



**Letter from Your Interim President ~
Paula Nedlecoffs LMFT**

Greetings NCAMHP members,

Greetings,

I love this time of year. I don't know about you but I feel Fall in the air and on the bushes, meaning many pumpkin spiders. Thank you to all that came out to our Fall membership meeting. It was so nice to see new faces that are new to NCAMHP and also new to Humboldt, again WELCOME.

Carmela lead a great group roundtable discussion concerning insurance issues and worries. Tonight at our Board meeting Michelle Lee reminded us that if we are not accepting clients we have a responsibility to contact the insurance panels we are on and let them know. This is required. (see "New Rules on Provider Directories" article below) Many of you may know this but somehow I did not catch it in my mail and or chose to disregard it. I am so glad I am in a group of people that makes sure I do have necessary information, thank you Michelle.

I know I sound like a broken record but we need more volunteers in all aspects of this organization. If you are interested in the website contact Sarah Haag. For the newsletter, reach out to Emily Siegel. If outreach and or working on the Redbook is of interest to you see me. If ethics issues are of concern, Bruce Silvey is your man. Scott Greer is our connection to the IPA and he could give you info on this partnership. The education committee always needs help--see Carmela Wenger, Eric Duff, Vikki Ziskin and or Kelsi Guerro. The NCAMHP Board also needs more members. We usually meet every other month, but sometimes monthly and not longer than 2 hours. We are fun and informative. Some of us are old timers and some are new. I will remain in the President role through 'December but then I will be gone working in Japan for a few months.

Service and connections to others is vital to our health and profession. We are blessed to be employed working with people and their lives. We are welcomed to

join them into the more difficult areas and times in their lives. What an honor and testament to trust. Thank you all for this significant work, that so often we must hold so private. Again, another reason to get involved, to be reminded you are not alone in this work.

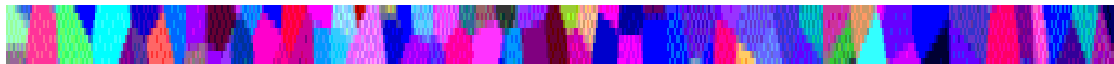
There is a training coming up in October 15: "Using Art Therapy Safely and Effectively," presented by Lisa Mitchell. Get signed up. Remember, if you volunteer for the Board and or a committee you can have a training at no cost once a year or your yearly membership waived. Regardless, I have no doubt this workshop will be insightful and offer lots for many of us. If you have ideas for other trainings please contact the education committee and share your ideas with them.

Thank you for all who came out and supported mental health providers for the Pride parade. Other opportunities coming up to be involved are Pastels on the Plaza, which supports Northeast Children Services, and also the local NAACP meeting that welcomes newcomers. Feel free to see me about either of these volunteer opportunities and of course call me to hear more about our NCAMHP volunteer opportunities at 707-826-2147. Remember, it takes a village and we are the village.

Thanks for taking the time to read our newsletter and thank you Emily Siegel and Marnie Lucas for putting it all together. And to you our membership, thank you for your dedication to a job that is so real, so authentic, it can't help but touch people's lives and offer hope.

Hope to hear from some of you soon—blessings,

Paula Nedelcoff MFT
NCAMHP Board Interim President
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Vulnerability as a Crucial Strength--Escaping the Shame Trap

The following is excerpted and summarized from the article "Living Brave" by Mary Sykes Wylie, on the work of Brené Brown PhD, from Psychotherapy Networker at: https://psychotherapynetworker.org/blog/details/1004/bren%C3%A9-brown-on-vulnerability-as-a-crucial-strength?utm_source=Silverpop&utm_medium=email&utm_campaign=090316_pnirt_WIR_sto830am. The full version is available in the September/October 2016 issue of Psychotherapy Networker, "Courage in Everyday Life: An Interview with Brené Brown."

Brené Brown, a research professor at the University of Houston Graduate College of

Social Work and author, proposes that a pervasive sense of shame makes many of us, particularly in America, feel unworthy of human connection. In this perfectionistic culture, most of us believe we're "not good enough . . . not thin enough, rich enough, beautiful enough, smart enough, promoted enough" to be worthy of love. We cannot become vulnerable, because letting others see us as we really are would mean we'd be rejected. It seems better to avoid emotional risk, avoid vulnerability, and numb ourselves to any pain we can't escape. However, there are great personal and social costs from this strategy. She stated that the use of shopping, food, drugs, and alcohol as methods for numbing out unpleasant emotions has led to us being the most addicted, medicated, in-debt and obese adult cohort in US history. Plus by avoiding shame and vulnerability, we miss out on the genuine human connection we're so terrified of losing in the first place.

Brown's research shows that some people have escaped the shame trap by letting themselves be vulnerable. Instead of always thinking, "I'm not good enough" they believe "I'm enough." This supports them to accept their vulnerability and live with being imperfect and unafraid to let others see their imperfections. Their perspective is, "I'm just so grateful, because to feel this vulnerable means I'm alive." They believed that what made them vulnerable made them beautiful," as Brown puts it. They somehow have developed a profound sense of inner worthiness. Rather than always thinking, *I'm not good enough*, they live in the belief *I'm enough*. Grounded in this rock-bottom sense of their fundamental acceptability as human beings, for whom being good *enough* is plenty good, they can take hold of their courage and accept their vulnerability, live "wholeheartedly" (a basic concept for Brown), loving without reservation or guarantees, living with the courage to be imperfect (unafraid to let others see their imperfections), opening themselves fully to whatever life brings, good or bad, pain or joy. In short, Brown said, "They were willing to let go of who they thought they should be in order to be who they were—which you have to absolutely do for connection." Their mantra, so to speak, was "I'm just so grateful, because to feel this vulnerable means I'm alive."

In Brown's view, shame suffuses our society, and perhaps always has. A society that glorifies rugged individualism and the idea that anybody who genuinely tries hard enough can make it looks with suspicion on people who haven't made it. Usually it is the poor, the old, the unbeautiful, and the powerless. But, Brown suggests, the list also includes millions of us who simply believe we are "never good enough, never perfect enough, never thin enough, never powerful enough, never successful enough, never smart enough, never certain enough, never safe enough, never extraordinary enough"—a self-assessment chronically internalized as shame. Brown takes the concepts of shame and vulnerability and turns them completely on their heads. As she sees it, shame is universal and normal and can prod us to make changes in our lives for the better. She makes shame less shameful, a part of the ordinary human condition.

Brown examines the power of vulnerability, when faced and accepted and effectively used. To allow ourselves to be vulnerable, Brown writes in *Rising Strong*,

requires in us “the courage to show up and be seen, even if it means risking failure, hurt, shame, and possibly even heartbreak.” In *Daring Greatly* she writes, “Vulnerability is based on mutuality and requires boundaries and trust.” She also states, “It’s not over sharing, it’s not purging, it’s not indiscriminate disclosure...Vulnerability is about sharing our feelings and our experiences with people who have earned the right to hear them.” Brown can be funny and engaging, but at bottom she’s profoundly serious about what she calls “the work,” which seems to be as much a spiritual as psychological quest.



Tec-Tec: An App that Reduces Self-injurious Behaviors

The following is a summary of information from the description of the Tec-Tec App and the abstract of the article “A brief mobile app reduces nonsuicidal and suicidal self-injury: Evidence from three randomized controlled trials” by Franklin, Joseph C.; Fox, Kathryn R.; Franklin, Christopher R.; Kleiman, Evan M.; Ribeiro, Jessica D.; Jaroszewski, Adam C.; Hooley, Jill M.; Nock, Matthew K. *Journal of Consulting and Clinical Psychology*, Vol 84(6), Jun 2016, 544-557. <http://dx.doi.org/10.1037/ccp0000093>

The Tec-Tec app, available on smart phones, is a fast paced matching game round that takes 1-2 minutes to play. The matches change each game and the game gets more challenging as it goes on. Points are awarded for faster and more accurate performance. A player earns various achievement badges for playing often and doing well. Tec-Tec (Tec stands for Therapeutic Evaluative Conditioning) is a game version of the psychological technique, Evaluative Conditioning. By continually pairing certain words and images, this technique can change associations with certain objects and concepts. Over time it can change how a person feels about certain things, which in turn may change behavior. This version Tec-Tec seeks to change associations with factors that may increase the risk for non-suicidal self-injury such as self-cutting and suicidal behaviors.

Recent randomized controlled trials published in the *Journal of Consulting and Clinical Psychology* found that this method reduced self-injurious behaviors. The goal of the studies was to develop an effective treatment for self-injurious thoughts and behaviors, a major public health problem that can be easily delivered on a very large scale. In 3 separate studies, using participants with recent and severe histories of self-injurious thoughts and behaviors from web forums focused on self-injury and psychopathology. The participants were assigned them to receive access to the mobile treatment TEC app or a control app for 1 month. Analyses showed that, compared with the control app, TEC produced moderate reductions for all on

the frequency of self-cutting, non-suicidal self-injury more generally, suicide plans, and suicidal behaviors but not suicide ideation.



New Rules on Provider Directories

The following is excerpted from a July 6, 2016 “Information Alert” from the California Psychological Association, by Elizabeth Winkelman, JD, PhD
Director of Professional Affairs | California Psychological Association
ewinkelman@cpapsych.org | (p) 916-662-3792 | (f) 916-286-7971

A new law (SB137) requiring insurers/health plans to keep their provider directories more accurate and up-to-date went into effect on July 1st. This new law is a pro-consumer measure that is designed ... to make it easier for patients to promptly access in-network providers. Implementation of this law should significantly reduce the likelihood that a patient will have the frustration--and possible delay in accessing care--that can be caused by calling provider after provider only to find out none of them are taking new patients.

The full text of the law is available at
https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201520160SB137.

What does it mean for providers?

- You should see, going forward, a required clause in your contractual agreements with insurers that requires you to give prompt notice of a change in status regarding acceptance of new patients. Specifically, psychologists (and other providers) will be required to notify insurers within 5 days if they become unavailable to take new patients.
- If you later become available to take new patients, you must also notify insurers within 5 days. In other words, **providers must keep insurance companies with which they are contracted promptly informed of any changes in status regarding closing or opening their practices to new patients.**
- In addition, if a provider who is not accepting new patients is contacted by an insured individual who is seeking care, the provider must direct that individual to the insurer for assistance in locating another provider. The provider must also direct the insured individual to the regulatory agency (Department of Managed Health Care or Department of Insurance) to report any inaccuracies in the provider directory. Providers are not required to contact the insurer or regulatory agency directly.

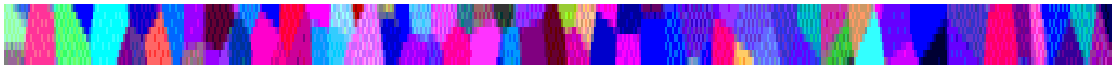
What does “accepting new patients” mean?

- The law does not provide a definition of what it means to be “accepting new patients.” Clearly, having an appointment immediately available means you

are accepting new patients. But what if you have an appointment available in 2, 3 or 6 weeks?

- Given the absence of specific legislative guidance on this point, we recommend that you check your provider agreement and/or contact the insurance companies to see if they have a policy on this issue. If the insurance company does not have any relevant policies, you should use reasonable judgment and consider patients' needs for timely access to services.

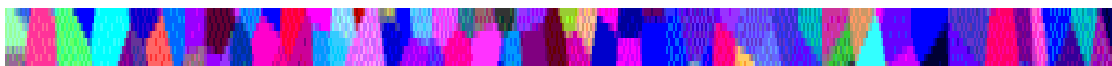
In addition to being a positive development for consumers, implementation of this law may result in more opportunities for interested providers to become in-network providers. This could happen if the increased accuracy of provider directories highlights a need for additional psychologists to ensure network adequacy.



The Zen of an Aching Heart

The following is excerpted and summarized from the book, "A Lamp in the Darkness: Illuminating the Path Through Difficult Times" by Jack Kornfield and found at <https://jackkornfield.com/zen-aching-heart/>

Kornfield describes how when we struggle with our heart breaking, in love, friendship or partnership, it is very difficult. He cites how neuroscience has even discovered that the emotional suffering people experience registers in the same areas of the brain as physical pain. So when people feel abandoned and rejected, they don't want to eat, can't sleep, have difficulty breathing, or feel as if they have the flu. He asks what we can do to accept the loss of someone close to us rather than spending fruitless hours going over how they are wrong and we are right or vice versa, or repeatedly justifying to ourselves what we said or did or wishing we'd said or done something else. Kornfield discusses using Zen teacher Karlfried Von Durckheim's perspective of the importance of the need to go through our difficulties in a conscious and clear way. He suggests suffering the losses can become places where we grow the most. "By grieving honorably and tenderly and working our way through our difficulties, our ability to love and feel compassion for ourselves and others deepens, along with the trust that will help us through similar problems in the future. "



Internal Family Systems Therapy and Mindfulness

The following is excerpted and summarized from "When Meditation Isn't Enough" by Richard Schwartz in Psychotherapy Networker at:

https://psychotherapynetworker.org/blog/details/1060/the-paradox-of-acceptance?utm_source=Silverpop&utm_medium=email&utm_campaign=110516_p_n_i_r_t_WIR_11amthrottled The full version is available in the September/October 2011 issue of Psychotherapy Networker , “The Mindfulness Movement: Do We Even Need Psychotherapy Anymore?”

In this article, Richard Schwartz PhD discusses the use of Buddhist mindfulness insights in Internal Family Systems therapy. These practices show that everyone (even those with severe inner turmoil) can access a state of spacious well being by beginning to notice their more turbulent thoughts and feelings. As people relate to their disturbing inner experiences from this calm, mindful place, not only are they less overwhelmed, but they can become more accepting of the aspects of themselves with which they’ve been struggling. A recurrent dilemma in psychotherapy, as well as spirituality, is whether the goal is to help people come to accept the inevitable pain of the human condition with more equanimity or to actually transform and heal the pain, shame, or terror, so that it’s no longer a problem. Many therapeutic attempts to integrate mindfulness have adopted what Schwartz calls the passive-observer form of mindfulness—a client is helped to notice thoughts and emotions from a place of separation and extend acceptance toward them. The emphasis isn’t on trying to change or replace irrational cognitions, but on noticing them and then acting in ways that the observing self considers more adaptive or functional.

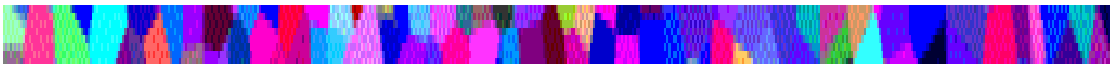
There’s a large body of research, from Jon Kabat-Zinn’s Mindfulness Based Stress Reduction, and from the ground-breaking work of Marcia Linehan’s Dialectical Behavior Therapy (DBT) with borderline personality disorder, suggesting that this shift from struggling to correct or override cognitive distortions to noticing and accepting them is powerful. Learning to mindfully witness experiences helps clients a great deal, even those with diagnoses previously considered intractable. But what if it were possible to transform this inner drama, rather than just keep it at arm’s length by taking mindfulness one step further? As a therapist, Schwartz has worked with clients who’ve come to him after having seen therapists who’d helped them to be more mindful of their impulses to cut themselves, binge on food or drugs, or commit suicide. While those impulses remained in their lives, these clients were no longer losing their battles with them, nor were they ashamed or afraid of them any longer. The clients’ functioning had improved remarkably. The goal of the therapeutic approach that Schwartz uses, Internal Family Systems (IFS), was to build on this important first step of separating from and accepting these impulses, and then take a second step of helping clients transform them.

Once people come to compassionately engage with troubling elements of their psyches, they’re often able to release difficult emotions and outmoded beliefs they’ve carried for years. For Schwartz this process of compassionately engaging with the elements of our psyches is a natural second step of mindfulness. If you feel compassion for something, why just observe it? Why not engage with it and try to help it? Some prominent Buddhist leaders advocate taking this next step. Thich Nhat Hahn, Pema Chodron, Tara Brach, and Jack Kornfield all encourage their

students not just to witness their emotions, but also to actively embrace them. It's possible to first separate from an upset emotion, but then return to it and form a loving inner relationship it, as one might with a child. Schwartz maintains all clients need to do to begin exploring this inner world is to focus inside with genuine curiosity and start asking questions and inner family members will begin to emerge. As the process continues, clients will be able to form I-thou relationships with their parts, rather than the more detached, I-it relationships that most psychotherapies and many spiritualities foster.

Once a client, in a mindful state, enters such an inner dialogue, she'll typically learn from her parts that they're suffering and/or are trying to protect her. As she does this, she's shifting from the passive-observer state to an increasingly engaged and relational form of mindfulness that naturally exists within: what Schwartz calls her "Self." Having helped clients access this engaged, mindful Self for more than 30 years now, Schwartz consistently observes that it's a state that isn't just accepting of their parts, but also has an innate wisdom about how to relate to them in an attuned, loving way. Clients have an enormous inborn capacity for self-healing, a capacity that most of us aren't even aware of. Schwartz proposes we have an inner capacity to extend mindful caretaking to aspects of ourselves that we locked away because they were hurt when we were younger and we didn't want to feel that pain again. As clients approach these inner parts—what he calls "exiles"—they often experience them as inner children who fit one of the three categories of troubled attachment: insecure, avoidant, or disorganized. These inner children respond to the love they sense from the Self in the same way that abandoned or abused children do as they sense the safety and caring of an attuned caretaker. As parts become securely attached to Self, they let go of their terror, pain, or feelings of worthlessness and become transformed—a healing process that opens up access to a bounty of resources that had been locked away.

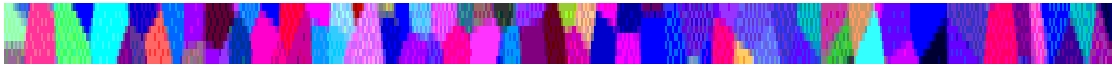
Therapists can get triggered by the intensity of their interplay with their clients, whether they wish to acknowledge it or not. Fortunately, as you become increasingly familiar with the physical experience of embodying this mindful Self, you'll be better able to notice the shift in your body when a troubled part hijacks you. With that awareness—and lots of experience doing this kind of clinical work—comes the ability to calm the part in the moment and ask it to separate and let your fuller Self return. In this way, our make us aware of what needs our loving attention.



Announcements

Local Pain Management Support Services Guide

As part of a "managing pain safely" grant to address the over use of opiates, the Humboldt Independent Practice Association is creating a resource guide to alternative therapies for pain management. There is no charge to be included, and it will be posted online on the IPA's website and also distributed in print to medical providers. We are trying to identify mental health practitioners that specialize in pain management and/or CBT or behavior modification. If you would like to be listed in the guide, please contact Beth Shipley at bethship@yahoo.com or 407-8521



NCAMHP Resources

NCAMHP has an 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

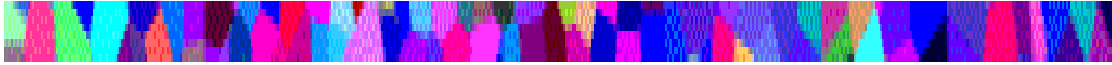
For becoming a Medi-Cal or Medi-Care provider, contact Beacon at: <http://beaconhs.com>. To apply by phone you may contact the California office at: 800 723-8641.

A 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>



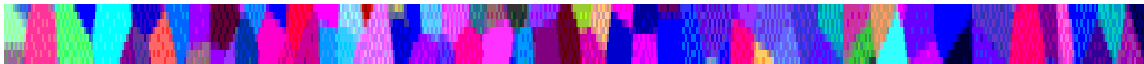
Your Voice is Important! Contribute to This Newsletter!

Contributions are always welcome; anything from a paragraph to a couple of pages would fit well in the newsletter. The deadline for the Winter NCAMHP Newsletter is 1/11/17. Send your articles and announcements to the newsletter committee: emilysiegellcsw@sonic.net

Members may advertise and post announcements for office rentals free of charge via the web at any time:

- Step 1: Go to www.ncamhp.org
- Step 2: Click on Member Login and Login
- Step 3: Click on Member Discussion Board
- Step 4: Choose "Office Rental"

Please give us feedback about this newsletter: emilysiegellcsw@sonic.net



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