



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

**Greetings NCAMHP members,**

I hope you are all feeling snug and safely settled into the winter season: our time for reflection inward.

This will be my last president's article for the newsletter. After 3 years as Board Secretary and 3 years as Board President, I will be stepping back and reducing the number of hours I spend volunteering for NCAMHP. I will continue to sit on the Board as Past President, but plan to limit my work to attending Board meetings for at least one year. As many of you know, I've been coping with health issues for the past two years and am currently traveling out of town every two to three months for health care, so this is my way of restructuring some of my priorities until I am in better health.

Of course, everyone supports this choice, however no one else on the Board is able to step up and take the reigns at this time for a variety of reasons. In fact, NCAMHP is floundering right now due to the lack of members who are actively volunteering. We are even starting to explore what NCAMHP's future will look like if we don't have members who are interested in volunteering on the Board and/or our different Committees. NCAMHP is a volunteer run organization, and volunteer run organizations don't run well without volunteers. So what type of organization do you want to have? Have we become irrelevant? These are the questions we are beginning to ponder.

If you are interested in becoming more involved in NCAMHP, we desperately need for volunteers on the Board of Directors and most of our Committees:

The Education Committee needs at least 2-3 new volunteers. Currently the Education Committee includes Carmela Wenger, Eric Duff, Katie Woerner, Christina Aquino, Vicki Ziskin, Kelsi Guerrero, and Cindy Siemens. The Education Committee meets from noon to 1:00pm on the first Friday of most months 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](mailto:erictd6017@gmail.com) or Carmela Wenger at [chwenger@suddenlink.net](mailto:chwenger@suddenlink.net)

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](mailto:TomJohnsonLMFT@gmail.com).

The Website Committee doesn't have any members at this time. If you are interested in joining this committee, please contact Bonnie Carroll at [bonniecarroll@arcatanet.com](mailto:bonniecarroll@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 [bonniecarroll@arcatanet.com](mailto:bonniecarroll@arcatanet.com).

The Newsletter Committee would like to have another 2-3 members join their ranks as well. In particular, the Newsletter Committee needs a volunteer who is also interested in serving on the Board of Directors so they can act as the liaison between the Newsletter Committee and the Board. If you are interested in joining the Newsletter Committee, please contact Emily Siegel at [emilysiegellcsw@sonic.net](mailto:emilysiegellcsw@sonic.net).

Remember that in addition to providing a vital service to our organization, 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.

Now a couple of additional notes that will affect all of you. At the last General Membership meeting, we held a vote on whether or not to increase our fees. All our members were given the opportunity to cast their vote by email if they couldn't attend the meeting. Fourteen people cast their votes via email and twenty two cast

their vote at the General Membership meeting. The end score was 7 members against raising the fee and 29 members in favor, so we will be increasing the membership fees by \$30.00. There will be a \$5.00 discount for members who choose to renew their membership with cash or check.

During the vote, I made a mistake, which Rebecca Hall caught, tried to steer me right, but I just barreled on ahead: thinking the Board had already approved the proposal. My mistake was that I neglected to have the membership vote on the Board's proposal to offer a free membership or a free training to active volunteers. "Active" is, of course, subjective. I think an active volunteer would be defined by at least 30 hours of volunteer time over the course of a year, or an average of 2.5 hours a month. Members who wish to be considered for a fee waiver, can submit a request. All the details will be clarified in the future. I will send out an email requesting an online vote for this proposal later in the month. The Board chose to ask the general membership to vote on this proposal instead of approving it themselves due to the discomfort around approving a proposal that was self-serving, but also a potential benefit to all NCAMHP volunteers!

Thank you for being part of this organization!  
I believe in and appreciate this organization!

I feel like being a part of NCAMHP has helped me become and stay connected with our mental health community, improved my practice, and enhance my sense of self in this field.

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



***North Coast Association of  
Mental Health Professionals***

*Presents a Certificate of Appreciation to*

***Loren Farber, LMFT***

*For the Time, Energy, and Care you have shared  
during your five and a half years of service on the*

*Education Committee and the Education Committee  
Liaison to the Board of Directors.  
In addition, your continued service on  
Board of Directors from the  
Fall of 2009 through present  
is greatly valued and appreciated.*

***November 5<sup>th</sup>, 2015***  
-----

***North Coast Association of  
Mental Health Professionals***

*Presents a Certificate of Appreciation to*

***Jennifer Finamore, MFT***

*For the Kindness, Knowledge, Wisdom and Guidance  
you have shared during your years of service on  
The Education Committee.  
You were the heart of the Education Committee and  
your spirit and energy will be greatly missed.*

***November 5<sup>th</sup>, 2015***  
-----

***North Coast Association of  
Mental Health Professionals***

*Presents a Certificate of Appreciation to*

***Diane Warde, LCSW***

*For your years of service on our Board of Directors  
and Newsletter Committee.  
You were a Dedicated, Committed and Pivotal member  
of the Newsletter Committee  
from April 2012 through Summer of 2015.  
And a valued member of the Board of Directors from  
Winter 2013 through Summer 2015.*

***November 5<sup>th</sup>, 2015***



## **New Research Showing Mindfulness Practice May Help Prevent Depression Relapse**

The following information is from an article by Stacy Lu in the March 2015 online issue of the American Psychological Association magazine "Monitor" at-- <http://www.apamonitor-digital.org/apamonitor>.

A study on mindfulness in "The Lancet" that mindfulness-based cognitive therapy (MBCT) helped prevent relapse of depression as well as antidepressant maintenance medication. This study also showed that MBCT had a stronger effect on people with history of severe childhood abuse, something that has been associated with a greater relapse risk. MBCT helps people cope with negative thoughts, feelings and beliefs about themselves that can lead to recurrence of depression. MBCT was developed over a decade ago by Zindel Segal, PhD, J. Mark G. Williams, DPhil, and John Teasdale, PhD. They studied 84 people in remission from depression and found that MBCT could prevent relapse of depression as well as medication and better than a placebo ("JAMA Psychiatry" 2010). Another study in "Clinical Psychology Review" found that MBCT was more useful in preventing relapse for people with 3 or more past episodes of depression, reducing the risk by 43% versus 34 % for participants overall. Another study in Journal of Consulting and Clinical Psychology, found that people who had depression at earlier ages or more adversity or abuse in childhood, were more likely to benefit from MBCT.

Mindfulness practice teaches people to disengage from dysfunctional thinking that is common in depression. Currently, MBCT is designed as an 8 week, group based program that uses mindfulness exercises including yoga, body awareness and dialing homework such as doing household chores with full attention to what one is doing, moment by moment. This procedure is from Jon Kabat-Zinn's Mindfulness-Based Stress Reduction curriculum, and includes components of cognitive behavior therapy (CBT).

Although evidence suggests mindfulness helps prevent reOccurrence of depression, researchers have not yet figured out how it does so. Stuart Eisendrath MD, professor and head of the Depression Center at University of California, San Francisco, thinks it could be "selective attention" so that when someone focuses on their breath, they have less "room" for negative thinking or worrying about themselves or the future. Also mindfulness trains people to be more aware of their thoughts and to simply observe them passing through rather than trying to control their feelings, blame themselves or worry. It also encourages focus on the present moment rather than the past of future. Researchers also suggest that the group learning of MBCT may also support people to notice that the way they have depressive and worrying thoughts is not different from others.

MBCT has no negative side effects and can be used with other therapies. People with depression who are interested in getting treatment other than more medications, even those with treatment resistant depression, are able to use MBCT and may be getting a feeling of self-efficacy. Some studies noticed that the attitude of people who participated in learning mindfulness techniques and enjoyed it might increase its success in preventing relapse of depression. The article ends with a useful reading list for those who are interested in reading more.



## Setting Limits with Children

By Patty Wipfler

This booklet is a clear and helpful description of a positive, effective method for parents and caregivers to set limits with children and support children to heal from the emotional hurts that are the basis of difficult behaviors. When this method is used along with parents spending 5 minutes a day doing special time with their children, playing with their child and following their child's lead in the play, positive parent-child connections grow. A free download of "Setting Limits with Children" is available at: <http://www.handinhandparenting.org/set-healthy-limits-kids/>. This website <http://www.handinhandparenting.org> also has many free articles about using special time and setting limits strategies, a free parenting newsletter, as well as a store where copies of this booklet and the booklet "Special Time" may be purchased. Wipfler's "Special Time" suggestions are very similar to the building connection part of Parent Child Interaction Training (PCIT), an evidence based practice.

Wipfler points out that when children's behavior is unreasonable, they are unable to listen or follow direction and they are, through their actions, asking for help. She starts with a description of how children flourish when they feel connected. This need for connection is a basic need just like for food, water or sleep. When children feel connected they are able to show affection, be reasonable and be self-confident. However children's sense of connection can be easily broken. When children do not feel connected, they cannot think well and they may withdraw, not listen to adults, or strike out physically. It can feel as if the child has chosen to be unreasonable, but in reality it is the feelings connected to lack of connection and inability to be rational that are driving the difficult behaviors.

Wipfler describes how children who are unable to think ask for help in ways that are upsetting to parents. Children get upset, cry, laugh wildly or their behavior becomes unreasonable and difficult. Children who are upset are trying to heal the hurt they are feeling. They heal hurt feelings by laughing, crying, trembling, struggling and sweating, things that traditionally are seen as messy, bad, manipulative or disrespectful. Children need a supportive listening and the safety of gentle touch. A

child may also need some verbal reassurance that their parent wants to be connected, that the parent is sorry the child got hurt and will keep the child safe. The safer children feel, the harder they may cry in order to release the feelings and tension that are behind the difficulty. Wipfler calls this kind of listening, "Staylistening," positive attention that allows a child to heal their hurts. The rewards for this type of listening, once the child is finished crying, include a more playful, relaxed, flexible and clearer thinking child.

When a disconnected child shows they need help with their unreasonable behavior, Wipfler states the child needs their parent to set a limit. This limit gives a child something to get angry at so that the child can release the feelings of upset and disconnection and become re-connected again. A parent's gentle but firm limit setting, combined with staying close and listening, gives a focus for the child's feelings and tension. It is a gift to a child to be allowed to release and heal these feelings to restore the child's sense of connection. Wipfler discusses that there is no need to attack whether verbally or physically when setting limits. She provides a 3-step approach: Listen, Limit, Listen. Listen, probably for less than a minute, to figure out: (a) if the child needs information or assistance, (b) if the parent's expectations fit a child's age or ability, if the parent is "running on empty" (not a good time to set limits and probably better for parents to give themselves a "time out" for a few minutes alone or phoning an understanding friend), (c) if the child is indeed being unreasonable.

If a child is being unreasonable, a limit needs to be set. It often means, when a child cannot respond to direction and is hurting someone, that the parent has to control the behavior by moving toward the child, putting an arm around the child and gently preventing further harm, possibly saying "I'm going to help you stop." It could mean the parent puts their hand on the toy the child is grabbing from another child. It is important to stop the irrational behavior and in these situations a child cannot respond to a parent's words. Kind firm actions to help a child stop are important. Once the limit is set, the parent listens to the child's upset. A child may struggle to get away from a parent, but the parent can still follow the child gently if need be. It can help to say something such as "I love you and I can see you're hurting. I don't want you to be alone with all those feelings." When a child has finished working through a hurt, the child's attention returns, sometimes suddenly, to ordinary things. Children may start to play, look at something interesting or find a silly reason to giggle with their parent. Now that the child feels better, the present is far more interesting than the emotional outburst so it is not a time to probe with more questions. If the child volunteers information, that is fine, but probing for more reasons behind the upset will make it harder for a child to feel safe enough to show upset feelings next time.

Wipfler also recommends that parents set limits before they are upset. Although it is not always possible, she points out that there are often clues that the upset is coming. Parents often ignore these warning signs, continuing to do the many tasks that occupy adult attention, in the false hope that somehow the upset won't happen

this time. It often works better to start listening when those clues happen when the parent is more relaxed. Sometimes a few minutes of connection with play and affection, can re-connect the child and even head off a big upset. Wipfler also makes suggestions for “setting policy” in families, guidelines for reasonable behavior within the family, another kind of limit setting.



## How Self-Compassion Makes Us Stronger, Happier and More Generous. Being Kind to Ourselves Can Counteract Depression, Anxiety & Stress By Kristin Neff

Excerpted from “**The 5 Myths of Self-Compassion.**” *Psychotherapy Networker*,  
September 25, 2015

Most people don’t have any problem with seeing *compassion* as a thoroughly commendable quality. It seems to refer to an amalgam of unquestionably good qualities: kindness, mercy, tenderness, benevolence, understanding, empathy, sympathy, and fellow-feeling, along with an impulse to help other living creatures, human or animal, in distress. But we seem less sure about *self-compassion*. For many, it carries the whiff of all those other bad “self” terms: self-pity, self-serving, self-indulgent, self-centered, just plain selfish. Even many generations removed from our culture’s Puritan origins, we still seem to believe that if we aren’t blaming and punishing ourselves for something, we risk moral complacency, runaway egotism, and the sin of false pride.

There’s now an impressive and growing body of research demonstrating that relating to ourselves in a kind, friendly manner is essential for emotional wellbeing. Not only does it help us avoid the inevitable consequences of harsh self-judgment—depression, anxiety, and stress—it also engenders a happier and more hopeful approach to life. More pointedly, research proves false many of the common myths about self-compassion that keep us trapped in the prison of relentless self-criticism.

### **Myth 1**

#### **Self-compassion is a form of self-pity**

One of the biggest myths about self-compassion is that it means feeling sorry for yourself. In fact, self-compassion is an *antidote* to self-pity and the tendency to whine about our bad luck. This isn’t because self-compassion allows you to tune out the bad stuff; in fact, it makes us more willing to accept, experience, and acknowledge difficult feelings with kindness—which paradoxically helps us process and let go of them more fully. Research shows that self-compassionate people are

less likely to get swallowed up by self-pitying thoughts about how bad things are. That's one of the reasons self-compassionate people have better mental health.

## **Myth 2**

### **Self-compassion means weakness**

Instead of being a weakness, researchers are discovering that self-compassion is one of the most powerful sources of coping and resilience available to us. When we go through major life crises, self-compassion appears to make all the difference in our ability to survive and even thrive.

David Sbarra and his colleagues at the University of Arizona examined whether self-compassion helps determine how well people adjust to a divorce. The researchers invited more than 100 people recently separated from their spouses to come into the lab and make a four-minute stream-of-consciousness recording of their thoughts and feelings about the separation experience.

The researchers found that participants who displayed more self-compassion when talking about their breakup evidenced better psychological adjustment to the divorce at the time, and that this effect persisted nine months later. Studies like this one suggest that it's not just what you face in life, but how you relate to yourself when the going gets tough—as an inner ally or enemy—that determines your ability to cope successfully.

## **Myth 3**

### **Self-compassion will make me complacent**

Perhaps the biggest block to self-compassion is the belief that it'll undermine our motivation to push ourselves to do better. The idea is that if we don't criticize ourselves for failing to live up to our standards, we'll automatically succumb to slothful defeatism.

But there's now a good deal of research clearly showing that self-compassion is a far more effective force for personal motivation than self-punishment. For instance, a series of research experiments by Juliana Breines and Serena Chen of the University of California at Berkeley examined whether helping undergraduate students to be more self-compassionate would motivate them to engage in positive change. In one study, participants were asked to recall a recent action they felt guilty about—such as cheating on an exam, lying to a romantic partner, saying something harmful—that *still* made them feel bad about themselves when they thought about it.

The researchers found that participants who were helped to be self-compassionate about their recent transgression reported being more motivated to apologize for the harm done and more committed to not repeating the behavior again than those in the control conditions. Self-compassion, far from being a way to evade personal accountability, actually *strengthens* it.

#### **Myth 4**

##### **Self-compassion is narcissistic**

Self-compassion is different from self-esteem. Although they're both strongly linked to psychological wellbeing, self-esteem is a positive evaluation of self-worth, while self-compassion isn't a judgment or an evaluation at all. Instead, self-compassion is a way of *relating* to the ever-changing landscape of who we are with kindness and acceptance—especially when we fail or feel inadequate. In other words, self-esteem requires feeling better than others, whereas self-compassion requires acknowledging that we share the human condition of imperfection.

Self-compassionate people are better able to remain emotionally stable, regardless of the degree of praise they receive from others. Self-esteem, in contrast, thrives only when the reviews are good, and it may lead to evasive tactics when there's a possibility of facing unpleasant truths about oneself.

#### **Myth 5**

##### **Self-compassion is selfish**

Unfortunately, the ideal of being modest, self-effacing, and caring for the welfare of others often comes with the corollary that we must treat ourselves badly. This is especially true for women, who, research indicates, tend to have slightly lower levels of self-compassion than men, even while they tend to be more caring, empathetic, and giving toward others. But a growing body of research indicates that self-compassion helps people sustain the act of caring for others. For instance, it appears that counselors and therapists who are self-compassionate are less likely to experience stress and caregiver burnout; they're more satisfied with their careers and feel more energized, happy, and grateful for being able to make a difference in the world.

When we care tenderly for ourselves in response to suffering, our heart opens. Compassion engages our capacity for love, wisdom, courage, and generosity. It's a mental and emotional state that's boundless and directionless, grounded in the great spiritual traditions of the world but available to every person simply by virtue of our being human. Therapists have known for a long time that being kind to

ourselves isn't—as is too often believed—a selfish luxury, but the exercise of a gift that makes us happier. Now, finally, science is proving the point.



## **Trainings**

### **Sandplay Therapy Training in 2016**



Most therapists are familiar with the use of sandtrays and miniature figures as a therapeutic modality, but not everyone knows that sandplay therapy is play therapy in depth, grounded in Jungian theory and active imagination. Although originally developed by Dora Kalff for children, adults benefit as well from this non-verbal, symbolic approach that expressively integrates mind, body and spirit. Training in sandplay therapy includes experiencing one's own sandplay process in therapy.

The Northern California Regional Sandplay Society (NCRSS) is sponsoring two series of Fundamentals of Sandplay Therapy taught by Certified Sandplay Therapy Teaching Members. Three full day classes will be held in two locations on Saturdays. Together they include 18 CEUs and meet requirements toward certification as Sandplay Therapist or Sandplay Practitioner. Fees: \$195 per class for licensed therapists, \$170 for unlicensed therapists. \$25 CEU fee. Membership and series discounts offered. Single class registration permitted.

**NCRSS Sandplay Fundamentals Series** are introductory courses and appeal to a wide range of therapists who work in clinics, schools and private practice. Our Certified Sandplay Therapy Teachers (CST-T) are leaders in the field of sandplay therapy who teach nationally and internationally. NCRSS is offering these affordable courses in the Bay Area in two locations and plans courses in Humboldt at a later date. Completing the Fundamentals Series is required to attend advanced courses. [www.norcalsandplay.org](http://www.norcalsandplay.org)

***Winter Fundamentals Series -***

**Saturday January 23, February 27, March 19**, Unitarian Universalist  
Congregation of Marin, San Rafael 9:00 am- 4:30 pm

**January 23** Introduction to Sandplay Therapy. Lynne Ehlers, Ph.D. CST-T

**February 27** Sandplay and Play Therapy with Children: Creating the Free and Protected Space. Tessamarie Capitolo, LMFT, CST-T

**March 19** Symbolic Process in Sandplay Therapy. Liza Ravitz, Ph.D. JA, CST-T

### ***Spring Fundamentals Series –***

**Saturday March 12, April 9, May 14**, St Paul's Episcopal Church, Burlingame 9:00  
am- 4:30 pm

**March 12** Introduction to Sandplay Therapy. Linda Cunningham, Ph.D., LMFT, CST-T

**April 9** Sandplay and Play Therapy with Children: Creating the Free and Protected Space. Olivia Heathcote, Ed.D., LMFT, CST-T

**May 14** Symbolic Process in Sandplay Therapy. Jill Kaplan, LMFT, CST-T

***New to Sandplay? Sign up for a free mini-workshop in Menlo Park called Sampling Sandplay on January 30. Scroll down for details and description.***

NCRSS is a 501 c3 non-profit whose mission is providing educational programs in sandplay therapy and building a regional community of sandplay therapists. Our programs qualify toward national and international certification as a Sandplay Therapist or Practitioner. Ellen Searle LeBel is a Certified Sandplay Therapist Teacher who practices in Arcata and Caroline Isaacs is a certified Sandplay Practitioner and Registered Play Therapy Supervisor in Eureka. Both are active in NCRSS and Sandplay Therapists of America. Linda Dean is a Jungian Analyst in Eureka who was a protégé of Dora Kalff and taught sandplay. Other therapists in Humboldt County have studied sandplay therapy as well.

Go to [www.norcalsandplay.org](http://www.norcalsandplay.org) for course descriptions and registration. Please contact Ellen Searle LeBel at [ellen@temenostherapy.com](mailto:ellen@temenostherapy.com) or call 707-826-7900 if you have questions about NCRSS trainings, are interested in experiencing your own sandplay process or seeking consultation in sandplay therapy.

*NCRSS is approved by the California Psychological Association (CPA) to provide continuing professional education for psychologists (#NOR021). The BBS recognizes CPA approved CEUs for MFTs, LCSW's, LPCCs, and LEPs in California. Fundamentals course is approved for 6 hours of CEU's for Play Therapists: APT Approved Provider 13-343.*

## **SAMPLING SANDPLAY**

**A free mini-workshop “taste of sandplay” taught by David Capitolo, MFT, CST-T and Tessamarie Capitolo, MFT, CST-T**

**Saturday January 30, 2016 1- 4 PM, 1040 Noel Dr. Ste. 204, Menlo Park, CA**

- **Connecting with sandplay figures**

- **Viewing a film of Dora Kalff, founder of sandplay**
- **Experiencing a sandplay case**
- **An invitation to an NCRSS introductory sandplay training series**

We are inviting you to take part in this three-hour gathering to experience the basic elements of sandplay. This brief sampling will share with you the powerful work that emerges through this therapy, which touches the psyche and soul of each participant. The experience will include the many dimensions of implicit knowing and the centrality of the image as a reflection of the transference between therapist and client. **RSVP:** Space is limited, reserve early, email [dcapitolo@sbcglobal.net](mailto:dcapitolo@sbcglobal.net) More about NCRSS at [www.norcalsandplay.org](http://www.norcalsandplay.org)



David Capitolo, MFT and Tessamarie Capitolo, MFT will facilitate this workshop. Both are Certified Members and Teaching Members of Sandplay Therapists of America, as well as members of the International Society for Sandplay Therapy. They both have published articles in the Journal of Sandplay Therapy and are the founders of The Child Therapy Institute, a nonprofit agency extensively using sandplay therapy. They are both members of the NCRSS Education Committee.



## **Announcements**

### **Directing Change—Student Suicide Prevention and Mental Health Film Contest**

“Directing Change” is a 60-second film/Public Service Announcement contest created and filmed by youth that addresses suicide prevention or mental health. Support around the topics of mental health, suicide prevention and filmmaking is offered by the local organizes, including a filmmaking workshop. This contest is facilitated by Each Mind Matters and funded by Mental Health Services Act (Prop 63) and

CalMHSA. They are holding film-making workshops in coordination with Access Humboldt in Eureka to support youth to master film-making technical skills, as well as to enable them to become certified to check out cameras and use editing equipment. Participation in the workshops is not required, recognizing that some youth have digital expertise, or prefer to use their smart phone camera.

Each youth involved must have an adult advisor from a high school or youth organization. If a youth does not have such a person, they can be connected with an advisor. As an incentive for youth involvement in the contest, a red carpet screening event will be held during Mental Health Month in May, most likely at the Eureka Theatre, where the films will be shown to a community audience. Last year, an entry was shown as a trailer at the movie theatres in Eureka, Arcata, and McKinleyville. They hope to do that again with one of the films from this year's contest entries. The deadline to submit the Intent to Direct form to be entered into a drawing to receive a one-on-one Skype session with a professional director is Jan. 15, 2016. There will be a workshop providing technical assistance on creating, editing or finalizing films sometime in January. Deadline for submissions of films is March 1, 2016 at midnight PST

More information about the contest can be found at <http://directchange.org>. Contact Sarah Nelson, MSc, Health Education Specialist, and Humboldt County Public Health at: [snelson@cohumboldt.ca.us](mailto:snelson@cohumboldt.ca.us) or (707) 441-5565 to register youth for the workshops or with any questions. There are also packets of material they would be happy to send or drop off to any members who would like more information.

### **NCAMHP Resources**

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](mailto: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](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>



### **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>



## Advertisements

The following advertisements are not endorsed by NCAMHP. As a member, as a member you get one advertisement per year for free!

### Mental Health Billing Services

I provide electronic insurance billing (and paper when necessary), client statements and accounts receivable reports. I check insurance eligibility and benefits and arrange for direct deposit of your insurance payments if preferred. For quality individualized service call Bill Chandler at (707) 267-5972 or email [billck@sbcglobal.net](mailto:billck@sbcglobal.net).

### New Book: "Search for Truth...The Next Step"

Sandy Factor's son, Bryan Radzin published his fifth book, "Search for Truth...The Next Step". It's a synchronistic journey into the heart of politics and what makes us human. Originating in Cuba, it is timely and insightful with global water shortages as the theme. It can be purchased at Lulu.com



## **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](mailto: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 the Spring newsletter submissions is April 6, 2016. Send your ideas to the newsletter committee:

[newsletter@ncamhp.org](mailto: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](http://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](mailto:newsletter@ncamhp.org)



### **Board of Directors**

Bonnie Carroll, LCSW, President

Sarah Haag, PhD, Secretary

Katherine Salinas, LCSW, Treasurer  
Loren Farber, LMFT  
Peter Moore  
Tom Johnson, LMFT  
Melissa Ward, BA  
Kelsi Guerrero, MFTI  
Paula Nedelcoff, LMFT

## **NCAMHP COMMITTEES**

### **Website Committee**

no members

### **Outreach Committee**

Tom Johnson, LMFT  
Melissa Ward, BA  
Paula Nedelcoff, LMFT

### **Education Committee**

Carmela Wenger, LMFT  
Eric Duff, LCSW  
Vicki Ziskin, LMFT  
Kelsi Guerrero, MFTI  
Katie Woerner, student member  
Christina Aquino, student member  
Cindy Siemens, LMFT

### **Newsletter Committee**

Marnie Lucas  
Emily Siegel

### **Ethics Committee**

Dorothy Kostriken  
Bruce Silvey  
Tom Johnson  
Paula Nedelcoff  
Melissa Ward