North Coast Association of Mental Health Professionals

P.O. Box 5363 • Eureka CA 95502 • (707) 441-3832

Newsletter Spring 2013

Letter from Your President ~ Bonnie M. Carroll, LCSW

Greetings NCAMHP,

I hope the coming Spring will bring each of you healthy growth and positive new experiences.

The Board of Directors has been busy lately and I want to update you all on some of the projects we've been undertaking. First, we have finally been able to finish the Redbook and it should be in the mail towards the end of March. So keep an eye out!

The Board is also sending out a recruitment postcard to all of the mental health professionals in Humboldt County who are not currently NCAMHP members. The postcard and mailing list should be finished and mailed by the end of March. You can help us with our new member recruitment drive by talking to your colleagues in the mental health field and encouraging them to become NCAMHP members.

I am excited to announce that we have two new Board members: Diane Warde, LCSW and Katherine Salinas, LCSW. We appreciate the wisdom, knowledge, time and energy that they are bringing to the Board of Directors!

And finally, I want to briefly write about the work we are doing to update the NCAMHP Bylaws. The Board has been in the process of reviewing and revising the bylaws for the past year. If you are interested, you can find our current Bylaws on the NCAMHP website after you log in. As part of this revision process, we are creating a word document that will contain "tracked changes" so you can get a clear image of all the changes that the Board is proposing. We are planning to email that document out to the NCAMHP members following our next Board meeting in early April. I hope you will all take some time to review the changes in preparation for our Spring General Membership meeting on May 2nd, 2013. At that meeting we will ask our voting members in attendance to vote on whether to accept or reject the changes we are proposing. If you want to cast a vote, but will be unable to attend our

General Membership Meeting, you can email your vote to me after we have sent out the Bylaw changes via email. I would also encourage each of you to make sure your current email address is listed on the NCAMHP website so you will get your copy of the proposed changes.

Some of our proposed changes are very minor. For example, we have replaced the wording that instructs Board members to use the telegraph for Board communication with an instruction to use email for Board communication about upcoming meetings, etc.

However, other proposed changes are fairly significant. For example, we are recommending a change to the NCAMHP membership categories and some of the rules associated with those categories. We currently have four classes of membership: Clinical, Associate, Agency and Emeritus. The biggest change involves the Associate membership.

The current Associate member is defined as:

> (b) ASSOCIATE MEMBERS: An associate member is anyone interested and supportive of the goals of this association and who qualifies (1) as a mental health graduate student, or trainee in pre-intern status, or non-licensed paraprofessional, or staff member working for a mental health provider or agency in the community and (2) who brings recommendation for associate membership from a clinical member.

Moreover, our current bylaws state that:

> "Associate, Agency and Emeritus members shall have the same rights and obligations as clinical members, except that they shall not have the right to vote."

The Board is proposing that we change the membership categories to six categories: Clinical members, Associate members, Emeritus members, Student and Agency membership.

Under the new bylaws, the Board is proposing that the new Affiliate category will be defined as:

> (d) AFFILIATE MEMBER: Members may be health professionals with an interest in and appreciation for the mental health needs of their patients/clients/consumers and have an interest in supporting the association. Members may also have an interest in psychology such as, but not limited to, certified para-professionals, masters level professionals not pursuing licensure, members of allied professions, non-licensed professionals, high school teachers of psychology, staff members of licensed professionals, or members of the general public with an interest in the mental health field (i.e. chiropractors, occupational/physical therapists, nurses, other doctors, physician assistants, bachelor's level counselors). An interested Affiliate member

will need to bring a written recommendation for Affiliate membership from a Licensed Clinical Member or Associate Member.

Moreover, we are proposing that the bylaws state that:

Affiliate, Student and Emeritus members shall have the same rights and obligations as Licensed Clinical and Associate members, except that they shall not have the right to vote and will not be listed in the online directory or the Redbook.

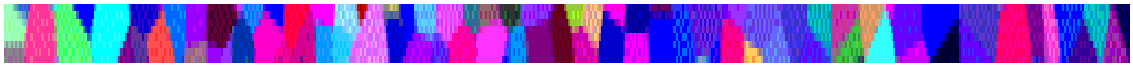
The new Associate membership categories will include:

Members who have graduated with a Master's or Doctorate degree in psychology related fields and are pursuing licensure including MFT intern, ASW, Registered Psychologist.

These are just a few examples of our proposed changes. I hope that you will all take time to read and understand all the proposed changes we have made. They will be emailed out to you in April. Please come to our next General Membership meeting in May to cast your vote, or email your vote to me at bonnyrose@arcatanet.com prior to the May 2nd meeting.

Best Regards,

Bonnie M. Carroll, LCSW
NCAMHP Board President 2013



NCAMHP Newsletter Committee (N.C.) Interviews the President of the Humboldt County Chapter of PFLAG, Linda Shapeero.

Linda hopes to share the knowledge of this valuable support group with local helping professionals.

Linda describes PFLAG: PFLAG is a confidential support group meeting for parents, family and friends of gay, lesbian, bisexual and transgender persons. The group's vision is to celebrate diversity and envision a society that embraces everyone, including those of diverse sexual orientations and gender identities. PFLAG welcomes the participation and support of all who share in, and hope to realize, this vision. Its mission is to promote the health and well-being of lesbian, gay, bisexual and transgender persons, their families and friends, through support, to cope with an adverse society; education, to enlighten an ill-informed public; and advocacy, to end discrimination and to secure equal civil rights.

PFLAG provides an opportunity for dialogue about sexual orientation and gender identity, and acts to create a society that is healthy and respectful of human diversity.

(N.C.) Who should come to the PFLAG support meetings?
Our PFLAG Support meetings are open to ANYONE that wants to come. Locally we have had LGBTQI, parents of all of those mentioned, We sometimes have a supporting pastor and of course the ALLY. Those are the people that support the LGBTQI community. The Q stands for questioning and queer and the I is for intersex. There is quite an alphabet out there.

(N.C) Are the meetings confidential?
Yes!! We could NOT have meetings that were not confidential. In a community this small it is VERY important, but it is important to ALL PFLAG meetings everywhere. Often people come to us before they tell others what their decision is because they need help and support.

(N.C.) For people who are not able to attend the meetings, are there other supports that you offer?
I get many calls from people that are not ready to go out into the public quite yet. Although I tell them our meetings are confidential they realize how small Humboldt Co. is and they are afraid. So they call and ask me many many questions. I help them as much as possible and sometimes send them pamphlets or refer them to GLSEN or the Trevor Project. You can Google either source and find how helpful they are in addition to PFLAG.

(N.C) How did the local chapter of PFLAG begin?
I had a friend that had been telling me about how Important PFLAG was to her and her father when she was younger. She thought it would be great to have a chapter here in Humboldt. I had other GLBT friends, so with her help and the help of the 1st Congregational UCC we said, "Let's start!" About 13 or 14 years ago a lady in Arcata I believe had PFLAG meetings in her home so she also talked with me. She only had meetings though. I decided to join with the National and become a non-profit. In doing so we can raise money and we are also on the PFLAG map. When people move to Humboldt Co and want to know about our meetings they can just Google PFLAG and find us on the national map. We started 3 years ago this April.

(N.C.) Please share anything else that you would like the mental health professional community to know.
At one point we had someone come to us that had been referred by a spiritual leader in the community. The spiritual leader told the individual to refrain from telling the community who had referred them to PFLAG. I was happy to hear that the spiritual leader told them about us, but later on I found out that one of the people had been going to a secular healer in the community and the healer had not mentioned PFLAG. That is when I decided I need to get the word out to as many Mental Health Professionals as possible!!

We are a CONFIDENTIAL SUPPORT GROUP. Sometimes it really helps people to go to a SAFE place and talk among others who will give them LOVE and SUPPORT. We also have books, pamphlets and life stories from other people who have lived through problems or are going through something now.

We usually have around 13 or 14 people there.

On March 23rd @ 6:00 we will be showing the DVD Bully to the public in the Social Hall of the First Congregational UCC in Eureka at 900 Hodgson St. This will be free but we will have a donation jar handy. We feel very strongly about Bullying. We go into the local schools and had a Rally in front of the Courthouse in Oct, two or three years ago.

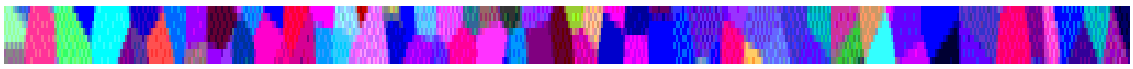
Where and When:

EUREKA — Parents and Friends of Lesbians and Gays will meet at 6:30 p.m. the second Monday of each month at First Congregational Church, 900 Hodgson St., in the Social Hall.

Contact:

More information about PFLAG can be found at http://www.pflag.org. For more information about the local chapter, contact Linda Shapeero at 768-3287 or shap28@gmail.com

You can also connect with PFLAG through Facebook at:
Website: www.facebook.com/profile.php?id=100001247334832



Sebelius: Bring Mental Illness Out of the Shadows

On Monday, February 4, U.S. Department of Health and Human Services Secretary Kathleen Sebelius authored an article featured on USAToday.com:

President Obama following lead of John Kennedy 50 years ago on improving access to care.

Fifty years ago Tuesday, President John Kennedy shattered the national silence when he delivered a message to Congress in which he called for a bold new community-based approach to mental illness that emphasized prevention, treatment, education and recovery.

In the half century since, we've made tremendous progress as a country when it comes to attitudes about mental health. But recent events have reminded us that we still have a long way to go to bring mental health fully out of the shadows.

The vast majority of Americans with a mental health condition are not violent. In fact, just 3% to 5% of violent crimes are committed by individuals who suffer from a serious mental illness.

But we know that some instances of mental illness can develop into crisis situations if left untreated, and those crises can lead to violence. More often than not, those with mental health conditions direct these violent acts at themselves. Tragically, there are more than 38,000 suicides in America each year, more than twice the number of homicides.

This is just one of many ways untreated mental illness takes a toll on our society. Bipolar disorder and major depression are responsible for more than 300 million days per year in lost productivity. As many as three in 10 homeless Americans have a serious mental illness. In total, mental health conditions place a greater burden on our economy than cancer or heart disease; and yet more than 60% of people with mental illness do not receive help.

The Obama administration has already made great strides in improving access to mental health care. Because of the Affordable Care Act and previous legislation making care on a par with other illnesses, 30 million Americans will gain access to health coverage, including up to 10 million who have mental health issues. Mental health care must also be covered in the new Health Insurance Marketplaces, which will open in every state this fall to help citizens find coverage that fits their needs and budget.

The president has proposed additional actions that will make it easier for young people to get mental health care. This is critical since three quarters of adult mental health conditions appear by the age of 24. His plan would train more than 5,000 mental health professionals to serve young people and advance new strategies to make sure young people and their families continue to receive support after they leave home.

But we know that lack of coverage and access to services are not the only reasons people go without the care and treatment they need. The truth is that while America has come a long way, we are still a country that frequently confines conversations about mental health to the far edges of our discourse.

We often fail to recognize the signs of mental illness, especially in young people. And when we do see those signs, our first reaction is often not to reach out, but to turn away. This is a culture we all contribute to. And it's one that all of us -- community leaders, teachers, pastors, health providers, parents, neighbors and friends -- need to help change if we want to reduce the tragic burden of untreated mental health conditions.

That's why President Obama has called for a national dialogue on mental health that will be kicked off in the coming weeks. This dialogue will seek to address the culture of silence and negative perceptions of mental illness that keep so many of our

nation's young people from seeking care. It will challenge each of us to do our part to create communities where young people and their families understand how important mental health is to positive development and feel comfortable asking for help when they need it.

The good news is that when people do seek help, we have much more effective treatments and supportive services than we did 50 years ago. The proof is the tens of millions of Americans with mental health conditions who are living healthy lives and contributing to their communities. But people will only take advantage of this progress if they are not afraid to seek help. Now is the time to work together to banish those fears and bring mental health out of the shadows once and for all.

Kathleen Sebelius is secretary of Health and Human Services.

National Institute of Mental Illness:
5 Most Common Mental Illnesses Share the Same Genes

From Autism to Depression: Largest Genetic Study Shows Mental Disorders Share Genetic Kinks
--Associated Press

Mental Illnesses Share Common DNA Roots, Study Finds
--nbcnews.com

An NIMH-funded study published online today in *Lancet* reveals that the five most common disorders—autism, attention deficit hyperactivity disorder, bipolar disease, schizophrenia, and major depression—all share similar genetic components.

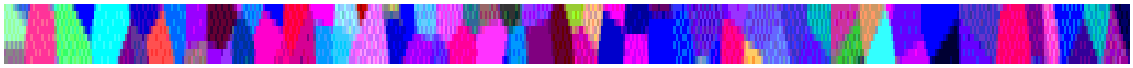
“These disorders that we thought of as quite different may not have such sharp boundaries,” said Dr. Jordan W. Smoller of Massachusetts General Hospital, one of the lead study authors.

The results suggest that a rethink in how these disorders are defined might be in order. Rather than focusing on symptoms, which can be attributed to one or more disorder, physicians could one day start to rely on specific gene mutations or biologic pathways to make a formal diagnosis.

And it also could lead to better treatments, said Dr. Bruce Cuthbert, director of the NIMH’s Division of Adult Translational Research and Treatment Development. “We are finally starting to make inroads where we have actual physiological mechanisms that we can target,” he said. “We can really start to understand the biology instead of having to guess at it.”

Reference

Cross-Disorder Group of the Psychiatric Genomics Consortium. Identification of Risk Loci with Shared Effects on Five Major Psychiatric Disorders: A Genome-wide Analysis. LancetExternal Link: Please review our disclaimer., published online February 28, 2013.



Newsworthy Updates

Current Psychiatry E-News, Alzheimer's Update: Republished from March 2013

According to the Alzheimer's Association, 5.4 million Americans have Alzheimer's disease (AD), including 1 in 8 older adults.1 The number of Americans being diagnosed with AD is rising dramatically with age; 45% of patients age >85 have AD.1 In 2012, U.S. health care expenditures for AD exceeded $200 billion.1
In this inaugural issue of Alzheimer's Update, we highlight a study in which Grundman et al examined the recently FDA-approved amyloid imaging modality, florbetapir, and what impact it may have on diagnosing and managing cognitive decline in late life. This method is controversial; florbetapir is not recommended as part of routine clinical diagnosis of suspected AD.

Biomarkers for early AD diagnosis, even before clinical symptoms emerge, have received much research attention, but are not yet practical for clinical use. The best-defined biomarkers are cerebrospinal fluid and neuroimaging markers. Guo et al raised the possibility of using a sensitive and specific plasma marker for AD in the future.

Studies by Atri et al and Zhu et al examined the utility of combination therapy in moderate-to-severe AD. Combining a cholinesterase inhibitor with memantine for long-term treatment seems to produce the best long-term results relative to safety, efficacy, and health.

O'Bryant et al completed an interesting study on AD biomarkers in Mexican Americans—the fastest aging segment in the United States—and found that biomarkers vary according to race and ethnicity.

Lastly, Zahodne et al showed the importance of recognizing and treating depression in patients with AD.
Enjoy this issue. Your comments and questions are always welcome.—*George T. Grossberg, MD, Samuel W. Fordyce Professor, Director, Geriatric Psychiatry, St. Louis University School of Medicine, St. Louis, MO*

Reference
1. Alzheimer's Association. 2012 Alzheimer's disease facts and figures. http://www.alz.org/downloads/facts_figures_2012.pdf. Accessed February 26, 2013.

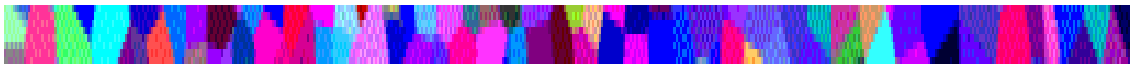
Depressive symptoms may accelerate AD patients' cognitive, functional decline

Laura B. Zahodne[1], Devangere Devanand[2], Yaakov Stern[1]

[1]Cognitive Neuroscience Division, Department of Neurology and Taub Institute for Research on Alzheimer's Disease and The Aging Brain, College of Physicians and Surgeons, Columbia University, New York, NY, USA
[2]Department of Psychiatry, College of Physicians and Surgeons, Columbia University, New York, NY, USA

Abstract

In Alzheimer's disease (AD), cognition and function are only moderately correlated in cross-sectional studies, and studies of their longitudinal association are less common. One potential non-cognitive contributor to function is depression, which has been associated with poorer clinical outcomes. The current study investigated longitudinal associations between functional abilities, cognitive status, and depressive symptoms in AD. 517 patients diagnosed with probable AD and enrolled in The Multicenter Study of Predictors of Disease Course in Alzheimer's Disease were included. Patients were followed at 6-month intervals over 5.5 years. Longitudinal changes in the Blessed Dementia Rating Scale, modified Mini-Mental State Exam, and the depression subscale of the Columbia University Scale for Psychopathology in AD were examined in a multivariate latent growth curve model that controlled for gender, age, education, and recruitment site. Results showed that cognition and function worsened over the study period, whereas depressive symptoms were largely stable. Rates of change in cognition and function were correlated across participants and coupled within participants, indicating that they travel together over time. Worse initial cognitive status was associated with faster subsequent functional decline, and vice versa. Higher level of depressive symptoms was associated with worse initial functioning and faster subsequent cognitive and functional decline. These findings highlight the importance of both cognitive and psychiatric assessment for functional prognosis. Targeting both cognitive and depressive symptoms in the clinical treatment of AD may have incremental benefit on functional abilities.



Hypnosis and Laughter Both Increase Pain Threshold

By Dave Berman, C.Ht.

For at least 200 years, doctors and dentists have performed surgery with hypnosis rather than chemical anesthesia (1). While this is sometimes still done today (2), it is less common than the quite regular use of hypnosis for relief of chronic pain (3).

A familiar old saying goes: "Laughter is the best medicine." In 1995, Indian physician Dr. Madan Kataria combined this premise with a core hypnosis concept that the body can't tell the difference between what the mind imagines or encounters for real. Today the result is more than 6000 laughter yoga clubs in over 60 countries (4) and many recognized health benefits to laughter (5), including:

- reduced stress
- elevated mood
- improved circulation
- lowered blood pressure
- strengthened immune system
- greater energy and stamina
- enhanced creativity

And now, according to a recent British study published in the Proceedings of the Royal Society B (6), and reported in the New York Times (7), evidence suggests laughter, like hypnosis, can increase the threshold for pain tolerance. The research methodology focused on the most obvious mechanism, namely that laughter creates endorphins (plus serotonin, dopamine and oxytocin). Endorphins are medically recognized as a natural pain killer (8).

An interesting aspect of the study is the finding that more endorphins are created when laughter is experienced in a group rather than alone. Also, there is a direct correlation between the amount of increased endorphin production and the extent of pain threshold elevation. To be clear, nobody is suggesting using laughter instead of surgical anesthesia or in place of other qualified medical or mental health care. Like hypnosis, laughter is useful as a complementary or integrative approach.

One notably peculiar conclusion of this study is that the laughter has to be genuine. This contradicts the principle cited above that the body can't tell the difference between something real or vividly imagined. At this point, there is much more evidence supporting this mind/body connection so I would argue that rather than disproving it, the new research simply does not confirm it. Like most studies, it is said that more research is called for in this area. I will happily volunteer! In fact, in

addition to being a clinical and medical hypnotist by profession, as a hobby I am also a certified laughter yoga class leader and often combine the two when working with clients.

The culture of laughter yoga is that classes are free. They are open to all ages and fitness levels and require no prior experience or knowledge of traditional yoga. Instead of doing stretching and posing, laughter yoga classes involve childlike playfulness with endless varieties of pretexts for simulated laughter, laughing on purpose, and many different types or deliveries of laughter. Like yawning, laughter triggers mirror neurons that tend to make it contagious.

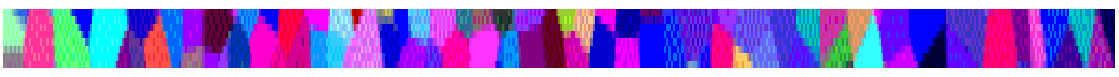
If you'd like to recommend laughter yoga for any of your clients or patients, free local classes are currently held Mondays, 4:45pm, at Om Shala Yoga, 858 10th Street, Arcata; and Wednesdays, 8:30am, at Church of the Joyful Healer, 1944 Central Ave, McKinleyville.

Another old saying goes: "He who laughs last, laughs best." The updated version is: "She who laughs most, feels best!"

References:

(1) http://www.institute-shot.com/hypnosis_pain_utility.htm
(2) http://www.youtube.com/watch?v=Xgu6vk3_ByE
(3) http://www.humboldthypnosis.com/chronic-pain-relief
(4) http://bit.ly/lyclubs
(5) http://bit.ly/lybenefits
(6) http://rspb.royalsocietypublishing.org/content/279/1731/1161.abstract
(7) http://well.blogs.nytimes.com/2012/10/24/laughter-as-a-form-of-exercise
(8) http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3104618

Bio:
Dave Berman, C.Ht. practices Clinical and Medical Hypnosis, Neuro-Linguistic Programming (NLP) and Life Coaching. He is certified by the International Medical and Dental Hypnotherapy Association and an associate member of the North Coast Association of Mental Health Professionals. Dave can be reached at (707) 845-3749 or through his website: www.HumboldtHypnosis.com.



Announcements

Save the Date: Spring General Meeting 05/02/13 at HAF from 5:30pm to 8:00pm

Presentation: DMS V: Changes You Should Know with Beth Eckerd, Ph.D

Jacqueline Mayrand, MFT Sends Correspondence to NCAMHP:

TRAINING OPPORTUNITY IN SENSORIMOTOR PSYCHOTHERAPY
BAY AREA/BERKELEY

Starts May 31st (first week-end) and one week-end per month or so through December (for a total of 6 week-ends)

Dear Colleagues,
I wanted to share with you this upcoming training opportunity that I've signed up for. My hope is to see if anyone from our mental health providers community is interested in taking this course also. It would be more fun to share the travel time to the Bay Area, as well as having a local "study buddy."

The wonderful book that inspired me to take this training is entitled "Trauma and the Body" by Pat Ogden, Kekuni Minton and Clare Pain. These authors are the ones who started the Sensorimotor Psychotherapy Institute, which offers trainings in this modality worldwide. Here's a brief description of what the Level I training is about, taken from the Sensorimotor Psychotherapy Institute's website:

Level I: Affect Dysregulation, Survival Defenses, and Traumatic Memory

MAY 31, 2013 Start Date

Traditional psychotherapy addresses the cognitive and emotional elements of trauma but lacks techniques that work directly with the physiological elements, despite the fact that trauma profoundly affects the body and that so many symptoms of traumatized individuals are somatically driven, including affect intolerance, autonomic reactivity, vegetative depressive symptoms, impulsivity, and anxiety. All of these clinical issues are inaccessible or difficult to treat in a talking therapy context without a way to include the bodily symptoms in treatment.

Sensorimotor Psychotherapy builds upon traditional psychotherapeutic techniques and principles, but approaches the body as central in the therapeutic field of awareness, and includes observational skills, theories, and interventions not usually practiced in psychodynamic psychotherapy. Theoretical principles and treatment approaches from both the mental health and body psychotherapy traditions are integrated in this approach. Sensorimotor Psychotherapy draws from body-oriented psychotherapy methodology pioneered by Ron Kurtz (Kurtz, 1990), as a foundation for therapeutic skills and incorporates theory and technique from psychodynamic psychotherapy, cognitive-behavioral therapy, neuroscience, and the theories of attachment and dissociation.

The Sensorimotor Psychotherapy Level I Training presents simple, body-oriented interventions for tracking, naming, and safely exploring trauma-related, somatic activation, creating new competencies and restoring a somatic sense of self. Students will learn effective, accessible interventions for identifying and working with disruptive somatic patterns, disturbed cognitive and emotional processing, and the fragmented sense of self experienced by so many traumatized individuals. Techniques are taught within a phase-oriented treatment approach, focusing first on stabilization and symptom reduction. Sensorimotor Psychotherapy can be easily and effectively integrated into psychodynamic, cognitive-behavioral, and EMDR-focused treatments.

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ENROLLMENT IS NOW OPEN! Check the website if you are interested. This training will fill quickly!! The link to their website is:
http://www.sensorimotorpsychotherapy.org/home/index.html

If you have an interest and would like to talk further about this training, please call me at 441-1053, or email me at jacquelinemayrand@gmail.com.

Thanks!

p.s. TRAINING COST
The cost of the training is $3,000. However, the Sensorimotor Psychotherapy Institute offers a "long distance" discount of $1,200 (for people who live more than two hours away from Berkeley). It brings the cost down to $1,800. Monthly payment plan options are also available. If you are interested in the training, register soon, since they have a limited number of traveling discounts available and the training usually fills fast.

WANTED: Licensed therapist to work in a structured sex offender treatment program. Must be willing to work some evenings and possibly some Saturday mornings. Must be willing to become state certified which involves obtaining CEU's and supervision specific to working with sex offenders. May consider MFTI or ASW with forensic work experience.

Please call: Gail Narum MFT at Narum Clinical Associates (707) 441-8626 ext. 1

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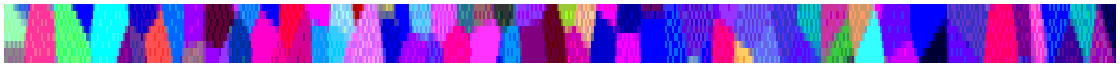
930 Third St., suite 201
Eureka, CA 95501-0554
441-8626 voice
442-5040 fax



Advertisements

The following advertisements are not endorsed by NCAMHP.

Affordable Psychodynamic Group Therapy Based on Yalom's Model
Led by Marcelle Olsen MFT (MFC 34458) & Marnie Lucas MFT Intern (IMF 60723)

Group Offers the Opportunity to:

- Develop your strengths in personal relationships
- Better able to express feelings
- Build capabilities for connection & intimacy
- Be able to deal with conflicts

When: Tuesdays from 6:00 -7:30pm
Beginning: Tuesday April 23, 2013
Duration: 8 Weeks
Fee: $45.00 per/wk

Call Marcelle at 442-1116 for more information and to reserve your space.

The Practice of Presence: How We Sit with the Suffering of Others
A Mindfulness Workshop for Helping Professionals

Friday, April 5th, 7:30 – 9:00pm and Saturday, April 6th, 9:30 – 5:00pm
Humboldt Area Foundation

$75 before March 29th & $100 after March 29th.
$25 for 9 CEU's for LMFT/LCSW's
Students/Interns $60
No one turned away for lack of funds. Some scholarships available.

For more information contact Len Wolff: riverwolf@sbcglobal.net, 707-845-3395, or Jo-Rosen, 707-462-7749, joannrosen@gmail.com .

Whether you are new to mindfulness and want an introduction, or are familiar and are looking for the opportunity to spend a relaxing and enriching time with yourself and colleagues, you are welcome to join us.

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5 Signs a Hypnosis Referral Will Help Your Client

April workshops provide opportunity to learn benefits/applications of clinical/medical hypnosis so you'll know when a referral will help your client.

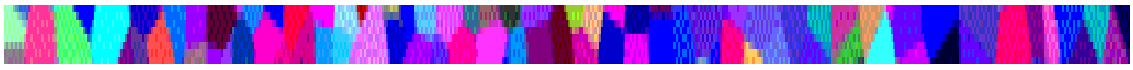
Location:
Arcata Chamber of Commerce - 1635 Heindon Rd (next to Tony's 24-hour diner)

Tuesday 4/16, 12:15-12:45pm – brief overview; $5 advance, $10 at door.
Saturday 4/20, 10am-noon – full class; $15 advance, $20 at door.

Attend one or both.

Details/registration: http://www.HumboldtHypnosis.com/counselorclass

Presenter: Dave Berman, C.Ht. - 707-845-3749



Your voice is important!

Contributions are always welcome; anything from a paragraph to a couple of pages would fit well in the newsletter. Send your ideas to the newsletter committee: newsletter@ncamhp.org, Diane Warde, LCSW at wardediane@yahoo.com or Jennifer Saffen, MFT at 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.

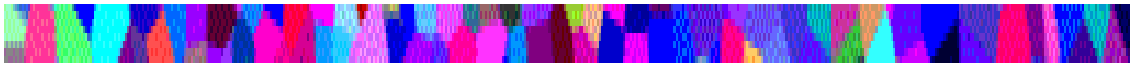
The National Health Service Corps offers the opportunity to pay off all of your student loans. The program starts with **$60,000 in loan repayment** for two years of service. Let us help you with your student loan burden so money doesn't have to be a factor in choosing your field of practice. Employment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

Visit NHSC.hrsa.gov for complete program information. A NHSC Ambassador, Lesley Manson, PsyD is available questions locally.

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

Step 1: Go to www.ncamhp.org
Step 2: Click on Member Login and Login
Step 3: Click on Member Discussion Board
Step 4: Choose "Office Rental"

Please give us feedback on this new policy: newsletter@ncamhp.org, Lesley Manson, Psy.D. at drmanson@msn.com or Jennifer Saffen, MFT at jes@humboldt1.com



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