



Newsletter Summer 2015

Letter from Your President ~ Bonnie M. Carroll, LCSW

Greetings NCAMHP members,

I hope you are all doing well and feeling ready to embrace this Summer season.

I am happy to report that, after a number of delays, the Redbook is finally at the printers and should be arriving in your mailbox around mid June.

As I mentioned in the last newsletter, NCAMHP is making arrangements to receive payments for membership renewal and training registration using Paypal on our website. However, due to the additional expense incurred by this, NCAMHP will need to increase our training fees by \$5.00. The good news is that NCAMHP will also apply \$5.00 discount for payments made with cash or check.

In addition, the Board would like your support in our proposal to increase the clinical membership dues by \$30 dollars and the agency dues by \$55.00. These increases will help us keep up with the rising cost of doing business. The \$30.00 or \$55.00 fee will include a \$5.00 discount for payments made with cash or check. According to our bylaws, NCAMHP members must approve any membership fee increases. Therefore, we plan to have the membership vote on the proposal at the next General Membership meeting on November 5, 2015. 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 NCAMHP is facing is our desperate need for volunteers on the Board and at least two Committees:

The Education Committee needs about 4-5 new members. This Committee recently lost Jennifer Finamore, Loren Farber, and Scott Sherman. Jennifer volunteered on the Committee for twelve years, holding a leadership position there for the last five. Loren volunteered on the Committee for the last five years and maintained the

position of Board liaison that whole time. Scott was a valued volunteer on the Committee for about the last two years. Their years of service have been a great asset to our organization.

Their loss leaves the Education Committee with only Carmela Wenger, Eric Duff, Katie Woerner, Vicki Ziskin, and Fionna Davis. Members of the Education Committee meet from noon to 1:00pm on the first Friday of the month. They determine what trainings NCAMHP will provide and how they will be presented. When a scheduled training takes place, the Education Committee members are there to make sure that everything that needs to be done gets done. In particular this committee needs a volunteer who is interested in joining both the Board and the Education Committee and can act as the Board liaison to the Education Committee.

Our new Outreach Committee would like to have another 4-5 members 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.

The Board of Directors would like to have another 2 or 3 members join them. In particular we need a Board member who is also interested in joining the Education Committee so they can become the Board liaison to the Education Committee.

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 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

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



News From NCAMHP Committees

Recent openings on committees have necessitated new committee member Newsletter Committee are seeking new members. 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.

A recent member survey was completed by the Outreach Committee. Here are their results.

NCAMHP Survey Shows Interest in More Networking Opportunities **Written by: Tom Johnson, MFT**

The results of our recent NCAMHP Survey show that 62% of respondents would like more networking opportunities with colleagues. However, the overwhelmingly majority (75%) want to continue the CEU-eligible trainings at our General Membership Meetings rather than switching to organized “ice breakers.” Thirty members responded to the survey sent out earlier this year by the Outreach Committee. The committee was exploring membership interest in increasing their networking opportunities with fellow-practitioners. The survey focused on whether or not members prefer to include ice breaker networking opportunities at the General Membership Meeting, or to add a separate event, such as a pot luck or book club. In addition, the vast majority said they are either “somewhat” or “very satisfied” with NCAMHP’s trainings, General Membership Meetings and advertising of their practice. Sixty percent also said they were “somewhat” or “very satisfied” with the current networking opportunities available through the association. Here is a link to the survey data: <https://www.surveymonkey.com/results/SM-JRXMB3QD/>

Results included responses to these questions: Are you interested in more opportunities to network with colleagues through NCAMHP? 62% yes; 38% no. Would you be interested in any of the following types of NCAMHP events (please check all that apply): A members’ potluck and discussion on relevant topics to our professional concerns: 59% (13 respondents). A members’ book club: 50% (13 respondents). A regular members’ night out at a local restaurant/coffee house: 23% (11 respondents). An open house for local agencies and non-member mental health providers to meet and connect with NCAMHP members: 37% (6 respondents). A regular members’ day out hiking/walking: 27% (5 respondents). The Outreach Committee will be exploring the feasibility of organizing a pot luck or book club. If you have ideas, would like to assist, or are interested in joining the Outreach Committee, please email: TomJohnsonLMFT@gmail.com or Melissa Ward: mw227@humboldt.edu.



Updates

Recent changes in BBS policy have allowed CPA to cover accrediting CEU's for various licensure disciplines. In the past NCAMHP had to pay for two CEU accreditation agencies, in order to cover all of the licensure types encompassed by NCAMHP licensed members. This was a time-consuming, detailed process. Thanks to the research and efforts of Judy Judge, NCAMHP has secured a new contract with CPA, who are now able to provide accreditation of CEU's to the various disciplines of licensed NCAMHP members. This change will save NCAMHP money every year.

It is with sadness that we must report the passing of one of our beloved therapists, Kit Crosby-Williams. She will be missed by all who knew her. A former colleague of hers, briefly summarized her life, well lived: "She was an endless supporter of victims and survivors of domestic violence and child abuse. She volunteered many hours to local non-profit agencies like Humboldt Family Service Center and the Emma Center. She actively worked to end all forms of isms and lived her beliefs through her life acting fair, kind, and just." Here is the link to her obituary posted in the Trinity Journal.

http://www.trinityjournal.com/obituaries/article_8e8c3776-f90c-11e4-8ae0-af0cd67673dc.html?mode=jqm



Interview with Pasquale Romano, LCSW of MEND/WEND

The NCAMHP Newsletter Committee has connected with MEND/WEND to learn more about the different court ordered and other services they provide in Humboldt County. Pasquale Romano, LCSW answers our questions.

What does the name MEND/WEND mean?

It's an acronym for "Men and Women Experiencing Non-abusive Decisions." In short, our name sets a focus for our specialty. When I first started in Humboldt County in 1994, we used "Direction vs. Decision" in the title but changed to "Decisions" in the title to emphasize choice and the Cognitive Behavioral approach used. The business focused on male domestic violence offenders at that time. The legal state penal code term came to be Batters Intervention Program (BIP). To become a certified BIP provider, a set of minimal standards established by the state needs to be followed.

We started with treating court ordered male domestic violence offenders and expanded to female offenders, hence the name WEND. Approximately 90% of our clients for years were court ordered offenders, however now we are closer to 50%.

Our private clients tend to have Post Traumatic Stress Disorder or one of many maladaptive defenses formed from abuse or neglect. Volunteer male clients are another referral source. However, in general men and women who suffer in failing relationships, be it victim or offender, tend to be our referral base. The number of our court ordered referrals has dropped for several reasons: (1) We have expanded to non-court ordered services. (2) We have other court ordered providers in the community. (3) The courts give out fee waives like lollipops (my opinion of course), thus offenders remain untreated because providers can only accept so many pro-bono clients. (4) The courts often plead down Domestic Violence cases to Anger Management cases and then they can be referred elsewhere.

How would you describe MEND/WEND?

We are a private clinical practice committed to breaking the cycle of domestic violence. We conceptually act a little like a social service agency even though we are a private clinical outpatient practice. Many of our clients are people involved with the criminal justice and the child welfare systems. WE spend a fair amount of time outside the clinical hour interacting with service people advocating and educating in order to strengthen service delivery. We are committed to working with the courts, probation, district attorney, advocacy groups, graduate students, native tribes and volunteers as we maintain our clinical skills. WE have been open to research and participated in 5 studies to date regarding BIP clinical practice. We are on the Humboldt County Domestic Violence Coordinating Board and have been on the Humboldt County Child Abuse Coordinating Board. WE also sit on the Del Norte Domestic Violence Task Force.

At this time we have 3 clinicians, two of whom are trained and seasoned BIP facilitators and one bilingual, Spanish speaking MFTI who is being trained to be a BIP facilitator. He has a trauma-informed orientation view and will fit nicely into our practice as a result. We accept most insurances as well as VOC and Medi-Cal.

Elizabeth Kemper, ASW, has ben a therapist with us for 5 years and has a strong foundation working with survivors of domestic violence, so complements our team very well. She facilitates our Child Abuse Prevention Treatment Program, Pre-CAPT Program and our Women's and Men's BIP groups. She is an excellent facilitator, able to make connections with clients without minimizing or compromising the therapeutic relationship, but rather promotes it. She believes that family violence is traumatic to all family members and stems primarily from an intergenerational cycle of domestic violence. She seeks to provide trauma informed services to all of her clients and believes the cycle of violence is most effectively by helping the offender heal.

What are your domestic violence Programs?

We have a Batters Intervention Program, aka BIP, which is a state certified domestic violence treatment program for violent offenders. It is for men and women who have been found guilty by the courts of the crime of domestic violence and ordered to attend a BIP. At this time we have 3 clinicians, two of whom are trained and seasoned BIP facilitators and one bilingual, Spanish speaking MFTI who is being trained to be a BIP facilitator. He has a trauma-informed orientation view and will fit nicely into our practice as a result. We accept most insurances as well as VOC and Medi-Cal.

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What are your domestic violence Programs?

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To provide this service individual facilitators as well as programs need to be certified by the state via the county probation department. We are 1 or 4 certified programs in Humboldt County and 1 of 2 in Del Norte County. We also have a court ordered child abuse prevention program in both counties. We see child abuse under the broader category of domestic violence, meaning abuse in the home within intimate/family relationships.

Could you talk about the child abuse protection work you do?

We are also state certified to do child abuse prevention treatment for parents and caregivers who have been convicted of child abuse or referred by CWS. We call this program CAPTP (Child Abuse Prevention Treatment Program). This program seeks to expand client knowledge of child development, the effects of abuse and neglect, including witnessing violence and parents' addictions. Parents' addictions are viewed in this group as a form of child neglect. It provides parents with anger management and healthy parenting skills. We put emphasis on accountability and demonstrating empathy. We also have a Pre-CAPTP Program. Currently it is only

offered in Del Norte County at our Crescent City office because this program is specifically designed for the Del Norte County Department of Social Services. They wanted a program without as many participation requirements as the Penal Code CAPTP (primarily the 52 week minimum session mandate for attendance) and they did not want to include accountability and empathy development. So, basically, the Pre-CAPTP is psychoeducational in contrast to CAPTP, which is a treatment program.

How does your anger management program work?

We see court ordered and volunteer anger management clients individually since we rarely have enough referrals to maintain the group. This is partly due to the courts referring clients for anger management who are in actuality domestic violence offenders. When we discover this while doing the initial assessment we referred the client back to the court and recommend the BIP group. We believe it is a mistake to treat domestic violence offenders as anger management clients since doing so only feeds the notion that a little bit of treatment is better than none, which is the community a false sense of security. Domestic violence treatment includes anger management that goes beyond, including work on accountability and victim empathy. I'm sorry if I'm preaching, but it's difficult to talk about this without making some distinctions that I feel are important in this particular work. We have given our commitment to the community not to collude with the court system to treat "anger management" defendant's who are clearly domestic violence offenders. As a result we get fewer anger management referrals, and they may be going to fellow practitioners who may or may not catch the difference, but have the ability to take a stance as we do. What helps us filter out the domestic violence offenders is collection of collateral information, as well as never assuming domestic violence is not part of the equation when we get anger management clients. So we assessed for domestic violence even though the court order says "anger management". Like I said, it's tricky, but not at all impossible in keeping with good ethics.

How did you get started in this work?

That's a long story and I am old, so I will try to make it brief. As an undergraduate I took social work, psychology, anthropology, urban development and criminology classes mixed with field internships. I graduated and began to work for the department of social services in Patterson, New Jersey, an old dying urban blighted city. I placed adolescents in residential facilities for 2 ½ years, and then I snatched babies from homes for another 2 ½ years. This is when social workers did it without pleasing help if needed. I caught my Vietnam experience for a lot of reasons. I say that he could help create the intensity of the job in the times for my current grad students. Unfortunately, I don't think it is a lot different today. I have the utmost respect for social services workers experiences and for what they are trying to accomplish.

Following out of went graduate school at the University of Denver in Colorado. I graduated with an MSW, with an emphasis in integrated practice and group work. In all my experience up to that time, and after, I could not help noticing the absence of males both in the treatment population and in the helping profession. "Where are all the men?" almost became a mantra in my head. I worked in a couple of group homes for adolescents emotionally disturbed boys and the experience of being the rare male social worker repeated itself. I accepted a job with the Department of Social Services in Denver for another five years and again noticed there were not very many males in the helping professions. Since I was one of the few I was often directed to work with the adolescent males or the occasional adult males. You get the picture. I thought, "Where are the men? In prison? Working in factories? Abandon? Rehab? On the streets? At war or dead?" This is where working with violence started for me.

The experience kept repeating itself. I realized also been dating as a young man I became self-conscious because many of the women I met was sexually abused. I wondered, "am I a magnet, am I unconsciously seeking them out?" I was told by a female social worker that my odds were high to meet sexually abused women because at that time one in four women were sexually abused. The odds are actually higher because I worked in the field that was predominantly female. At first I was in denial, but the more I looked the more I stop. I just realize more and more it was real problem. Despite male entitlement men were also suffering from emotional deprivation, economic classism, trauma and were striking out against loved ones. Men could justify just about anything because they were man and society wasn't really saying NO to they're committing violence, at least not in a meaningful way.

I had an opportunity to join a group practice of male therapist working with male clients and working with feminists on this issue and I took it. It was great and I learned a lot. I work with a program that became a national model in the 1980s called AMEND. It stands for Abusive Men Exploring Nonviolent Directions. Sound familiar? As you can see, I tweak the acronym for our program. The experience of men helping men while interfacing with the feminist movement that was shaping the treatment in the '80s was a great experience. We at MEND like many programs incorporated much of the AMEND model as well as sex offender treatment models, especially the emphasis on accountability and empathy. We also drew from the AA model about making amends and taking a personal inventory. Those are a few highlights of what influenced my career choice. I thought I was going to be a family therapist and fancied myself becoming a combination Virginia Satir, Salvador Minuchin and Jay Haley. I guess it's true that social workers go where the need is. I only recently gave up thinking of being a state-of-the-art family therapist.

Do the services at Mend/Wend have a theoretical orientation?

Certainly, there are number of orientations that guide our BIP practice, several I have already mentioned. Within the cognitive behavioral frame other predominate theories used are feminist theory, Attachment theory and developmental theory. We

now look at offenders more often through a trauma informed lens which helps us understand the client's attachment style on a continuum.

We are a value-oriented practice using a feminist approach in evaluating shared power and decision making as a baseline. We teach the importance of consent, acknowledgement of other views and being accountable for ones actions by a number of structured exercises. Many clients come to us with poor self-esteem as you can imagine and for a large part very dependent on power over intimates or being overly dependent on intimates only to bust out inappropriately. Working from a strengths base approach can be tricky because of the intensity of the shame under the defense. We reframe talking about abusive behaviors via an inventory as brave, courageous which helps a client see clearly so they can move beyond the shame by taking responsibility. Distorted thinking is brought into focus then they learn to challenge the justifying thoughts that allow them to act out. Of course these are core beliefs learned from family and society. This is RET work and can be fun and challenging especially when clients want to learn no matter what circumstance brought them to us. Changing a mindset from victim to empowerment is energizing for the therapist as well. Most offenders start treatment believing they are the victim with very little choice. If we help change that mind set and give them some interpersonal tools and have them commit to a non-abusive life style we believe we have been successful. Motivational interviewing is helpful in this process. Having open ended groups also lends to groups becoming natural support groups with older members helping new ones with accountability, skills (such as emotional regulation, etc.), emotional isolation, communication, problem solving and empathy for self and others by understanding the intergenerational cycle of abuse. We have a skill base program and sometimes get criticized for holding clients too long by attorneys and judges. We don't release clients as long as they are working until they demonstrate skills as per the language of the penal code for successful completion. This level of accountability can be challenging for a therapist to making those judgment calls. We view the victims and society as also our clients thus have a responsibility to them also. We also firmly respect the client's individual learning process and recognize it may be slowed down by being stuck in a particular developmental level (developmental theory), and or a maladapted defense needing to be deconstructed and then reconstructed (learning theory), and or mental health challenges and or learning disabilities. All this requires assessments and communication to the courts, and the clients. Many times adjunct services are also needed. Techniques in group can be used such as gestalt or motivational interviewing to help clients move on. Other theoretical orientations are used such as psychodynamic for insight, the humanistic approaches for connection, moral development for cognitive insight, and other reality therapies are all relevant. The group work we do here is quite fascinating and staff meetings are a good place to sort out dynamics and approaches.

Thank you and I appreciate your reaching out making the chance for me to share a little about what we do here at the Mend/Wend program. We do have a national speakers conference coming up on 6/16, 6/17. On 6/17 we will be discussing

lethality assessments with underserved populations and system accountability for victim safety.



Emotional Healing through the Creative Process of Art

Written by: Sandy Factor, MFT

That was the title of my Master's thesis back in the 80's. As an art teacher for the deaf for over twenty years, motivation into the exploration of art therapy for the hearing-impaired population at a state residential school was a promising venture. Focusing on a deaf, 17 year old Hispanic adolescent who had never entered school before due to fear of deportation from the father, was my case study. The deaf adolescent discovered his father who had hung himself after a police report from a jogger discovered an unusual sight in the orange groves. The teenager had painted an abandoned car to look like a police car, but the colors were opposite. The car was white with black rather than black with white. It was a curious sight. That is how the family was discovered. The father had been petrified of the police. His father's fear motivated the teenager to want to become a policeman as a coping mechanism. He made sheriff badges, police helicopters and was fixated on anything to do with the law. After the father's death, the family was discovered and their three deaf children were entered into a state residential school. Besides the Spanish language barrier, they were deaf children who now had to learn American Sign Language. I had the privilege to work with this incredibly artistic teenager until he was 21.

After the trauma of discovering his father and entering school for the first time, he was surely experiencing a challenge. The amazing part of this was his ability to process his emotions and trauma through his art in such a natural way. Due to the absence of sound in his world, the visual dimension was magnified and became his coping skill. At the start, he was only comfortable with his artistic police fixation, but that was quickly replaced by a thirst for knowledge of all kinds. His artistic endeavors were the reason this teenager was so well adjusted despite the past events. His last year in school he painted five bigger than life size sports figures in the cafeteria. The one that I remember to this day was a race. It was his face as the winner crossing the finish line. That depicted the essence of self-confidence and strong ego strength. He made it through the struggle to overcome a personal disability, a parental suicide, acquisition of a new language, adjustment to peers and school and finally attaining autonomy. Enclosed is a picture revealing the success of art in inspiring and building confidence in this talented young man. Appropriate releases were attained for permission to use art work.

Years after he graduated, I was working at the Loma Linda Behavioral Medicine Center as a therapist and accidentally saw him again in a local restaurant. Through the years he had numerous jobs including a teacher's aide in a trade school in Los Angeles. At our coincidental meeting, he had an excellent job in a local engineering company, was self-sufficient and seemed content with his life. It still surprises me to this day how someone could experience the trauma that he did and adjust, thrive and blossom due to the healing properties of art. He was instrumental in my thirst for knowledge in the realm of art therapy.

Reaching the healthy psyche by accessing emotional trauma through the process of art can benefit all individuals. Art enables immediate response to stress reactions. Utilizing the creative process to tap into the unconscious is a tool that is profound beyond words. Twenty-five years of practice has frequently demonstrated the power of art therapy with children as young as three. Being able to draw events that are inaccessible to verbalize, the creative process becomes a safety net to allow healing to occur. Childhood traumas, sexual assault, processing grief, encouraging values clarification and many other therapeutic issues can be addressed through this modality.

There is an exceptionally inspiring commencement speech which is a concentrated synopsis of every enlightened world teacher. It is pure proof of the merits of meditation and creative expression. It is a blend of a psychotherapeutic and creative focus into self-healing. In 2014 at Maharishi University of Management, Jim Carrey gave a speech to be shared by all who are seeking wholeness. Funny and enlightening are good descriptions of his speech. He displayed a huge revealing painting that took him thousands of hours.

Some quotes from his speech are as follows: "I plant a seed today to inspire you to move forward in life with enthusiastic hearts and a clear sense of wholeness. The question is, will that seed have a chance to take root or will I be sued by Monsanto and then forced to use their seed which may not be Ayurvedic?"

He continued: "My soul is not contained within the limits of my body. My body is contained within the limitlessness of my soul. Painting is one of the ways to free yourself from concern, a way to stop the world through total mental, spiritual, and physical involvement. But even with that comes a feeling of divine dissatisfaction because ultimately we're not the avatars we create. We're not the pictures on the film stock. We are the light that shines through. All else is just smoke and mirrors, distracting but not truly compelling. Dream up a good life. Letting the universe know what you want and working toward it, while letting go of how it comes to pass. Your job is not to figure out how it's going to happen for you but to open the door in your head and when the door opens in real life, just walk through it. Don't worry if you miss your cue. They keep opening and when I say life doesn't happen to you, it happens for you. I really don't know if that's true. I am just making a conscious choice to perceive challenges as something beneficial so I can deal with them in the most productive way. There are really only two choices in life. LOVE or FEAR.

Choose love and do not let fear diminish your playful heart. Choose love. Take a chance on faith as well. Not religion, but faith. Not hope but faith. I don't believe in hope. Hope is the beggar. Hope walks through the fire and Faith leaps over it."

To see the complete video, visit:

<https://youtube/v80-gPkpH6M>

Sandy Factor M.F.T., #29508. She can be reached at (707) 616-7428 or by email at: eglsprt@suddenlink.net. Sandy is in Private Practice and also provides Art Therapy as well as stained glass, sculpture and lapidary jewelry classes, available on a monthly basis.



Trainings

The next NCAMHP workshop will be "DSM-5 Overview and Transition to ICD-10." The presenter will be Beth Eckerd, PhD, who offered an engaging first installment of the new DSM-5 here before. This workshop will be at the Humboldt Area Foundation 363 Indianola Rd, Bayside, on Saturday, August 29, 2015 from 9am to 2:30pm at Humboldt Area Foundation 363 Indianola Rd, Bayside. Lunch is included.

Another "stimulating" NCAMHP sponsored workshop coming up 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 at Humboldt Area Foundation 363 Indianola Rd, Bayside. 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.

Other Trainings

Local LGBT Ally Workshops

The Humboldt County Department of Health and Human Services (DHHS) and Queer Humboldt, a non-profit community organization that provides access to services and resources for lesbian, gay, bisexual and transgender (LGBT) community members, as part of the Systems of Care Program are sponsoring a parent and family evening and a one-day free training for health, mental health and social service providers including lunch and 7 free CEU's on reducing risk and promoting well-being for LGBT children and youth with Dr. Caitlin Ryan, Director of the Family Acceptance Project for SF State University on June 17-18, 2015. The Family Forum will be Wednesday, June 17, 2015, 6-8 pm at Eureka High School Lecture Hall. The provider training will be Thursday, June 18, 2015, 9-5 pm at the Wharfinger Building in Eureka. For More information and to register for the provider training on June 18, contact: Anna Owings-Heidrick at 445-5568 or email at: aowings-heidrick@co.humboldt.ca.us. Dr. Ryan wrote "A Practitioner's Resource Guide: Helping Families to Support Their LGBT Children" published by the Substance Abuse and Mental Health Services Administration (SAMHSA) including evidence based methods of supporting even unaccepting parents and caregivers how to work with a provider for positive outcomes for their LGBT children. Funding for these events is provided free of charge thanks to a grant from Humboldt BRIDGES, a Family Driven, Youth Guided, Community Based and Culturally Respectful Community Partnership", with financial support from the Substance Abuse and Mental Health Services Administration (SAMHSA) to support improving mental health for children, youth, and young adults and building the capacity of providers to serve this diverse population.

A free, open to the community, Safe Zone, LGBT Ally Development Training with nationally recognized expert Jessica Pettitt was presented in May and early June with grant money given to Queer Humboldt along with Humboldt County Department of Human Services in Redway, McKinleyville, Eureka and Arcata. The trainings were well attended and participants felt the interactive, very participatory workshop was useful and informative. Those who needed them also got free CEU's. There are informative links available on Jessica Pettitt's website: <http://jessicapettitt.com> by scrolling down to the bottom and click on either the "LGBT" or the "Trans-specific" tabs.

Suicide Prevention Activity

Help Us Create a World Without Suicide. Out of the Darkness Community Walks in Northern California. Sponsor one walk or several, form an organization or company team, donate to support an employee team, or participate in the walk itself. Sponsor an Out of the Darkness Community Walk – Sponsorship packages are detailed in this packet and help us make the walks a success while getting your brand name

recognized in the community. Form a Team – Many organizations, groups, and companies form teams and walk with us to help bring suicide Out of the Darkness. Support Our Walkers – Supporting Walkers with donations, corporate support, and Matching Gifts helps them achieve their goals and furthers your support of AFSP’s programs and research. Walk to Save Lives. Walk to Honor Loved Ones. Walk to Raise Funds. ** All Donations to AFSP are tax deductible – AFSP is a registered 501(c)3 not-for-profit organization. ** Arcata Out of the Darkness Community Walk Details: Sunday, September 13, 2015 Arcata Plaza, Arcata, CA Check In Begins: 9:00am Walk Program Begins: 10:00am Special Guest Speakers ~ Remembrance Activities ~ Prizes ~ Refreshments ~ Community Activities ~ and More!



Highlights from the ADHD, Depression and Chronic Pain Workshop

On April 25th, Connie Basch, MD provided an informative training at the Humboldt Area Foundation on potential causes, prevalence, diagnosis and treatment options relating to ADHD, Depression and chronic pain. The workshop was well attended and 3 CEU’s were available.



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>



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



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.

If you are unable to attend you may submit written comments 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 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.

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



Advertisements

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



Job Announcements

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 Sept 15, 2015. Send your ideas to the newsletter committee via, Diane Warde, LCSW at: wardediane@yahoo.com. Ideas for topics for articles can also be posted on the Listserv. We appreciate your ideas and participation. Members may advertise and post announcements for office rentals free of charge.



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