



Newsletter Summer 2011



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

Greetings NCAMHP,

It's hard to believe we are approaching summer and mid year!

I hope you have been recognizing the evolvment NCAMHP has been creating based on all of your feedback and ideas generated! We have been working hard to provide more articles in the newsletter, create more opportunities for education events, and have updated the website directory of mental health providers with new funding, treatments, and training options.

In addition, this year marks a year of growth toward increasing opportunities for student involvement. We are developing a student recruitment program and are requesting your help! We hope to offer student discounts on memberships, trainings, and provide opportunities in the future such as:

1. Mentoring opportunities with a local mental health practitioner.
2. Exposure to career paths and modeling beyond academia, such as consulting, multiple therapeutic modalities, and organizational roles.
3. Opportunities to stay abreast of legislative issues impacting training and licensing in the fields.
4. Poster sessions at local trainings to demonstrate student advocacy, research, and efforts.
5. Opportunities for consultation, development as a practitioner, and networking.
6. Student representative to serve on the Board of Directors of NCAMHP to encourage a student voice to be included in the leadership of the association.
7. Volunteer opportunities on committees and within the community to get involved with special interests and receive further mentorship.

I invite the membership to provide feedback, commentary, and suggestions for our student involvement project. Please also consider letting us know if you are

interested in becoming a mentor or providing consultation opportunities for students.

I would like to take a moment and thank all of the fellow board members, volunteers, and committee members who are generously working to create a productive and exciting year for NCAMHP.

Best Regards,

Lesley Manson, Psy.D.
NCAMHP Board President 2011



**Terminology Changes Coming At You Now:
What's In a Name (or a diagnosis)?
Gerald Drucker, Ph.D.**

Following every major journal and professional organization in the field (and the forthcoming DSM-V), RCRC is officially retiring the term “Mental Retardation” and replacing it with the term “Intellectual Disability.” The following remarks are aimed at putting this change in context and helping people understand the importance of this change.

The funny thing about language is that it keeps changing as the culture changes. The current edition of Webster's dictionary online has the term “google”, no doubt “twitter” and “tweet” are sure to follow. Just as words get added, other words get dropped. Just go see any production of a play by Shakespeare for many examples. What was once the King's English is now almost a foreign language. What was once a proper term can fall into disuse or become derogatory. The field we work in is a prime example of this. Medical and scientific texts on those with intellectual deficits from the 19th century used the term “idiot” to refer to such individuals, although the term itself had been in use since the 1300s. In 1910, the precursor of the American Association on Mental Retardation (AAMR): the Committee on Classification of the Feebleminded, came up with a classification scheme for those who presented with significant intellectual impairments. The classification scheme decided upon by this professional body for those increasingly more intellectually impaired was: Feebleminded, Moron, Imbecile and Idiot. By the early 1950s the first Diagnostic Manual published by the American Psychiatric Association, DSM-I, replaced these terms with the term “Mental Retardation” , with AAMR adopting the term in 1961, while retaining the previous 4 level classification scheme using the words Mild, Moderate, Severe and Profound along with the words Mental Retardation. This classification scheme has been with us since then, until recently. Like its predecessors “moron” “imbecile” and “idiot”, the term “retardation” has become too

derogatory and emotionally loaded. AAMR itself changed its name to The American Association on Intellectual and Developmental Disabilities in 2007 (and the name of its eponymously named Journal in early 2008). Curiously, until 2007, the California Penal Code Section 26 stated that "Idiots" were one of six types of people who are not capable of committing crimes. In 2007 the code was amended to read "persons who are mentally incapacitated."

It seems clear that terms were changed when the old terms became too stigmatizing. Who would think to use the terms "moron", "imbecile" or "idiot" today to refer to those with an intellectual disability? In my youth (some 50 years ago now) these words were curses hurled around the schoolyard. The word "retard" or "retarded" did not take too long to follow these schoolyard uses. To many individuals, and their families, the word "retard" has become hate speech. Like many racial and ethnic epithets, it has become a put-down loaded with prejudice and discrimination. As we adopt the new term, Intellectual Disability, (while retaining the 4 previously used modifiers of Mild, Moderate, Severe and Profound), we do so with the hope that we are also retiring the worn-out, prejudicial and discriminatory attitudes that for so long have served as barriers to all people of difference, whether intellectual or otherwise, preventing full inclusion and access to all that life offers.

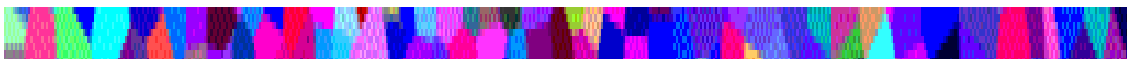
Gerald Drucker, Ph.D. is in private practice and is a contracting consultant with Redwood Coast Regional Center and State Adoptions. He was recently published in the book, **Psychotherapy for Individuals with Intellectual Disability**. Edited by: Robert J. Fletcher, DSW, ACSW. **Dr. Drucker authored** Chapter 14: Training Psychotherapy Interns to Work with People Who Have Intellectual Disabilities: Developing Generic Skills and a Multi-Theoretical Approach - *Gerald M. Drucker, PhD*

Synopsis for: **Psychotherapy for Individuals with Intellectual Disability**

Edited by: Robert J. Fletcher, DSW, ACSW (2011 published by NADD)

This book provides the reader with insightful and useful ways to provide psychotherapy treatment for individuals who have intellectual disability (ID). It brings together all three modalities (individual, couple, and group), and a variety of theoretical models and techniques are discussed. The first section, Individual Therapy, offers a variety of approaches and techniques including dialectical behavioral therapy, positive psychology, mindfulness-based practice, and relaxation training. Also included in this section are chapters on specialty populations including victims of abuse, people who have Autism Spectrum Disorder, and people in mourning. The second section is a chapter on group therapy addressing trauma issues. The third section is on family and couple therapy. The fourth section covers chapters on research, ethics, and training. The individual authors are respected authorities in the field of providing psychotherapy treatment for persons with ID and all have contributed to the professional literature.

This book is a major contribution to the effort to make psychotherapy available to individuals who have ID and should serve to further stimulate interest in the provision of psychotherapy treatment for individuals who have ID co-occurring with significant mental health problems.



Making Sense of Senses With NLP

By Dave Berman

Life Coach and Certified Practitioner of NLP

The field of Neuro-Linguistic Programming (NLP) began in the 1970's, gaining its initial recognition for "Fast Phobia Relief." Quite simply, people with phobias tend to create mental images that are life-size and otherwise realistic representations of their feared experience. When the attributes of the visualization are changed (for example, made smaller, black and white, run backwards and from a detached perspective), the conditioned response is interrupted and a more resourceful behavior can take its place. NLP believes this can usually be accomplished in just one session, and sometimes in only a few minutes.

In NLP, these attributes are called submodalities and exist in each of the other primary sensory systems – auditory (hearing), kinesthetic (touch/feelings), gustatory (taste), and olfactory (smell). Senses play a powerful role in the way the brain subconsciously stores and accesses memories, beliefs, attitudes and feelings. You can probably think of a song that reminds you of a place and time, or an aroma that reminds you of a person.

Adjusting submodalities is like reorganizing your mental filing system and can rapidly create profound and lasting change in thinking, feeling, and behavior. NLP successfully addresses phobias because the unwanted behavior occurs on the conscious level while being driven by subconscious sensory experiences below the level of awareness. There are many other ways the human body behaves or performs contrary to conscious intention or desire, which may be thought of as a guideline for the applicability of NLP: addiction and other unwanted habits; anxiety, trauma and stress; insomnia; sexual dysfunction; chronic fatigue and pain; and even allergies.

Last year while earning my NLP Practitioner Certification, my teacher helped me eliminate my food allergy to nuts (working with allergies is dependent on experience, severity, and medical referral). I've since used NLP on myself to break my long time pot smoking habit, without leaving behind cravings or withdrawal of any kind. Working in an office in Arcata (and sometimes via webcam on Skype or iChat), my clients have given up cigarettes, stopped biting fingernails, taken control of pain management, let go of self-defeating beliefs, learned more helpful patterns of self-talk and self-esteem, and accelerated learning.

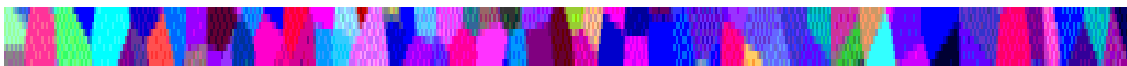
Yes, NLP is good for more than just changing undesired behaviors and can be used to cultivate excellence in any field using the concept of modeling – if one person can learn to do something, then anyone can learn to do it. Often we are our own best teacher. One client came to me for help with her memory. We methodically sequenced a model of her sensory experiences in areas where her memory worked well. Using hypnotic language patterns to communicate with her subconscious, I

was then able to teach her how to adjust her submodalities and apply her effective “memory strategy” to improve her learning abilities in subjects she found more challenging.

In addition to the senses, the success of NLP hinges on staying focused on the desired outcome. Just as with the Law of Attraction, NLP operates on the premise that what you keep your attention on is what you will get more of in life. The starting point for all NLP work is two questions: What do you want? and How will you know when you’ve got it? For the second question, specifically consider what evidence your senses will require as proof you’ve created your desired outcome. The more you can imagine these sensory criteria being satisfied, the more you will be able to manifest your desires with confidence.

NLP is a model of communication practiced in a modality we call coaching. As a whole, this approach differs greatly from traditional talk therapy in that NLP is basically “content free” and forward looking, rather than focusing on stories about the past in search of understanding causes. To the extent that NLP ever does explore the past, such as the traumatic origin of a phobia, the point is building an understanding of how beliefs perpetuating the behavior are **currently** structured (beliefs are not inherently true, they are just thoughts we think a lot).

We call this structure the “map” of an individual’s perception of reality and we presuppose there is no absolutely correct reality so we may accept without judgment that everyone has their own unique map. It is the map that indicates which NLP techniques are right for each client’s situation. To learn more about how NLP can help, please explore www.ManifestPositivity.com for further information and workshop schedules, visit <http://bit.ly/FullTRH> for a full workshop video, or call me for a free consultation at 707-845-3749.



**Law and Ethics Greatest Hits- A CEU Workshop by
A. Steven Frankel, Ph.D, J.D.
A review by A. Scott Greer, Ph.D.**

On April 9, 2011, The North Coast Association of Mental Health Professionals hosted A. Steven Frankel, PhD, J.D. who presented a stellar Law and Ethics workshop. As usual he was not only informative, but also highly entertaining. Dr. Frankel has been presenting Law and Ethics Workshops for many years to the professional community here on the North Coast. Each time, his workshops cover issues that are noteworthy and of interest to all therapists. In the April workshop, he addressed some of the more frequent and potentially problematic ethical and legal issues that we all face. Dr. Frankel moved beyond the basics of re-iteration of legal and ethical obligations. The fact the Dr. Frankel is both a legal expert and a practicing psychologist gave us the benefit of how the law and the practice of psychotherapy

intersect. His perspective demonstrated a high sensitivity to the realities of our clinical practice, as well as, the expertise of a lawyer specializing in ethics and legal issues faced by clinicians.

Dr. Frankel addressed the highest risks that therapists experience in their practices. "Boundary Crossings and Violations" constitute the basis for the majority of ethical and legal inquiries, lawsuits and board actions according to him. Dr. Frankel stressed the importance of how to recognize a potential boundary crossing or violation, how to avoid them, and even more importantly what to do to address them. He discussed how boundary violations often may be willful, iatrogenic or the result of ending up in an unforeseeable double-bind situation involving the best interest of the patient. Dr. Frankel stressed the importance of knowing what to do to reduce risk, avoid boundary violations and to meet the clinical needs of the patient.

Dr. Frankel was specific why a sexual liaison with a client is the most deadly sin (aka, expensive, career ending) a therapist can engage in. He went into great depth about how boundary violations occur, the harm it does to clients, not to mention the damage it does to clinicians and the profession. Dr. Frankel explored the vulnerability clinicians experience and how this can lead to engaging in a boundary violation. In addition to sexual boundary violations, Dr. Frankel addressed other types of boundary violations that can occur involving money, gifts, and self-disclosure.

Overall, Dr. Frankel stressed how important it is to be competent as a clinician and the kinds of training and expertise one must have for gaining and maintaining competence. He also encouraged clinicians to utilize consultation as a means to maintain a healthy practice.

Dr. Frankel provided statistics and information regarding the high risk faced by clinicians involved in family law issues (e.g. Custody evaluators, special masters) He addressed the issues about confidentiality breaches that may occur unintentionally, accidentally or deliberately. Further he talked about confidentiality breaches in general in terms of privacy, confidentiality and privilege.

Other issues of concern for Dr. Frankel included the problem of fraud, misrepresentation and third-party payer problems that can give rise to legal and/or ethical complaints filed with the various boards. In terms of malpractice issues, he talked at length about the types of lawsuits and board actions that evolve out of ethical complaints. Dr. Frankel stressed how deleterious a board action could be to one's practice.

In closing, Dr. Frankel reminded therapists maintain competence, stay current in record-keeping and watch out for boundary crossings and violations. He also noted the importance of having sufficient malpractice insurance, living a well-rounded life, and having a well-defined plan of action should one be unable to continue practice. This workshop was valuable, interesting, and entertaining. Once again, Dr. Frankel delivered a workshop of the highest quality.



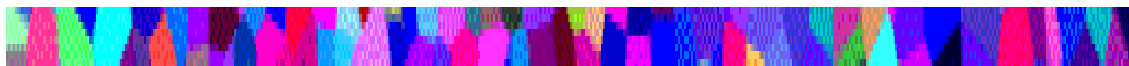
NCAMHP General Membership Meeting: March 24th, 2011 **By, Bonnie Carroll, LCSW**

There was a good turn out at the General Membership meeting on March 24th, 2010. The Education Committee and our new Education Coordinator Judy Judge arranged for another nice meal catered by Hurricane Kate's and a lecture by Melinda Myers, PsyD.

Board President Dr. Lesley Manson introduced the 2011 Board of Directors and made general announcements regarding recent Board activities and future plans for our organization. Special recognition was given to Tim Gomersall for his years of participation on the NCAMHP Board of Directors.

Other announcements included a general recruitment for new Board and Committee members, a request for input regarding the creation of additional specialty sections on the NCAMHP website, and ideas for future CEU trainings.

After a nice time of general socialization amongst the membership, Dr. Melinda Myers provided a lecture on Assessing Sexual Difficulties and discussed appropriate verbage and strategies that may help clients. Further, she discussed appropriate resource and reference materials for clinicians and clients, as well as, times to gain consultation and provide additional referrals. The presentation was interesting, engaging, and educational. We received excellent feedback and responses from the general membership who related they appreciated, enjoyed, and would welcome further trainings.



Upcoming Training Events

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

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

Advertisements

The below advertisements are not endorsed by NCAMHP

Precision Billing

Partner with us, and we will take care of all of your billing needs from submitting claims, sending statements to clients, dealing with insurance companies issues (ie: denials) , and keeping you informed about the financial health of your practice. Our newest service is low-cost credit card processing. Please contact Judy Judge at (707) 443-3384 or precisionbilling@sbcglobal.net to discuss how Precision Billing can become your partner for maximum reimbursement! Remember, our service is tax deductible.



Announcements

Your voice is important!

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

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.

Another Reminder of the New Advertising Guidelines

The Board and newsletter committee has worked hard to create guidelines to further develop and streamline our newsletter! Advertisements will remain free of charge to all NCAMHP members. The new guidelines are as follows:

1. The advertisement will be limited in word count.

2. The advertisement must be approved by the NCAMHP BOD to ensure relevancy toward the profession and the membership.
3. There will be a \$25.00 charge per newsletter for non-members.
4. NCAMHP members can advertise for free per above advertising rules.
5. There will be a notice above the ad section that will state: The Below Advertisements are not Endorsed by NCAMHP.

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

Newsletter Frequency

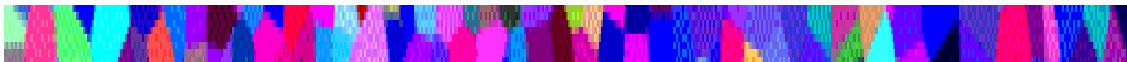
The NCAMHP Newsletter has now changed to a seasonal format:



Because the Newsletter will be coming out 4x a year instead of the usual 6x keep in mind members may advertise and post announcements for office rentals free of charge via the web at any time:

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

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



Board of Directors

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Bonnie Carroll, LCSW, Secretary
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NCAMHP COMMITTEES

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Loren Farber
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