North Coast Association of Mental Health Professionals
P.O. Box 5363 • Eureka CA 95502 • (707) 441-3832

Letter from Your Interim President ~
Paula Nedlecoff LMFT

Greetings and Happy Spring NCAMHP members,

I have escaped the rains this year, being over in Japan. Although we had our share of grey and damp, the local mountains were most of the time snowcapped and the mood was good. Spring arriving is as beautiful as you have heard, and when the cherry blossoms are in full bloom it is magical. I say this because it is all a reminder how our environment can have effects on our spirits, both positively and negatively.

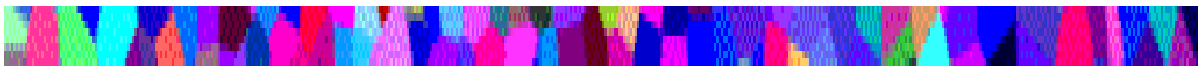
Here in Japan we are coping with an underlying concern and sometimes fear as it relates to the issues with North Korea. I see the anxiety in the kids I work with and no doubt many of you feel it too. I am reminded on a daily basis how resilient military children are and yet how very vulnerable they are to things they have no control over. I continue to feel blessed having this opportunity to spend a few months each year working with them.

Now back to Humboldt, more than ever we need folks to join in and give NCAMHP some time serving on the Board and/or one of the committees we have. We want to make sure the time and care you need as practitioners in our community is heard so you are well represented.

I want to take this time to thank all who are currently serving. We cannot make this group work without you. Many thanks and blessings. I will return mid June and be home for a few months. Feel free to contact me if you have questions and or concerns about what we are or are not doing in your best interests and of course those we serve best interests.

We live in a very special community, thank you all for being a part of that.

Paula Nedelcoff MFT
NCAMHP Board Interim President
therapydok@sbcglobal.net



Talking About Hospice in Therapy.

--Kerima Furniss, LCSW has worked in health care for more than 20 years. She will begin offering counseling in private practice starting in September 2017 (see announcements below).

As a new member to NCAMHP and a hospice social worker for more than 10 years, I would like to offer some thoughts and information that may be new to you and could inform possible conversations.

As therapists we may have the opportunity to ask clients if they have thought about hospice for themselves, or perhaps they are caregivers for a loved one who is nearing the end of their life. We can explore what is most important to them at the end of life. We can encourage a conversation with their doctor. We can help them consider offered treatment options, and how to talk to loved ones about their wishes and concerns.

Hospice also offers ongoing grief groups, which are free to any community member and provide a wonderful resource.

I have long envisioned that the term hospice invokes a 'sort of black box of unknown' that is scary to those who have not had experience with hospice. Just the connotation of end of life is daunting for most of us. For several years I was usually the first hospice person meeting a new patient and their family. So often I experienced the relief once they met me– just a normal person walking into their home, discussing services and support, and calmly talking about the end of life.

Hospice enrollment does not need to be "the last resort when treatment has failed", but can be a decision to live whatever span of life is left in a meaningful way, and as fully as possible. Hospice enrollment can alleviate one of the most common fears: of dying in a great deal of pain. The additional care and support can be a great gift to the caregivers.

Sadly the many benefits hospice can provide are often not taken advantage of, either because patients are reluctant to follow through on a referral, they are not referred in a timely way, or even at all. Thus some patients die days or even hours after enrollment, when they could have had weeks or months of support and symptom relief. One common regret of families is that they did not sign up earlier.

Good to know about hospice

Here are answers to the questions I encounter most often when I first meet patients and families.

Hospice serves people with ANY diagnosis that could lead to death within the next 6 months. The most common are cancer (about half), end-stage dementia and various heart related diseases, followed by COPD, renal failure, a variety of neurological disorders, and more. While the majority of patients are seniors, hospice serves all age groups.

Even the best physician cannot predict how long a patient has to live, so the 6 months are a "reasonable guess" that is required by Medicare, not a prognosis. Some patients have outlived their hospice enrollment by months, sometimes a year or more. Patients who were enrolled after a crisis occasionally "graduate" off services when they stabilize and become ineligible. Meanwhile, rather than being a death sentence, these patients had quality in-home care and are likely in better symptom control than before.
Having adequate symptom control may add days or weeks to some patients lives (see third article), or it may help the patient take care of business, relax and die more quickly and peacefully, which at that stage is a hope and wish many have.

Hospice care is palliative, seeking to neither shorten, nor prolong life. People who still want to pursue treatment for their illness, like radiation or chemo, are not eligible for hospice until they have completed these. Hospice is designed to keep people out of the hospital and comfortable at home. Medicare only pays for one or the other, at a full 100% for hospice. A person can always come off hospice and pursue treatment and then re-enroll without any problem.

Hospice is not just about pain control, though it is the expert at managing pain. Many more ways of dealing with pain are available than through a doctor's office, are carefully tailored to each person's symptoms, and take patient wishes, fears and preferences into account. Bowel and bladder care, nausea, shortness of breath, anxiety, depression and other symptoms are addressed, as well as psychosocial, grief and care issues. Free equipment such as a hospital bed can make a significant difference as well.

Hospice is about quality of life, and while staff address issues directly and are comfortable with talking about dying and with tears when they happen, visits by the multidisciplinary team of nurses, social workers, chaplains and home health aids are by no means somber, often including story telling, joking and laughter. Sometimes they provide important social contact that contributes to the wellbeing of patients and loved ones. Hospice believes that caring for a person until they die is something most families can do with their support and education. Whoever participates in the person's care is considered 'family', for example friends or neighbors, and of course same-sex partners.

Hospice care is provided in the patient's home, which could be an assisted living facility or a nursing home as well. The local hospice house is primarily used for brief free respite stays and symptom control if needed, only offering a few private pay residential rooms. Hospice is a visiting medical service. It is important to know that the family needs to arrange for or provide daily routine care if the patient lives at home. The home health aides who can offer baths typically only visit once or twice a week.

To make initial contact with our local Hospice of Humboldt (707-445-5042), one does not need a doctor's referral. A family member or friend can call and inquire if the person might qualify. Hospice can then contact their doctor to see if they meet the guidelines (set up by Medicare). Hospice routinely offers information visit in the home or at the hospital; why not in a therapist's office if this could be therapeutic? Subsequent information visits are offered if desired, which can be particularly helpful when patients and family struggle with whether to continue or stop treatments. A time to first consider hospice is often when a patient has had several hospitalizations (with little curative value), falls and general decline in functioning, or significant weight loss over the past several months.

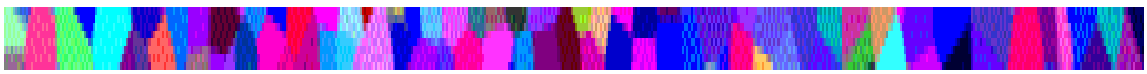
I have found working for hospices an amazing experience. Being able to explore issues around the end of life and doing many a life review has left me in awe of the variety of people's ability to cope with life's difficulties. I have met the most amazing caregivers, who stepped up in the most difficult circumstances.

Helpful articles:
When Is the Best Time to Begin Hospice Services?
http://www.huffingtonpost.com/entry/when-is-the-best-time-to-begin-hospice-services_us_58e4b1cbe4b02ef7e0e6e22f

Doctors: Hospice isn't hopeless
http://thecourier.com/life-news/2017/04/06/doctors-hospice-isnt-hopeless/

If you are nearing death and want to live longer, don't go to the Emergency Room
https://qz.com/572353/if-you-are-nearing-death-and-want-to-live-longer-dont-go-to-the-emergency-room/

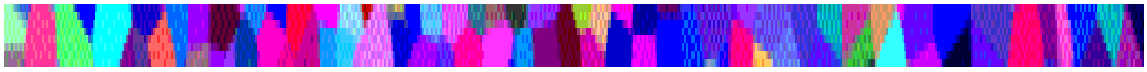
There is only one local hospice and it is a free-standing non-profit. Please feel free to call the admissions coordinator if you have further questions: 707-445-5042. See the website for grief support group times.
http://www.hospiceofhumboldt.org



Statement of Concern from Mental Health Practitioners

A thoughtful and thought-provoking response to the recent presidential election is an online petition created by the faculty of the Psychoanalytic Institute of Northern California (PINC) that is a detailed, footnoted, "Statement of Concern from Mental Health Practitioners" regarding negative psychological effects of actions taken by the President and his administration on clients mental health.

Their plan is to gather many signatures from as many different types of mental health practitioners, locally and with as far a reach as possible. The statement will then be sent to mainstream media sources (starting with USA Today and The Wall Street Journal, both with enormous circulations) with the number and possibly the list of signatories, in hopes of disseminating the petition's message far and wide. The petition is interesting reading and can be read and signed if you wish at: https://gopetition.com/petitions/statement-of-concern-from-mental-health-practitioners.html



Attachment Theory in the Age of Trump

By Natasha Distiller, February 27,2017

(The following is excerpted and summarized from the Psyched website: http://www.psychedinsanfrancisco.com/attachment-theory-age-trump/)

Summary: This article explores the intersection between attachment theory, gender and the political economy of health care. The author works to juxtapose modern neuroscience research findings that validate and underscore the power of early caregiving experiences at the micro and macro levels of society with the historically gendered and devalued nature of care giving work. She concludes by situating these truths and their consequences within the current wider political climate of the Trump administration and its endeavor to roll back the Affordable Care Act and access to mental health care.

Recently, the New York Times ran an article entitled, "Yes, It's Your Parents' Fault." The piece presents the main principles of attachment theory. What's interesting about it is that the writer, Kate Murphy, is summarizing attachment theory for the Times' readership, and that's it. The article is a good introduction to the basic facts about attachment theory, and nothing more.

This is interesting to me because attachment theory is not new. That the Times thinks it's valuable to be introducing its readership to these ideas as though they were newsworthy, gives me pause for thought. Briefly – you can follow the link to Murphy's very competent article if you want more detail – attachment theory posits

that our earliest relationships with our first caregivers result in one of four different attachment styles. These styles set the tone for and predict many aspects of our future interactions with the world and in all our close relationships.

Attachment theory was first proposed by British psychoanalyst John Bowlby in the 1930s, and developed into an evidence-based practice by Mary Ainsworth , starting in the 1950s. Mary Main and her colleagues here in Berkeley have added substantially to the earlier work on children and parents, finding ways to identify adult attachment patterns.

Most recently, in the last couple of decades, advances in neuroscientific research have provided another kind of evidence for many of the claims made by attachment theory about how relationships develop personality. Daniel Siegel has developed the idea of interpersonal neurobiology, which argues that each human mind needs other minds in order to develop and grow in healthy ways.

Really, what all this means is that being human is a fundamentally interdependent enterprise. Many cultures, if not mainstream Western culture, have always known this as a basic truth. Infants are utterly dependent on their first relationships to become healthy human beings. Their parents, in turn, were dependent, and that dependence shaped how they are able to help their children – or, indeed, how they hurt them.

Attachment theory and the neuroscience that underpins it also proves why therapy works, because being in relationship is how we heal emotionally from early ruptures or abuses. We literally cannot do it alone.

So I love attachment theory. It makes both emotional and scientific sense, and it also speaks to a spiritual belief in the foundational power and importance of community. As the Southern African saying goes, a person is a person because of other people. In theory anyway, such a maxim leads to a loving, respectful, facilitatory society.

But one nagging question continues to bother me: all the evidence points to how important it is that infants are prioritized in their first months on earth, and that babies are toddlers are attended to in loving, attuned, patient ways.

All this takes time, energy, and resources, in the context of a society that focuses on economic productivity outside the home. Despite the New York Times' progressive phrasing, the burden of the labor of early childrearing continues to fall all too often to mothers, and to the women who stand in for them when they cannot or choose not to be subsumed by the daily tasks of childcare.

We can speak of blaming "parents," but in practice, we often mean "mothers" specifically, or "women who can bear children" more generally. Women continue to be the people mostly responsible for the wellbeing of humanity, in a social context that does not value or reward this labor.

In my practice, I see women who love their children, and who are overwhelmed, anxious, triggered, exhausted, and surprised by how much mothering costs them. Becoming a mother in this society is too often devastating to our senses of self, sometimes a radical limiting of personhood, as much as it is also a delight and a joy, at least hopefully enough of the time.

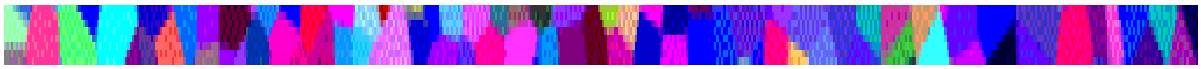
The problem is not with the hard-working women who either have the class privilege of juggling work and motherhood, or struggle to make ends meet while trying to manage childcare and the imperative to earn. The problem is with a social structure that generally considers the work of raising the next generation to be women's work. Women's work, by definition, has historically been unpaid, without status, taken-for-granted, and invisible. I worry about the ways that attachment theory will be read in such a context, especially given how research on anything related to gender is so often misrepresented in the media. Cordelia Fine calls the gender bias in representations of neuroscience "neurosexim," and has written compellingly about how it shows up in popular culture.

Infants need consistent and attuned caregivers. Mothers need to be valued and supported. Poor mothers and single mothers need more than emotional help. This structural change is necessary not only to achieve gender justice. It is necessary to allow humanity to achieve its full potential. The social, emotional, and, yes, economic costs of doing otherwise have been summarized by Bessel van der Kolk. Van der Kolk has demonstrated the intersections of attachment theory, neurobiology, and the effects of childhood trauma throughout his career.

A society that values human beings over profit is not likely to emerge anytime soon, and certainly not in the next four years. But if the New York Times, at the start of this presidency, thinks it is relevant to inform its readers of the importance of good enough parenting, perhaps it's an opportunity to argue for making more prevalent in the public eye the lessons of attachment theory. These lessons return us to human connection as the only thing that really matters. At the same time, in this specific political climate, the lessons of attachment theory also challenge us to pay attention to structural inequality, to the lives of the mostly female-bodied people who are given the responsibility of taking care of the children.

Natasha Distiller is in private practice in Berkeley. She combines working as a therapist with writing and teaching about social and gender justice. Visit her website

at www.natashadistiller.com for more about her work, or visit her Facebook page at https://www.facebook.com/counselingfromtheheartandmind/.



Citizen Therapists for Democracy

(The following is excerpted and summarized from the website: https://citizentherapists.com where this much more information for those who are interested.)

Citizen Therapists for Democracy is an interesting new group founded to:

- Learn and spread ways to practice therapy that address the "public stress" experienced by so many of our clients,
- Help people in our communities (including us therapists) to keep their emotional balance, enact their values, and avoid toxic polarization during the "Trump era" and beyond, and
- Resist anti-democratic ideologies and practices through positive, democratic engagement.

William J. Doherty, a therapist, academic, and community organizer, founded Citizen Therapist. He is a professor in the Department of Family Social Science in the College of Education and Human Development at the University of Minnesota. He has practiced as a therapist for 40 years. In June 2016 he wrote a Citizen Therapist Manifesto Against Trumpism, which attracted over 3,800 signatories and widespread media attention. Then he decided to launch Citizen Therapists for Democracy.

Doherty states that the boundary between the personal and public has ruptured in the age of Trumpism. Therapists who felt comfortable in the mainstream of a democratic society could assume that our therapist “hat” and our citizen “hat” were separate. In our therapist role, we told ourselves, we are professional healers; as citizens, we follow public issues, support candidates, and cast votes. The main crossover was our advocacy for better mental health policies and reimbursement.

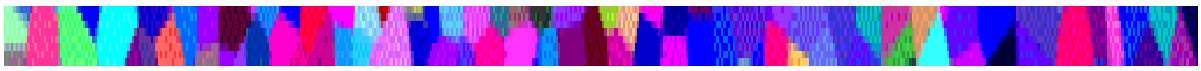
Feminist, ethnic minority, and LGBT therapists have argued for decades against this personal/political split in the therapy world. But that perspective was relegated to the

sidelines of the therapy world. For the most part, psychotherapy marched along with its traditional focus on the intrapsychic and interpersonal realms.

But after the election of Donald Trump, many of our clients across social class and race are distressed by what's happening to the country and are living with current anxiety, worries for the future, and the reactivation of past fears. This is occurring both for people immediately at risk, such as immigrants, and those less personally vulnerable who are watching the rise of hate, the disregard for the truth, and the flaunting of core democratic values such as a free press and respect for the rule of law. For psychotherapists, the challenge is to integrate our roles as therapists and citizens so that we can help our clients do the same. We must take on the mantle of the citizen therapist in the office and community.

Here's a short definition of a citizen therapist: In addition to the traditional work of personal healing, a citizen therapist works with people in the office and the community on how to productively cope with public stress and become active agents of their personal and civic lives.

The citizen therapist sees the close connection between the personal agency focus of psychotherapy and the work of democracy understood not just as an electoral system but as collective agency for building a shared life in community (we-the-responsible-people). Therefore, the citizen therapist actively works to protect and strengthen democracy, and calls out threats to its integrity. Democracy and therapy need each other. The era of Trump calls us beyond the personal/public split, a blind spot that has kept us from engaging in comprehensive care for people who bring to us their whole selves, private and public, intimate and civic.



Introducing 3 New Private Practice Therapists

Rose Becker, LCSW

Hello all--With a new private practice in Eureka, I am excited to announce I am now accepting clients! I have extensive experience working with a variety of populations and presenting symptoms. While I welcome all clients and enjoy variety in my work, my passion is working with women and families who have experienced pregnancy and infant loss, parents experiencing perinatal/postpartum mood and/or anxiety disorders, those affected by birth trauma, and families who struggle with living outside the norm of our culture's strong narrative of what "family" means. I have

advanced training in Maternal Mental Health and Pregnancy and Infant Loss. I am also certified as a Solution-Focused Brief Therapy practitioner. I am currently only accepting out of network and private pay clients. However, I am in the process of being credentialed with Beacon Health Options. I welcome any of you to contact me at rbeckerlcsw@gmail.com or (707) 497-8932 for networking and/or resource information. I would love to connect with you. Thank you--Rose Becker, LCSW

Kerima Furniss LCSW

Hello--My name is Kerima Furniss. I just joined NCAMHP and would like to introduce myself. I am planning to start a private practice in September.

I have mostly lived locally in Arcata since 1985. I earned my MSW in 1998 and my LCSW in 2004. Twenty years of my career have been in health care, hospitals, home health, and for the past 12 years in hospices. I look forward to bringing this expertise to my counseling clients. I will continue to do occasional on-call work for Hospice of Humboldt.

I enjoy meeting people in their homes, and from all walks of life. I work from a strength perspective, including a person's religion or spirituality as indicated. I often feel admiration for how families and patients negotiate their lives and the last months of life.

I have also had a 30-year interest in complementary approaches to chronic pain, have facilitated local pain groups, and am maintaining a website www.livingincolor.today, and a Facebook page called "Living in Color with Chronic Pain," both offering resources for people to self-manage their chronic pain. While I am not trained to work with children, I am open to work with adult family systems, especially around health and care issues. I would be happy to offer consultations for these issues. However I hope to serve people with a variety of life transitions, anxiety and depression, in addition to issues with chronic pain, end of life, care giving, or grief.

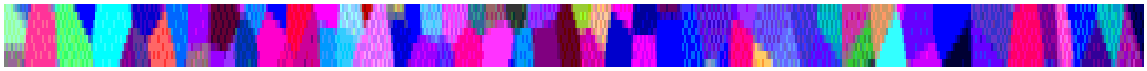
My areas of clinical interest and study in the past years have been neuropsychology, expressive arts and somatic approaches. Some of my personal activities are yoga and dance, painting, local outings with my dog, local family and friends, as well as spending time with my family in Germany.

I hope to find a part-time office space in Arcata, a peer supervision group and a clinical consultant in the coming months. Any suggestions will be appreciated. kerimaf@gmail.com

Lisa Turay, MA, LPCC

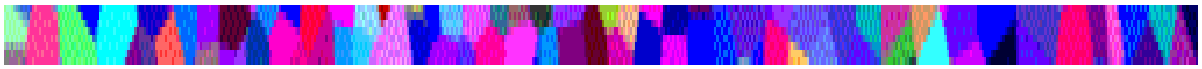
Dear Members--I am a new provider for Humboldt County and will have an office in Old Town, Eureka. I look forward to meeting as many of you as possible in the coming months. I am grateful to the NCAMHP organization for all the support

received thus far. My practice will open the week of June 5, 2017 and I am currently accepting new clients. If you know of any potential clients, I would be grateful for referrals. You can access my bio at ncamhp.org or psychologytoday.com. Best regards--Lisa Turay, MA, Licensed Professional Clinical Counselor #2482, 350 E St. Suite 208, Eureka, CA 95503, 707-382-3246



Making Changes to Members' NCAMHP Information

When you make changes on the website, they are not reflected on our master membership list. It is especially important for addresses and changes in licensure (going from intern to fully licensed) to be phoned into the NCAMHP phone line 707-441-3832 so we can update the master list. The only other way we find out is if your dues letter is forwarded and we see a new address when you send payment

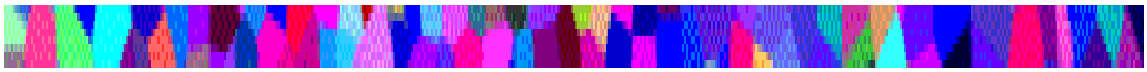


Trainings

NCAMHP Events for Spring 2017 are available on the website.

For the Fall 2017, the educational committee wants to provide a workshop on self-harm. If you have any suggestions for presenters regarding the topic of self harm, any other topics you would like the educational committee to research, or any questions, please contact Judy Judge, Educational Coordinator at (707) 443-3384 or educcoord@ncamhp.org

We appreciate our membership, so help us help you get the most out of your association.



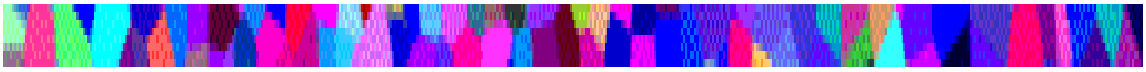
AB 89 (Levine), related to a new CE mandate, has just passed out of the California State Assembly.

AB 89, the bill sponsored by the Board of Psychology, imposes a mandate on first-time licensees and renewing licensees to demonstrate six hours of coursework

and/or applied experience in suicide risk assessment and intervention. The bill is directed *only* at psychologists, even though the Board of Psychology's own survey clearly demonstrated that this important topic is integrated throughout the training curriculum for psychologists.

California Psychological Association (CPA) opposes this bill because it is an unnecessary mandate that unfairly targets psychologists, who are the most highly trained mental health professionals.

Assembly member Levine and the Board of Psychology have testified that there are no minimum standards in psychology training and that the suicide epidemic can be attributed, in part, to a lack of training. CPA strongly disagrees with the Board's position that a mandate of this nature will establish a "baseline of training" for psychologists since we believe that graduate programs already include this training. We do not believe there is evidence to show that a mandate of this kind will have the desired impact in reducing the number of suicides in the state.
The bill will go to the State Senate subcommittee in June; contact the Association for more information: cpa@cpa HYPERLINK "mailto:cpa@cpapsych.org"p HYPERLINK "mailto:cpa@cpapsych.org"sych.org



Announcements

Parent and Caregivers Support Group

As you probably know, Partnership/Beacon clients are having difficulty finding a therapist in our area. For parents and caregivers who are looking for mental health services for themselves or their children, the Parent and Caregiver Support Group (see attached flyer) is now available for them while they are trying to find a therapist. This group can be paid for by Beacon and Anthem Blue Cross insurance with possible arrangements for other insurance and sliding scale for those without insurance.

Parents, caregivers, and grandparents raising grandchildren will meet in a safe and supportive setting to learn ways to get and give support to each other. Group members will learn useful ways to take turns and listen supportively to both the wonderful things about parenting and the difficulties. Everyone thinks better if someone listens supportively. When parents get a chance to talk about their joys, feelings, frustrations, or upsets, they can then think better about what they want to do. They can "re-pay" the person who listens to them by listening to that person's struggles in turn.

This type of listening leads to parents laughing, yawning, crying or in other ways releasing feelings of hurts and tension, old and current, so that afterwards their thinking will be clearer. Then, with the encouragement of their listening partner, they will be less confused and able to figure out what they want to do about whatever parenting difficulty they were having. This group will also support parents to use special playtime, using their listening skills from their parent/caregiver support group to support their children.

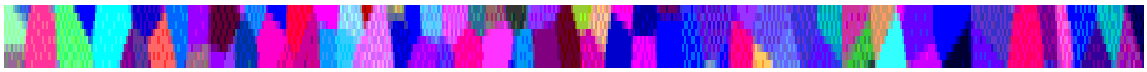
This drop-in group meets Thursdays, from 10-11:30 AM at the Marshall Family Resource Centers, Lincoln Campus, 216 W. Harris (at Pine St).
Emily Siegel LCSW will facilitate the group. She has been using and teaching this method for over 35 years. It is based on Re-evaluation Counseling also known as Co-Counseling (http://www.rc.org). Call Emily at: 707-845-2401 for more information or questions.

Local Pain Management Support Services Guide

As part of a "managing pain safely" grant to address the over use of opiates, the Humboldt Independent Practice Association is creating a resource guide to alternative therapies for pain management. There is no charge to be included, and it will be posted online on the IPA's website and also distributed in print to medical providers. We are trying to identify mental health practitioners that specialize in pain management and/or CBT or behavior modification. If you would like to be listed in the guide, please contact Beth Shipley at bethship@yahoo.com or 407-8521

Redwood Coast Village

Redwood Coast Village is a member-run, volunteer-based organization. Members are Humboldt County residents, ages 50 and older. Volunteers come from all age groups and walks of life. They coordinate matching members' needs with volunteers' services, disseminate information from member recommendations, and help to ensure high quality in all that we do. Redwood Coast Village is a program of the Area 1 Agency on Aging, a 501c3 organization.
Redwood Coast Village has continued to grow. Volunteer-based services are now being offered Eureka and Trinidad. Outreach to areas in the Eel River Valley will begin in the first half of the year. The most popular requests for services are people are mostly asking for help with rides and home technology. There have also been requests for things like dog walking after an operation and replacing a deadbolt lock. For more information: http://www.redwoodcoastvillage.org or call Susan Rosso 442-3763 x 217.



NCAMHP Resources

NCAMHP has an Internet library, located on the NCAMHP website. To submit a paper/article for the library, please contact Caitlin Scofield at: Crs102@humboldt.edu

NCAMHP has a Listserv. It is intended for communication with the NCAMHP general membership. To be added to the Listserv, please email Sarah Haag, PhD at sarahcatherineh@gmail. NCAMHP encourages members to join the Listserv. It is a way to have questions answered and get clarification on issues common to NCAMHP members. It is a way to connect with the larger group, and gain access to a wider range of answers to your query. It is also a way to share other interesting information such as resources available for clients.

The listserv can be accessed at: ncamhp@groups.electricembers.net To get started you may wish to access the introduction page at: http://groups.electricembers.net/lists/help/introduction

Internet Resources

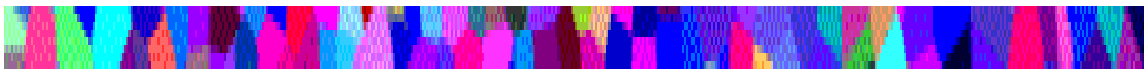
For becoming a Medi-Cal or Medi-Care provider, contact Beacon at: http://beaconhs.com. To apply by phone you may contact the California office at: 800 723-8641.

A report has been released by the American Psychiatric Association about growing body of evidence on integrated medical and behavioral health care demonstrates the promise of these models for providing better care, improving patients' health, and lowering health care costs. It is called: "Integrated Primary and Mental Health Care Reconnecting the Brain and Body" and can be found at: http://psychiatry.org/integratedcare or archived at: http://psychiatry.org/practice/professional-interests/integrated-care-reconnecting-the-brain-and-the-body

A resource for information on acting on Blue Cross claim problems, countering negative online reviews and 12 practice management/billing programs for therapy practices; with links to their websites at: http://cpapsych.org/displaycommon.cfm?an=18 HYPERLINK "http://cpapsych.org/displaycommon.cfm?an=18 HYPERLINK "http://cpapsych.org/displaycommon.cfm?an=18&subarticlenbr=47"& HYPERLINK "http://cpapsych.org/displaycommon.cfm?an=18&subarticlenbr=47"subarticlenbr=47" HYPERLINK "http://cpapsych.org/displaycommon.cfm?an=18&subarticlenbr=47"& HYPERLINK "http://cpapsych.org/displaycommon.cfm?an=18&subarticlenbr=47" HYPERLINK "http://cpapsych.org/displaycommon.cfm?an=18 HYPERLINK "http://cpapsych.org/displaycommon.cfm?an=18&subarticlenbr=47"& HYPERLINK "http://cpapsych.org/displaycommon.cfm?an=18&subarticlenbr=47"subarticlenbr=47"subarticlenbr=47

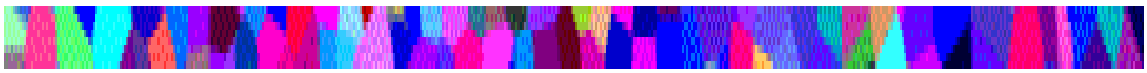
Also for more information about ICD-10 codes, see:

http://aparacticecentral.org/update



Job Announcement

Open Door Community Health Centers is now seeking Behavioral Health Clinicians. Working as an integral member of the primary care team the Behavioral Health Clinician works to identify, triage, plan, manage and provide primary behavioral health services for patients with overlapping physical and behavioral health needs. The Behavioral Health Clinician provides assessment, referral, support, education and skill training through a variety of strategies focused on addressing specific behavioral changes in support of improved physical, social and mental health. Patients are served in individual and group settings. LCSW or PsyD required. For details and contact information see *Behavioral Health Provider Opportunities* under the *Careers tab* at: http://opendoorhealth.com



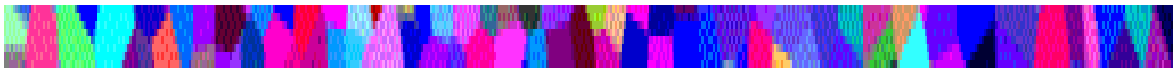
Your Voice is Important!
Contribute to This Newsletter!

Contributions are always welcome; anything from a paragraph to a couple of pages would fit well in the newsletter. The deadline for the Summer NCAMHP Newsletter is 7/19/17. Send your articles and announcements to the newsletter committee: emilysiegellcsw@sonic.net

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 about this newsletter: emilysiegellcsw@sonic.net



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