



Newsletter Fall 2012



**Letter from Your President ~
Jennifer Saffen, MFT
Greetings NCAMHP,**

Serving NCAMHP this past year has been a privilege. The mental health professionals on the North Coast come from diverse backgrounds and this organization continues to be a vibrant and positive place to connect, learn, and develop professionally.

Over the past few months, we have had several members demonstrate interest in volunteering on committees and on the Board of Directors. The committees are now fuller with a helpful balance of veteran members and new people. There is always a need for volunteer interest, with the Membership Committee (perhaps ironically) especially in need of more members.

We have had small quantity, but high quality interest and additions to the Board. There are still openings to serve on the Board of Directors. Please contact me or our President-elect, Bonnie Carroll, if you are interested. (Contact information at bottom of newsletter).

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

Happy Autumn and Best Regards,

Jennifer Saffen, MFT
NCAMHP Board President 2012



October is Domestic Violence Awareness Month

One is too many

- *Written by Norielle Aurelio and Abby Stallworth, Interns at the National Network to End Domestic Violence. Article reprinted with permission from <http://nnev.org/>*

Most people have their first relationships while in high school or college. It's new, exciting, thrilling, sometimes sexual, and perfectly normal. Unfortunately, this can also be one of the most dangerous times in a woman's life. Women ages 16-24 experience the highest rate of intimate partner violence. In fact, nearly 1.5 million high school students experience physical abuse from a dating partner each year and more than half of the women who are raped are under the age of 18.

We refuse to remain a silenced majority. Dating violence is domestic violence. It is the use of power and control over one individual by someone who is supposed to care about her or him. Dating violence is not only just physical, but can also be emotional and psychological abuse and include behaviors such as stalking, isolation of friends and family, and being possessive. Since this is often their first love or serious relationship, many young people may not know the red flags or identify problematic behaviors.

It is time to end the silence on dating violence.

As young women and college interns at the National Network to End Domestic Violence, the victims of dating violence are our friends and classmates; they are the familiar faces on the quad or in the library. We know people in our lives who have experienced dating violence and the odds are that you or someone you know has too.

What can we do? We speak up when our friends make jokes about a drunk girl being 'easy,' and we offer support to a friend who is being abused. It is essential to raise awareness among our peers so we can recognize dating violence and have the resources to help one another. Educating young men and women to be responsive bystanders is a key element to ending dating violence. You can be there for your friend and listen to her or him, and you can point out behaviors that are troubling or have red flags, both without judgment and blame.

Education on healthy relationships exists at our college campuses, but there needs to be more education in middle and high schools, the media, and in the community at large; without proper education, information about resources, and how to stand up against it, dating violence will continue unchecked.

Recently, the White House released its "[1 is 2 Many](#)" campaign to raise awareness on dating violence. As young adults we encourage our peers to take a stand against dating violence....because one is too many.

Read [DVAM Blog Series #1](#): Each day, 3 women die because of domestic violence

Read [DVAM Blog Series #2](#): Stand up for victims - pass VAWA now

Read [DVAM Blog Series #3](#): Touching one million lives

“One in every four women is a victim of domestic violence.

It touches each and every one of us, but it's preventable"
 (2012 National Coalition Against Domestic Violence, www.ncadv.org).

Links for More Information on Domestic Violence:

- *Humboldt Domestic Violence Services at: www.hdvs.org
- *National Coalition Against Domestic Violence at: ncadv.org
- *National Network to End Domestic Violence at: nnev.org; ywca.org;
- *National Association of Social Workers at: nasw.org. NASW is offering free online CEU's for the month of October if NASW membership dues is paid this month.



Most CPT Codes Change on January 1, 2013

As previously announced by the American Psychiatric Association Practice Organization, new Current Procedural Terminology CPT® codes for psychotherapy **take effect on Jan. 1, 2013** for Medicare and all insurance carriers. Please consult the recommendations of your national professional associations, billers, and insurance carriers for the appropriate coding instructions.

2013 Psychotherapy CPT® Codes

Diagnostic interview procedures	
90791	Psychiatric diagnostic evaluation
Psychotherapy	
90832	Psychotherapy, 30 minutes with patient and/or family member
90834	Psychotherapy, 45 minutes with patient and/or family member
90837	Psychotherapy, 60 minutes with patient and/or family member
90845*	Psychoanalysis
90846*	Family psychotherapy without the patient present
90847*	Family psychotherapy, conjoint psychotherapy with the patient present
90849*	Multiple-family group psychotherapy
90853*	Group psychotherapy (other than of a multiple-family group)
Interactive complexity add-on code	
90785	Add-on code to be used in conjunction with codes for primary service: psychiatric diagnostic evaluation (90791); psychotherapy (90832, 90834, 90837); and group psychotherapy (90853)
Psychotherapy for crisis	
90839	Psychotherapy for crisis, first 60 minutes
90840	Add-on for each additional 30 minutes of psychotherapy for crisis, used in conjunction with code 90839
Pharmacological management add-on code	

90863	Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services; used only as add-on to primary psychotherapy code (90832, 90834, 90837)
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* Same code numbers as for 2012

NOTE: The 2013 CPT manual contains additional new codes for use by other qualified health care professionals, such as those eligible to use evaluation and management (E/M) codes. Examples: 90792, 90833, 90836, 90838.

Psychiatrists, advanced practice nurses, and other prescribers will lose the CPT code 90862 for medication management. They will have to learn E/M coding, which uses different CPT codes with more stringent documentation requirements. E/M codes may pay more or less than a 90862, depending upon the insurance company. The APA has already begun publishing E/M educational material for psychiatrists.

Unknown if there is a replacement for 90808. 90837 may be considered a new long session and may require preauthorization.

Remember to Prepare: 1. Revise superbills, receipts. 2. Call provider relations for your payers to determine new coding requirements and approvals. Updated fee schedule? 3. Add new CPT codes to your billing software, HER, ensure billers are updated. 4. Remember, once you are through with these changes, in 2014 we will be switching to new ICD-10 diagnosis codes! 5. Check your software to see how it is interpreting or assisting with these changes – you may need an update!

Reprinted with additions from American Psychological Association:

www.apapracticecentral.org ☐ Questions? Call the Practitioner Helpline at 800-374-2723 ☐ APA Practice Organization ☐ 750 First Street, NE | Washington, DC 20002-4242 *Current Procedural Terminology® (CPT) copyright 2011 American Medical Association. All Rights Reserved.* ☐ Copies of the CPT manual can be ordered from the American Medical Association online or by calling toll-free, (800) 621-8335.



**Film Review: *Hope Springs!*
By Patrick Carr, LMFT**

At last! A movie that psychotherapists can watch and feel good about how our profession is treated by Hollywood! A movie in which nobody gets slammed against a wall by their therapist (*Good Will Hunting*), or spanked (*A Dangerous Method*); where

no pretty young psychological assistant dates her client (*50/50*); a film in which the therapist isn't tottering between depression and drug use (*Shrink*), or subject to homicidal rage (*What About Bob?* -- even if it was hilarious). A movie in which therapy is just therapy, and actually helps people who have pretty ordinary, but serious, problems!

Hope Springs, still showing at Eureka's Broadway Cinema as I write this, may hold less pizzazz for the general viewer than those films I mentioned, but it's a beautifully acted and well told story of a married couple and their process of healing from years of emotional distance with the help of a psychotherapist.

A synopsis: Kay (Meryl Streep) and Arnold (Tommy Lee Jones) have just had their 31st anniversary, an event of little celebration. The two barely talk and have slept in separate bedrooms for the last few years as Arnold's wishes. But Kay wants more from married life. She coerces Arnold into joining her in flying off to the Maine coast -- to the small town of Hope Springs -- for a week-long marital therapy intensive with Dr. Bernie Feld (Steve Carell).

Arnold is predictably a tough customer for marriage counseling but after some sparring with Bernie, he begins to come around and he and Kay confront the challenge of restoring closeness to their relationship. As we all know, though, diving into problems doesn't immediately make things easier. As the week draws to a close a therapy homework assignment goes sadly awry and when Kay and Arnold return home things look worse than before the treatment, with Kay exploring leaving the household.

No movie would leave viewers hanging from those gallows and Kay and Arnold work out a happy ending in a way that seems quite realistic and in line with the parting advice that Bernie gives the couple at their final session. Actors like Tommy Lee Jones and Meryl Streep have the maturity and experience to skillfully bring Arnold and Kay, and their vulnerabilities, to life. Watching them inspires viewers to think seriously about the challenges of keeping intimacy alive through 31 years. In the weeks after watching the movie I felt I occasionally heard the muted whisperings of my own inner Arnold. I suspect women may have a similar reaction to Kay, a more overtly sympathetic character who in her own way also expresses an ambivalence about intimacy. The beauty of this film is that from Kay and Arnold's unhappiness something positive emerges, making *Hope Springs* a great film to recommend to many couples therapy clients. It's also one of the few films that sensitively portrays older adult sexuality.

As the therapist, it's Steve Carell we want to keep our eyes on. This isn't completely new territory for Carell, who portrayed a parenting expert who learns a lot about family relationships in the enjoyable *Dan in Real Life*. Happily, he plays his character completely straight here, surprising from the star of *The Office* and *Dinner for Schmucks*. He didn't sound exactly like you or me or anyone we know who actually does couples therapy, but he was pretty close, and unlike most movie therapists he never did anything that would cost him his license. And he helped me; I'd been

ready to give up on Hollywood and how it portrays therapy. But hope sprang from this film!

Critics have generally liked *Hope Springs*. Metacritic gives it a 66 score and the Tomatometer ranks it at 74%. This is a film that appeals to a different demographic group than most Hollywood creations. Jones and Streep, at 66 and 63 respectively, play characters close to their ages, and there's not a hint of violence or slapstick humor.

Could it be they made it for therapists like us?

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



Research Shows Psychotherapy is Effective but Underutilized FOR IMMEDIATE RELEASE

Thursday, Aug. 9, 2012

Contact: APA Public Affairs
202-336-5700
Public.affairs@apa.org

Consumers Need Better Understanding of and Access to Psychological and Behavioral Health Care, says American Psychological Association

WASHINGTON – Psychotherapy is effective, helps reduce the overall need for health services and produces long-term health improvements, according to a review of research studies conducted by the American Psychological Association. Yet, the use of psychotherapy to treat people with mental and behavioral health issues decreased over the last decade while the use of medications to address such problems has increased, according to government and insurance industry data.

“Every day, consumers are bombarded with ads that tout drugs as the answer to their problems. Our goal is to help consumers weigh those messages with research-based information about how psychotherapy can provide them with safe, effective and long-lasting improvements in their mental and physical health,” said Melba J. T. Vazquez, PhD, past president of the American Psychological Association who led the psychotherapy effectiveness review project.

As a result of the effectiveness review project, the Association’s Council of Representatives last week adopted a resolution on psychotherapy effectiveness. The resolution cites more than 50 peer-reviewed studies on psychotherapy and its effectiveness in treating a spectrum of health issues and with a variety of populations, including children, members of minority groups and the elderly.

The resolution also states Key findings of the resolution:

- Research demonstrates that psychotherapy is effective for a variety of mental and behavioral health issues and across a spectrum of population groups. The average effects of psychotherapy are larger than the effects produced by many medical treatments.
- Large multi-site and meta-analytic studies have demonstrated that psychotherapy reduces disability, morbidity and mortality; improve work functioning; and decrease psychiatric hospitalization.
- Psychotherapy teaches patients life skills that last beyond the course of treatment. The results of psychotherapy tend to last longer than psychopharmacological treatments and rarely produce harmful side effects
- While medication is appropriate in some instances, research shows that a combination of medication and psychotherapy is often most effective in treating depression and anxiety. It should also be noted that the effects produced by psychotherapy, including those for different age groups and across a spectrum of mental and physical health disorders, are often comparable to or better than the effects produced by drug treatments for the same disorders without the potential for harmful side effects that drugs often carry.

“As Americans grapple with the ever-increasing cost of health care, it is important that consumers and those who make decisions about health care access understand the potential value in both improved outcomes and cost-saving of psychotherapies,” Vasquez said. “APA applauds and continues to support collaboration of psychologists with other health care providers as part of integrated health care teams. Psychotherapies are highly effective, but only when consumers have access to them.”

Reprinted with permission from APA:

<http://www.apa.org/news/press/releases/2012/08/resolution-psychotherapy.aspx>

The American Psychological Association, in Washington, D.C., is the largest scientific and professional organization representing psychology in the United States and is the world's largest association of psychologists. APA's membership includes more than 137,000 researchers, educators, clinicians, consultants and students. Through its divisions in 54 subfields of psychology and affiliations with 60 state, territorial and Canadian provincial associations, APA works to advance the creation, communication and application of psychological knowledge to benefit society and improve people's lives.



DSM-5 Won't Include Parental Alienation

A task force of the American Psychiatric Association has decided not to list the concept of parental alienation in the update to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). The term conveys how a child's relationship with one estranged parent can be poisoned by the other parent. There is broad agreement that it sometimes occurs in the context of divorces and child-custody disputes. Some individuals and groups believe parental alienation is a serious mental condition that should be formally recognized in the DSM-5. They say this step would lead to fairer outcomes in family courts and enable more children of divorce to get treatment so they could reconcile with an estranged parent. Advocates for battered women consider "parental alienation syndrome" to be an unproven and potentially dangerous concept useful to men trying to deflect attention from their abusive behavior.

Reprinted from The Huffington Post, 9/12/12



DBT Skills Are Life Skills - An NCAMHP Event Review By Dave Berman, C.Ht.

The Humboldt Area Foundation meeting room was full on September 21 & 22 as NCAMHP welcomed Mark Rosenthal, LCSW for a 9-hour workshop on Dialectical Behavior Therapy (DBT). While primarily associated with treating Borderline Personality Disorder, Rosenthal's friendly, funny and personal presentation repeatedly demonstrated that "DBT skills are life skills" and can play an important role for each of us in successfully navigating life.

The creation of DBT is credited to Marsha Linehan, and Rosenthal's thorough workshop provided instruction on every skill in her seminal *"Skills Training Manual for Treating Borderline Personality Disorder."* Clients typically receive DBT for 6-12 months, always in both individual and group sessions designed to shape behavior by interrupting old unresourceful patterns and showering validation on more desired performance. The four core skills are mindfulness, distress tolerance, emotion regulation, and interpersonal effectiveness. A few particular points of emphasis are managing conflict rather than avoiding it; accepting paradox and ambiguity; and identifying the urge behind the emotion. Newsletter space prohibits greater detail but I've posted a more extensive review on my website at manifestpositivity.com/dbt-skills-training.

Book Review: *Hope Is Realistic: A Physician's Guide to Helping Patients Take Suffering Out of Pain,*

written by Michael Ellner and Kelley T. Woods

By Dave Berman, C.Ht.

Although hypnosis has long been recognized as an effective modality for chronic pain relief, advances in neuroscience are helping hypnosis evolve as an even faster and more conversational intervention model. At the leading edge are medical hypnotists Michael Ellner and Kelley T. Woods, who recently published "*Hope Is Realistic: A Physician's Guide to Helping Patients Take Suffering Out of Pain.*" They write: "The secret to helping your patients take the suffering out of pain is to increase their awareness of the relationship between the sensations they feel and how they feel about them. They are experiencing a sensation of a neurological signal that has been processed by their emotions, beliefs and expectations."

This short book works on many levels. For doctors and other clinicians, there are simple lessons in language use as well as exercises designed for the brief moments between appointments so that patients get the benefit of your most relaxed and patient energy. Patients in pain can read this book and learn valuable techniques they can do on their own too. Plus it is a must-read for other hypnotists keeping up with the latest in our field. For a more detailed review of this book, please see manifestpositivity.com/chronic-pain-relief.

Dave Berman practices Clinical and Medical Hypnosis, Neuro-Linguistic Programming (NLP) and Life Coaching. He is an associate member of the North Coast Association of Mental Health Professionals and offers private and confidential sessions on a sliding scale in his Arcata, CA office and remotely via Skype. Referrals and inquiries are welcome. Learn more at www.ManifestPositivity.com or call (707) 845-3749 for a free consultation.



NCAMHP Training Events for 2013 ~ Save the Date!

Save the Date: Spring General Meeting, Thursday May 2nd, 2013 5:30pm to 8pm at Humboldt Area Foundation (HAF).

Save the Date: Fall Workshop ~ Law and Ethics, *Dancing with the Risks*, with Steven Frankel, Saturday, March 16th, 2013 at Humboldt Area Foundation from 8am to 5pm. CEUs available.



Training Events for 2012

Department of Health and Human Services

ASIST: Applied Suicide Intervention Skills Training
December 13-14th, 2012

Course description: ASIST is a two-day intensive, interactive workshop on suicide first aid designed to help caregivers recognize risk, intervene to prevent the immediate risk of suicide, and link to resources. ASIST provides practical training for all caregivers.

Upon completion of this course, participants will be able to:

- Recognize invitations for help
- Reach out and offer support
- Review the risk of suicide
- Apply a Suicide Intervention Model (SIM)
- Link people with community resources

Applied Suicide Intervention Skills Training (ASIST) session on December 13-14, 2012. The training cost is \$60. Both days must be attended, and attendance must be for the entire day. Registration is only in advance—no registration at the door. Cancellations must be made 5 days prior. Light breakfast snacks and lunch will be served.

If interested, request a registration form and contact: DHHS_TES@co.humboldt.ca.us or call 441-5520.

Advertisements

The below advertisements are not endorsed by NCAMHP

**There are no advertisements for this issue.
Remember, as a member you can advertise for free!**



Announcements

**Remember – you can now upload your photo to your NCAMHP
online Directory posting!**

Go to the member log on area, click "Update Directory Information" and then click on Browse to find a photo from your own file. Once uploaded, you can replace the current photo with a new one or choose "No Photo" to

remove it. Members may choose an image of themselves, or an alternate image such as an image from nature. Otherwise, the profile will simply look as it did before.

Please direct any feedback and questions to Website Committee Member, Scott Sherman, MFT at: scottsherman39@gmail.com

Reminder: Update your Online Directory Information ~ Redbook Printing Soon!



Ellen Searle LeBel announces her Certification in Sandplay Therapy from the International Society of Sandplay Therapy and Sandplay Therapists of America.

As a CST, she is an advanced clinician and qualified to provide Sandplay process to other therapists wishing to becoming certified in Sandplay Therapy. Ellen is committed to offering local therapists training and experience in Sandplay that meets the criteria for certification. The Spring 2013 Sandplay workshop will be announced in the next NCAMHP newsletter. For more information about referrals, training or consultation, contact her at ellen@temenotherapy.com or 707-826-7900.



Diane Warde, LCSW announces the opening of her new private practice at 101 South H St., Suite E, in Arcata; phone #: (707) 498-3263.

She accepts all major insurance companies, private payment, and is not authorized to bill Medi-Cal at this time. Her specialty is in treating all types of trauma including PTSD, grief and loss, head trauma and stroke patients utilizing a variety of theoretical constructs, EMDR, art therapy, and sensory stimulation.

Humboldt Family Service Center

Offers Affordable Counseling



Counseling can be helpful in any of the following areas:

- * Depression
- * Anxiety/Stress
- * Interpersonal Challenges
- * Trauma/Death
- * Career Changes
- * Addiction
- * Chronic Health Conditions
- * Anger Management
- * Adjustment to Family Changes
- * Adult and Child Relationships
- * Post Partum Depression
- * Divorce/Cooperative Parenting

Your feelings and concerns deserve attention. Counseling gives you the opportunity to take the time to stop, think and plan in a quiet supportive environment. You can gain new awareness and learn to deal with your challenges in new productive ways.

Feel free to contact our office @ 707-443-7358

Your voice is important!

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

Please be aware the Newsletter Deadlines for Submission Review:
Fall: September 15th; Winter: December 15th; Spring: March 15th; Summer: June 15th

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

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

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

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

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



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