



## Newsletter Spring 2015



### **Letter from Your President ~**

**Bonnie M. Carroll, LCSW**

### **Greetings NCAMHP members,**

I hope you are all doing well and feeling ready to welcome the approaching Spring season.

The Board has been preparing for another Redbook printing. However, a couple members alerted us to the fact that some of the “Funding Accepted” options on the website were outdated, so we went through the options, deleting some and adding others, and now we feel good about the list we have. We are planning to get together again on March 25 to proofread the pages for the Redbook, so make sure all your information is up to date (especially your funding accepted options) by March 23<sup>rd</sup>. And if you are interested in helping us prepare for the next Redbook printing, please send me an email and I’ll make sure you’re included in all the relevant communication.

At our last Board of Directors meeting, the Board voted to add Paypal to our website for membership renewal and training payments. So keep an eye out for that new option! And for those of you who prefer to just send in a check, don’t worry, you are still welcome to pay your fees that traditional way as well.

Another issue that the Board identified is that two of our NCAMHP committees are in desperate need of new volunteers:

The Education Committee needs about 4-5 new members. This Committee has lost Jennifer Finamore, Loren Farber, and Scott Sherman, which leaves only Carmela Wenger, Eric Duff, Katie Warner and Vicki Ziskin at the helm. Jennifer, Loren and Scott were involved in every aspect of the Committee’s work, and they are leaving a huge gap that needs to be filled. Members of the Education Committee meet

monthly to determine what trainings NCAMHP provides and how they will be presented. When a scheduled training takes place, the Education Committee members are usually there to make sure that everything that needs to be done, gets done.

Our new Outreach Committee would like to have another 4-5 members join them as well. 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 4 members in this Committee: Caitlin Scofield, Tom Johnson, Paula Nedelcoff and Melissa Ward. It would be good to recruit at least 4 more NCAMHP members to join them.

Remember that joining one of our Committees will provide you with an opportunity to hang out 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.

Feel free to email me personally if you are interested in joining the Board or one of our Committees: my email is: [bonnyrose@arcatanet.com](mailto:bonnyrose@arcatanet.com)

Bonnie M. Carroll, LCSW  
NCAMHP Board President ,  
[bonnyrose@arcatanet.com](mailto:bonnyrose@arcatanet.com)



## **News From NCAMHP Committees**

The Education Committee has scheduled trainings for 2015. Connie Basch, MD will present a 3 CEU/3 hour training on Saturday, April 25<sup>th</sup>, 2015. The Education Committee plans to send out a survey regarding possible future trainings. The committee would appreciate member participation in the survey, in order to assist in selecting training options suitable for the training needs and preferences of NCAMHP members.

The Website Committee, Education Committee Outreach 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.

Judy Judge has been working on the project to find a new accreditation agency. This was a time-consuming detailed process. We are thankful that due to their efforts, NCAMHP can continue to provide member continuing education, with proper CEU accreditation.



### **Canine Companions: Service, Therapy, and ESA**

Written by: Patti D. Thomas, LCSW  
Peaceful Sea Counseling

#### Introduction

In recent years there has been much confusion concerning the rights of individuals to be accompanied by their animals in apartments, airplanes, and restaurants. Topics of debate include the difference between a therapy animal and a service animal; whether any dog wearing a vest must be allowed in a store; and whether a companion animal is synonymous with a “therapeutic pet.”

This article will attempt to explain the differences among three categories of companion animals: service, therapy, and emotional support. References at the end of the article will provide more details about each category. Except where noted this article will focus on dogs, as they continue to be the most common species used in support and service work.

#### Service Animals

When we think of service animals, generally what comes to mind is a German Shepherd, or in more recent years, a Labrador Retriever wearing a harness and acting as a guide dog for a blind person.

Since March 2011, the ADA has recognized dogs and miniature horses that are “individually trained to do work or perform tasks for a person with a disability.” The dog may accompany the person in all areas where members of the public may go. In a hospital setting, this would include patient rooms, cafeterias, or exam rooms but would exclude operating rooms or burn units, due to possible compromise of a sterile environment.

Service animals must be harnessed, leashed, or tethered unless the device interferes with the animal's work or the person's disability prevents using these devices, in which case the individual must have control of the animal through voice, signal, or other effective controls.

These animals perform such tasks as pulling wheelchairs, alerting a person who is having a seizure, or alerting a person who is deaf.

When it is not apparent what service the animal provides, employees of a business may ask only two questions: *(1) Is the dog a service animal required due to a disability?* and *(2) What task has the dog been trained to perform?* Staff cannot: ask the nature of the person's disability; request medical documentation; require a special identification card or training documentation; or ask that the dog demonstrate its ability to perform the task.

As a service animal is not a pet, "no pets" policies are not applicable. Service dogs are generally calm, attentive to their owners and well behaved. However, should one be disruptive or pose a threat to others, the owner can be asked to leave. They are allowed on airplanes but should not block exit rows.

### Therapy Animals

Organizations such as Pet Partners and Therapy Dogs Inc. provide opportunities for certified therapy animals to provide affection and comfort to members of the public, usually in facilities such as hospitals, retirement homes, and schools. These animals have no special rights of access, except in those facilities where they have been invited. They may not enter businesses with "no pets" policies.

Therapy animals may be any species: dogs, cats, birds, rabbits, rats, horses and any others that can bring a smile to people temporarily or permanently residing in a confined living situation. While it is not required, most facilities only allow animals that have passed a certification process.

In addition to being certified, the animal must be up to date on vaccinations and licenses, be clean and groomed, and have trimmed nails. During the evaluation, emphasis is placed on the animal's temperament and obedience. Crowded waiting rooms, smells, and wheelchairs can be challenging; not all dogs pass the certification process. Some evaluations result in an encouraging "try again" comment and a referral for additional training.

Anyone who has experienced an extended stay in a hospital or visited a family member in a nursing home knows what a day brightener a friendly dog can be. However, remember that even if your dog is certified you must receive pre-approval before you can enter a facility for a visit.

## Emotional Support Animal (ESA)

An emotional support animal - also known as a comfort animal - is an animal that provides therapeutic support to a person living with a mental illness. To be designated as an ESA, the pet must be prescribed by a licensed mental health professional for a person with a mental illness.

The prescription should state that the individual has an impairment that *substantially limits one or more major life activities*, and that *the presence of the animal is necessary for the individual's mental health*. The letter must not be more than a year old. In addition, it should be on the letterhead of the mental health professional who is currently seeing the patient.

Per the ADA, individuals with emotional support animals do not have the same rights to public access as individuals with a service dog. ESAs may only accompany their owners in public areas with the express permission of each individual venue and/or facility management.

ESAs may travel with their owner on an airplane. However, the airlines must be notified 48 hours in advance in order to allow ample time to obtain the documentation described above. It is also suggested that the patient carry a health certificate and vaccine records for the ESA. They should remember dogs are not permitted in exit rows.

ESAs may live with their owner in locations covered by the Fair Housing Amendments Act (FHAA) regardless of a 'no pets' policy. Although most frequently dogs, other species may be prescribed as emotional support animals.

## Abuse of Special Designations

There are numerous online sites that sell "therapy dog registration kits." They offer certificates, vests, and "documentation" to anyone who answers simple questions such as name of dog, breed, and age.

Clients should be advised there are criminal penalties for falsely claiming a pet as a service animal, ranging from a small fine to over \$1,000 and/or up to a year in jail. Although these sanctions are rarely imposed, it should be considered that abuses of these laws might adversely impact individuals with disabilities who legitimately depend on their animals for service tasks or psychiatric emotional support.

## Summary

Service Dogs - trained to perform specific tasks for a person with a physical/medical disability (example: a person with a seizure disorder).

Emotional Support Dogs - provide therapeutic support to a person with a mental health related disability. Must be prescribed by a licensed mental health professional (example: an individual with PTSD).

Therapy Dogs - trained to provide affection and comfort to people in hospitals, nursing homes, schools and other facilities (example: in a senior social group, encouraging participants to describe their first dog).

### References

[http://www.ada.gov/service\\_animals\\_2010.htm](http://www.ada.gov/service_animals_2010.htm)

[www.ada.gov/qasrv.htm](http://www.ada.gov/qasrv.htm)

<http://www.petpartners.org/>

[www.servicedogcentral.org](http://www.servicedogcentral.org)

Bio: Patti opened her practice at her current location in Arcata in 2004. Her American Bulldog, Sasha, was certified through Pet Partners and worked as a therapy dog with their clients for several years. Like Will Rogers, Sasha “never met a [person] she didn’t like.”



## **Contraindications of Psychotropic Use For Foster Youth**

**Written By: Emily Siegel, LCSW**

**The information for this article comes from the series “Drugging Our Kids”, San Jose Mercury News, 8/24/2014**

Recently there have been news stories California legislation possibilities addressing the issue of psychotropic medication and foster children. “Drugging Our Kids” is an excellent series available on the San Jose Mercury News website after a year long investigation on how the California foster care system, the largest in the U.S., has grown dependent on quick-fix, taxpayer-funded, big-profit pharmaceuticals. The 4 part series on their website includes video clips as part of the written articles and a remarkable 40 minute documentary in the 5<sup>th</sup> part. Local and very eloquent Transitional Age Youth worker, Rochelle Trochtenberg, is interviewed for both the written and video parts of the series. The written series starts at:

<http://webspecial.mercurynews.com/druggedkids/?page=pt1>

and the link for the documentary is at:

<http://webspecial.mercurynews.com/druggedkids/?page=pt5>

[The following information highlights some of the findings from this investigative series. Please do read the entire article and/or watch the documentary.](#)

The investigative team spent a year interviewing foster youth, caregivers, doctors, researchers and legal advocates. They found that nearly 1 out of every 4 adolescents in California's foster care system is receiving psychotropic medications, 3 ½ times the rate for all the adolescents nationwide. The article provides substantial evidence of many of the drugs dramatic side effects including rapid onset obesity, diabetes and lethargy so profound that foster kids describe dozing through school and much of their lives. The long-term effects on children have received little study but for some there is evidence of persistent tics, increased risk of suicide and even brain shrinkage.

The article discusses findings of growing use of anti-psychotics to treat behavior problems as an easy fix. Over the past 10 years, nearly 60 percent of foster children were placed on antipsychotics, the psychotropic medications with the highest risks. The Food and Drug Administration authorizes antipsychotics for children only in cases of severe mental illness, but the evidence found in this investigation suggests doctors have often prescribed them to California foster children for behavioral problems, a legal but controversial method of addressing behavior issues. Multiple medications are also common. 12.2 percent of California foster children who were given psychotropic medication in 2013 were prescribed 2-4 or more at a time, an increase of 10.1 percent from 2004.

In group homes for troubled foster children psychotropic medication is the norm with more than half of the foster children who live in California's residential group homes, and as much as 100 percent in some counties, are authorized by the juvenile courts to receive these medications. Health care professionals interviewed for this article report that these foster children are being medicated to sleep to keep them manageable. If the foster children refuse medications they are often punished losing basic privileges such as visiting siblings or simply going outdoors.

Even very young children are medicated. Hundreds of foster children age 5 and younger have been given psychotropic, although federal health officials say the drugs are not safe for the very young and other states actively discourage this practice.

The newspaper found California spends more on psychotropic medications for foster children than on any other kind of medication. The investigation looked at Medi-Cal spending on the 10 most costly groups of drugs for foster children over the last ten years and found California spend more than \$226 million on psychotropic drugs for foster children, 72% of the total amount spend on medications for foster children. The article also shows how drug manufactures misrepresented scientific evidence to enlarge the national market for the top 5 antipsychotic medications prescribed to California foster children. The investigation also found California has been slow to address this issue. Many states, including Illinois, Texas and New York,

have formal plans in place after the Federal government called for states to develop plans to monitor the use of psychotropics prescribed to foster youth. But California, with more than 60, 000 foster children, has a target date of 2016 for its policy.

The article describes how traumatized foster children are often angry and have difficult behaviors, which psychotropic medications can stabilize. But once the immediate crisis is over, foster children often remain on high-dose medications that future doctors are reluctant to change. If the medications stop working, the diagnosis is changed and then another medication is added. This can happen multiple times and children can end up on doses that may be many times higher than the amount recommended for a psychotic adult. Also, foster children often move so that the prescribing doctors often know little about them and their family histories.

The foster youth interviewed for this investigative series articulately describe the effects of this type of medication on their lives. Psychiatrist concerned about overprescribing acknowledge there are legitimate reasons for some children to take psychotropic medications but studies show that is no more than 1 to 2 percent of children, depending on the illness. Foster youth interviewed in these articles all reported that there was no need for medication once they got the emotional support they had needed all along. Often it was a key relationship with an adult that actually helped them calm down, change their behavior and feel better. "I cannot count the number of times I have seen children on multiple medications who are really suffering from a broken heart," said Menlo Park child psychiatrist David Arredondo, who has worked with foster youth for 30 years. "And the treatment for a broken heart is not another medication."



## **Trainings**

Pamela Harmell, Ph.D. provided the required Law and Ethics training on February 28<sup>th</sup>, 2015, at Humboldt Area Foundation. 6 CEU's were available.

By popular request Connie Basch, MD has been retained to present at the Spring Workshop on April 25<sup>th</sup>, 2015, location to be announced. She will provide a training on managing depression, ADHD and chronic pain; 3 CEU's available.



## Highlights from the Law and Ethics Workshop

The Law and Ethics workshop at the Humboldt Area Foundation was well attended. The room was packed and much socializing took place. The food and deserts provided were delicious. Pamela Harmell, Ph.D. kept our interest and laughter going with bumper music and hilarious video clips illustrating her points. She had a lot of good information, with a focus on applying it to common sense practice in protecting therapists from potential liability.



## Announcements

NCAMHP has a new 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](mailto: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](mailto:ncamhp@groups.electricembers.net)

To get started you may wish to access the introduction page at:

<http://groups.electricembers.net/lists/help/introduction>

You may have noticed some changes to the NCAMHP website. Recent changes include a much needed updating of insurance company listings used for therapist profiles. NCAMHP also has a new online library found on the NCAMHP website. It is a place to post papers and articles for easy access by members. If you are interested in placing a paper or article you have written in the library, please contact Caitlin Scofield by email at: [crs102@humboldt.edu](mailto:crs102@humboldt.edu). Other website changes expected soon will include a brochure mandated by California Dept. of Consumer Affairs for therapists to keep in their offices, titled: "Therapy Doesn't Include Sex." Also by popular demand, payment options for membership dues and trainings will soon include a Pay-Pal choice. Many thanks to the Website Committee and Webmaster, Justin Loch for all their hard work making these changes to the website.

## 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>



## Community Resources

### Area 1 Agency on Aging Public Hearings

The Area 1 Agency on Aging (A1AA) invites all members of the Humboldt County/Del Norte County senior communities and their supporters, to join us for a conversation about the needs of and services for seniors and their caregivers. A1AA staff will discuss the planned activities for July 2015 through June 2016, but more importantly; this is also a time for staff of A1AA to listen to you. There will be two sessions:

March 18, 2015 starting at 12:30 p.m. at the McKinleyville Senior Center, Azalea Hall, 1620 Pickett Road, McKinleyville

March 19, 2015 starting at 12:30 p.m. at the Del Norte Senior Center, 1765 Northcrest Drive, Crescent City

Join A1AA staff at one of these important sessions to share your thoughts, comments and experiences of living in this community. If you are unable to attend you may submit written comments received by April 2, 2015. Comments may be mailed to: Attn: Maren Rose Area 1 Agency on Aging 434 7th Street Eureka, CA 95501. Comments may be E-mailed to [mrose@a1aa.org](mailto:mrose@a1aa.org) For more information, feel free to call Maren at 707-442-3763 Ext. 208

### **Redwood Coast Senior Village**

Since the early 2000s, Senior Villages have emerged as an innovative model to help people remain in their homes and to connect with their communities throughout later life. Villages have been defined as self-governing, grassroots, community-based organizations that coordinate access to a variety of supportive services to promote aging in place, social integration, health, and well-being. Join with others interested in the Senior Village concept in an exploration of important topics related to designing the right Redwood Coast Senior Village for our communities. Everyone is invited to attend this exciting event. All interests, skill sets, and preferences are welcome! We need *you* to help us make Redwood Coast Village a reality in our community. For more information call: 707-826-5880 \*\*All sessions are held from noon-1:30 p.m. at the Humboldt Bay Aquatic Center in Eureka.

April 1 - It Takes a Village: Ideas for Action, Part II-- Continuing the discussion from March regarding where a Village should focus its initial services and efforts. What types of services are priorities starting out?. What is still missing? What is next?

May 6 - It Takes a Village: Development Phase-- We have been doing a lot of exploratory activities. Are we ready to move into the development phase? A review of what it takes to develop a Village after the exploratory phase.

### **Gambling Anonymous Support Group**

This group is being offered every Tuesday at 6:30 pm at the Church of the Joyful Healer on Central Avenue in McKinleyville.



### **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 Summer submissions is May 15, 2015. Send your ideas to the newsletter committee via, Diane Warde, LCSW at [wardediane@yahoo.com](mailto:wardediane@yahoo.com). Ideas for topics for articles can also be posted on the

Listserv. Other papers and articles can be posted for easy access on the NCAMHP online library. We appreciate your ideas and participation. Members may advertise and post announcements for office rentals free of charge.



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