



**Letter from Your President ~
Paula Nedelcoff LMFT**

Greetings NCAMHP members,

The days are short, and the nights are long. Some of you may find your clients struggling with this. I know I have and there are not enough hours in the day. I want to take this time to give thanks to all of you for your efforts and good work for our community.

The Board is here to provide support if you should want to reach out to us. Many of us are full in our practices, and keeping balance with meeting the needs of ourselves and others can be a juggle. I find by simply returning calls, even if I am telling someone I am not able to take them, provides them the opportunity to feel valued. That may not work for all, but I have found it a best practice for myself.

Our EMDR training was successful and I want to give a shout out to our Education Committee for allowing this to take place, and especially Caren Lowe. Other news of the year is Emily Truitt, who has been our Education Coordinator, will be leaving soon to pursue other employment adventures. We have hired Mandy Ask to be our new Education Coordinator. Emily will get her trained and up to speed. Keep an eye out for upcoming information about spring meetings and trainings.

A huge thank you for those of you who have accepted HSU student referrals. We are keeping busy up there, and so appreciate when we know our students can receive continuing services locally.

To all of you I send Blessings for our new year. May you find good health and joy.

Paula Nedelcoff MFT
NCAMHP Board President
therapydok@sbcglobal.net



Effective Psychotherapy with Low-Income clients: The Importance of Attending to Social Class

by Saeromi Kim, Ph.D. and Esteban Cardemil, Ph.D

I've been thinking about class differences between myself and my clients, who are all low-income poor and working class, very different from my middle class background and current status. I found it hard to find many articles addressing this difference in psychotherapy so I was very happy discover a long and helpful article, based on clinical research done by the authors, originally published in Journal of Contemporary Psychotherapy 2012 Mar; 42(1): 27–35 and now available online at a useful government website :

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3440494/> The following is some excerpted parts of this article I found particularly helpful and thought provoking.

... Many unexamined assumptions about psychotherapy, including the help-seeking process, the development of the working alliance, and conceptions of positive outcomes, have been rooted in the predominant, middle-class worldview. Unreflective use of this worldview can be particularly problematic with low-income clients, who may operate with a different set of assumptions regarding some or all of these psychotherapy-related processes. ... Mental healthcare providers face their own psychological barriers when working with low-income clients. These include their assumptions of what constitutes 'good therapy,' as well as both negative stereotypes and idealizations of people who are poor, which can result in differential and inadequate treatment." ... "In addition, therapists may feel overwhelmed and helpless when confronted with some of their clients' often bleak circumstances. These conscious feelings may also be accompanied by an uneasy discomfort or unconscious fears that result from witnessing the pain and suffering produced by economic disparities—disparities that are particularly salient given psychologists' own marked privilege in an unequal system of power.

... Our clinical and research experiences have led us to conclude that working effectively with individuals from low-income backgrounds first requires an accurate and comprehensive assessment of clients' class status and identity. ... It is important that the assessment process continue throughout the course of treatment, as information shared in session may provide further information regarding the ways that clients' everyday lives are impacted by economic circumstances.

... It is also important to think about how the intervention is delivered when working with low-income clients. Specific examples of delivery considerations ... include increased self-disclosure on the part of the intervention leader, explicit

discussion of the therapy process and its collaborative nature, and the provision of food during therapy sessions. ... Many of our participants recounted stories of feeling ignored, disrespected, or devalued by healthcare providers or other representatives of social systems, and so it was important to us that we convey our very real feelings of respect for them, their families, and the many successful ways that they were managing the complicated stressors in their lives.

... Discussions about socioeconomic issues should also be woven into the fabric of therapy sessions. These issues might be raised directly by clients, but most commonly they emerge in the course of natural discussions about lived experiences. Therapists can also play an active role in directing therapy discourse to engage these issues. ... Framing ... around issues of social class allows therapists to help clients identify and modify maladaptive approaches to coping in ways that are contextually relevant. ... Storytelling by clients about lived experiences ... highlight some of these same social class issues. By allowing ample time for this storytelling to occur, therapists can help clients make sense of their experiences while incorporating new meanings that might include an understanding of systemic contributions to their life difficulties. ... It is important to note that the end goal is not always to alter clients' usual tellings of their own stories. While of course it is important to detect those moments when clients' particular cognitive understanding or coping styles are unhelpful or maladaptive, it is also important to attempt to see how some putatively maladaptive coping might be adaptive in some circumstances, or at least how they have been important channels for perseverance and survival. By acknowledging gaps in our knowledge, therapists can avoid imposing narratives and values that may be inconsistent with their clients' lived experiences and class identities.

... Clinicians who work with underprivileged populations may be struck by a sense of difference in the comforts they take for granted, the kinds of everyday worries they experience, and their ability to move psychologically and physically in the world with relative ease while others are met with innumerable hurdles. Therefore, managing this sense of difference between therapists and clients is critical to conducting effective clinical work. Being unable to work explicitly with this difference will limit the benefits accrued by incorporating social class issues in the assessment and therapy processes. ... Being a witness to inequality is sometimes painful and always destabilizing. Class identity, as with many forms of social identities, goes largely unnoticed until it bumps up against an Other. In fact, the encounter frequently amplifies Otherness on both sides, as one experiences oneself as separate from the Other. Feelings of helplessness and hopelessness can emerge, and clinicians may wonder how successfully they will be able to connect empathically with clients, imagine and stand where they stand, and be trusted to help them with their struggles. ... We encourage the practice of reflecting on one's own areas of discomfort as well as the gaps in experience and privilege between therapists and clients. This self reflection can lead to powerful insights into our own blind spots, unconscious classist biases, and unchallenged assumptions. In fact, inward reflection can yield observations that can advance new ways of negotiating

impasses and learning what works and what doesn't. For example, we have found that self-reflection about clinician feelings of helplessness often leads to an awareness that this helplessness is indicative of a deep sense of care in one's work. Rather than regarding it as a barrier, self-reflection can use helplessness as a motivator to learn more about how we can better serve clients whose lives may not be as familiar to us.

The practice of self reflection can also increase one's own process of developing and cultivating a sense of class consciousness, as we ourselves have to be aware of our *classed* identities in order to navigate differences and address potential blind spots. By understanding our own complex histories and experiences related to social class, we will better be able to give voice and attention to the full totality of our clients' social class identities. ... We have found it extremely useful to openly acknowledge those differences between therapists and clients that are both salient and relevant to the clinical work at hand, and may include differences in culture, gender, or social class. Salient differences may also emerge in areas of expertise or lived experiences that are not shared between therapists and clients. Attending to these differences may feel uncomfortable at first, as clinicians may worry that it can destroy the illusion of commonality that facilitates the therapeutic endeavor. However, while ignoring these differences may seem like the easiest path, we believe that choosing to be silent about difficult topics is never a good example to set in psychotherapy settings. This is particularly true when clients may be reluctant to raise these topics on their own. Furthermore, while an emphasis on similarities may facilitate rapport building, acknowledging one's limited knowledge can lead to increased authenticity in relationships with clients. Clients may also benefit from taking a teaching role if and when we acknowledge our ignorance about many qualities of their social realities. ... It is our sense that by conveying a willingness to discuss these topics, as well as an unwillingness to take on an expert role about topics with which we are unfamiliar, we have created a more genuinely authentic clinical environment in which participants can learn from the providers and each other, while also feeling respected for the expertise that they bring to the sessions. ... The most consistent way that we have navigated these distances in our work ... has been to strive to be centered vis a vis our personal and professional identities. Self-reflection can help therapists to develop a clear sense of self, as well as of personal and professional values that together can provide a valuable guide to navigating the tricky dynamics of social class. Moreover, our experiences have taught us the importance of speaking openly about difficult topics, being at peace with not having all the answers, and with learning from our participants.

... It is our hope that our reflections and recommendations will add to the growing body of literature encouraging clinicians and researchers to work more comprehensively with issues of social class and to find ways to overcome the barriers to working with low-income clients. We understand well the multiple challenges that may interfere with actively engaging with social class issues in clinical work. As noted earlier, although the logistical challenges to delving into this work are the most apparent ones, we believe that the most important ones are the

psychological barriers that arise when working with low-income clients. Feelings of helplessness, fears of miscommunication, and uncertainty about how to work with low-income clients can be a powerful barrier to developing and maintaining a continued commitment to this work.

Some of these psychological barriers and fears may result from lack of personal experience working with individuals from different social classes, deficits in our clinical training, or even our own personal struggles with class issues. And yet, we also believe that we all have the capacity to work effectively with social class issues because regardless of class status, all of us have had to manage and learn from often painful contact points along the spectrum of class difference. Moreover, working with issues of social class can provide many rewarding moments that teach us about the limits of the social and health service systems; our own assumptions, blind spots, and biases; and the resilience of human beings when living through adverse conditions. – Emily Siegel LCSW



Trainings

2019 Law & Ethics Workshop

Pamela H. Harmell, Ph.D. will be presenting at our March 23, 2019 Law & Ethics Workshop at the Humboldt Bay Aquatic Center from 9:00 am - 4:30 pm. If you have specific areas of Legal and Ethical issues that you would like to have addressed in this workshop, we have the opportunity to pass this information along to Pamela in advance to potentially be incorporated into the training. Please submit to Emily Trutt, education coordinator at educcount@ncamhp.org



Announcements

Important BBS Announcement “Law Changes for 2019”

In November 2018, the BBS made the publication “Law Changes for 2019” available to the public. These changes go into effect on or after January 1, 2019 and all licensees and applicants should carefully read the eight-page document, and determine which changes impact them as a licensee, a clinical supervisor, or an

applicant (ASW). The BBS Publication: Law Changes for 2019 is available online at: https://www.bbs.ca.gov/pdf/legupdate_18.pdf

To stay abreast of current and future changes, licensees and applicants are strongly encouraged to do the following—if they have not already done so: Visit the BBS website homepage and choose “What’s New” and “Important Updates” at: <https://www.bbs.ca.gov/>. Become a subscriber of the BBS automated email announcements at: <https://www.dca.ca.gov/webapps/bbs/subscribe.php>

All related BBS web information, applications, and forms will be updated to reflect changes soon after January 2019, including the 2019 Statutes and Regulations (annually updated) and located at: <https://www.bbs.ca.gov/pdf/publications/lawsregs.pdf>. Questions should be addressed to the BBS through their online message board at <https://www.dca.ca.gov/webapps/bbs/contact.php>.

First 5 Butte County Camp Fire Fund

First 5 of Butte County is working to support relief efforts throughout Butte County, which has been devastated by the most destructive and fatal fire in California history. Over 14,000 children newborn to age 5 are being horribly impacted by this tragedy. Families directly impacted by the fire have lost homes, jobs, childcare resources, and the ability to meet their basic needs. Families throughout the county are struggling with dangerous air quality and declining resources due to the thousands of evacuees that have sought refuge in their neighboring communities. This is truly a crisis of epic proportion for our littlest ones.

Funds will be used to provide direct material support to families who have experienced displacement or hardship as a result of the Camp Fire. Funds may also be used to provide equipment and supplies support for early care and education providers who have been impacted by the Camp Fire or who are increasing their capacity to provide childcare for children who were displaced. Grants will be approved through the established First 5 grant making processes. Online donations can be made through https://nvcf.fcsuite.com/erp/donate/create?funit_id=2163 Checks can also be mailed to the Butte County local foundation First 5 is partnering with (memo to First 5 Camp Fire fund) at North Valley Community Foundation, 240 Main Street, Suite 260, Chico, CA 95928

Humboldt & Del Norte Red Cross Needs Mental Health Volunteers

The American Red Cross of Humboldt & Del Norte Counties is seeking mental health professionals to assist with local disaster response, helping families after home fires. Disaster Mental Health Services members provide care to disaster victims by meeting their mental health-related needs, reaching out to survivors in need of emotional support. This is done by responding on-scene to local home fires to support clients, and/or

perform follow up support after an event. Members would provide psychological first aid, referrals, and other mental health interventions as appropriate. Active licensure is required: psychologist, professional counselor, marriage and family therapist, or psychiatrist (any level license/registration, including non-clinical licenses such as Licensed Masters Social Worker or LMSW). Additionally, graduate students are eligible when enrolled in a graduate program leading to a master's or doctoral degree in a Mental Health related field. This is a flexible volunteer opportunity available 24/7, to fit with any schedule and availability. There is no time commitment requirement. Anyone interested can contact: VolunteerHumDel@redcross.org or call Mike McKeon, Red Cross Disaster Program Manager at 707-832-5482

Join the Disaster Healthcare Volunteers (DHV) of California

Humboldt County's DHHS—Public Health-Emergency Preparedness Program invites you to join the Disaster Healthcare Volunteers (DHV) of California program. The Disaster Healthcare Volunteers program is administered statewide by the California Emergency Medical Services Authority (EMSA) and operates in coordination with Counties to register, credential, identify, and deploy currently licensed volunteer healthcare professionals for response to emergencies or disasters. Your role will be to practice your profession or skill as either an individual or as part of an organized response team.

The recent California wildfires have shown us once again that disasters can happen suddenly and have a devastating impact over a wide area. Humboldt County specifically is vulnerable to many potential emergencies and disasters, including: wildfires and wildfire smoke, pandemic flu, flooding, earthquakes, tsunamis, and infrastructure failure.

Humboldt County has been part of DHV since 2011. It is time, however, to reach out to our community to revise and expand our group of volunteers. We hope you would be interested in potentially volunteering and applying your healthcare skills during an emergency/disaster in Humboldt County, or possibly throughout California. Even when registered, assisting through DHV in an emergency/disaster is always voluntary. Please visit the state DHV website (www.healthcarevolunteers.ca.gov) for more information and to sign up.

In times of disaster, Humboldt County needs you!

For questions and information you can also contact : Humboldt County Public Health-Emergency Preparedness Team, E-mail: dvolunteer@co.humboldt.ca.us

Court Ordered DV and Child Abuse Offender Practice Available

Pasquale Romano LCSW 17745 has provided offender therapy for over 20 years in Humboldt County and is looking toward retirement. He is looking for a person(s) or an agency who is willing take over a staff of 4 to provide treatment to DV and Child Abuse Offenders in a well established program. Interested parties are encouraged to inquire by calling Pasquale at 441-8630, cell 707-845-8581 or email pasqualehome@gmail.com



New Private Practice Announcements

Jerome Bearbower MFTA

Dear NCAMPH Community: I received my MA from the California Institute of Integral Studies. For the last year I've been a trainee at the Humboldt Family Service Center, working with children, teens, adults, couples, and families. I also help co-facilitate the Children of Divorce and the PC-1000 Drug Diversion groups. Supervisors have been especially important to my development, and over the last year I've cased extensively with Caroline Isaacs, Carmela Wenger, and Rebecca Hall. Before attending the California Institute for Integral Studies, I worked at the Ink People Center for the Arts for twelve years as a program manager and grant-writer for the MARZ Project, serving a broad demographic of marginalized teens, ages 13-19, in a client-centered, arts and job-training based community mental health context. Now that I am a MFT Associate, I look forward to continue my work at the Humboldt Family Service Center while also building a private practice under the supervision of Cheryl Blatt-Lewis in Arcata, CA. Although I have much to learn, theoretically I am most drawn to humanistic/relational, developmental, sociological/family systems, and somatic/physiological approaches to working within the clinical relationship. I will have openings for Partnership/Beacon, Victim Witness and sliding scale private pay clients on Wednesdays, Thursdays, and Fridays, with morning, afternoon, and evening hour slots available. If you have any questions, or would like to just say hello, please don't hesitate to contact Cheryl at 707-442-1346 or me at 707-845-5479. I can also be reached by email at jbearbower@gmail.com. Thank you for your time and consideration.

Kristin Smith AMFT

Hi all, I'd like to introduce myself. My name is Kristin Smith and I am an AMFT who is now working under Jessica Montague, LCSW in Arcata. I graduated in May of 2017 from the HSU counseling program where I had the opportunity to train under

Sheri Graham-Whitt, Jessica Montague, Emily Sommerman, Sarah Haag, Jennifer Petullo, and James Dupree. I have spent the past year working as a post-grad resident at HSU's Counseling and Psychological Services where I worked with and learned from Jennifer Sanford and Krystal Jacob, among others. My orientation is primarily trauma-informed, humanistic, and developmental/attachment focused, with advanced training in Emotion Focused Therapy, Interpersonal Neurobiology, Art in Therapy, Solution-Focused Therapy, Crisis Management and Trauma-Informed Care. I love working with individuals who are struggling with anxiety, depression, stress management, grief and trauma, parenting issues and relationship difficulties. I value working collaboratively to foster a safe and supportive environment that promotes increased self-awareness and social connection. I work with children (12 years and older) and adults to create a customized therapy experience that suits their needs. I am currently accepting Beacon/Partnership or private pay clients and have openings on Mondays and Fridays. My contact information is: 865 9th St, Suite 203, Arcata, kristin.smith.ma@gmail.com (707) 298-1000. Thanks so much for taking the time to read this. I'm excited to join this community and look forward to getting to know you soon!



Groups

Therapeutic Support Group for Individuals Experiencing Anxiety and Depression

Starting Wednesday February 6th, 2018, I will be offering an 8-week support group for adults experiencing anxiety and/or depression. My goal is to provide a safe place for people to talk about what they are experiencing, and share useful information to help them gain new insights and coping skills. It will also be an opportunity to experience support from other people who are also struggling with similar issues. This 8-week group will be starting: Wednesday February 6th, from 6:45pm-8:15pm at 1225 Central Avenue #3, McKinleyville, CA. This group is open to Partnership/Beacon, Medicare, or private paying clients. For private paying clients, this group will cost \$160 (to be paid in full with registration unless alternative arrangements has been made). Groups are limited to 10 clients so sign up early if interested. For more information or to register, please call me, Bonnie Carroll, at 707-839-1244 or bonniecarroll@arcatanet.com.

Interpersonal Process Groups Forming

I am excited to announce that I am in the beginning phase of forming weekly interpersonal process groups in my private practice. Groups will have six to eight members; they will be heterogeneous in regards to gender/sexual

orientation/cultural identity, age, and presenting problems/symptoms. Potential members will have a short phone screen followed by an in person meeting in my office to determine fit and readiness to participate. I am asking folks for a minimum 12 week commitment. Weekly group sessions will last 90 minutes; my fee per session is \$60. I will not be accepting insurance for group as of now.

Ideal candidates: identify interpersonal challenges as primary and have a desire to explore/better understand themselves in relation to others; are psychologically minded with prior individual therapy experience; are committed to and able to attend group sessions regularly; are not actively suicidal or chronically in crisis; have the capacity to and are willing to work in the "here and now."

I have experienced the power of group therapy, both as facilitator and group member. I appreciate the words of a group therapist whom I had the fortune of working with at an American Group Psychotherapy Association annual conference. She said, "In individual therapy, you talk about how you are with people. In group therapy, you see in front of your own eyes how you are with people." Should you have questions or would like to further discuss inclusion/exclusion criteria, feel free to contact me by email or phone. --Brian Lieberman, Psy.D., Licensed Clinical Psychologist, CA License #: PSY28793. 381 Bayside Rd Ste B, Arcata, CA 95521 (707) 499-0194 or email: brianpsyd@gmail.com

Dialectical Behavioral Therapy (DBT) Informed Group

Humboldt Family Service Center (HFSC) has some news of an upcoming Dialectical Behavioral Therapy (DBT) Informed group for clients who live with Bipolar Disorder. Andrea Pearson-Gottlieb, AMFT and Debbie Elmore, AMFT will be facilitating, supervised by Rebecca Marie Hall M.A., MFT. The group will likely begin in February 2019. The group will be held on Fridays from 5:30-7:00 PM lasting 12 weeks. Referring clinicians are welcome to call Andrea Pearson-Gottlieb, AMFT (707-443-7359 ext. 325) or Debbie Elmore AMFT (707-443-7359 ext. 316) with questions or for more information.

Chronic Pain Group for Open Door Patients

All Open Door patients are welcome to join our Chronic Pain Group that meets every 2nd Tues of the Month from 1:30 to 2:30 in Eureka. The group gives each other support and suggestions concerning chronic pain issues and other emotional issues. The group is lead by Carol McNeill, MFT. For location and other information, please call Carol at 707-498-6158.

Humboldt County Programs for Recovery/ HCPR

Humboldt County Programs for Recovery (HCPR) provides services to those seeking help regarding recovery from substance use. The program treats individuals who,

due to substance use, are experiencing problems in a variety of areas including physical health, relationships, employment, or with the legal system. HCPR offers outpatient treatment conducted primarily in a group setting. A variety of outpatient treatment groups meet from one to four days per week and are tailored to meet individual interests and needs. If a person needs other services such as residential treatment, detoxification, or other types of counseling, referrals are provided to other programs or agencies. It is easy to access services by stopping by either of the HCPR locations, picking up a packet, and then bringing the completed packet to the HCPR office at 720 Wood Street during any of their intake times: Mondays at 2:00 p.m. Wednesdays at 9:00 a.m. and 2:00 p.m. Fridays at 9:00 a.m.

For more information, call 707-476-4054. Office hours are 8:00 a.m. to noon, and 1:00 to 5:00 p.m., Monday through Friday.

The following groups are meeting: Extensive Outpatient group is focused on identifying triggers for relapse and teaching coping skills (4 days a week). Dad's Program with components on parenting, anger management, relapse prevention and seeking safety/ trauma and addiction recovery (4 days a week). Men's Recovery group utilizes Seeking Safety and Helping Men Recover curriculums, a trauma informed group using Relational-Cultural Theory (2 days a week). Women's Recovery group utilizes Seeking Safety curriculum, art therapy and relapse prevention (2 days a week). Outpatient Group is a relapse prevention group focusing on identifying triggers and learning coping skills (2 days a week). Pre-Contemplation Group is a harm reduction group focusing on learning to recognize and reduce problematic substance use (2 days a week). Aftercare Group for people who have completed one of the other groups or who have recently completed residential treatment and would like ongoing support (1 day a week). Young Adults Group is a harm reduction group for adults ages 18-24 that provides education about the effects of substance use on the mind and body while establishing motivation for change in a safe, non-judgmental environment. (2 days a week).

“Our Pathways to Health”

“Our Pathways to Health” is a free, 6-week program of the Humboldt Independent Practice Association to help improve the health of anyone living with a long-term health condition such as high blood pressure, high cholesterol, diabetes, arthritis, depression, obesity, heart disease, fibromyalgia, COPD, or chronic pain. Workshops are held throughout Humboldt County. Each workshop during the 6-week program runs for 2 ½ hours, with the full series totaling 15 hours. New classes start monthly. By participating, individuals will learn better ways to cope and manage their health including: setting achievable goals, working with others, finding support and answers to questions, making daily tasks easier, relaxing and managing stress and

working in partnership with you healthcare professions. For more information on locations, start dates and any other questions call (707) 267-9606.

Parent and Caregivers Support Group

The Parent and Caregivers Support drop-in group will continue to meet at it's school year location, the Lincoln campus of the Marshall Family Resource Center, 216 W. Harris St (Summer And Pine) on Thursdays, from 10-11:30 AM Playcare is available if arranged in advance.

Parents and caregivers (such as grandparents raising grandchildren or foster parents) meet in a safe and supportive setting to learn ways to get and give support to each other. For parents and caregivers who are looking for mental health services for themselves or their children, the Parent and Caregiver Support Group can be a helpful way to get support right away, even while they are trying to find a therapist for themselves or their child. Emily Siegel LCSW facilitates 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 707-845-2401 for more information or questions.

Humboldt County MotherWoman Support Groups

These groups use the MotherWoman Support Group model to create a safe, welcoming environment where women can share their reality and be supported in a non-judgmental environment. Emotional changes & challenges during surrounding motherhood are common. Moms can experience a range of emotions from feeling isolated, lonely or overwhelmed to experiencing anxiety and depression throughout their experience. These challenges can affect the whole family. It can help to share in a safe, supportive group environment.

MotherWoman Support Group, Om Shala Yoga, 858 10th Street, Arcata, 1st and 3rd Wednesdays 12:45pm, Kate 707-845-7635 or Erica 707-834-0373.

Real Talk, Moonstone Midwives Birth Center, 4677 Valley East Suite 2, Arcata, Infants in arms welcome, 3rd Thursdays 5:30pm, Laura 707-223-1638 or Julia 707-599-7919.

Motherhood Journey Support Circle, North Country Prenatal Services, Shaw Pavilion, Infants in arms welcome, Mondays 5:15pm-6:45pm, 707-822-1385.

Family Matters, Calvary Lutheran Church, 716 South Ave, Eureka, and Wednesdays 10-11:30, Stacy 707-682-6046.

Healthy Moms MotherWoman Group, *This is a closed group; Please contact Healthy Moms for more information. 707-441-5220.



Resources

Open Door Psychiatry Consultation for Private Insurance Clients

We are pleased to announce that the psychiatry service at Open Door Community Health Centers has been expanded to allow consultation for clients with private insurance. We will continue offering psychiatric consultation to clients with Partnership Health Plan (Medi-cal) and Medicare.

Our clinic model will remain strictly consultative, which means we can have 1-6 visits with clients who are referred to us. We can see clients with mental illness categorized as mild-moderate (based on Partnership Health Plan criteria). Our goal is to establish an effective medication regimen, then allow the primary care provider to take over longer-term prescribing of medications. If a client requires a higher level of psychiatric care, then we will make a referral for care outside of the Open Door system. I'm attaching our psychiatry clinic consent form so you can get a sense of the care we offer.

We can accept referrals from Open Door primary care providers. We cannot accept referrals from any other sources. If you have a client who is already established for primary care at Open Door that is interested in our services, then please have that client speak with their Open Door primary care provider about a referral.

An issue in our referral process, which may affect you, has come up in the last few months. When a client within Open Door is referred to our psychiatry clinic, that client will have a psychosocial assessment visit and be screened for exclusion criteria before seeing the psychiatric provider. This assessment is completed by an Open Door LCSW or LMFT. If a client is currently seeing you as a therapist in the community, then the assessment visit by our LCSW/LMFT may create a billing problem for you. We have heard that in some cases clients have lost their billing approval to continue seeing their community therapist, which may lead to reimbursement problems and necessitate new approval paperwork. In effort to avoid this problem for you and the client, we have created an exclusion criteria checklist. If you have a client seeking our psychiatric services, then please consider completing this checklist and faxing it to your client's Open Door primary care team. This would allow us to bypass our internal assessment visit, which has led to the billing and approval problems.

If you have any questions about this issue or about psychiatry services at Open Door you can reach us at the following numbers. For referral process and administrative questions, reach our referral coordinator, Mia Houlberg at 826-8633 (ext. 3233). For clinical questions about our services, you can reach me at 443-4666.--Dr. Jasen Christensen, Psychiatrist, Open Door Community Health Centers

Beacon/Partnership Representative Greta Blixt

The Beacon/Partnership representative for our area is Greta Blixt. She is available for any kind of help including application for Beacon and billing issues. Her phone number is (707) 273-8725. Email: greta.blixt@beaconhealthoptions.com (It is generally more useful to contact our local area representative than the people at the 800 number.)

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.



Update Ability to Take New Clients on NCAMHP

Please remember to update your NCAMHP website profile regarding ability to accept new clients. There have been a number of complaints about this issue lately.

Non-Licensed Clinicians Need to Include Supervising Information

Just a friendly reminder to those of us who supervise and those who are not yet licensed. The following is important to be and stay aware of. Any non-licensed clinician in training, must include their intern or assistant number, and their supervisor's name, supervisor's license number and clearly state the supervisor relationship. This needs to be on all business cards, web-sites, advertising and correspondence. I know we are all busy but these fine details can prevent legal errors. Thanks for correcting and updating if this concerns you.

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.



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:
Cr102@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.com. 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

A Little Help with Documentation:

I am new to private practice and the paperwork was and occasionally is really the most daunting aspect of my new business. Maelissa Hall PsyD has a lot of free resources that are very helpful. Her newest endeavor is her own YouTube channel. Videos can be viewed at her blog: <https://www.qaprep.com/blog/> --Kerima Furniss LCSW

Internet Articles and Occasional Free CEUs

I have enjoyed reading The Psychotherapy Networker for many years. The website <https://psychotherapynetworker.org/> offers long excerpts of their recent articles, short videos, and for those subscribed to the newsletter, occasionally one free CEU for viewing a clinician interview. These change but at this time it is Janina Fisher, who we just hosted locally, who speaks about the evolution of trauma treatment, quite interesting. The newsletter also offers a weekly digest of the articles (along with additional educational offers of course). – Kerima Furniss LCSW



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 Spring NCAMHP Newsletter is March 21, 2019. 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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