Newsletter Winter 2013

Letter from Your President ~ Bonnie M. Carroll, LCSW

Greetings NCAMHP,

I am looking forward to serving as the NCAMHP Board President for 2013. We have a very active and exciting Board of Directors and we are looking forward to taking on and completing many goals over the next year.

The Board is in the process of revising the NCAMHP Bylaws and membership categories. We will have the proposed Bylaws out to you for review prior to our next general membership meeting in May 2013.

I want to let you all know that the Board has experienced an unexpected delay in the Redbook publication and distribution. But we are in the process of proof reading and editing, and should have it distributed by March of 2013.

I would like to share one concern that our organization is facing. Our membership has declined, which affects our projected budget for trainings, general membership meetings, and other resources that the organization provides for all of you. Therefore, one of my goals for 2013 is to prioritize membership recruitment. The Board is in the process of creating and mailing out a recruitment postcard to all the mental health providers that we can identify in our community who are not currently NCAMHP members. You can help us with this goal by talking to your colleagues in the mental health field and encouraging their membership in our local organization.

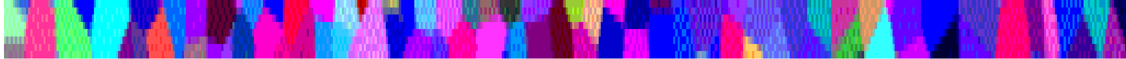
Another goal I am setting for the coming year is to recruit new Board Members. We have a great Board of Directors right now, but many of our members have been volunteering on the Board for the past three to four years. So we can expect that they may be moving on in the next year or two. As a result, we are going to need fresh, new Board members who are ready to take over all the hard work and tasks that are required to keep our organization providing the great resources, trainings, and opportunities for peer connections that we currently experience. Please contact me directly if you are

interested in joining the Board. My email address is bonnyrose@arcatanet.com.

We look forward to continuing the positive work of NCAMHP in 2013!

Best Regards,

Bonnie M. Carroll, LCSW
NCAMHP Board President 2013



A Therapist Goes to the Movies: *The Sessions*

Reviewed by, Patrick Carr, LMFT

The Sessions, released in late 2012, is a beautifully made film about one man's efforts to defy the limits of physical disability and find love. The film is lent versimilitude by its having been based on the experiences of Mark O'Brien, a polio survivor, poet, and journalist who published an essay "On Seeing a Sex Surrogate" in 1990. But this air of reality is at some odds with what really happened, and the film contributes to psychotherapists' type-casting as willing to mix sex with therapy.

The Sessions stars John Hawkes (*Winter's Bone*) as O'Brien, Helen Hunt (*What Women Want, As Good as it Gets*) as sex surrogate Cheryl Cohen Greene, and William H. Macy (*Fargo*) as Father Brendan, O'Brien's priest and, in an interesting twist, essentially the surrogate therapist. The film was written and directed by Ben Lewin, himself a polio survivor who has said he was deeply moved by O'Brien's essay and wanted to share it with a larger audience. In developing the film, Lewin consulted with the real Cheryl Cohen Greene as well as with Susan Fernbach, who is also portrayed in the film and became O'Brien's partner later in his life.

O'Brien was nearly as physically disabled as people get: from the age of six he was paralyzed, though not without sensation, from the neck down. Most of the time he used an iron lung to breathe. Nevertheless he graduated from U.C. Berkeley and established a writing career, but at age 38 he realized another goal was vital to him: he didn't want to die a virgin.

In the film, Hawkes is spurned by his first love interest, a young female attendant, and he does what many lovelorn people do: he goes to a therapist. But in their only session the therapist tells him she can't help him with his problems and refers him to Helen Hunt for sex surrogacy.

Talk takes a second seat to the sexual action as Hawkes meets Hunt for the surrogacy work. In four momentous sessions he not only overcomes his sexual fears but also falls in love with Hunt, who finds him to be an exceptionally compelling client. He sends her a love poem which her jealous husband finds and throws in the trash, but she retrieves it late at night and reads it in tears.

The intensity of the surrogacy sessions is emphasized by Lewin's interspersing them with long talks between Hawkes and Macy about the kinds of things we therapists might hear, and presumably O'Brien's therapist did hear; the feelings Hunt evokes, Hawkes' anxiety over his disability as well as his enjoyment in his budding sexual capabilities, and the concerns this religious man had about premarital sex.

This isn't the way it really happened. In his essay, readily available on the internet, O'Brien said he had a long term relationship with his therapist, who did indeed refer him to the sexual surrogate. I assume that Lewin wanted to cut the therapy office talk and quickly get Hunt into the action, but it weakens the film's credibility and short changes our work.

Knowing little about sex therapy, even unsure whether sex surrogacy actually exists, I called NCAMHP member and sex therapist Melinda Myers Psy.D. and asked her how realistic *The Sessions* was. Having not seen the film, Dr. Myers didn't have an opinion on it specifically, but she was kind enough to share a few thoughts about sex surrogacy. She told me that "for people with significant cognitive, intellectual, or physical disabilities, sexual surrogacy can be highly ethical, done in conjunction with a licensed therapist, and with clear boundaries to ensure the protection of the client."

Dr. Myers emphasized that the focus in sexual surrogacy is on the client's experience, not the surrogate's ability to experience an orgasm from her client (the goal of Hawkes' and Hunt's final session -- again, stretching the reality that O'Brien wrote about). And of course, sexual surrogates aren't psychotherapists; that would be illegal. In the film we see Hunt exploring Hawkes' memories of his childhood with him, and preparing her notes after sessions, writing about the "transference" that is developing. Naturally, critics have referred to her as a "sex therapist."

Despite these flaws, *The Sessions* is a memorable and uplifting film -- even if the final scene is at O'Brien's funeral. Hawkes' and Hunt's acting is great, and O'Brien's marvelous poetry, scattered through the movie, is nearly reason enough to see it. The matter-of-fact presentation of sexual expression and love as basic aspects of the lives of disabled people is rare in a Hollywood film, and *The Sessions* deserves kudos for this.

I'll wrap up with a few paragraphs from O'Brien's essay, published in the May, 1990 issue of *The Sun*. Here, O'Brien is explaining why he ended his sessions with Cheryl ahead of the schedule they'd earlier agreed on; in the film, it is suggested that their feelings for each other had become too intense.

"Do you think there's anything to be gained from another time?" she asked.

"No," I said, relieved that I would not have to spend any more money. I had just enough to buy a futon. And besides, I'd had intercourse. What was there left to do? Later that year, I bought the futon, dark blue with an austere pattern of flowers and rushes.

* * *

I began this essay in 1986, then set it aside until last year. In re-reading what I originally wrote, and my old journal entries from the time, I've been struck by how optimistic I was, imagining that my experience with Cheryl had changed my life.

But my life hasn't changed. I continue to be isolated, partly because of my polio, which forces me to spend five or six days a week in an iron lung, and partly because of my personality. I am low-key, withdrawn, and cerebral.

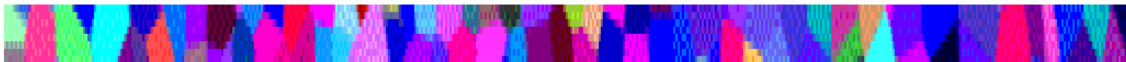
My personality, it may be said, is a result of my disability, because of which I have spent most of my life apart from people my own age. Whatever the cause, my isolation continues, along with the consequent celibacy. Occasional visitors sit on the futon, but I've never lain on it.

I wonder whether seeing Cheryl was worth it, not in terms of the money but in hopes raised and never fulfilled. I blame neither Cheryl nor myself for this feeling of letdown. Our culture values youth, health, and good looks, along with instant solutions. If I had received intensive psychotherapy from the time I got polio to the present, would I have needed to see a sex surrogate? Would I have resisted accepting the cultural standards of beauty and physical perfection? Would I have fallen into the more familiar pattern of flirting, dating, and making out which seems so common among people who have been disabled during or after adolescence?

One thing I did learn was that intercourse is not an expression of male aggression, but a gentle, mutually playful experience. But has that knowledge come too late?

A far more mixed view of his life than The Sessions portrays.

Patrick Carr is an MFT and NCAMHP member who loves narratives in therapy, life, and film.



Resistance and the Role of Cognitive Dissonance in Igniting Human Potential

By Diane Warde, LCSW

There are reasons and motivations for obstructing our own success. Potential is just that, until motivation to use it becomes a reality. In psychology, resistance may be

defined as blocking irrefutable knowledge, or getting in the way of personal progress. As therapists, we see resistance in numerous ways. Clients end treatment abruptly. They cancel appointments. They forget to complete their assignments. Psychodynamic theory, espoused by Sigmund Freud first described ego defenses and their role in human behavior. The ego served multiple purposes, not the least of which was protecting the person from emotional pain and discomfort. The therapist skillfully uses the client's discomfort level as an impetus for positive changes.

A technique, commonly called "reframing," is a way for the therapist to choose words that help a person to see things differently. It can be the first step in cognitive restructuring. The therapist may choose positive adjectives to replace the client's negative adjectives used to describe their feelings.

Replacement is a strategy used in treating addictions, as well as a less constructive mind-set of the client. The idea is to replace the destructive behavior or self-defeating emotions with constructive behaviors and helpful affectations.
Seeing the situation or feelings differently can create new pathways in the brain. This is helpful for hopelessness and anxiety; as well as brain damage and PTSD. Stimulating the senses with positive affirmations, visual, auditory, olfactory and kinesthetic responses can recreate neural pathways when damaged; and can rewire pathways used to associating negative beliefs, fears and trauma memories.
Using these strategic Cognitive-Behavioral theoretical constructs in talk-therapy can help change the way people think about what they are doing. This approach may assist the client in the process of restructuring the way they look at the problem, and the way they have been coping with it. This cognitive shift is responsible for the next step in therapy; eliminating or reducing one's symptoms by viewing the problem differently.

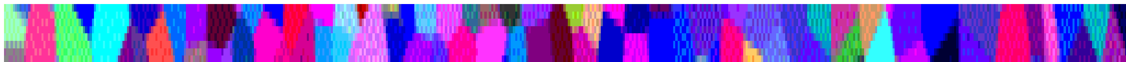
It is generally believed that the client has a more salient learning experience when they reach their own conclusions about the inefficacy of their former aberrant thinking, as well as their fears and behaviors associated with it. Essentially, by challenging the client's incorrect beliefs about their situation, the therapist gently leads the client to discover new behaviors and replacement activities.
Identifying replacement ideas and initiating constructive activities can set the client on a new path. Frequently, the client's symptoms are also gradually replaced with renewed self-esteem, better functioning and improved moods.

As with any technique, initial assessment of the presenting problem provides baseline information to the therapist and client. Reassessment of the client's understanding of the problem and their efforts to make changes, at each stage in therapy is vital. Feedback from both therapist and client helps the client to make a connection between where they were when they started therapy, and improvements made at each phase of treatment. Continual validation of progress made is also helpful as additional motivation in getting through the rough spots.
Beginning each session with "checking in," the client is able to verbalize how their new way of thinking about the problem has affected their coping, levels of stress, as well as their over-all moods and functioning.

Continual validation of the client's feelings remains important, while using reframing and replacement techniques. Praising "baby steps" towards reaching goals helps the client's motivation. Sometimes people do what they do and have beliefs that attempt to satiate and mitigate earlier unmet developmental needs. The therapist should also disclose to the client that sometimes discussing traumatic events in therapy can temporarily increase the client's anxiety and other symptoms. It is important to discuss what they will do if their symptoms of fear, anxiety or depression are triggered by talking about the trauma. If there is a crisis, being available by phone in-between sessions can provide the additional support the client may need to maintain positive changes and reduce the severity of their symptoms.

For additional information on Cognitive-Behavioral Therapy and Cognitive Restructuring, the writer recommends researching the topic online and by re-reading Irvin Yalom's thesis on individual and group psychotherapy. Other author's informative work on the subject include: Jean Piaget's theories on psychosocial development (especially accommodation and assimilation); Albert Bandura's Social Learning Theory (on what motivates people); Martin Seligman's Learned Optimism, and Leon Festinger on cognitive dissonance and the role of discomfort in altering beliefs, emotions and behavior.

The writer, Diane Warde, LCSW completed her master's thesis titled, "Effects of Behavioral Interventions for Adults with Developmental Disabilities," in 1998. Diane is currently in private practice in Arcata, and can be reached by email at wardediane@yahoo.com, or by phone at (707) 498-3263.



Fundamental Self Care – Mindfulness
By Jo-ann Rosen, LMFT

I have been meditating every single day for the last two decades, and rarely does this hyper vigilant mind still itself. Isn't stilling the mind the point of meditation? What IS the point?!?

Mindfulness meditation is a practice of being with each moment, exactly as it is. We spend a large proportion of our time avoiding and going after things, things or circumstances we may have little or no control over. In fact, we may never really have experienced them in the first place, so busy are we in avoiding or grasping. Mindfulness shows us how to strip away the illusion makers of misperception, selective attention and delusive thought, that ultimately create a lot of our own unhappiness. Mindfulness meditation is neither a religion nor an impediment to practicing whatever faith or path one may be drawn to any more than is psychotherapy. It is both practical and spiritual but not religious.

During the first few years of my interest in mindfulness, I just groped my way thru the motions of meditation. I would sit and, day dream, nod off or run a commentary of criticisms about how deficient I was. All the while another part of me watched the show. Then I began to notice the watcher part during my doing life. I noticed that on the rare day I didn't sit, that day unfolded with a bit more unease. Was this just wishful thinking? Yet, I became more patient with myself. As I watched my mind drag me thru my emotions while I sat, I began to understand how I might think my way into a better mood. I was more accepting and less judgmental. So while the carrot was stillness, I was able to graze on other fruits and vegetation along the way.

Mindfulness practice deepens my understanding of how the world, (and my body as a microcosm of that world) functions. This brings me satisfaction, peace and a gift that I have to pass on to others. This I see as my work: accompanying and encouraging others on their own journey towards understanding, and peace and passing on what they learn.

My body has been my chief vehicle. So this exploration of mindfulness begins with the body. It's with me all the time, bringing me the current news within and without. We're a team, my watcher and my body. I learn from this combination, and then I use it to practice new responses on a body level.

In my therapy practice I work with a combination of cognitive therapy, expressive arts, inner child work and EMDR. In mindfulness meditation, I have found all of the healing elements that these modes offer. These include understanding, broadening and reframing long held views that open into new experiences, calming habitual body reactions and creating new physical and emotional responses to old triggers. All this can happen on the cushion with mindfulness meditation as well. Putting our thoughts and emotions under the microscope of mindfulness, we experience first hand the mind body connection: the ways we make and unmake our suffering.

In addition to formal sitting meditation practice, mindfulness meditation brings the watcher into our daily actions, helping to foster wise thought, speech and action. It brings an added dimension to our lives, increasing our awareness of the interconnectedness of all things. Mindfulness allows us to more continually glimpse the magical details embedded in all of the ordinary activities of the day whether they be eating, walking, or waiting in a line of traffic.

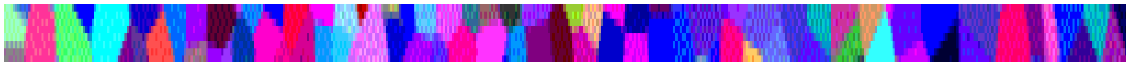
Just as group therapy helps one deepen understanding, self-acceptance, compassion for others and a sense of support, having a community to practice mindfulness with is very strengthening. Living in a small town, however, makes it difficult for therapists to join an open group without running into dual relationships. What can be beneficial is forming a mindfulness practice group for therapists or other helping professionals. In this way, not only can one have a safe nurturing environment to deepen practice, but as practice does deepen, members can explore together how to integrate the practice into work with clients. We all have experienced the difference between offering a “technique” and offering what we know works for us as well. The

nuances and obstacles are more evident, helping clients discover how to work with the challenges is more grounded.

As if this all wasn't enough to entice the curious, the newly exploding field of neuroscience is singing the praises of mindfulness with every new discovery. Mindfulness decreases stress and anxiety, lowers depression, builds new neural pathways and strengthens the existing ones, lowers cortisol levels and blood pressure, increases ability to feel empathy and compassion, and holds the keys to conflict resolution and deepening happiness. The list goes on and on,

(Please see advertisement section for more information about an upcoming Mindfulness Fundamentals Workshop.)

Jo-ann Rosen (MFT 28494) has been a licensed Marriage and Family Therapist for the last 22 years and a mindfulness practitioner since 1994. She has received formal transmission to teach mindfulness in the Plum Village Tradition.



Hypnosis For Hot Flashes

By Dave Berman
11/28/12

Increasing evidence is amassing in support of using hypnosis for hot flashes. In October, Menopause: The Journal of The North American Menopause Society reported on a new study from the Mind-Body Research Laboratory at Baylor University suggesting the effectiveness of hypnosis for hot flashes. The research findings support an earlier Baylor study from 2008, published in the Journal of Clinical Oncology, also showing impressive results among breast cancer survivors using hypnosis for hot flashes.

Prior to that, a small pilot study published in the March 2003 issue of Women's Health Issues concluded that "hypnosis appears to be a feasible and promising intervention for hot flashes." This was followed by a 2007 pilot study published in Psycho-Oncology – Journal of the Psychological, Social and Behavioral Dimensions of Cancer that found "clinical hypnosis may be an effective non-hormonal and non-pharmacological treatment for hot flashes."

The recent Baylor research involved 187 women, 93 of whom received five weekly hypnosis sessions featuring guided visualizations and suggestions for mental images of coolness, a safe place or relaxation, depending on each subject's preference. These women also received an audio hypnosis recording for daily practice and reinforcement. The 94 women in the control group received talk therapy and recordings with information about hot flashes but no hypnotic induction.

The Menopause report indicates at a 12 week follow-up the women who had received the hypnosis sessions reported 74% fewer hot flashes while women in a control group had a 17% reduction. Frequency and severity of the hot flashes also dropped by 80% in the hypnosis group compared to a 15% decrease in the control group.

Research in this area has been spurred by a 2003 study from the Women's Health Initiative that found long-term hormone therapy used for hot flashes is associated with increased health risks, including breast cancer and heart disease. Gary Elkins, Ph.D., professor of psychology and neuroscience in Baylor's College of Arts & Sciences and director of the Mind-Body Medicine Research Laboratory told the Cleveland Plain Dealer the new study is "Good news for several reasons," including offering women a choice of treatments. "And it's safe," he added. "It doesn't result in health care risks, and it has side benefits such as improved sleep."

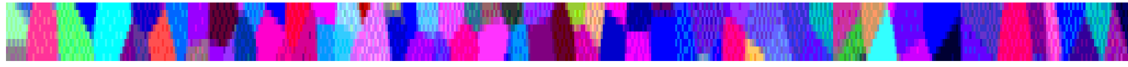
News of the study has been widely reported, including articles at WebMD, the Los Angeles Times, and U.S. News and World Report. An article at Science Daily reported this quote from Elkins: "This is the first study in which we compared both self-reporting and physiological monitoring – not just a change in tolerance or ability to cope, but the hot flashes themselves decreased." Indeed, participants wore sensors on their skin which showed a 57% reduction in hot flashes among the hypnosis group, and a 10% reduction in the non-hypnosis group.

Now, just a few weeks after Menopause published the latest Baylor study, a Huffington Post article mentioned it as an after-thought while describing a similar approach taken in a new Swedish study using group "relaxation therapy" to produce similar results reducing hot flashes. Menopause has also published the Swedish study in its November issue, which concludes "Applied relaxation can be used to treat vasomotor symptoms in healthy postmenopausal women."

This explanation of applied relaxation (http://bit.ly/apprelax) is incredibly similar to the use of progressive muscle relaxation as a hypnotic induction, right down to the importance of what hypnotists call the "pre-talk," a conversation prior to formally inducing hypnosis where questions and misconceptions are addressed while specifically building the subject's expectations for the effects of the hypnotic relaxation suggestions that will follow. Such setting and management of expectations is crucial in all clinical and medical hypnosis and goes a long way in explaining why many physical problems not necessarily caused in the mind may still be resolved there.

* * *

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.



26.5 Percent Medicare Payment Cut Averted for 2013

January 2, 2013 – Congress has finally taken action to **delay the 26.5 percent Sustainable Growth Rate (SGR) cut**, thereby postponing a drastic reduction in reimbursement for all Medicare services, including psychological services, scheduled to take effect on Jan. 1.

After intense legislative wrangling on New Year's Eve and into New Year's Day, the Senate passed the **one-year delay through 2013** as part of the "American Taxpayer Relief Act" (HR 8) by a vote of 89-8. The House then passed the measure by a 257-167 margin and sent it to President Obama for his signature.

The new law delays for two months automatic spending cuts for military and domestic programs, including an across-the-board cut to all Medicare provider payments of up to two percent. Barring further congressional action, the automatic spending reductions would take effect in early March.

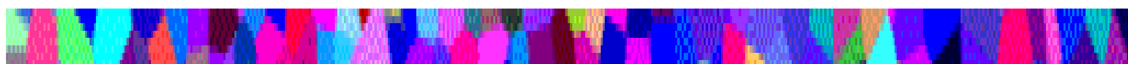
Without the combined advocacy of patients, the APA Practice Organization (APAPO) and our allies in the provider community, and the more than 40,400 messages sent directly by psychologists to their elected officials, the SGR fix would not have made it into the package. **APAPO thanks members for their grassroots efforts that contributed to this outcome**.

Passage of HR8 marks the 15th time Congress has blocked the SGR cut since 2001. APAPO will continue in 2013 to advocate for permanently replacing the flawed SGR formula with a payment system that appropriately values the cost-efficient services that psychologists provide.

Final Medicare Fee Schedule Results in Payment Reductions

As previously reported in our PracticeUpdate e-newsletter, psychologists who participate in Medicare are **already experiencing a two percent average reduction in 2013 payments for psychological services effective Jan. 1** as a result of the final 2013 Medicare fee schedule announced by the Centers for Medicare and Medicaid Services last November. The average projected reduction pertains to all billing codes used by psychologists, including health and behavior and testing codes.

Ultimately, Medicare reimbursement amounts paid to individual practitioners will reflect geographic adjustments applied to national payment rates. Check your **Medicare Administrative Contractor (MAC) website for 2013 payment schedules**. Payment schedules for 2013 posted on MAC websites late in 2012 included the 26.5 percent SGR cut scheduled for Jan. 1. MACs should be revising any such payment schedules as a result of HR8.



~ NCAMHP Newsletter Reprint Reminder ~

MCEP Program Change

This year (2013) the MCEP Accrediting Agency will cease operating. One of the most immediate repercussions for you will be the BOP's audit program and how you personally manage your record keeping. (Click here for full text of the BOP changes) Currently, the BOP audits for compliance through the Accrediting Agency. As of January, 2013, licensees will be selected annually for audit and required to report

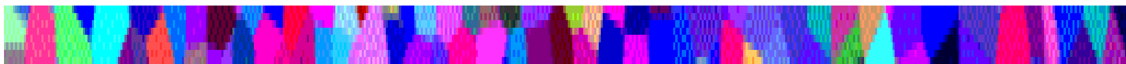
their CE activity **directly to the BOP**. This means that psychologists will be responsible for proving compliance and providing all CE documents upon request. CPA is looking at creating a fee-for-service program to support psychologists to meet this new record keeping requirement. CPA is exploring both a Basic Plan and a Premier Service Plan. The **Basic Plan** would:

1. Track, record, and store your CE documents.
2. Review documents and assess for compliance with CE renewal requirements.
3. Provide you with unlimited copies of your documents upon demand.

The **Premier Service Plan** would, in addition to the Basic Plan:

1. Monitor your records and proactively work with you to establish compliance in advance of your license renewal date.
2. Notify you of any changes in the CE requirements.
3. Supply CE documents to the BOP and act as an advocate during a CE audit.
4. Supply documents to meet a credentialing requirement from a hospital or insurance panel upon request.
5. Provide unlimited consultation if there are CE compliance issues

Please help us assess interest in these service plans by completing a very brief, three question survey. Upon completion of the survey, there will be a link to download an MCEP Reporting Form.



Training Events for 2013

Spring Workshop 2013

Saturday, March 23, 2013
"Dancing with the Risks: safe steps; tricky steps; landmines"
Meets Law and Ethics Course Requirements
6 CEU's

A. Steven Frankel, Ph.D., J.D.

This six-hour workshop in law, ethics and regulation focuses on three of the four most frequent causes for actions against mental health professionals, nationwide. Brochure and registration information will follow. Email educcoord@ncamhp.org for more info or questions.

Save the Date: Spring General Meeting 05/02/13 at Humboldt Area Foundation. Beth Eckerd, Phd, Assistant Professor of Psychology at HSU will discuss changes in the new DSM 5 scheduled to arrive in 2013!

Advertisements

The below advertisements are not endorsed by NCAMHP

Embracing the Moment – Nourishing the Healer
Fundamentals of Mindfulness Practice For Helping Professionals

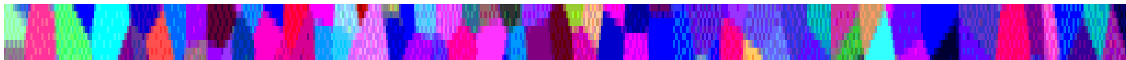
An Invitation to Two Events: *A free, Introductory Evening, and a Day-long Workshop (by donation).* ***7 CEUs available*** *Friday, February 1, 7:30 - 9:00 Saturday, February 2, 9:30 - 5:00 Humboldt Area Foundation Suggested Donation: $75 (7 CEU's for LMFT and LCSW's add $25) No one turned away for lack of funds*

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. Let us know of your interest. **For more information contact Joann Rosen at joannrosen@gmail.com or contact Len Wolff at 826-0700.**

JIM STEINBERG, MEDIATOR

I invite NCAMHP members to contact me directly at (707) 476-0440 for a conversation about my work with separating and divorcing couples. Using the twin principles of Transformative Mediation - Empowerment and Recognition - I work with couples in a peaceful process of collaborative problem-solving to reach enduring agreements about co-parenting for the best interests of their children and to resolve their concerns about child support, spousal support, and division of marital property.

Members may also email me at steinberg@humboldt1.com and visit my website: http://www.steinberg-mediator.com/site/.



Announcements

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* Join The Education Committee! *

Looking to connect with other therapists? Want to have a say in the training activities NCAMHP offers? The Education Committee is currently looking for new members. We meet the first Monday of the month at noon.

If interested please contact Jennifer Finamore at 442-0172.

Practice Update: The Humboldt/Del Norte area needs mental/behavioral health providers!

How to Enroll and Serve Path2Health Members:

Anthem Blue Cross and its subcontractors, administer Path2Health benefits. They also administer CMSP benefits. If you are interested in providing health care services to Path2Health members, you must be a part of the Path2Health/CMSP provider network administered by Anthem Blue Cross (Anthem). To become a part of the network, you must execute a provider agreement. Participating providers are also encouraged to enroll in the Medi-Cal program as Medi-Cal providers, which will assist you in verifying Path2Health eligibility and any changes in eligibility, such as conversion to Medi-Cal or CMSP.

Professional Mental Health Counseling Services – Call to ensure rates. Effective January 1, 2012, through December 31, 2013, the CMSP rates for professional mental health counseling services provided by a **psychologist, licensed clinical social worker, and marriage and family therapist** shall be as ninety dollars ($90.00) for an assessment and seventy dollars ($70.00) for a one-hour individual counseling visit, and thirty dollars ($30.00) for a group visit.

For further information about participating as a medical provider or a behavioral health services provider, contact Anthem Network Development at (800) 670-6133 and check out the website: www.path2health.org

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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, Lesley Manson, Psy.D. at drmanson@msn.com or Jennifer Saffen Blair, MFT at jes@humboldt1.com
Spring Newsletter Submission Deadline: March 15, 2013

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

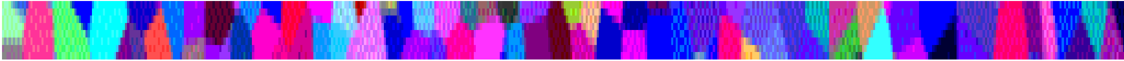
The National Health Service Corps offers the opportunity to pay off all of your student loans. The program starts with **$60,000 in loan repayment** for two years of service. Let us help you with your student loan burden so money doesn't have to be a factor in choosing your field of practice. Employment 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"

Feedback is always welcome at: newsletter@ncamhp.org



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