North Coast Association of Mental Health Professionals
P.O. Box 5363 • Eureka CA 95502 • (707) 441-3832

Letter from Your Interm President ~
Paula Nedlecoff LMFT

Greetings NCAMHP members,

I hope this newsletter finds you enjoying longer days, blue sunny skies and joy in your lives. It seems many of us have full practices. I like to believe people feel more comfortable reaching out to us in asking for and receiving support to address their issues. It is also great that many of us are accepting Beacon and serving those who in the past had such limited options.

I want to continue to reach out to you, our membership, and ask for volunteers to get involved in one of our committees and /or active Board involvement. The torch needs to be passed and shared and it takes all of us to keep this organization well oiled. I continue to find great support in my involvement with my peers through NCAMHP. This can be an isolated line of work and I believe when you get involved you too will find the support and understanding of those who are sharing similar experiences. I urge you to give it a try. Give me a call as to talk about how you might want to volunteer.

Many of us are troubled with the recent shootings and climate of violence in our country. There seems to be so much anger and distrust. People are feeling despair, depression and anxiety. We can be the models of kindness and respect, of trust and personal empowerment. Thank you, all of you, for your efforts in making someone feel heard, feel safe and empowered. We are very privileged to share with those we work with in their journey.

I look forward to hearing from some of you. Call me or email with questions, concerns and/or comment about how to get involved. It takes all of us. Hope to see you in the fall at our General Meeting, if now before.

Paula Nedelcoff MFT
NCAMHP Board Interm President
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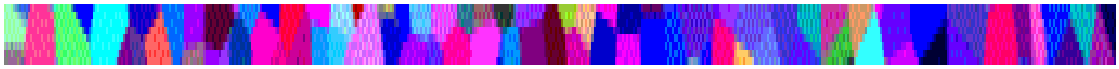


The Power of Parent Peer Groups

By Ron Taffel

The following article is a summary of a 6/28/16 Psychotherapy Networker article found online at: https://psychotherapynetworker.org/blog/details/932/the-power-of-parent-peer-groups?utm_source=Silverpop&utm_medium=email&utm_campaign=070216_pn_i_rt_WIR_sto830am The full, longer version of this article, "The Decline and Fall of Parental Authority," is available at: https://www.psychotherapynetworker.org/magazine/article/287/the-decline-and-fall-of-parental-authority?page=1

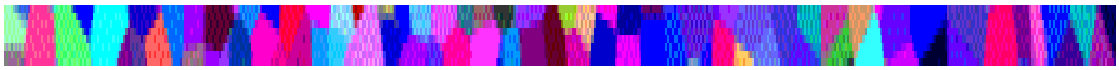
Taffel describes some ways that academic and therapeutic professionals working with children are all too often not considering the very real and increasing challenges faced by parents raising children in the 21st century. Therapists often pass over the wider parent-subverting social and economic forces that effect therapeutic work and focus almost entirely on what individual parents are doing wrong. Taffel recognizes that therapist cannot change the economy or cancel the bad effects of cyber technology or unilaterally humanize school culture. However he suggests that therapist can connect more effectively with parents' view of the world and their struggles and help them cope with the many challenges they face in a "childrearing context gone wild."

Taffel gives examples of the questions parents have that demonstrate how their everyday dilemmas do not fit with traditional rules and childrearing practices. He points out that many therapists still seem to see solutions in customary psychodynamic, family or standard evidence-based protocols. Taffel states that most overwhelmed parents of out-of-control children need just as much as psychotherapy is a strong support community that includes other parents. He feels therapists are uniquely suited to stretch their therapeutic frame into the wider world and assist parents to develop support communities among themselves. Therapists know and work with all the main figures: children, parents and school personnel. Therapists have the skills to build positive bridges between these parts of the system that are too often isolated and even antagonistic toward each other.

The more at ease parents become talking about ordinary concerns with other parents, as well as school personnel, the more self confident they become. This increased self-confidence leads to parents having more personal authority with their own children. Parent peer groups can serve as solutions to the fragmentation of modern neighborhood life. Sharing struggles with other parents and finding you

are not alone can help parents become more effective with their children. It can also lead to parents approaching schools to develop parent-school partnerships.

Taffel finds the key moment of transformation is often when, instead of focusing on children, the adults begin to focus on changing themselves. He describes these groups as becoming "community of learners "as group members decide to explore things that effect all of their lives from diversity awareness, bully programs or easing pressures of 21st century life and learn from each other. He feels therapists have an important contribution to make in partnerships with teachers and parents. Therapists who recognize the major problem parents face is the alienation and isolation that overshadows the experience of child rearing today and find ways to support parents to support each other can make a real difference in parents and children's lives.



Using the Body to Help Clients Break Old Habits and Stuck Patterns
by Daniel Leven

This article is excerpted and reprinted from the blog "Hearing the Body's Truth" by Daniel Leven. It can also be found in the 6/29/16 on-line issue of the Psychotherapy Networker https://psychotherapynetworker.org/blog/details/931/connecting-emotions-to-a-felt-body-sense?utm_source=Silverpop&utm_medium=email&utm_campaign=070216_pn_i_rt_WIR_sto830am

The idea that the mind and body are inextricably intertwined is widely accepted in our field, but many therapists remain so focused on understanding the thoughts and feelings in clients' minds that they forget about the pivotal information to be gleaned by paying more attention to clients' bodies. The three-step somatic process below can be used with just about any therapeutic approach, and it will help you directly access the important information that lives within clients' immediate physical experience.

Step 1: Connect emotions to a felt body sense. The first step in making therapy more embodied is to shift attention from a top-down verbal analysis to a bottom-up focus on physical experience. If clients have already spoken about an emotion or a difficult state of mind they're struggling with, you can say, "Take a moment and sense into your body where that feeling lives and how it feels at this point. To tune into your body more closely, you may find it helpful to close your eyes. Take as much time as you need. You can even ask into your body, 'Where does my fear (or whatever emotion your client is presenting) live, and how does it *feel* within me?' You don't even need to find words to describe what you're feeling: just feel what you're feeling. Sense into your body, starting at your head and then moving down through your torso, including your muscles and even your heart, lungs, and guts.

When you're ready, share with me what you've discovered, whatever sensations you feel."

Intense emotional states will most often be felt deeper in the body, particularly in the organs of the body. Phrases like "My *gut* reaction is to tell him to get lost" or "I felt heartbroken when I heard the news" or "I couldn't *stomach* those lies she was telling me" point to the location of our emotions deep inside the body.

You may hear clients say things like, "I feel this twisting feeling in my gut," or "It feels like my heart is a big heavy rock," or "I feel like my gut area is empty, like there's a big hole there." People have a bottom-up way of processing emotional information, which originates largely in our visceral body (our guts, heart, and lungs) and percolates upward into the brainstem, limbic brain, and finally our cortical brain, where we find words for what we feel. But before our left hemisphere can accurately find the words to describe or name what we feel, we actually need a moment to hang out in the right hemisphere and feel what we feel.

Clients may feel a type of pain that's actually old pain—pain that's never been acknowledged before—so even as you try to meet your clients with support, you may feel that they're unable to take your support in. That's because this old pain has never known real support, protection, and safety. You're now working with a client's younger self. If you sense this is the territory you've reached, you can say something as simple as "I understand that this might be an old pain that hasn't known support before, so it may not trust that there could be compassion for this pain. That's OK. I'm still here offering a connection, offering support to what your body is feeling and saying."

Step 2: Honor and support the body-centered emotion. It's important at this point for the therapist to help clients acknowledge the body's truth. We all know the importance of saying "I hear you" when our clients share something difficult or painful. The same quality of empathic listening needs to occur as your client shares the direct experience of feeling emotion in the body. You can say, "I hear that your gut is twisted," or "I hear your heart is like a big heavy rock," or "I hear your gut is empty and there's a big hole there." Our words—and, more importantly, the compassion and respect that underlie these words—are key to supporting clients in this second step.

To bring support to body-centered emotions, you can have clients evoke a compassionate figure by saying, "As you continue to feel heaviness in your chest, can you imagine someone being with you as you feel what you feel? This someone can be a person, alive or dead, that would have understanding and compassion for you here, just as you are. It could even be a character in a movie or a novel that has touched you with compassion. It could be a pet or a place in nature where you felt safe and nurtured."

Step 3: Listen to what pain or wound is being held in the body. At this point, the armor or guarding that occurs around the painful emotion will have started to melt, so the body is ready to speak its truth, to reveal the pain or wound that needs support and healing. To invite the body to speak, there are two key questions to ask:

1. What's the message contained within the felt sense of the embodied emotion?

2. What else does the emotional body need?

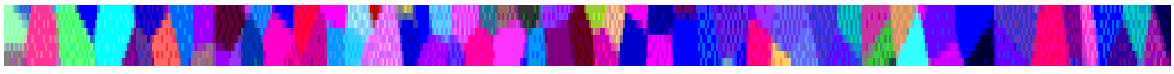
When we ask a client's heavy heart what its message is, why it's here, we may get a response like, "The message is I'm deeply sad, and I'm here because I feel betrayed." Or when we ask a client's twisted gut what its message is, it may say, "I'm really frightened, and I'm here because my husband blows up in anger at times." These may be messages that a client has already reported to you, but the key difference with this approach is that you've helped the emotion be felt within the body, in the here and now, with you as a therapist who's present as the client touches the pain.

At this point, once the body has spoken its truth, there can be a sense of completion with the process. Your clients will feel deeply heard and reconnected to themselves. However, you can pursue one more step if you'd like. This step helps regulate whatever remaining distress may be present as your clients uncover what their emotional body needs and then envision this need actually being met. This step involves saying something like "Now that you've heard the message from your body, ask it what it needs. Maybe it's safety, love, understanding. Check in and see."

Often messages—like "I need protection" or "I need to be held" or "I need love"—will emerge, at which point you want to help your clients visualize this need being met right now. You might say something like "Imagine that need being satisfied right now. Bring to mind a person, whether alive or passed away, real or imagined. Whoever or whatever it is, what's important is that you receive a response that feels as if it answers your need. Maybe they hold you, or say something like 'I care about you.' Maybe it's your golden retriever who nestles up with you and just loves you. Having heard the message from your body just a moment ago and having felt the body-sense of this emotion, notice how it now feels to have your need be satisfied. Notice if your body experience shifts, changes, transforms."

A deep sense of relief, satisfaction, or well-being will often emerge here, since your clients have gained a new wisdom about what they need in life. They're now empowered with the knowledge of what they need, as well as the body sense of how good it feels to receive it. In this way, you can provide clients with a new way of breaking old habits and stuck patterns, as well as a new means of communicating with the wisdom of their bodies.

Ultimately, through this process, the felt sense of the emotion can be acknowledged and supported in expressing itself in a bottom-up way that clients' cognitive minds can hear.



Smoking and Mental Health

The Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services is encouraging mental health providers to address the mental health link to tobacco use. The CDC states studies demonstrate that people with mental health conditions are more likely to smoke than the general population. These high smoking rates lead to damaging high rates of sickness, becoming disabled and early death from smoking related diseases for this population. Many people with mental health struggles who smoke want to and are able to quit smoking. Research has shown that adult smokers with mental health complaints benefit from smoking cessation resources. They may face extra challenges in quitting smoking and may benefit from additional services such as more intensive counseling and support. Research also indicates that quitting smoking does not interfere with mental health recovery and may have mental health benefits. Research finds smoking is associated with poorer clinical outcomes. The CDC is providing numerous Internet resources to support mental health providers to make smoking cessation assistance part of mental health treatment. Here is a list of the resources and internet links available at the CDC website: http://www.cdc.gov/tobacco/campaign/tips/partners/health/mental/index.html

Resources for Mental Health Professionals

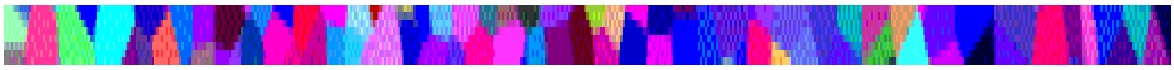
The following resources from the Centers for Disease Control and Prevention can help mental health providers learn more about smoking rates among people with mental health conditions and the importance of providing cessation education and support to those who want to quit:

- Vital Signs: Current Cigarette Smoking Among Adults Aged ≥18 Years with Mental Illness—United States, 2009–2011
- Vital Signs fact sheet: Adult Smoking, Focusing on People With Mental Illness
- Vital Signs podcast—Adult Smoking Among People with Mental Illness
- Vital Signs public service announcement: Adult Smoking Among People with Mental Illness
- Behavioral health resources and Clinician Assisted Tobacco Cessation Curriculum from the University of California San Francisco's Smoking Cessation Leadership Center.
- Information dedicated to helping providers with behavioral health patients at HelpUsQuit.org.
- "Smoking and Behavioral Health: The Shocking Statistics" at SAMHSA-HRSA's Center for Integrated Health Solutions.
- Toolkits from the University of California at San Francisco's Smoking Cessation Leadership Center.
- Free treatment manuals and free videos from the University of Wisconsin's Center for Tobacco Research and Intervention.
- The American Psychiatric Association's Practice Guideline for the Treatment of Patients With Substance Use Disorders[PDF - 2.86MB] (includes a section on nicotine dependence).
- Psychiatric Nurses as Champions for Smoking Cessation from the American Psychiatric Nurses Association.
- Smoking and Mental Illness from the American Psychological Association.

Policy statement developed by the Association for the Treatment of Tobacco Use and Dependence entitled "Integrating Tobacco Treatment Within Behavioral Health."[PDF - 50KB]

Resources to help patients on their quit journey:

- Handout for Your Patients — "Reasons to Quit Smoking"[PDF - 1 MB] This patient handout includes important reasons to quit smoking.
- A printable, pocket-sized tobacco intervention card[PDF - 71 KB] This card lists the steps for conducting a brief tobacco intervention with your patients.
- Fact sheet about Tips[PDF - 1 MB] This Tips fact sheet explains how mental health care professionals can get involved and support their patients.
- FAQs for Health Care Providers
- FAQs about how quitlines work and their effectiveness
- The Tips From Former Smokers Download Center includes videos to show in your waiting room, radio ads, print ads, and more free resources.
- Free videos, print ads, radio ads, and other Tips campaign materials from the Tips Download Center to show in your waiting room.
- Free notepads (with the 1-800-QUIT-NOW quitline number and CDC logo) to use in your practice (enter "notepad" in search bar on publication catalog Web page).
- Explain the health consequences of smoking. Use Rebecca's Tips ad as an example of the benefits of quitting
- Encourage your patients to visit the I'm Ready to Quit page on the Tips Web site. You may also link to this page from your practice's Web site.
- Let your patients know that they can get free quit help by calling 1-800-QUIT-NOW (1-800-784-8669) or 1-855 DÉJELO-YA (1-855-335-3569) (for Spanish speakers).



What are you afraid will happen if you truly express yourself?
By Rick Hanson, Ph.D.

In this article, Rick Hanson, Ph.D., psychologist, *New York Times* best-selling author, Senior Fellow of the Greater Good Science Center at UC Berkeley, and invited speaker at Oxford, Stanford, and Harvard universities, discusses the way many of us learned at an early age that our need for attention, love, appreciation, encouragement, reassurance etc. wouldn't get met, and learned to expect as much from others there on out. This is really painful as a child, especially when we are little and have few internal and external resources to deal with it. Thus, he argues, we protect against the pain of rejection, by learning not to feel and not to ask....to

shut it all down. After a while, we just feel numb to both our feelings and our needs....and do all sorts of things to avoid them and others for fear of rejection. Here, Hanson offers some tools for recognizing when this is happening and how to push into it in ways that offer increased opportunities for authenticity and intimacy in our lives.

The following is excerpted and reprinted from Dr. Hanson's weekly newsletter JUST ONE THING. It's a free newsletter : https://visitor.r20.constantcontact.com/manage/optin?v=001qgI9GeY_mqS6iFZF1l4bdVL-66eB55Uk5rVxFqJmU6LPTtJSHuxImAVjdXKuhk5Rox83nFePta_LrWKOr5mKKa5OPAxBeL-14mB8G2zJNw8%3D

that suggests a simple practice each week for more joy, more fulfilling relationships, and more peace of mind.

Risk The Dreaded Experience.

WHY

When things happened to you as a child - or you saw them happening to others - you naturally formed expectations about what you'd likely feel in similar situations in the future. Based on these expectations, you developed responses: do *this* to get pleasure, do *that* to avoid pain. Then experiences in adulthood added additional, related expectations and responses.

Consequently, the following sequence routinely happens inside you, me, and everyone else many times a day - usually within a few seconds and often unconsciously:

1. A feeling or desire emerges in the mind, seeking expression.
2. This activates an associated expectation of emotional pain (from subtle unease to extreme trauma) if the feeling or desire is expressed; this pain is the "dreaded experience."
3. This expectation triggers an inhibition of the original feeling or desire in order to avoid risking the dreaded experience.

For example, (1) you'd like more caring from someone, but (2) but your childhood has led you to be cautious about revealing those vulnerable longings, so (3) you play it safe and don't ask for anything.

Take a moment to find one or more ways that this sequence - (1) an *emerging self-expression* leads to (2) an *associated expectation*, which leads to (3) an *inhibiting response* - unfolds in your mind. Here are some examples:

- (1) You want to get closer (e.g., emotionally, physically) to someone, but (2) moving closer exposes you to the risk of rejection, so (3) you do something that is distancing.

- (1) A feeling comes up (e.g., sadness, anger) but (2) expressing this feeling (or feelings in general) was discouraged in your childhood, so (3) you change the subject, make a joke, or otherwise move away from the emotion.
- (1) A desire arises to make something happen (e.g., aim for a new goal at work, write a song, plant a garden), but (2) you fear being unsuccessful, unsupported, scorned, or thwarted if you stick your neck out, so (3) you set aside your dream one more day.

Sometimes this is reasonable. For instance, (1) the urge to tell your boss to stuff it (2) prompts an expectation of big trouble if you do, (3) so you keep quiet.

But if you're like me and most people, your expectations of pain are often unreasonable. The negativity bias of the brain makes you overestimate both the likelihood of a bad outcome from self-expression and the amount of pain you'll feel if something bad actually happens. Further, the deep-down expectations that most shape self-expression developed when you were a child, so it is normal for them to be:

- Concrete, simplistic, and rigid - even though now you can think in more abstract, complex, and flexible ways
- Based on a time when you (a) were stuck with certain people (e.g., family members, peers), (b) had few resources, and (c) felt pain keenly - even though now you have much more (a) choice in your relationships, (b) assertiveness, money, and other resources, and (c) capacity to cope with pain.

These unreasonable expectations lead to responses that are needlessly pinched and cramped: we numb out internally, muzzle ourselves, stay safe and distant in relationships, and shrink our dreams. The experiences we dread hem us in, like taboo lands surrounding a shrinking little pasture, controlling us, telling us: "Don't chance that, live smaller." And most of the time, we suffer these costs without even realizing it.

What's the alternative? It's to risk the dreaded experience - and reap the rewards that result. For example:

- (1) Wishing for something from an intimate partner, (2) you feel nervous about saying it, yet you know it's likely to be well-received and that you'll be fundamentally all right if it's not, so (3) you decide to speak up and risk feeling let down - and with some zigs and zags, it works out pretty well.
- (1) You don't feel your boss fully appreciates your abilities, but (2) he reminds you of your critical father and you dread those old feelings of hurt and low worth if you ask for more challenging (and interesting) assignments. So you plan carefully and identify a project he'll probably support, and you bring to mind, again and again, positive experiences of feeling seen and valued by others to help you cope if he is dismissive of you. (3) Having done your homework, you approach your boss with strength and clarity, which increases your odds of success.

(1) You want to start a business. (2) Even though you worry about looking like a fool if it fails, you remind yourself that most people respect those who stick their necks out and have an entrepreneurial spirit. (3) So you start that business and do your best, at peace with whatever may happen.

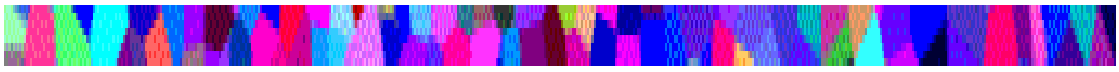
HOW

Start by *observing* how this sequence proceeds in your mind: (1) self-expression -+ (2) expectation of pain -+ (3) inhibition. This is the most important step (which is why the explanation above is longer than usual). You'll frequently see it in retrospect, when you replay a response you had in a situation - a (3) - and realize that its *function* was to shut down your self-expression. At bottom, many of our reactions are strategies (often unconscious ones) for avoiding a dreaded experience.

Next, *challenge your expectations*. Are they really true? Help yourself appreciate the *fact* that expressing your emotions and wants - in reasonably skillful ways - will usually lead to good results. Speak to yourself like a wise, firm, and encouraging swim coach talking you through the first time you dove into a pool, with lines like *Other people have done this; it turned out okay for them and it can be the same for you. You have the abilities to make this work*. *Yes*, i*t won't be perfect and might be uncomfortable, but you will be all right. I believe in you*. *Believe in yourself*.

Then, move out of your comfort zone by *taking calculated risks*. Start with easy situations in which the odds of self-expression causing a bad result are small - and even if the bad result were to occur, it would be only mildly uncomfortable for you. Then work your way up the ladder of increasingly vulnerable and high-stakes self-expression. A wonderful freedom grows in the heart as you do this; you're less cowed by dreaded experiences and not clipping your wings to avoid them. If a particular self-expression does lead to a painful result for you, notice that you can cope with this pain and that it soon comes to an end, and absorb the reasonable lessons (e.g., it's not wise to confide in a certain friend). Overall, you could well decide that it's worth occasionally feeling some pain in order to gain the much greater pleasures of fuller self-expression.

Last, *take it in* when you risk self-expression and it turns out fine (as it usually does). Really highlight it in your mind when pessimistic expectations don't come true, or when feared events do occur but they're not all that upsetting. Open to the satisfaction of expressing yourself, and let it sink in. Feel the healthy pride and self-respect earned by being brave enough to dive in.



Trainings

Free Problem Gambling Training

The Office of Problem Gambling (OPG) is currently recruiting licensed health providers to become authorized to provide treatment in the California Gambling Education and Treatment Services program (CalGETS). Licensed health providers who meet the criteria to become a CalGETS provider will be eligible to receive fee-for-service reimbursement from the state.

CalGETS is a state-funded treatment program to help Californians (18 years or older) who are either directly or indirectly negatively impacted by problem gambling behaviors. CalGETS treatment services are provided to clients at no–cost. CalGETS provides training for licensed health providers to treat problem gamblers and their loved ones, CalGETS Training is FREE**,** (30 FREE CEU's are offered.).

California's population is diverse, but diversity should not be a barrier to receive treatment services. In order to meet the needs of all Californian's, OPG is currently recruiting a more diverse, multicultural, and multigenerational workforce.

OPG would like to collaborate with your organization to increase recruitment efforts throughout the state. Attached is the CalGETS recruitment flyer. We would like to request that your organization distribute the flyer and /or CalGETS information to your contact list, organizations and partners.

Recommendations to increase our recruitment efforts are welcomed.
OPG will conduct a Phase I training August 24-26 in San Diego, California,
to **REGISTER** click
here : http://www.cdph.ca.gov/pubsforms/forms/CtrldForms/cdph8750.pdf

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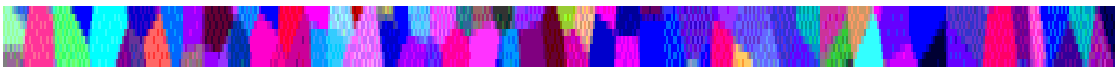


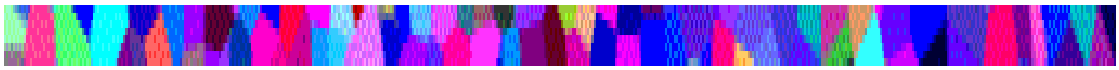
Announcements

Appreciating Melissa Ward

BIG thank you to Melissa Ward for all her work as an NCAMHP Board member and member of various committees. She will be going to UC Fullerton this Fall to pursue her Masters degree. Good luck on your Masters Journey!

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. 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.

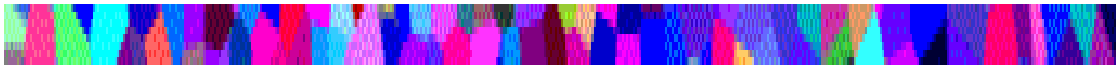
A report has been released by the American Psychiatric Association about growing body of evidence on integrated medical and behavioral health care demonstrates the promise of these models for providing better care, improving patients' health, and lowering health care costs. It is called: "Integrated 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



Job Announcements:

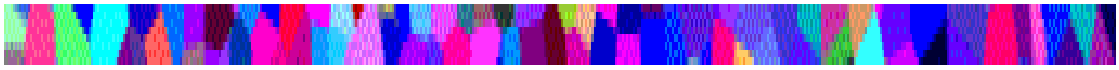
Open Door Community Health Center is looking for experienced clinicians who want to work in a comprehensive clinic setting as part of the care team with medical providers, psychiatrists and support staff in Humboldt County. They are accepting applications for the following positions:

CHILD/ADOLESCENT THERAPIST (LCSW, LMFT, PsyD) to work with children, teens and families (Arcata)

ADULT THERAPIST (LCSW, LMFT, PsyD) to work with adults, couples and families (Arcata)

INTEGRATED BEHAVIORAL HEALTH SPECIALIST (ACSW, MFT, MBH) to work with adults (Eureka)

For more information and application you can use the website: http://opendoorhealth.com/opendoor/?page_id=5306 or contact Breanna Peterson: Human Resources, Staff Recruitment and Retention Specialist
Open Door Community Health Centers, 670 9th Street, Suite 203, Arcata, CA 95521;
Tel: 707.826.8633 x5175 Fax: 707.826.8628



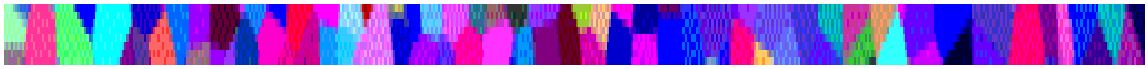
Your Voice is Important!
Contribute to This Newsletter!

Contributions are always welcome; anything from a paragraph to a couple of pages would fit well in the newsletter. The deadline for the Fall NCAMHP Newsletter is 9/16/16. 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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