



**Letter from Your President ~
Bonnie M. Carroll, LCSW**

Greetings NCAMHP members,

I hope you are all doing well and feeling ready to embrace the coming Fall season. With the coming Fall, we are preparing for the transition from the DSM-IV/ ICD-9 coding to the DSM 5/ ICD-10 coding (although many of you have already transitioned to the DSM-5). Remember that September 30th at 11:59pm is the transition point. So for the clients you see on Sept. 30th or before, use the ICD-9 codes. And for all the clients you see Oct. 1st and beyond, use the ICD-10 codes. If you don't know what any of this means, I recommend you do some research and/or talk to a colleague as soon as possible. :-)

I also want to remind you all that our next General Membership meeting will be November 5th from 5:30 to 8:30pm. All members present at the meeting will be asked to vote on the Board's proposal to increase the membership dues. We are proposing to increase the clinical membership dues by \$30 dollars a year, and the agency dues by \$55.00 a year. These increases will help NCAMHP keep up with the rising cost of doing business. The \$30.00 or \$55.00 fees will include a \$5.00 discount for payments made with cash or check. Feel free to contact our treasurer, Katherine Salinas, at 443-4348 or ksalinaslcsw@gmail.com, if you have any questions or concerns. Another pressing issue that we are facing is a desperate need for volunteers on the Board of Directors and three Committees:

- **The Education Committee** needs 2-3 new volunteers. Currently the Education Committee includes Carmela Wenger, Eric Duff, Katie Woerner, Vicki Ziskin, Kelsi Guerrero, and Cindy Siemens. The Education Committee meets from noon to 1:00pm on the first Friday of the month in McKinleyville. They determine what trainings NCAMHP will provide and how they will be

presented. When an NCAMHP training takes place, the Education Committee members are there to make sure that everything that needs to be done, gets done. If you are interested in joining this committee, please contact Eric Duff at erictd6017@gmail.com.

- **Our new Outreach Committee** would like to have another 5-6 members join them. The Outreach Committee, which was recently created, is an umbrella committee for fundraising, marketing, membership, and the Redbook. Ideally this committee would have 7-9 active members who can meet every month or two. There are now 3 members in this Committee: Tom Johnson, Paula Nedelcoff and Melissa Ward. It would be good to recruit at least 5 more NCAMHP members to join them. If you are interested in joining this committee, please contact Tom Johnson at TomJohnsonLMFT@gmail.com.
- **The Website Committee** doesn't have any members at this time. Scott Sherman and Caitlin Scofield were the last two members. However, they both left the area last summer, so are unable to continue their service on the committee at this time. If you are interested in joining this committee, please contact Bonnie Carroll at bonnyrose@arcatanet.com.
- **The Board of Directors** would like to have another 2 or 3 members join them. The Board of Directors includes Loren Farber, Katherine Salinas, Sarah Haag, Peter Moore, Tom Johnson, Melissa Ward, Paula Nedelcoff, and Bonnie Carroll. If you are interested in joining the Board, please contact Bonnie Carroll at bonnyrose@arcatanet.com. Diane Warde recently resigned her position on the Board of Directors and the Newsletter Committee for personal reasons. Diane has spent the last four years volunteering many hours every month. We all appreciate her hard work and contributions. She will be missed as a volunteer, but she will still be part of our little therapy community.

Remember that joining one of our Committees will provide you with an opportunity to regularly connect with other therapists and influence the types of benefits that NCAMHP provides. I think these opportunities to work with other therapists are important for those of us in private practice whose professional interactions are often limited to the clients we see.

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



News From NCAMHP Committees

FROM THE OUTREACH COMMITTEE

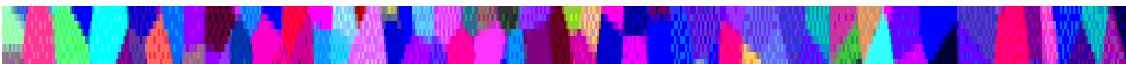
Dear Members:

As you know the NCAMHP Board of Directors is responsible for both providing member services and doing so in a fiscally sound way. NCAMHP programs include CEU-eligible trainings, the General Membership Meetings, producing and mailing the “Red Book” and maintaining the online directory of our clinical members. The Red Book and online directory continue to be one of the most effective tools for marketing our services to the community. Trainings and the General Membership Meetings offer opportunities for continuing education and collegiality. However, the costs associated with producing these activities continue to rise.

For the last three years, NCAMHP’s income has been less than its expenses, causing our organization to operate in a deficit. Over the last several months, the Board has been reviewing our services, expenditures and sources of income. While the Board has been able to trim some expenses, it is clear that in order to balance our budget, revenues have to increase. It has been several years since our membership dues have increased, while expenses have continued upward.

Therefore, the Board is proposing to increase the clinical membership dues by \$30/year, and agency dues by \$55/year. A \$5 discount will be applied to payments made with cash or check. We believe that NCAMHP membership is a sound investment and we hope you continue to support our organization. The fee increase is pending approval by the General Membership. We will ask the members to vote on this fee increase at the General Meeting on November 5, 2015. So please attend in order for your voice to be heard.

Tom Johnson
Outreach Committee



The Re-Invigoration of a Practice by Victoria Ziskin LMFT

After many years of practicing in traditional modalities that have served me well for many years, I found myself wanting new challenges and additional tools for my work in private practice. Like most of you, I hoped to discover something new in all those workshops we take to fulfill our CEU’s. With a background in both Art and

Psychology as an undergraduate, and a graduate degree in Psychology I have experienced personally and professionally the relationships between creativity and psychological development. Over the years of becoming a therapist my art fell by the wayside. As often happens, the challenge of facing a life threatening illness woke me up to the fact that I needed a deeper connection to my neglected artistic senses. Fortunately my illness was resolved and art returned to my life in ways I had never imagined.

Those CEU's that are required of us in each licensing cycle actually provided me with the opportunity to question the value of the choices I was making with time, money and energy. I wondered if was I just completing a requirement or was there something else that might make a difference in the work I was doing and the service I was providing to the clients that come into my office. In the pursuit of meaningful CEU's and the compelling desire to really integrate art into my practice, I began researching art therapy coursework. Being in my 50's, the idea of another 3000 hours and 2 years of education looked pretty unrealistic. Then, to my delight, I found just what I was looking for. The Expressive Arts Therapy Institute had a yearlong program in the Bay Area that met once a month for a weekend intensive.

After consultation with my family and what this might mean to them, I enrolled in this course. Getting away and immersing in the expressive arts challenged me in ways that were enlightening, surprising and invigorating. My time and art projects between monthly sessions took me to places I had only imagined. The end result was not only certification as a Certified Expressive Arts Practitioner (CEAP) but a new emphasis in my work with others. Using collage, I experienced the birth of healing imagery as a creative tool that can be integrated into our work both in individual and family therapy sessions. Artistic expression also works well in small groups and I have begun to offer Saturday workshops a few times a year.

There exists an abundance of research on the benefits of creativity in healing and I am including some of this material as reference for those of you interested in reading further. Additionally, I will be presenting an experiential workshop at the November General meeting. Admittedly, one hour is not much time to dive deep and discover your own healing imagery. Nonetheless, it is a way to begin to test the waters of growth through creative expression. I will take you on an abbreviated journey down this path and demonstrate what can be accomplished even in a very short session. I do hope you will join in.

Suggested Readings:

Stoking the Creative Fires – 9 Ways to Rekindle Passion and Imagination by Phil Cousineau

The Artist's Way by Julia Cameron

Art Heals and Trust the Process by Shaun McNiff

Illuminations, the Healing Image by Madeline McMurray

Why A Love Of The Arts Will Help Your Brain Age Better Huffington post July 17, 2015

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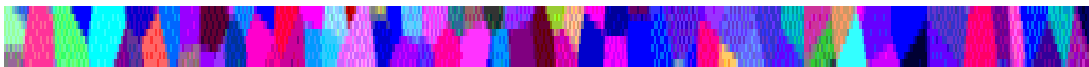
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For more information about my process or upcoming workshops please refer to my website: <http://www.victoriaziskin.com>





Helping Providers Support Families With LGBT Children-- Highlights From A Recent Workshop

In June, Dr. Caitlin Ryan, Director of the Family Acceptance Project from SF State University, presented a dynamic, evidence based and very educational workshop for providers on working with families to support their LGBT children. The following information is from this workshop and the downloadable for no cost, very usable, publications on Dr. Ryan's website: <http://familyproject.sfsu.edu>, "A Practitioner's Resource Guide: Helping Families to Support Their LGBT Children" published by the Substance Abuse and Mental Health Services Administration (SAMHSA) and a booklet aimed at families "Supportive Families, Healthy Children--Helping Families with Lesbian, Gay, Bisexual & Transgender Children. Printed versions of these resources can also be ordered at the website. The website also has informative "trailers" of the videos that were shown at the workshop.

Dr. Ryan shared the Family Acceptance Project (FAP) research, which forms the basis of her suggestions for working with families who have LGBT children. This included that the average age that young people realize they are gay is a little over age 13 with many of them knowing at even younger ages, even as young as 7 years old. Some of them told their parents or other family members. Young people having

more and more access to information, including on the Internet, about LGBT issues, which has helped them, come out at much younger ages than previous generations of LGBT adults. PR actioners are finding they are more and more often working with families who are struggling with having an LGBT child.

However FAP research found that family response to their LGBT children are much more varied than the previous assumption that it is always negative, from highly rejecting to highly accepting as well as with ambivalence. FAP has found that access to accurate information is a crucial element in supporting caregivers to support their LGBT children. This research showed that caregivers want to help their LGBT children and to keep their families together but they often do not know how to do so. FAP research found that even families who had forced an LGBT child to leave home, after a year wanted to have contact again with that child. Even families who employ rejecting behaviors such as trying to suppress or change their child's sexual orientation are actually driven by care and concern for their LGBT child and are trying to help their child have a "good life", "fit in" and be accepted by others.

FAP uses a strength-based perspective and meets families where they are in terms of their hopes and viewpoints, including cultural and religious views, about LGBT issues. The publications encourage practitioners to support families to tell their story and be heard and understood with a nonjudgmental attitude, acknowledging the caregivers' care and apprehension about their child's well being. Providers are shown ways to link this care and concern for a child to FAP research findings that show the link between family response to an LGBT child with health, mental health and well-being outcomes, affirming the importance of family support for the outcomes for a child. FAP has found that educating caregivers can be an important catalyst for change.

The booklet aimed at families has clear and dramatic graphic presentations of FAP research that shows that highly rejecting families contribute to dramatically more risk of suicide, illegal drug use and HIV infection when compared to moderately and low rejecting families. This booklet includes a list of behaviors to avoid with an LGBT child including hitting, slapping, name-calling or verbal harassment because of the child's LGBT identity, excluding LGBT children from family and family activities, blocking access to LGBT friends, events and resources, blaming the child when they are discriminated against because of their LGBT identity, pressuring a child to be more or less feminine or masculine, telling the child you are ashamed of them for how they look or act or that God will punish them for being LGBT, and making a child keep their LGBT identity a secret in the family. FAP has found that practitioners can support families, even as they struggle with their unaccepting or ambivalent feelings and behaviors, to be able support their LGBT child in order to protect them from harm. Even caregivers who believe that LGBT identity is wrong can still support their child by modifying or changing rejecting behaviors in order to reduce their child's risk and without accepting an identity they think is wrong.

The family booklet also points out behaviors that reduce an LGBT Child's risk for health and mental health problems. These behaviors include: expressing affection when a child tells a caregiver or when a caregiver learns a child is LGBT, talking to the child about their LGBT identity, supporting a child's LGBT identity even when a caregiver feels uncomfortable, requiring other family members to respect an LGBT child, bringing a child to LGBT organizations or events, advocating for an LGBT child when they are mistreated because of their identity, including talking to clergy and faith community, welcoming a child's LGBT friends and partners into the home, and believing that a child can have a happy future as an LGBT adult.

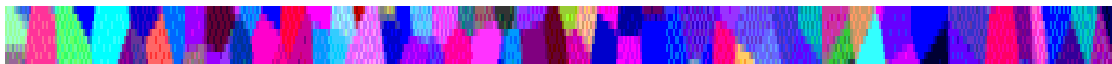
The workshop included viewing very inspiring videos about a Latino family and a very religious Mormon family, and their journey to acceptance of their LGBT child. Trailers for the videos are available at the website. FAP has the family materials in Spanish and Chinese that present the same information in culturally aware text. It is possible that Dr. Ryan will be brought back to Humboldt County for another presentation or workshop in the future. Until then, the very useful Family Acceptance Project materials are available to you online.



Trainings

A "stimulating" NCAMHP sponsored workshop coming soon is "Understanding the Dynamics of Pornography and Its Impact on Relationships." The presenters are our wonderful local NCAMHP members Carmela Wenger, MFT, Gail Narum, MFT, and Stuart Altschuler, MFT. This workshop will be at the Humboldt Area Foundation 363 Indianola Rd, Bayside, on Saturday, September 26, 2015 from 9am to 2:30pm. Presentations by these colleagues will be followed by case studies. There will be time for audience input during the workshop.

Later this fall, "Introduction to Healing Imagery Collage: An Experiential Workshop" will be part of the NCAMHP Fall General Meeting, Thursday November 5th from 5:30pm to 8pm at Humboldt Area Foundation 363 Indianola Rd, Bayside. The presenter will be NCAMHP member and local artist Victoria Ziskin, MFT, CEAP. This workshop is designed to introduce participants to a creative medium for exploring self, healing pain, and invigorating life through the process of collaging.



Announcements

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

NCAMHP has a Listserv. It is intended for communication with the NCAMHP general membership. To be added to the Listserv, please email Sarah Haag, PhD at sarahcatherineh@gmail.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>

HSU Referral List

HSU Counseling and Psychological Services is in the process of gathering information about local professionals for our community referral list. Referrals for students who can afford services have not typically been difficult; however students who have financial limitations and need services are a much different story. As you complete the enclosed Referral Information Form (see below), if you are willing to offer services to a limited number of students for \$35.00/hour or less, please note this in the student discount section.

We often talk to students looking for specific types of group counseling, so information about groups you offer (including schedules) would be very helpful. Please keep us advised about any changes in your services, individual and groups. If you are supervising interns, feel free to copy the form for them to complete and return as well. In order for us to make use of the referral information, please fill out the form and return it by mail or fax it to us at 826-5735 by **Friday, September 20th**.

Through out the years, the information you have provided us has certainly made a difference in student lives and experiences here in Humboldt County. Thank you for all of your assistance.

Contact: Diane Hunt, Office Manager, Counseling and Psychological Services, Humboldt State University, 707-826-3236

The form "Counseling and Psychological Services, Humboldt State University Request for Referral Information" is inserted in this newsletter for your convenience on the next 2 pages.

**Counseling and Psychological Services, Humboldt State University
REQUEST FOR REFERRAL INFORMATION**

Please fill out all of this form & include any additional information at the end.
You can return this in the return by mail, by fax (826-5735), or you can email it to:

dlh7004@humboldt.edu

Thank you.

1. Therapist Information: (List all locations at which you provide counseling)

Name:	Degree(s):	License:
Office Address:		
Mailing Address (if different):		
Email Address:	Phone:	Fax:

1. If you supervise interns, please list:

Name:	Degree(s):
Name:	Degree(s):

1. If you are supervised, please supply:

Supervisor's Name:	License #:
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1. Place a check next to any of the following issues for which you provide treatment:

Domestic Violence	Eating Disorders	Self-Injury	Personality Disorders
Substance Abuse	Mandatory Counseling	Sexual Abuse	Psychotic Disorders

1. What are your specialty areas:

1. If you perform psychological testing, please list areas of expertise: (intelligence, LD, AD/HD, etc.)

1. **Fee Information:** (for each location as applicable) * *This information is essential to the referral process**

Set Fee:	\$	or, Sliding Scale from:	\$	to:	\$
<i>Are you willing to offer an HSU student discount that is different from the above?</i>					
No	Yes	If yes, what is the student discount?			

1. **Insurance Information:**

Insurance?	Yes	No	MediCal?	Yes	No
Please specify programs/plans for which you have been approved as a provider:					

1. **Group Information:** Keep us updated on your group offerings and schedules. As a service to you, we will post them on our web site: www.humboldt.edu/~hsucaps.

1. **Referral Information:** Typically individual treatment at HSU C&PS is limited to 3-8 sessions per academic year. Due to the brief nature of our services, we provide many referrals. It is our practice to provide the student with contact information for several providers. *How likely are you to accept self-referrals rather than direct provider referrals for a student client?*

Very likely (no question about self-referral)	Likely (will take self-referral for most issues)
Not likely (only take referrals from other providers)	

If you have a flyer or brochure about your services, please include in the reply envelope.

You may return this form by *mail, fax or email*.

The Staff of HSU Counseling & Psychological Services

Voice: 826-3236, Fax: 826-5735, Email: dlh7004@humboldt.edu

Include any Additional Information here:



Internet Resources

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

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

A resource for information on acting on Blue Cross claim problems, countering negative online reviews and 12 practice management/billing programs for therapy practices; with links to their websites at:

<http://cpapsych.org/displaycommon.cfm?an=18&subarticlenbr=47>

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

<http://aparacticecentral.org/update>

Useful Phone Apps

The NCAMHP newsletter committee began discussing mental health related phone Apps they found useful. If you've found any mental health related Apps that you've found useful, please let us know with an email at: wardediane@yahoo.com. Here are a few Apps that NCAMHP members might be interested in.

Suicide Prevention

"MY3 - Support Network" is an interesting, free suicide prevention app developed in partnership between the California Mental Health Services Authority and the Link2Health Solutions, funded by the voter approved Mental Health Services Act (MHSA). The following information is from the description on the website:

<http://www.my3app.org>. It is available for both iPhones and Androids. This app guides the user step by step to support people to stay connected to their support network when they are in a time of crisis. It stores contact information for immediate dialing of each person's individual support system, those who know and care about them and who want to help when they are in crisis. It also has a place for each person's individual "safety plan toolbox" including coping strategies and

people or places that can provide distraction or comfort. The app also has a section for “my warning signs”, “my coping strategies,” “my distractions,” “keeping myself safe” and “my reason to live.” It might be useful to work with a client to fill out these sections. The user can also individualized community resources and there are buttons for calling 911 and the National Suicide Hotline where a crisis prevention specialist is available 24/7. “Operation Reach Out” is another suicide prevention app developed by the military but useful for anyone. It is available free for both iPhones and Androids. The following information comes from the description found at the website: <http://militaryfamily.com/downloads/apps/military-suicide-prevention-operation-reach-out/>. The website warns that due to the many video segments it may take extra time to download and it must be downloaded while connected by Wi-Fi. The app helps people who are having suicidal thoughts to reassess their thinking and to get help. It is designed to encourage people to reach out for help when they are having suicidal thoughts as well as help anyone who is concerned about someone they know who may be suicidal. It provides both prompts for the user to enter customized phone numbers of thoughts to reassess their thinking and to get help. It is designed to encourage people to reach out for help when they are having suicidal thoughts as well as help anyone who is concerned about someone they know who may be suicidal. It provides both prompts for the user to enter customized phone numbers of people in their life who can respond to them in a crisis as well as pre-loaded suicide prevention hotlines. It has activities to help people who are depressed connect to others. It also includes video vignettes that explain facts including: “your problems can be treated; there are other solutions; suicidal crises are almost always temporary; your problems are rarely as great as they appear.” Additional video vignettes support people who want to prevent suicide including encouraging them to: not “be afraid to ask tough questions; find out if the person is drunk or has taken drugs; remove any potentially harmful objects; make sure the suicidal person understands that help is available.” These are just two of the apps available if a search for “suicide prevention” is made using a smart phone app.

Mindfulness Meditation

In searching the internet for new apps useful to mental health practitioners, I found many. A useful site describing their favorite 3 apps used for mindfulness meditation can be found at: www.mindful.org/mindful-magazine/mindfulness-apps. The apps can be accessed using Android or Apple devices.

iChill

iChill, a free App, teaches basic information about how stress affects the mind and body and some self-help skills for decreasing stress, depression and anxiety. The skills are: “tracking” by noticing what is happening in a person’s body; “building resources” by intensifying anything that can help a person feel better; “grounding” by bringing attention to the person’s body in the present moment by noticing contact with a hard surface; “shift and stay” by shifting a person’s attention from something unpleasant to a neutral or pleasant place in the body. The information is

provided in writing as well as on a sound system, which can be turned off if the user prefers. It is narrated and adapted by Elaine Miller-Karas, LCSW, the executive director of the Trauma Resource Institute.

According to their website, www.traumaresourceinstitute.com, The Trauma Resiliency Model is a mind-body approach that focuses on the biological basis of trauma and the ways the body responds when faced with perceived threats to self and others. It also supports resiliency and skills that restore balance to the body and the mind after traumatic experiences. The App states the Trauma Resiliency Model has been inspired by Eugene Gendin's Focusing, Jean Ayres' Sensory Integration Theory and Peter Levine's Somatic Experiencing. The Trauma Resource Institute states that iChill has been helpful to children, teens and adults, including U.S. troops, veterans and their families. It appears to be an interesting resource and format for presenting some useful and accessible resiliency skills.

Binaural Beats

It's an exciting time to be alive, for sure. As advances in the art and science of understanding the relationship between the mind, the brain and the body continue to reveal things we could only here-to-fore dare to speculate—i.e neural imaging that proves the marvel of neural plasticity across the life span, the power of mirror neurons, and the effects of meditation and therapy on the restructuring of neural networks—so are the development of new technologies designed to enhance these processes. While the idea of manipulating brainwaves via the use of binaural beats has been around for over a century, only in the late twentieth century did the alternative medicine community begin to popularize their use to help induce desired mental states such as relaxation, meditation, creativity, energy, focus and learning, etc.

The sensation of binaural beats occurs when two coherent sounds of nearly similar frequencies are presented one to each ear with high quality stereo headphones or speakers. The brain integrates the two signals, producing a sensation of a third sound called the “binaural beat.” Various frequencies produce different binaural beats that are associated with the production of specific brain wave patterns—i.e. Delta waves (1-3 HZ) associated with deep sleep, Theta waves (4-7 Hz) with deep relaxation and increased learning, Alpha waves (8-13 Hz) with alert relaxation and Beta waves (13-26 HZ) with alert concentration and problem-solving. Marketed now as “Binaural Entertainment”, one can simply download binaural beat programs from the internet and/or purchase the various binaural beat cell phone apps designed to help facilitate sleep, meditation, creativity, learning and motivation. A word of caution, people prone to seizures or epilepsy should consult their doctor before using these products.

References: www.Monroeinstitute.org



Advertisements

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

Three therapists in Arcata looking for a fourth

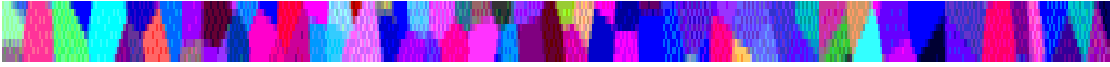
We want to rent a very nice building together. Contact Doug Hrabko if you are interested. dhrabko@aol.com 822-4645

Free Introductory Lecture on Re-Evaluation Counseling (RC)

Emily Siegel LCSW is offering a free introductory lecture on Thursday, October 8 2014, 6:30 pm- 8:00 pm in Eureka, followed by a 12 week class in Re-evaluation Counseling, also known as Co-Counseling or RC. Emily has been teaching and using RC for 30 years. This is a class for people who are able to listen to others because the basic technique is listening. We all think better if we someone listens to us supportively. Listening goes best if we take turns. RC might be particularly useful as a way for mental health interns to get extra support for the challenges of becoming a mental health professional. It is not a consultation group but a place for everyone to get support to improve their thinking, to work toward goals they want to accomplish, and who think they could be more powerful and take better charge of things. RC is a powerful tool for improving your thinking and understanding of your world.

RC theory is based in the thinking that feelings of distress sometimes interfere when we try to think or act. Old grief, frustrations, feelings of helplessness or old recordings of hurtful things that people said or did to us sometimes fill our minds as we try to think, talk, or act. Distress feelings can be made to go away if the listener is thoughtful, attentive, and kind to us. It may be necessary for us to cry, to laugh away embarrassment, to yawn our way through something tense or confusing. This is natural. This is part of the way we get rid of these old, useless hurts and distress feelings. Afterwards our thinking is clear. We are less confused, afraid or embarrassed. We are more relaxed, happy and confident. There will definitely be a lot of healing laughter throughout the class.

The class will be Thursdays October 15 to January 28, 6:30-8 pm \$84-\$180 sliding scale for the 12 week class in Eureka. --We will meet weekly as a group except for some weeks that fall on holidays. Class members will also have a once a week, two-way session with different class participants. Contact Emily Siegel LCSW 707-845-2401 for more information.



Job Announcements:

Humboldt IPA Job Description – Behavioral Health Provider

Purpose:

As the administrator of several HMO and PPO health plans in Humboldt County, the IPA strives to improve the health and wellbeing of the members enrolled in these plans, by offering integrated behavioral health services within the Priority Care and Population Health programs. This position will work as a member of the health care team, providing direct patient services as well as being a resource to the staff.

Responsibilities:

- Provide ongoing consultation for staff in appropriate behavioral health techniques.
- Provide behavioral health services in low-intensity/brief treatment, problem-solving therapy, cognitive behavioral therapy and behavioral activation in a culturally, linguistically and age appropriate manner.
- Develop, implement, and evaluate plans for the provision of behavioral health and support services jointly with the patient, care manager, Medical Provider(s), and other staff members as appropriate.
- Establish and maintain a current listing of community linkages to meet the needs of the target population. Develop and maintain collaborative working relationships with community providers of adult services. Initiate linkages, disseminate information and make referrals to the appropriate services.
- Document findings in patient's electronic health record.
- Participate in multidisciplinary case conferences with Medical Providers.
- Participate with other staff in multidisciplinary staff meetings, retreats and other staff processes regarding program development, staff development, program evaluation, program operations review, and other activities needed to maintain quality.
- Maintain confidentiality regarding privileged administrative and client information.
- Other duties as assigned.

Qualifications:

- Knowledge of health information related to adults and older adults, adolescents and/or children.
- Expertise's in the area of chronic pain and substance abuse preferred.

- Work as a team member with fellow co-workers, primary care and agency staff.
- Maintain networking relationship with community service providers.
- Have a valid California Driver's License, auto insurance, and accept travel assignments on the job as directed by the program.
- Ability to chart using Electronic Health Records, required.
- Ability to complete work and articulate provider concerns in a timely and concise manner.

Education and Experience:

- Master's Degree in Counseling or Social Work required.
- Licensed Clinical Social Worker (LCSW), Licensed Psychologist or Licensed Marriage and Family Therapist (LMFT), in good standing with their respective California Mental Health Board.
- Minimum experience of 3 years in Humboldt County.
- Position requires moderate physical activity such as sitting, traveling, walking, driving, bending, lifting, and computer usage.
- Position requires ability to work independently, organize tasks, problem solve, make decisions, and handle multiple priorities.
- Position requires significant interpersonal skills with co-workers and with client families in varied settings, including office, client homes, and in the community.

Additional information:

Independent Contracted position; 8 - 16 hours per week
Compensation negotiable

For more information contact Rosemary Den Ouden at 707-443-4563 ext. 39 or at rdenouden@humboldtpta.com

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 Winter submissions is December 15, 2014. Send your ideas to the newsletter committee: newsletter@ncamhp.org,

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: newsletter@ncamhp.org



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