North Coast Association of Mental Health Professionals

P.O. Box 5363 • Eureka CA 95502 • (707) 441-3832

Newsletter Summer 2014

Letter from Your President ~
Bonnie M. Carroll, LCSW

Greetings NCAMHP members,

I hope you are all enjoying this summer season and able to fit some recreation and vacation into your busy lives.

The Board of Directors and the Education Committee have been pondering ways to create interesting opportunities for our members to connect with each other and experience professional enrichment and growth. The Education Committee recently conducted a survey of the membership asking for feedback on the types of trainings you would be interested in attending. The results should be revealed soon, so keep an eye out for that.

The Board has been brainstorming other activities that you (our members) would be interested in. Someone suggested that we start a book club. NCAMHP members could take turns hosting the book club at their house. Whoever hosts gets to choose the book and provide the refreshments. It would be a nice opportunity to connect with each other in an informal and thought provoking setting.

It was also suggested that we could revive an old NCAMHP tradition of having social gatherings. In the past different members have hosted a dinner or a potluck at their home and all the other NCAMHP members were invited to attend. It provided a nice opportunity to connect with other therapists, relax, and enjoy each others company.

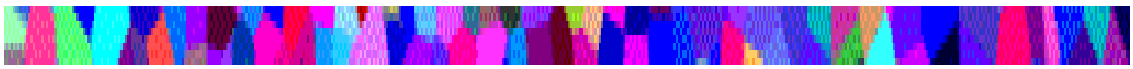
We thought it might be fun to create a closed Face Book page that NCAMHP members could join.

And we are getting ready to launch our listserv, which will be an email discussion forum. Sarah Haag has set up the listserv to allow NCAMHP members to connect with each other through their emails. NCAMHP members can choose whether or not

to “opt in” to the listserv. The listserv will not have a moderator. The information about the listserv’s etiquette and rules, as well as the “opt in” instructions are in this Newsletter. So please keep an eye out for that on or about page 9.

Let me know if you have any other ideas or suggestions for connecting with each other and increasing our opportunities for professional development.

Bonnie M. Carroll, LCSW
NCAMHP Board President
bonnyrose@arcatanet.com



Highlights from the NCAMHP Spring General Membership Meeting, April 30, 2014

Speakers from NAMI presented information about community mental health services and support groups available for persons with mental illnesses and their families.

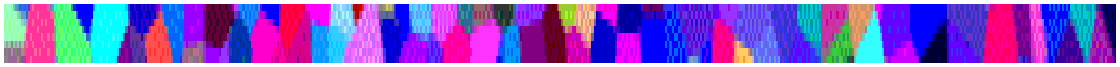
News From NCAMHP Committees

The Education Committee has retained Dr. Connie Basch for the Fall General Meeting on Sept. 25, 2014.

The Website Committee and Newsletter Committee are seeking new members.

Committee Updates

Recent openings on committees have necessitated new committee member installations. If you are interested in joining one of the committees, please contact members of the committees, or note your interest on your NCAMHP membership renewal form.



PSYCHOTHERAPY AND SOME NEUROSCIENCE

By: Caitlin Scofield

As far as the neuroscience of therapy goes, little to nothing is known that lies outside the realm of the theoretical. Still, I was prompted to look into whether or not there was actually a *how* to therapy (primarily by the fulcrum of my own stubbornness) and found that there is a decent amount of research relating brain plasticity, attachment, and the intersubjective experience of the therapeutic relationship. What follows is a lengthy testimonial to what you already know: the relationship heals.

Bernard Beitman, doctor of psychiatry and a professor at the Univeristy of Virginia, describes psychotherapy as a means of targeting neuroanatomical structures to ultimately modulate their functioning [1]. In his attempt to bridge the long-standing Cartesian dualism that exists in our conceptions of mind and brain, Beitman has introduced the term "neurobiological empathy", which is a description of the therapist's attempt to understand the mind-brain of their clients [1]. In other words, therapists must aim to understand the tangible, emotional and psychosocial expressions of their clients which are shared through linguistic and physical modalities, along with the neurobiological correlates that underlie and perpetuate these templates for experience.

So here I introduce to you: Mirror Neurons. On March 7th of 2012, Robert Spunt and Matthew Lieberman, cognitive behavioral researchers in the Department of Psychology of UC Los Angeles, released a groundbreaking series of studies to the *Journal of Neuroscience,* titled "Dissociating Modality-Specific and Supramodal Neural Systems for Action Understanding." In this journal, they introduce physical neurobiological correlates for the attribution of interpersonal meaning for the first time in published history. It's a big deal.

The Mirror Neuron System (MNS) in humans refers to regions of the brain that are activated during the observation as well as the execution of actions [2]. However, this system is not sensitive to the requiem to explain the motivations behind observed actions, but rather, the activation of the MNS serves as a regulatory function that precipitates the activation of the neurobiological "theory of mind", or the Mentalizing System (MZS), which attempts to attribute motives and beliefs to the actions of others based upon one's own internal working models [2,3].

Put simply; observing and enacting the actions of other humans activates designated mirror neuron brain areas (most specifically, the posterior inferior prefrontal gyrus (pIFG) and the ventromedial prefrontal cortex (vPMC)), the activity of which is *functionally coupled* with mentalizing brain areas associated with understanding motive (specifically, the dorsal medial prefrontal cortex (dmPFC)) [2].

The activation of the MNS is intrinsically bound to the activation of the MZS, meaning that there is an innate transitive function in the human brain that was designed for us to attempt to understand other's by their observable behavior and our conception of that behavior. Further, attempting to infer the meaning of another's actions is *biologically rewarding*; successful preemption and attunement to the thoughts, needs or actions of another sends a cascade of good feeling chemicals throughout the body.

As elucidated by Dr. Beitman and Lieberman et al., therapists affect the MNS of their clients and are likewise affected by their clients. Their ability to infer the client's emotional state is based upon observation within a *working alliance,* meaning that clients feel safe in the presence of the therapist. There are innumerable theories as to how this alliance occurs, yet little is understood in the manner of neurobiological correlation. It is

very likely that over time, trust is established by way of consistency and containment on the part of the therapist, and willingness on the part of the client.

There's some more nitty gritty biology behind all this, of course. Dr. Louis Cozolino, professor of psychology at Pepperdine, proposes that therapy, like all relationships, operates on a distinct and multidimensional level of internal modules by way of the neuron three messenger system [3]. Here's a brief low-down on how the three messenger system works in humans, in case you need a brush up: The first messenger system works 'on site' (by way of ionotropic receptors) resulting in immediate exocytosis, neuronal firing, and activation of surface proteins [3]. For example, when you take antidepressants, serotonin is immediately released into the synapse, though this initial action is not the "benefit" felt from SSRIs, which occurs later on as a result of second and third messenger system functions [8,9].

The second messenger system acts on metabotropic receptors by activating proteins that trigger a cascade of biochemical changes, which occur within the single cell as well as within the functional neuronal pathways throughout different parts of the brain [3]. These internal changes alter and regulate homeostasis, patterns of activation, and over time, the basic activity of the cell's nucleus [3,8]. If we're sticking with the anti-depressant example, these are the changes you would see after a number of weeks, assuming that the medication is effective.

The third messenger system describes the way in which genetic transcription is triggered by way of environmental changes inside the neuron [3]. This is how long term potentiation occurs (which is an entirely different article). The third messenger system's primary focus is ongoing reconstruction in order to optimize the formation of functional neural networks, and is the process responsible for habituation [3,8,9]. This is part of how we learn, change, and grow.

Humans are experience-dependent and expectant creatures; in order for therapy to be reparative, the therapist has to act on the internal systems which facilitate interpersonal connection and regulation. By doing so, the therapist's attunement to the client's internal states can effectively begin the process of rewiring the client's dysfunctional circuitry, which eventually allows the client to be guided towards their own ability to be self-aware.

In his text on interpersonal neurobiology, Dr. Cozolino explains that the core of our social brain is also the central hub of our fear circuitry [4]. Engrained negative experiences may thus result in patterns of social engagement that serve as triggers for disturbing memories, and may reinforce distorted relationship schemas learned early on [4]. Here we see the importance and the understated challenge of establishing trust and engendering attachment within the therapeutic relationship, which is utterly necessary for healing to occur.

For the client, the intimate relationship with the therapist serves to reactivate attachment circuitry, making it available to neuroplastic processes through moderate levels of cognitive and emotional arousal [3,4]. This activation occurs simultaneously with the co-construction of narratives that reflect a positive and competent self, creating within the client an ever-evolving language for experience, which can modify and reshape self image and guide more positive behavior and coping strategies [3,11]. This is part of what is meant by "internalizing therapy."

In the article *Neurobiology and Psychotherapy: an Emerging Dialogue*, Dr. Thomas Fuchs confers with the research of Cozolino and others in his inquiry into the

relationship between neuroplasticity, intersubjectivity, and psychotherapy. He explains that therapeutic neuroplasticity is directed primarily at sub-cortical structures, such as the limbic system, where unconscious motivations and behavioral tendencies are housed [5]. As stated by Dr. Marilyn Morgan, activation of these systems are a “total body experience” - they take time and guidance to be restructured.

Fuchs goes on to further validate the importance of attachment understanding in therapy by describing the pragmatic nature of the infant brain. As illustrated in mother-infant interaction research, the cerebral mapping of interaction patterns are developed fully in infants by 3 to 4 months of age [5]. This means that, in the unconscious processing of affective information, the parts of the brain that store implicit memories (the hippocampus and the basal ganglia to name a few) already possess the ability to extract prototypical templates that serve as “rules for experience” [5]. These schematized and implicit rules for how to be with others organize and govern the individual’s interpersonal behavior, and serve as the foundation for later relationships whether or not they are congruent with earlier experiences.

We know from Bowlby’s research in social bonding that infants use their parents as regulators for their own internal states, via ‘open homeostatic loops’ in the developing nervous system, until they are psychoneurobiologically mature and autonomous in their functioning [6]; a recurring observation in research that adds to growing evidence that the attachment system is one of the primary organizing systems in the brains of higher order social mammals. It is when this attunement does not occur early on that we see such attachment deficits that often coincide with an impaired capacity for self-regulation, amongst other complications. That’s where therapy comes in.

In his keynote on the clinical applications of attachment and neuroscience in psychotherapy, Dr. Daniel Soskin discusses the development of maladaptive attachment styles, and the ways in which therapists might work with them. Soskin explains that when a client with poor self-regulating skills is activated in interpersonal situations, their feelings (that is, the mental readout of emoting) become an all consuming experience [7]. These overwhelming limbic processes take precedence over cortical functions, such as social cognition, flexibility in response, ability to reflect and think rationally, etc. In other words, activation of this nature is experienced in the body as a matter of survival.

Remember, the mirror neuron system is a series of cortical functions. When clients are threatened (particularly those clients who display anxious and disorganized attachment styles) they may temporarily lose their ability to access the parts of the brain that work to interpret and understand one’s own actions and the actions of others, as well as the relation between the two. Their capacity to experience intersubjectivity, the shared meaning between two people, is thus significantly undermined.

Therapists find themselves in the unique position of being able to utilize the MNS in working with the dynamic attachment styles of their clients. The findings presented above make clear three pertinent concepts: one, therapists act as a means of re-regulating clients by way of attachment and limbic circuitry activation and progressive reorganization. Two, activation of these old structures changes and becomes manageable to the client through a multifarious plethora of clinical interventions, most of which through the conduit of shared activation in the mirror neuron and mentalizing systems of both therapist and client - a process that over time teaches the client to regulate overwhelming emotional experiences by bringing the cortex back on line. Three, such healing is made possible through the initial establishment of a therapeutic alliance.

The gap between activation and regulation is bridged when you think about what you are doing in therapy: you are leading by physiological example. For clients who live between states of sympathetic nervous system hyperactivation and parasympathetic deactivation, and for other clients who dismiss attachment all together, the primary role of therapy remains that of helping the client to consider the possibility of a different perspective, and of teaching them that they are capable of managing (and possibly embracing) the darkest and most painful parts of themselves, within the context of a safe relationship. Helping the client towards this kind of integration would not be possible if you had not already done so yourself.

David Wallin, psychotherapist and author of *Attachment in Psychotherapy*, explains how securely attached adults are capable of taking a mentalizing (or mind-minded) stance which manifests in a coherent account for experience, and thus a coherent sense of self [10]. As therapists, you work to help your clients towards a more integrated life, a process made capable by consistent monitoring and external regulation on the part of the therapist, whilst directing the clients towards their own self, much like the role of a caretaker. Therapists give their clients a place to name and describe those emotional experiences which were previously unsafe, allowing them to step back from experiential embeddedness and to gradually develop the capacity to mentalize and practice mindfulness within and beyond the therapeutic setting [10].

In their article *The Attuned Therapist*, Mary Sykes Wylie and Lynn Turner discuss the challenging approach of attachment based therapy. Wylie and Turner describe what is underscored in this article: the creation of a therapeutic connection through the related unconscious, in which the therapist consciously creates the conditions in which the unconscious, emotional minds of therapist and clients interact [11]. The attuned therapist is not faint of heart. For healing of this nature to occur, the therapist must remain present and mindful to both the client's emotions and their own, remaining in the "felt-sense" (right brain) of the interaction [10,11]. The therapist is in this case engaging in a conscious, physical and linguistic dialogue with the client, as well as experiencing their own emotional arousal and the emotions evoked in the client by the material at hand.

In taking part in the client's experience through various human modalities - eye contact, posture, tone, expression (mirror neurons!!!), and words - the therapist creates a 'holding environment,' in which the implicit affect-laden nonverbal communication represented in the attachment dynamic of psychotherapy becomes a coherent co-created narrative about the client's previously incoherent emotional experience. Sounds pretty simple, right?

Work Cited

[1] Viamontes, G., Beitman, B., & Gabbard, G. (2008). Brain Processes Informing Psychotherapy. *Textbook of Psychotherapeutic Treatments in Psychiatry* (971-1005).

[2] Lieberman, M., & Spunt, R. Dissociating Modality-Specific and Supramodal Neural Systems for Action Understanding. *Journal of Neuroscience*, 3575-3583.

[3] Cozolino, L. J. (2006). From Neurons to Narratives. *The neuroscience of human relationships: attachment and the developing social brain*. New York: Norton.

[4] Cozolino, L. J. (2010). *The neuroscience of psychotherapy: healing the social brain* (2nd ed.). New York: W.W. Norton & Co..

[5] Fuchs, T. Neurobiology and psychotherapy: an emerging dialogue. *Current Opinion in Psychiatry*, 479-485.

[6] Bowlby, J., & Fry, M. (1965). Child care and the growth of love Abridged and ed. by Margery Fry. With two new chapters by Mary D. Salter Ainsworth. (2d ed.). Harmondsworth, Eng.: Penguin Books.

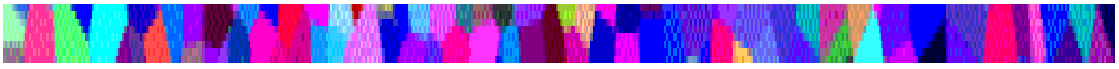
[7] Soskin, D. Psychotherapy with Attachment and the Neurosciences in Mind. *Clinical Applications Keynote*.

[8] Michelsen, K. et al. (2007). The Dorsal Raphe Nucleus - from silver stainings to a role in depression. *Brain Research Reviews*.

[9] Sealfon, S. C. et al. (2008). Identification of a serotonin/glutamate receptor complex implicated in psychosis. *Nature*, *452*, 93-97.

[10] Wallin, D. J. (2007). *The Stance of the Self Towards Experience. Attachment in psychotherapy*. New York: Guilford Press.

[11] Wyle, M. S., & Turner, L. The Attuned Therapist. *Psychotherapy Networker*.



Billing Changes On The Horizon
Excerpted from NASW News Vol. 59, No. 3 MARCH 2014
Courtesy of Diane Warde, LCSW

Changes in claim procedures are taking place in the next year for psychologists, marriage and family therapists and licensed clinical social workers. Claims and reimbursement processes that are changing include a revised CMS-1500 form; the International Classification of Diseases, 10th Edition, Clinical Modification (ICD-10-CM); the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5); and requirements to file quality measures from the Physician Quality Reporting System (PQRS). The changes in the DSM-5 and the ICD-10 were aimed at providing consistency in one classification system to help streamline diagnosing mental

illness, so the mental health codes can be used interchangeably by both physicians, psychologists and clinicians.

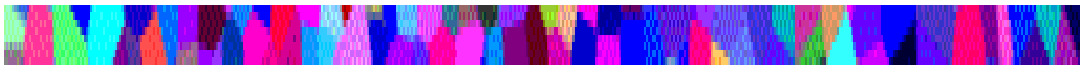
The ICD-10-CM is to replace ICD-9-CM in HIPAA transactions, initially planned for use by Oct. 1, 2013. The implementation was then delayed to Oct. 1, 2014. In March, 2014, the Senate voted to delay the switch to ICD-10 billing codes, until October, 2015.

The ICD system is used worldwide, copyrighted by the World Health Organization and maintained by HHS. Practitioners/clinicians can continue to use coding from the ICD-9-CM until Sept. 30, 2015 on the revised CMS-1500 form. (socialworkers.org/assets/secured/documents/practice/clinical/icd10.pdf)

The CMS-1500 form has also been updated to accommodate the implementation of the ICD-10 codes. The revised CMS-1500 form, version 02-12, is a claim form used by practitioners/clinicians to seek reimbursement for psychotherapy services. The use of the revised version takes effect April 1. Practitioners and clinicians can use either the revised form or the current one until March 31. The CMS-1500 form has been revised to accommodate the ICD-10-CM. (socialworkers.org/assets/secured/documents/practice/clinical/newcms.pdf)

Practitioners and clinicians are now required to use PQRS measures in 2014 when filing claims for Medicare patients. Non-compliance can result in a 2 percent penalty in 2016 for not using measures in 2014.

It is important for practitioners and clinicians to be aware of these changes and become familiar with deadlines so they can avoid reimbursement denials. According to NASW Senior Practice Associate Mirean Coleman, the 2014 PQRS has 358 quality initiative measures, and each measure is assigned a measure number and title such as #248 (measure number) “Substance Use Disorders: Screening for Depression Among Patients with Substance Abuse or Dependence” (measure title). This currently applies only for claims filed for Medicare reimbursement, but it is possible other insurance companies may soon require measures of symptoms, treatment and improvement.



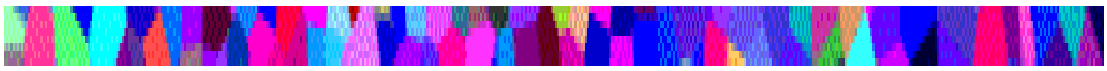
The Affordable Care Act and Potential Barriers To Enrollment
By: Diane Warde, LCSW

The 2014 deadline to enroll for health care under the Affordable Care Act was March 31, 2014. The health care enrollment process for 2015 begins Nov. 15. The initial enrollment period is over. Those who did not enroll by March 31 may qualify for a special enrollment period if they have a specific circumstance, including a

death of a family member, divorce, birth, relocation or job loss. According to the NASW News, people who remain uninsured will have to pay increasing tax penalties, starting at 1 percent of their income or $95, whichever is higher.

Despite the obvious benefits of obtaining health insurance, many people are still wary of the potential to be billed for fraudulent policies involving non-existent insurance companies. Other barriers to enrollment may include a lack of computer skills, or having no internet service. People are also concerned about monthly costs exorbitant to low and middle income individuals and families. People need to have some money left after monthly expenses. The thought of using all of their remaining income for a policy with a $5000 deductible, and costly co-payments for medication, puts their families at risk when the inevitable unexpected expense comes up.

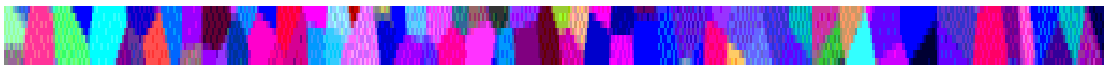
While the Affordable Care Act has allowed for more diversity in choosing a health insurance plan, navigating the enrollment process may prove to be difficult for vulnerable populations. As practitioners, clients and prospective clients may ask questions we may not be able to answer. For example, the ACA has specific regulations placed on insurance providers, regarding former limitations to eligibility. For more information about new regulations, choices and procedure of enrollment, you may wish to refer clients to the government website: http://healthcare.gov/.



Trainings

Update Cancellation:
Robert Scaer, MD, author of: "8 Keys to Brain-Body." The bodily experience of emotions, the impact of emotional trauma on the body, and how to incorporate the body in healing emotional distress. Dr. Scaer was previously scheduled to present at the Fall Workshop 2014, on Saturday, October 11, 2014. He has cancelled his presentation, due to illness.

The Fall Workshop will still be held on Saturday, October 11, 2014, at the Humboldt Area Foundation, Time: TBA. Topic: Negative Transference and Managing Acting Out Behavior, Presenter: Peter Moore, MFT; 3 CEU's available.



Announcements

Fall General Meeting 2014, will be held on September 25, 2014, 5:30 to 8:00 pm; at the Humboldt Area Foundation; Topic: Integrated Management of Chronic Pain, Presenter: Connie Basch, MD.

NCAMHP has a new Listserv. It is intended for communication with the NCAMHP general membership. It 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
Your ID is your subscription email. Here are the guidelines for useage:

Listserv Rules, Etiquette, and Policies

Listserv Etiquette are informal rules and procedures established for users of e-mail and listservs (a.k.a. mailing lists/listserves/list serves) to provide some simple guidelines to make these electronic communication tools more enjoyable and less annoying or bothersome.

Listserv Etiquette
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1. If you are comfortable, we invite you to send an email introducing yourself. Send the message to: ncamhp@groups.electricembers.net for your introduction, you might note your name, professional affiliation, where you live or practice, areas of professional interest, why you joined the list, and any requests or questions you might have.

2. Try to keep your messages concise and to the point.

3. Please sign each of your messages, and include your e-mail address, so that listserv members can communicate any responses directly to you. Most e-mail software includes a signature option that automatically generates this information.

4. If you utilize your e-mail software program that repeats (quotes) the message to which you are responding, please do not repeat any part of the message which is not essential in order to save considerable space (bandwidth) for everyone who receives your message.

5. The purpose of this list is to facilitate communication among members. We encourage you to respond to the topics, questions, and announcements that get posted. If your response is intended or relevant to only one individual (as is often the case) please respond directly to that individual. Do not send responses via the reply-to-all function unless your response is relevant to all subscribers on the NCAMHP listserv.

6. No communication should include any confidential client information.

NCAMHP LISTSERV RULES
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1. Rule 1: Do not use the forum for illegal purposes, including, but not limited to, defamation, violation of intellectual property laws, violation of antitrust or unfair competition laws or violation of criminal laws.

2. Rule 2: Do not use the Forum for commercial purposes. Including communications with the primary of advancing the business or financial interests of any person or entity, or otherwise to promote a financial transaction for the benefit of the author directly or indirectly. Examples of prohibited communications include advertisements for products or services or direct solicitations of listserv members to purchase products or services. [Examples of messages that may be of financial benefit to list serve members but are not prohibited because they do not inure to the financial benefit of the author include news of job listings or position openings, or discussion of professionally-related products or services where the listserv member conveying the information is not in the business of selling the products or services.].

3. Rule 3: Do not use this forum for any communication that could be construed in any way as support for or opposition to any candidate for a federal, state or local public office. The Federal law providing NCAMHP's tax-exempt status forbids the use of tax-exempt organizations resources or facilities, including this forum, that in any way that would even appear to support or oppose such a political candidate.

4. Rule 4: Postings should establish common courtesy and respect, which excludes personal attacks or criticism.

5. Rule 5: Postings should pertain to mental health and not to issues unrelated to our discipline and practice. Messages exhorting list serve members to advocate for issues that are not on NCAMHP's agenda (e.g., minimum wage, Amnesty International, etc.) are not to be placed on the listserv, regardless of the worthiness of the cause.

6. Rule 6: Communications should be oriented towards increasing the knowledge base of NCAMHP members. The listserve is a forum for sharing information and community building. It is a place where differences of opinion can be voiced however, always with courtesy and respect.

SANCTIONS FOR VIOLATIONS OF THE RULES

NCAMHP does not undertake editorial control of postings (meaning there is no listserv moderator). However, in the event that any inappropriate posting is brought to the attention of the Board of Directors (BOD) listserv administrators, the BOD listserv administrators may take the following action:

1. The BOD listserv administrator(s) will send a warning directly to the violator, with a reminder of the rules, and an explanation of the violation.

2. In the case of a second violation, the administrator(s) will inform the violator of the nature of the infraction, and inform said violator that a third violation will result in suspension from the listserv for six months.

3. In the case of a third violation, the BOD listserv administrator(s) will ask the offending party to unsubscribe from the list voluntarily within ten days. If this action does not occur within the specified time, the NCAMHP BOD reserves the right to remove the violator from the list. After a person has been suspended from the list for six months, the member will be eligible to resubscribe. A re-application for listserv privileges will be made to the NCAMHP BOD. Re-application does not guarantee immediate reinstatement. If reinstated, the prior offenses will be disregarded, and the violation procedure will start again. If not reinstated, the rationale for the decision will be sent to the member.

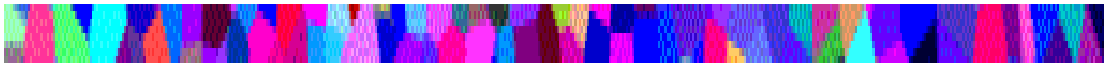
-- List description: ----------

The North Coast Association of Mental Health Professionals is a nonprofit, multidisciplinary
organization consisting of psychologists, psychiatrists, marriage and family therapists,
licensed clinical social workers, licensed clinical counselors, licensed educational psychologists, and registered interns of these professions.

To get off this list, you can send any email from your
subscribed address (given above) to:
ncamhp-unsubscribe@groups.electricembers.net

The list homepage: http://groups.electricembers.net/lists/info/ncamhp

General information about mailing lists:
http://groups.electricembers.net/lists/help/introduction



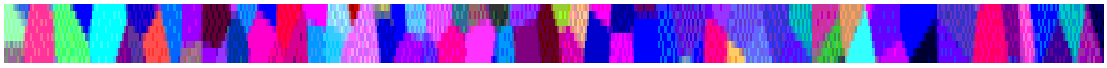
Additional Internet Resources

"Integrated Primary and Mental Health Care Reconnecting the Brain and Body"
At: http://psychiatry.org/integratedcare

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&subarticlenbr=47

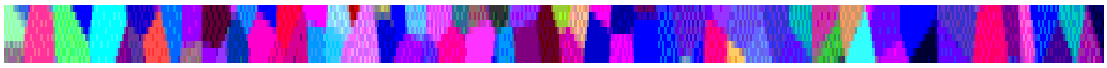
Also for more information about ICD-10 codes, see:
http://aparacticecentral.org/update



Advertisements

The following advertisements are not endorsed by NCAMHP. As a member, as a member you advertise for free!

Jim Steinberg, mediator:
I invite NCAMHP members to contact me directly at (707)476-0440 for a conversation about my work with separating and divorcing couples. Using the Twin Principles of Transformation Mediation-Empowerment and Recognition, I work with couples in a peaceful process of collaborative problem solving to reach enduring agreements about co-parenting for the best interests of their children and to resolve their concerns about child support, spousal support and division of marital property. Members may also email me at Steinberg@humboldt1.com and visit my website: http://www.steinberg-mediator.com/site/



Job Announcements:

P/T or F/T Clinician to work in state certified Sex Offender Treatment Program. Licensed therapist preferred, but will consider Pre-Licensed DOE. Some training provided. Call Gail Narum at 707 441-8626 ext 1.

Humboldt Open Door Community Health Centers Behavioral Health Team has openings for mobile, Arcata and Eureka Clinics for Full Time, Part Time, or Contracted LCSW or Psychologist. Must be licensed and willing to work in fully

integrated position in medical setting providing brief interventions, referrals, and time limited individual and group treatments.
If you are interested, please apply online at http://www.opendoorhealth.com/opendoor/ or email Dr. Lesley Manson at lmanson@opendoorhealth.com for further details.

INTEGRATED BEHAVIORAL HEALTH COUNSELOR

1 F/T Eureka

As part of the primary care treatment team, identifies, triages and manages primary care patients with medical and behavioral health problems. Provides skill training through psycho-education and patient education strategies and develops specific behavioral change plans for patients using best practices and evidence based treatment interventions. Master's degree in Social Work, Psychology, or doctorate in Psychology, SW, or BH, minimum one-year field experience. Experience leading projects or assignments, computer literate, Preferred: Current California Licensed Clinical Psychologist or Licensed Clinical Social Worker

BEHAVIORAL HEALTH DIRECTOR

1 F/T Arcata

Provides behavioral health and administrative direction to the Behavioral Health team. Develops effective and consistent protocols, procedures and plicies pertaining to the behavioral health functions within Open Door. Requires a current CA license and Board Certification in a primary care or behavioral health specialty, minimum of 5 years' experience supervising staff, EMR experience and excellent leadership skills.

CASE MANAGER

1 F/T Eureka

Under the supervision of the Site Medical Director and Clinic Manager, the case manager will identify and assess clinic patients who have been recommended for this program by their primary source care provider. Familiarity with the community and the resources that are available locally, strong computer skills, ability to work well in a team environment, one or more years of related experience.

Your Voice is Important!

Contributions are always welcome; anything from a paragraph to a couple of pages would fit well in the newsletter. The deadline for Fall submissions is September 15, 2014. Send your ideas to the newsletter committee: newsletter@ncamhp.org, Or Diane Warde, LCSW at wardediane@yahoo.com

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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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