. In contrast to this, our conscious mind contains our everyday thoughts, analysis, and conditioned responses.

When we become acquainted with our subconscious mind, we meet ourselves in a fuller way. A tremendous amount of our capacity as human beings is outside the realm of our everyday thoughts, feelings, and behaviors. I employ the metaphor of an iceberg. The tip of the iceberg, what is visible above the waterline, is the conscious mind. The vast majority of the iceberg lies submerged; that vast majority is the subconscious.

The conscious mind is actually fed by the energies of the subconscious mind – a fact of which we are commonly unaware. For instance, strong emotions may emerge for reasons that the conscious mind does not understand. Habits may be maintained in response to cues that defy rational analysis. The body may respond to subconscious emotions with changes in respiration, metabolism, and digestion. All of this occurs beneath the level of conscious awareness. These responses are mysterious to our rational minds, which seek to explain, control, and analyze our experience. But the truth is that much of our experience is not rational, but rather emotional, associative, and metaphorical.

## *Making Changes*

For those of us who seek change for ourselves (and who among us does not have something in our lives that we have sought to change), we find that change does not come easily at the level of rational decision-making. Instead, we must look to a deeper level of ourselves to make those changes.

The first thing to know is that our conscious and subconscious minds may be operating with widely differing assumptions about who we are and what is good for us. Why would this be so? The answer to that lies in how personality is formed. As children, we are born open and absorbing in our nature. This is how we learn. The groundwork for rational analysis does not emerge until middle childhood. As small children, we absorb without question the ideas and experiences around us.

As a therapist, I have seen the impact of early experience on our development. As a hypnotherapist, I have come to understand even more clearly how that process affects us. The rules and expectations developed in childhood, which were adaptive and helpful at the time, may now no longer suit us. And yet, those memories, associations, and beliefs are still intact at the level of the subconscious!

The impact of these experiences is not limited solely to childhood, however. Anytime there is an event that is accompanied by powerful emotion, an imprint on the subconscious can occur. This is the process that occurs in traumatic experiences. When a person experiences intense terror, shame, or other negative emotion from trauma, strong negative imprints can be made, usually involving negative beliefs about oneself and one's safety in the world. The impact of these events is at the level of the subconscious, and so must the cure be – involving the full mind and body in healing. We must gently and skillfully access the subconscious mind, in order to integrate healing into all levels of awareness.

## *The Critical Mind*

As adults, our critical mind is filtering our access to the subconscious. Our rational mind is like a sorting machine. Since we want our world to make sense, our critical mind tries to make our experiences fit with our current understanding. When something occurs that does not fit our understanding, we try to make it fit. We do this either by rejecting the information, by explaining it in a manner that fits our previous expectations, or (and this is rare) we reject our current thinking and change it to reflect this new idea or information. All of this is the activity of our critical mind; and it is quite valuable, since it enables us to function in the world. However, the critical mind is inherently limiting, as well. When new experiences, ideas, and people are being constantly evaluated, judged, and often rejected, it becomes difficult to allow for change.

In order to make changes in an effective way, we need to engage more than the rational mind in the process; we need to include the subconscious mind as well. And

in order to access the subconscious mind, we need to ask the critical mind to kindly step out of the way. One method of doing this - a very helpful and direct way - is to utilize hypnosis.

### *How Hypnosis Works*

Hypnosis works by temporarily reducing the control of the rational mind over our experience. I call this the 'tyranny' of the rational mind, because our programmed expectations and responses become a kind of blockage, limiting our experience of ourselves to our past conditioning. For optional functioning to occur, we need to include the talents of the subconscious in the process of change.

In hypnosis, the critical mind is no longer running the show. It's able to take a break, and to allow the subconscious mind to share the spotlight. The critical mind is still present, but not quite as active as in our everyday life. The critical mind – with its incessant internal dialogue – is able to observe, and to allow the creative imagination of the subconscious to come out to play. In hypnosis, images and emotions emerge onto the stage - a creative theatre of the mind, similar to night dreams and daydreams. Our consciousness is open and flexible, more like a playful child than a serious adult. Our inner life is experienced vividly, and intuitive connections are made, seemingly without effort. This is a creative process, and the subconscious is open to learning and change.

When information is freely shared between the conscious and subconscious minds, many benefits can result. Misconceptions can be cleared away, as old beliefs are re-examined and corrected. Destructive habits may be revised or discarded. Talents and dreams, long-abandoned, may be welcomed back. Indeed, parts of ourselves may actually be reclaimed. Through hypnosis, we invite the subconscious in. We coax our critical mind to listen. We function more harmoniously, as we are now operating with a fuller experience of our capacities.



### **Somatic Experiencing: The Razor's Edge of Trauma**

Brad J Kammer, MA, MFT, SEP

*"I don't work with trauma, I work with aliveness"* (Peter Levine)

I had been studying and working with Dr. Peter Levine and the work he created, Somatic Experiencing, for over a decade when I heard him utter this sentence to a large gathering of clinicians at a conference on trauma. Part of me was stunned that an internationally recognized trauma expert would come out in a professional setting with this – but then I thought, how wonderful would it be to hear a physician say something similar: *I don't work with disease, I work with health.* A big part of me was also validated by this perspective, as this speaks to what I have experienced in my work with people across ages, religions and cultures.

My own personal studies into stress and trauma were revolutionized by my experiences working with Burmese refugees on the Thai-Burma border. I was overwhelmed on a daily basis by the terrifying stories, sights and symptoms I witnessed in the year I was there. However, I was also overwhelmed by the capacity for resiliency, for healing, and for hope that effused from people who had lost their home, their homeland and many also their families.

One night, while sitting around with my Burmese friends, we came up with the metaphor of a wildflower. I shared my childhood memory of watching wildflowers grow through cracks of concrete, always pushing up – as distorted as they might be – moving toward the light. Similarly, the Burmese people, and all people everywhere, are navigating the forces that disrupt their aliveness, forever growing.

The capacity to still grow despite the disruptions and oppressions along the way, amazed me as a young child, and still amazes me as an adult, as a parent, and as a therapist. It brings to mind the Chinese word for “crisis”, which consists of two characters, one signifying “danger” and the other “opportunity”. Traumatic experience brings us to the razor’s edge of this existential crisis.

Somatic Experiencing came out of the early Body-Mind movement that Dr. Levine was a part of in the late 1960s. I view it as an outgrowth of the work from Psychodynamic and particularly Somatic Psychology, originating in Dr. Wilhelm Reich’s body-centered approach, who believed that aliveness (“libido”) was stuck and trapped in our bodies and developed both into character disturbances as well as physical disturbances. He went so far to suggest that diseases like cancer and certainly depression were caused by life energy that became blocked. The key to healing, then, was to unblock the life energy.

However, as Dr. Levine soon found out in the late 60s and early 70s, energy release itself does not create health. He spent the following decades looking to animals in the wild for an understanding of how they cope with the aftermath of traumatic experience – the real, daily crisis of life and death survival. What he found was that animals have mechanisms for survival, what Konrad Lorenz might call fixed action patterns, that are genetically programmed bio-behavioral sequences that allow animals to perform complex acts without thinking. It makes evolutionary sense that we have these instinctive survival responses, what we typically refer to as *fight, flight and freeze* responses (though it is important to remember the other equally important survival response of *tend & befriend*). When threatened or attacked, these survival responses are turned on automatically and must run to completion, meaning that if somewhere along the way they are inhibited, blocked, or not allowed time to complete, the survival energy becomes trapped inside the body.

For example, think back to a time when you were nearly hit in traffic by another vehicle, or nearly hit someone yourself, and if you slow down the memory, you might be able to recall the coordinated movements that were automatically turned on to enable you to get out of harm’s way – the orientation with your head, neck and

eyes toward the vehicle coming at you, the gasp of breath, the gripping and turning of the steering wheel, the pounding down on the brake; these behaviors allowed you to avoid danger and move toward safety. And can you also remember the level of energy you felt at that time? What happened with all that energy afterwards? Did you give yourself time to settle? If so, how? And if not, what happened to all the activated energy within you? Where did it go? How did you feel later? These are the questions that lead Dr. Levine and others to understanding the complexities of trauma within the human as well.

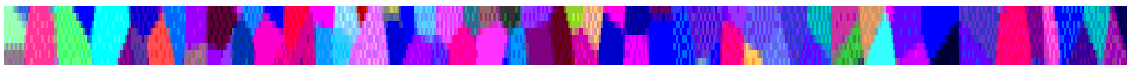
Humans have neural networks that are established to operate these survival mechanisms, which can also be looked at as various ways the nervous system regulates life energy. In a threatening situation, the sympathetic nervous system mobilizes energy for fight and flight reactions. The parasympathetic system, on the other hand, immobilizes energy for a shut-down reaction, as in shock and freeze. When both systems become engaged during trauma, this leads to a highly-activated, shut-down state. This freeze state is designed as a short-term survival response to actually help us cope with the overwhelm of being unable to successfully fight or flee from danger. However, if we are unable to fully complete this response and return to balance, then the danger comes from within us as highly activated (survival) energy becomes trapped, bound in our bodies, and creates the debilitating symptoms of PTSD and correlated disorders.

But these fight, flight, freeze responses don't just happen in major experiences like car accidents, war combat or assaults, they are triggered on a daily basis by what some traumatologists refer to as "little t" traumas: a mother yelling at her child, an unexpected meeting with your boss, a look at your bank account statement, or just the constant racing to meet all your demands in a day. Obviously, these aren't the high energy survival challenges that one might think of when they consider trauma, but these are also experiences within our society that activate our arousal systems; and thus create energy build-up within the nervous system that often don't have opportunity for release. In other words, all these big and little assaults on our nervous system disrupt our balance and tie up our life energy within, leading to the myriad of symptoms and disorders that lead people to seek help – whether it be "mind" disorders such as anxiety and depression, or "body" disorders such as high blood pressure and chronic fatigue.

In an effort to restore balance, we must work with these neurobehavioral states that are disrupted. It is not just a matter of finding outlets for the energy, although this can certainly be helpful, it's about re-establishing coherence in the nervous system. This is done by accessing the more primitive parts of our brain, the brainstem and limbic regions, that are responsible for the basic regulation of the body. It is here that we find the basis for the fight, flight and freeze responses. What we've found through years of research on the brain during stress and trauma is that these areas of the brain are not accessible by talk alone, meaning that some of our traditional ways of providing therapy to traumatized clients can only go so far. To help these clients, we need to access the trapped life energy directly, which manifest in the form of body sensations, those very sensations that propel the neurobehavioral

responses that ensure our survival. By working directly with the body's sensations, in coordination with our emotions, thoughts, memories, and behaviors, we can restore balance back to an unbalanced system. This balance, then, provides individuals with a regained sense of capacity to deal with life challenges.

Dr. Levine's most recent book, *In An Unspoken Voice: How the Body Releases Trauma and Restores Goodness*, describes the development of his understanding of the trauma process and how Somatic Experiencing can be a key tool for personal and collective healing. This work is not relegated to only mental health clinicians, it is useful for anyone working with trauma – doctors, nurses, EMTs, alternative health practitioners, bodyworkers, educators, police, firefighters, etc. It allows anyone dealing with traumas – whether “big T” or “little t” traumas – to learn basic tools to help them manage their experiences, restore equilibrium, and begin to build a greater capacity for aliveness.



## **CHARISMA**

### **Make Yourself a People and Opportunity Magnet**

**Larina Kase PsyD, MBA is the author of “*The Confident Leader: How the Most Successful People Go from Effective to Exceptional*,” which shows you how to be a charismatic leader in your career, community, and life by achieving the things you think you can’t.**

You know those people who seem to instantly grab attention and draw others to them, almost like a magnet? It’s as though things come easily for them and people go out of their way to help them out. They attract work opportunities, friends, dates, and more. We all want to be like that, but wonder if we can. Are those people just born with this magnetic quality? Is it their personality? Their looks? Their intelligence? Or is it something that can be learned?

## **Charisma Myths**

Unfortunately there are many myths about what makes people charismatic. These misconceptions hold many of us back from feeling that we are charismatic and therefore, projecting it to others. In reality, it is not just the rich and famous who are charismatic. It is not just the natural super-model types or star students who graduate in the top of their classes. Anyone can be charismatic and become a magnet for all they want. Yes, you can too! The biggest myth is that charisma is about how you act – that you must be extroverted and a natural leader to have personal magnetism. This is not true. In reality, true charisma comes from inside and radiates out, drawing others to you, and making you more influential and persuasive.

# The Makings of Charisma

Charisma and personal magnetism are what draw others to you, make people interested in what you have to say, and help you to be a confident leader in all you do. The most important aspect is how you make other people feel. This is why the key components of charisma and personal magnetism include:

## EMPATHY

Empathy is your ability to see situations and feelings from another person's perspective. When you convey empathy to others, you show them that you understand, or seek to understand, their position. People feel that have truly heard them and that you care about them. True empathy cannot be faked. People see right through this and it is worse to feign empathy than to express none at all. Some of us are naturally higher on empathy than others, but anyone can learn to be more empathic.

## CURIOSITY

Curiosity feeds into empathy because when you are really interested in and curious about someone, it is easy to express empathy. Charisma people are inquisitive about a variety of topics, not just what they are interested in, but also what others are interested in. They love learning and ask compelling questions.

## FOCUS

Charismatic people maintain an intense level of focus on the person with whom they are speaking. When you talk to a charismatic person, you feel important, as though no one else exists in the room. This attracts you to the charismatic person and makes you feel good about yourself when you're around them.

## PRESENCE

Your presence includes your poise, or ability to gracefully handle setbacks and your appearance. You do not need to be classically "good looking," instead, you present yourself well and in a way that is appropriate to the situation and the image you want to project. The most important aspect of your appearance is your body language. Charismatic people have great posture, make eye contact, smile, and gesture naturally.

## 10 Quick Ways to Make Yourself Magnetic

No matter what your goal in life – from selling more to having your kids listen to your rules to commanding an audience when presenting – personal magnetism will help you get there. and making you more influential and persuasive.

### 1. BE SELF-AWARE

We must first be aware of ourselves before we can control how we feel or the perception of others. Enhance your self-awareness by paying attention to how you think and feel in various situations. Recognize the thoughts that go through your mind and your reactions. Also be aware of your actions including your body language.

## 2. MOVE TO BOOST YOUR MOOD

A cheerful mood is contagious and one of the most powerful ways to increase your personal magnetism. The most reliable and fastest way to boost your mood is through exercise. Moderate exercise releases endorphins and other mood-enhancing neurotransmitters and neuromodulators. As a bonus, if you exercise outside, you get the benefits of being in nature and the cheer-inducing sunshine.

## 3. MAKE IT ABOUT OTHERS

Let's face it, charisma isn't really about us. It's about how we make others feel. The best way to make others feel good is to be genuinely interested in learning about them. Ask questions. Get engaged in what others say.

## 4. SHOW WHAT YOU KNOW

Knowledge is sexy. Don't hold back on sharing your ideas. Have strong convictions. Show that you are a leader with a clear view of where you are going. Be clear on whether you're expressing something as fact or as your opinion because you'll lose credibility if you try to pass your opinions off as fact.

## 5. GROOMING ISN'T JUST FOR DOGS

Personal hygiene and grooming greatly impacts how you feel and how others see you. Dress your best. Invest in high quality fabrics and tailoring to be sure you convey the image you want and feel great. This sounds superficial, and it is, but that's okay.

## 6. CULTIVATE YOUR EMPATHY

Listening and conveying empathy boosts your personal magnetism. Empathy is actually one of the very most important aspects in how able you are to influence others. If people think that you don't get them, they will resist your influence.

## 7. TELL A GREAT STORY

Nothing is more engaging than a wonderful story. Practice telling stories every chance you get – at meetings, at cocktail parties, with your significant other over dinner, to your children.

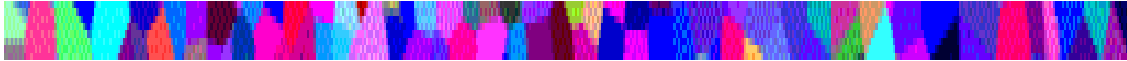
## 8. REMEMBER NAMES

Everyone loves hearing their own name. Just don't overdo it by saying their name in every sentence. Sales trainers often teach salespeople to say prospects and clients names. Then they say the names every sentence and it sounds very artificial. Practice gratitude. Being appreciative for what you have is a key to happiness and a cheerful disposition, both of which make you more attractive to others.

## 9. CULTIVATE YOUR HUMOR

Everyone loves people who make them laugh. Learn your personal style for using humor and use it regularly. One way to learn humor is through observation – pay attention to funny people you know and on television.

Practice these ten tips and watch how much more quickly and easily you attract great people, opportunities, and success. You'll see that you can be as charismatic as the world's most famous celebrities, politicians, and speakers, and the best part is that you don't even have to try. It will just come naturally to you, and the confidence and positivity you feel will be contagious to those around you.



## **Upcoming Training Events**

**Save the Date:** The Fall General Meeting is Wednesday, October 5<sup>th</sup> 2011 from 5:30-8:00pm at the Humboldt Area Foundation. **Topic: Help for Therapists with Traumatic Stress. Presented by Ellen Searle LeBel, MFT.** 1 CEU available.

**Still time to register:** Fall Workshop: DBT with Deborah Mitchell, Ph.D. and Mark Rosenthal, LCSW of the San Francisco DBT Center to be held at Humboldt Area Foundation (HAF) on Saturday 9/24/11 from 9-4:30 at the Humboldt Area Foundation. 6 CEUs available.

**The Office of Problem Gambling (OPG)**, in partnership with the UCLA Gambling Studies Program (UGSP), have added two new California Problem Gambling Treatment Service Program (CPGTSP) trainings for the year. The new trainings also have a new format. CPGTSP trainings will consist of one 7.5 hour online training course and three on-site 7.5 hour training days, providing the opportunity to obtain up to 30 Continuing Education Units (CE units).

This training is held at no cost. Participants are responsible for all travel and accommodation expenses. Practitioners must apply to be eligible for the training.

Please forward this information to any licensed therapist you know that would be interested in attending the training and/or becoming a Provider. Further information can be found on the UGSP website (<http://www.uclagamblingprogram.org/CPGTSP.html>) or OPG website (<http://problemgambling.securespsites.com/ccpgwebsite/provider.aspx>).

CPGTSP training will be held in San Francisco on September 28-30, and again on October 19-21 in Orange County. At this time we do not plan to schedule any additional Phase I trainings for the pilot program (ends 6/30/14).

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To learn more about Somatic Experiencing and its applications, Brad Kammer, a Somatic Experiencing Practitioner, Marriage and Family Therapist, and Mendocino College and National University Instructor, will present an "Introduction to Somatic Experiencing" workshop on Friday September 30, from 9:30 am - 4:30 pm at The Humboldt Area Foundation in Bayside. The cost of the workshop is \$100 and 6 CEUs are available. For more information about the workshop, please contact Robin Goldner at (707) 459 5673 or [rgoldner@pacific.net](mailto:rgoldner@pacific.net). To register for the workshop, please send a \$50 deposit made payable to Brad Kammer, to Robin Goldner, MSW, 245 S. Humboldt St., Suite B, Willits, CA, 95490.



## Announcements

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### Your voice is important!

Contributions are always welcome; anything from a paragraph to a page would fit well in the newsletter. Send your ideas to the newsletter committee: [newsletter@ncamhp.org](mailto:newsletter@ncamhp.org), Lesley Manson, Psy.D. at [drmanson@msn.com](mailto:drmanson@msn.com) or Jennifer Saffen, MFT at [jes@humboldt1.com](mailto:jes@humboldt1.com)

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### **Always wanted to pay your student loans down, but thought it would not happen until retirement? Think again.**

The National Health Service Corps offers the opportunity to pay off all of your student loans. The program starts with **\$60,000 in loan repayment** for two years of service. Let us help you with your student loan burden so money doesn't have to be a factor in choosing your field of practice. Employment opportunities are available within primary care settings, hospitals, mental health organizations, and private practices.

*Visit [NHSC.hrsa.gov](http://NHSC.hrsa.gov) for complete program information. A NHSC Ambassador, Lesley Manson, PsyD is available questions locally.*

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Members may advertise and post announcements for office rentals free of charge via the web at any time:

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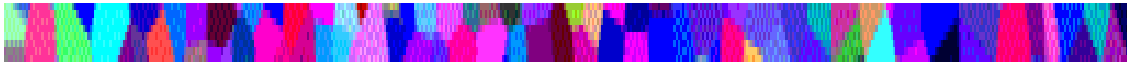
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Feedback is welcome any time: [newsletter@ncamhp.org](mailto:newsletter@ncamhp.org), Lesley Manson, Psy.D. at [drmanson@msn.com](mailto:drmanson@msn.com) or Jennifer Saffen, MFT at [jes@humboldt1.com](mailto:jes@humboldt1.com)

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