



**Letter from Your President ~  
Paula Nedelcoff LMFT**

**Greetings NCAMHP members,**

I love Fall. I find it is the time to nest, settle in, welcome colors of orange and gold, smells of spices and soon fires to warm ourselves by at night. Fall is also a time people are less distracted by summer holidays and distractions and may be reaching out to us.


I know we all need to make sure we are doing self-care and limit how much we work and take on. I do want to urge all of you to keep us all posted on openings you may have and or expect to have as there seems to be far more need than therapists and time. Reach out to one another, learn who is providing what types of service, including short-term work, groups and specialized treatment.

I am actually writing this President's letter from here at home. I will not be abroad for work because I have been fortunate enough to be hired at Counseling and Psychological Services (CAPS) at HSU. I have been very impressed with the many therapists at the center and things are busy up there. Many of you may have heard from Kelsi Guerreo who is our CAPS Case Manager. She is doing outreach to most of you to see how you would like us to refer to you and to encourage you to see a student or two as needed.

Our Humboldt County is such a special place to live. There are so many ways to get involved. This newsletter may include something you might be interested in being involved of interest to you. Thank you for your commitment to the well being of yourself, your clients, and your community.

Blessings

*Paula Nedelcoff MFT*  
NCAMHP Board President  
[therapydok@sbcglobal.net](mailto:therapydok@sbcglobal.net)



## **Beacon Providers Required to Sign Up with Medi-Cal Workshop Friday 9/28/18 2-5 pm at Humboldt Area Foundation**

Back in May, Beacon started circulating letters about the new federal law requirement that all Beacon providers must sign up with Medi-Cal. Medi-Cal has a website <https://pave.dhcs.ca.gov/sso/login> that makes the process less cumbersome.

You will need:

1. driver license
2. state license
3. office lease
4. malpractice
5. general liability for office (may be included in malpractice)
6. tax id letter (if you use one. If you cannot find your letter, call IRS at 1-800-829-4933. IRS will send a copy to do in two weeks)
7. The website will do multiple verifications of your info. The website is user friendly (unusual for a government website) and you will reduce processing time.

Judy Judge, Precision Billing (email: [precisionbill@outlook.com](mailto:precisionbill@outlook.com)), will be doing a workshop on going through this process of signing up with Medi-Cal for Beacon providers at Humboldt Area Foundation on Friday, 9/28/18 from 2-5 pm for \$10.



## **Collaborative Documentation—A New Way to Do Progress Notes**

While looking at the video blogs by Maelisa Hall PsyD on <https://www.gaprep.com/blog/>, a website recommended in the NCAMHP newsletter by Kerima Furniss LCSW, I scrolled down and noticed the June 25, 2018 blog “Quick Case Notes (Collaborative Documentation Q&A).” Just the idea of “collaborative documentation” intrigued me so I watched it. Hall suggested that doing the documentation in collaboration with the client at the end of a session could increase transparency and decrease the time it takes to write up documentation. She described a variety of ways of doing collaborative documentation from taking notes of the collaborative conversation with a client

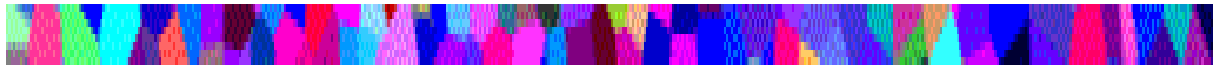
about what was important in the session then writing it up later, to writing the entire note up with the client during the session. I tried it, by just taking notes of our conversation, and not only do I like it but my clients have also all expressed enthusiastic support for the process. It doesn't take long, and it is very interesting to hear what the client thinks were the important parts of the session. I got curious, wondering why I had never heard of collaborative documentation before so I started looking on the Internet. I found two interesting slide shows on how to implement this from Substance Abuse and Mental Health Services Administration (SAMHSA), the agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health:

[https://www.integration.samhsa.gov/mai-coc-grantees-online-community/Breakout4\\_Collaborative\\_Documentation.pdf](https://www.integration.samhsa.gov/mai-coc-grantees-online-community/Breakout4_Collaborative_Documentation.pdf) and

[https://www.integration.samhsa.gov/pbhci-learning-community/Jun\\_2012\\_-\\_Collaborative\\_Documentation.pdf](https://www.integration.samhsa.gov/pbhci-learning-community/Jun_2012_-_Collaborative_Documentation.pdf). I also tried looking into how long this has been going on, and did find one review article that described the earliest use of collaborative documentation in 2010:

[https://sophia.stkate.edu/cgi/viewcontent.cgi?referer=https://www.bing.com/&httpsredir=1&article=1044&context=msw\\_papers](https://sophia.stkate.edu/cgi/viewcontent.cgi?referer=https://www.bing.com/&httpsredir=1&article=1044&context=msw_papers) . I've told a few other therapists who also really liked the idea and, like me, had never heard of it before.

To me it useful therapeutically, demystifies the process of therapy, empowers clients and it definitely makes writing progress notes a lot faster and easier. Perhaps you would like to try it too.--Emily Siegel LCSW



## **Intelligence Doesn't Always Come With a Conscience Or: Anatomy of a Sociopath by Diane Warde LCSW**

Ok now, the question is, when is conscience developed? Is it in the earliest sensorimotor stage, when an infant learns to trust or mistrust? Or perhaps it pops in when the young child is confronted with a moral dilemma of choosing between right and wrong. Does the maladaptation occur when the child must make a choice that is perceived to be survival based, such as whether to steal or not steal so that he/she can eat and live to see another day? Developmental psychologist, Isaac Maslow, might agree as he posited in his well-known Hierarchy of Needs theory.

Survival is a pretty strong instinct. Where this goes sideways is when behavior is dictated by irrational fears. An individual without an appropriate support system may lash out in anguish over attempts to meet their basic need for food, shelter and to be loved and valued in their uniqueness. When attempts to meet one's needs are deemed "futile" they may either become isolated and despondent, or aggressive.

Aggressive persons like this are not always violent, but it is easy to see how their cognitive distortions could be dangerous as they attempt to control and manipulate

their surroundings. Successful sociopaths have learned the power and influential properties of being charming and enigmatic. When they achieve being well-liked and admired they can better gauge the outcome of their devious plans. Yes, perhaps an encapsulating definition of a sociopath is that they do have devious plans. No one can stand in their way, or the perceived opponent will be deterred or possibly eliminated in one way or another.

In this contextual analysis, the words narcissist and sociopath have been used interchangeably; as sociopaths also commonly have narcissistic traits. Psychodynamic models indicate that a frail ego development may morph into a self-inflated grandiosity such as is exhibited by some celebrities and politicians. However, it should be noted that not all narcissistic persons are sociopathic. Clearly, some celebrities and politicians use their platform and money to advance awareness of social causes and humanitarian efforts. Perhaps the takeaway here is to differentiate between healthy ego development and a bully.

The person with healthy ego development knows their potential self-worth and is humble. The individual with maladaptive ego development is either fragile or narcissistic. Persons with a fragile ego often miss opportunities for self-actualization and personal fulfillment. Persons with grandiose egos seek constant self-gratification of one kind or another. Some sociopaths are highly intelligent, though misdirected. They may have some awareness of their own shortcomings. They may use people delegated to literally and figuratively “clean up their messes.” Brilliant as this may be, there is always a chink in their body armor, an Achilles’ Heel that is always at risk of being exposed. Narcissist Sociopaths know this, and they can be seen running from any exposure of their true character weaknesses.

A sociopath will look for other people with poor ego development (often the fragile type), to use them. A true narcissist may lure other narcissists into their web to ensure obtaining goals while holding them to loyalty via potential or emotional blackmail. Understanding the traits and web of deceit is a way to steer clear from becoming a victim of the sociopath’s plot.

For a contrasting viewpoint, in an article published by Psychology Today on Dec. 11, 2016, by Scott McGriel, “[Are Psychopaths Really Smarter Than the Rest of Us?](#),” the researcher addressed some popular myths about psychopaths' abilities.

“When lay people think about a psychopath, they may, quite reasonably, think of someone who's potentially very dangerous, or even evil. Yet they may also picture someone who's highly intelligent. However, research shows that psychopaths are no more likely to be highly intelligent than the average person...This misconception might also reflect something about the way people perceive the nature of intelligence. That is, people may associate high intelligence with emotional coldness and disregard for social norms, whether or not this is really true.”

According to McGriel, “Psychopathy is among the most difficult disorders to spot. The psychopath can appear normal, even charming. Underneath, he lacks conscience and empathy, making him manipulative, volatile and often (but by no means always) criminal; [but] adult psychopathy is largely impervious to treatment, though programs are in place to treat callous, unemotional youth in hopes of preventing them from maturing into psychopaths.”

McGriel also specifies that “Psychopathy is a spectrum disorder and can be diagnosed only using the 20-item Hare Psychopathy Checklist. (The bar for clinical psychopathy is a score of 30 or, more). Brain anatomy, genetics, and a person’s environment may all contribute to the development of psychopathic traits; [and the] terms psychopath and sociopath are often used interchangeably, but in correct parlance a sociopath refers to a person with antisocial tendencies that are ascribed to social or environmental factors, whereas psychopathic traits are more innate, though a chaotic or violent upbringing may tip the scales for those already predisposed to behave psychopathically. Both constructs are most closely represented in the Diagnostic and Statistical Manual of Mental Disorders (DSM) as Antisocial Personality Disorder.”

McGriel cites other misconceptions about psychopathy. “In one study, people were asked to read a series of statements about psychopathy, and rate how much they agreed each statement is true (McGriel citing: Furnham, Daoud, & Swami, 2009). Most participants were likely to agree with statements like: Psychopaths are often highly intelligent, and Psychopaths are very socially skilled and competent in most social situations.” McGriel indicates that “Psychopaths tend to be socially bold and highly confident, and possess superficial charm that they use to manipulate others. However, there is no evidence that they are more likely to be highly intelligent than the average person. A review of studies found that the correlation between psychopathy and intelligence is nearly zero, suggesting that most people with psychopathic traits are neither highly intelligent nor particularly dull.”

McGriel’s summary surmises that: “Psychopaths tend to be cold-hearted—emotionally detached from others—and criminals with psychopathic traits can plan serious crimes in a calm, calculating manner... Therefore, they present an image [that] psychopaths tend to be cold-hearted—emotionally detached from others—and criminals with psychopathic traits can plan serious crimes in a calm, calculating manner. Therefore, they present an image of people with cold hearts and cruel brains.”

Citations included, as cited in McGriel’s bibliography:

Chamorro-Premuzic, T., & Furnham, A. (2006). Personality and self-assessed intelligence: Can gender and personality distort self-assessed intelligence? *Educational Research and Reviews*, 1(7), 227-233.

Chamorro-Premuzic, T., Furnham, A., & Ackerman, P. L. (2006). Ability and personality correlates of general knowledge. *Personality and Individual Differences*, 41(3), 419-429. doi:10.1016/j.paid.2005.11.036

Decuyper, M., De Pauw, S., De Fruyt, F., De Bolle, M., & De Clercq, B. J. (2009). A meta-analysis of psychopathy-, antisocial PD- and FFM associations. *European Journal of Personality*, 23(7), 531-565. doi:10.1002/per.729

DeYoung, C. G. (2011). Intelligence and Personality. In R. J. Sternberg, & Kaufman, S. B. (Ed.), *The Cambridge handbook of intelligence* (pp. 711-737). New York: Cambridge University Press.

Edens, J. F., Clark, J., Smith, S. T., Cox, J., & Kelley, S. E. (2013). Bold, smart, dangerous and evil: Perceived correlates of core psychopathic traits among jury panel members. *Personality and Mental Health*, 7(2), 143-153. doi:10.1002/pmh.1221

Fetterman, A. K., & Robinson, M. D. (2013). Do you use your head or follow your heart? Self-location predicts personality, emotion, decision making, and performance. *Journal of Personality and Social Psychology*, 105(2), 316-334. doi:10.1037/a0033374

Furnham, A., Daoud, Y., & Swami, V. (2009). "How to spot a psychopath": Lay theories of psychopathy. *Social Psychiatry and Psychiatric Epidemiology*, 44(6), 464-472. doi:10.1007/s00127-008-0459-1

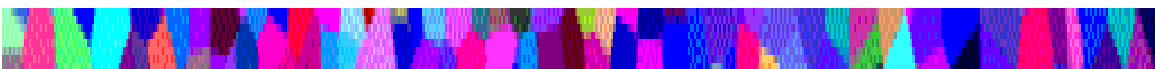
Möttus, R., Allik, J., Konstabel, K., Kangro, E.-M., & Pullmann, H. (2008). Beliefs about the relationships between personality and intelligence. *Personality and Individual Differences*, 45(6), 457-462. doi:http://dx.doi.org/10.1016/j.paid.2008.05.029

O'Boyle, E. H., Forsyth, D., Banks, G. C., & Story, P. A. (2013). A meta-analytic review of the Dark Triad-intelligence connection. *Journal of Research in Personality*, 47(6), 789-794. doi:http://dx.doi.org/10.1016/j.jrp.2013.08.001

A full text version of the Psychology Today article can be found online at:

<https://www.psychologytoday.com/us/blog/unique-everybody-else/201612/are-psychopaths-really-smarter-the-rest-us>

*The writer, Diane Warde, LCSW is in private practice in Arcata since 2011, specializing in individual treatment associated with trauma.*



## Trainings

### **EMDR Basic Training: Parts 1&2-Transforming Trauma with EMDR for Psychologists, LPCCs, MFTs, LCSWs, Nurses**

NCAMHP and The Parnell Institute, LLC are presenting this exciting training led by Constance Kaplan, LMFT, on October 19 – 21 & November 2 – 4, 2018 at the Humboldt Aquatic Center, 921 Waterfront Dr., Eureka. The schedule for both trainings are Friday Evening: 6:00pm – 9:00pm, Saturday: 8:30am – 5:30pm, Sunday: 8:30am – 5:30pm. 19 hours of CEUs provided.

**This training is currently full however, if we get 4 more people on the waitlist we will open up registration to a higher number of participants. To get on the waitlist please email NCAMHP Education Coordinator at [educcoord@ncamhp.org](mailto:educcoord@ncamhp.org)**

Eye Movement Desensitization and Reprocessing (EMDR) is a powerful therapy for healing trauma based problems. This revolutionary therapy has helped thousands recover from such traumas as war, disasters, accidents, childhood abuse, assaults, medical traumas and grief. EMDR is also used to treat the effects of smaller traumas that manifest as symptoms of anxiety, depression, phobias, low self-esteem, creative blocks and relationship difficulties. It is opening doors of the heart to genuine spiritual transformation.

This course is limited to mental-health professionals who are licensed in their state to provide treatment. Through lecture, hands-on practice, and demonstrations, participants will be shown:

- Protocols and procedures for using EMDR with a wide range of diagnostic categories
- Client selection criteria and cautions necessary for safe use of EMDR
- How to prepare clients for EMDR
- Techniques for working with blocked processing and abreactions (catharsis)
- Methods for working with dissociation
- How to use EMDR with adults traumatized as children
- Methods for developing inner resources used for interweaves, ego strengthening, and client closure

This course has been approved by the EMDR International Association (EMDRIA). In accordance with EMDRIA standards, participants wishing to complete the requirements for EMDR Basic Training must complete this course, receive ten hours of consultation from an EMDRIA-approved recommended consultant from the Parnell Institute faculty, and then take a Parnell Institute Advanced Clinical Workshop and Refresher Course (Part 3).

About the Instructor: Constance Kaplan, LMFT is an EMDRIA Approved Consultant, Senior Trainer for the Parnell Institute and Co-Director of Training Trainers with Dr. Laurel Parnell at the Parnell Institute. With over 25 years of experience, she integrates Attachment-Focused EMDR, somatic modalities, and mindfulness work into a contemporary Object Relations practice designed to meet the needs of each individual client. Her work is assisted by a healing canine colleague. She provides individual and group consultation to therapists seeking EMDR Certification, Approved Consultancy and those completing their Basic Training 10 consultation hours. She is former founding President of the Board of the Trauma Resource Institute and former President of the Association for Psychoanalytic Thought of Southern California. She has served on various trauma relief teams, facilitated TRM trainings and provided onsite trainings to first responders and mental health professionals around the country.

Cost: Enrollment Fee is \$1200. Go to [www.NCAMHP.org](http://www.NCAMHP.org) for more information

## **2019 Law & Ethics Workshop**

Pamela H. Harmell, Ph.D. will be presenting at our March 23, 2019 Law & Ethics Workshop at the Humboldt Bay Aquatic Center from 9:00 am - 4:30 pm. If you have specific areas of Legal and Ethical issues that you would like to have addressed in this workshop, we have the opportunity to pass this information along to Pamela in advance to potentially be incorporated into the training. Please submit to Emily Trutt, education coordinator at [educCOORD@ncamhp.org](mailto:educCOORD@ncamhp.org)



## **Announcements**

### **Court Ordered DV and Child Abuse Offender Practice Available**

Pasquale Romano LCSW 17745 has provided offender therapy for over 20 years in Humboldt County and is look toward retirement. He is looking for a person(s) or an agency who is willing take over a staff of 4 to provide treatment to DV and Child Abuse Offenders in a well established program. Interested parties are encouraged to



inquire by calling Pasquale at 441-8630, cell 707-845-8581 or email [pasqualehome@gmail.com](mailto:pasqualehome@gmail.com)

## **Join the Disaster Healthcare Volunteers (DHV) of California**

Humboldt County's DHHS—Public Health-Emergency Preparedness Program invites you to join the Disaster Healthcare Volunteers (DHV) of California program. The Disaster Healthcare Volunteers program is administered statewide by the California Emergency Medical Services Authority (EMSA) and operates in coordination with Counties to register, credential, identify, and deploy currently licensed volunteer healthcare professionals for response to emergencies or disasters. Your role will be to practice your profession or skill as either an individual or as part of an organized response team.

The recent California wildfires have shown us once again that disasters can happen suddenly and have a devastating impact over a wide area. Humboldt County specifically is vulnerable to many potential emergencies and disasters, including: wildfires and wildfire smoke, pandemic flu, flooding, earthquakes, tsunamis, and infrastructure failure.

Humboldt County has been part of DHV since 2011. It is time, however, to reach out to our community to revise and expand our group of volunteers. We hope you would be interested in potentially volunteering and applying your healthcare skills during an emergency/disaster in Humboldt County, or possibly throughout California. Even when registered, assisting through DHV in an emergency/disaster is always voluntary. Please visit the state DHV website ([www.healthcarevolunteers.ca.gov](http://www.healthcarevolunteers.ca.gov)) for more information and to sign up.

In times of disaster, Humboldt County needs you!

For questions and information you can also contact : Humboldt County Public Health-Emergency Preparedness Team, E-mail: [dvolunteer@co.humboldt.ca.us](mailto:dvolunteer@co.humboldt.ca.us)



## **New Private Practice Announcements**

### **"Pio" Choong Yuk Kim, PhD**

I want to introduce myself to NCAMHP members. My name is Choong Yuk Kim, aka "Pio." I am a licensed psychologist and will open my private practice (the effective date is actually tomorrow, Aug-01-2018) after having worked at Humboldt State University's Counseling and Psychological Services for three years. With some

excitement and anxiety, I decided to start another new journey. Currently, I am credentialed and enrolled with Beacon Partnership and Medicare. In addition to individual and couple counseling, I am planning to provide ADHD assessment and consultation services if there is a need from the community and therapists. Because I have worked only for the university (and another university), I will appreciate your input regarding the needs of the local community. Thanks in advance! I am looking forward to working closely with you all. --"Pio" Choong Yuk Kim, PhD, Licensed Psychologist, CA 28953, 830 G St. Suite 250, Arcata, CA 95521, Tel/Fax: 707-840-6171; website: [www.drpiokim.com](http://www.drpiokim.com)



## **Support Groups**

### **Parent and Caregivers Support Group**

The Parent and Caregivers Support drop-in group will continue to meet at its school year location, the Lincoln campus of the Marshall Family Resource Center, 216 W. Harris St (Summer And Pine) on Thursdays, from 10-11:30 AM Playcare is available if arranged in advance.

Parents and caregivers (such as grandparents raising grandchildren or foster parents) meet in a safe and supportive setting to learn ways to get and give support to each other. For parents and caregivers who are looking for mental health services for themselves or their children, the Parent and Caregiver Support Group can be a helpful way to get support right away, even while they are trying to find a therapist for themselves or their child. Emily Siegel LCSW facilitates the group. She has been using and teaching this method for over 35 years. It is based on Re-evaluation Counseling also known as Co-Counseling (<http://www.rc.org>). Call 707-845-2401 for more information or questions.

### **Chronic Pain Group for Open Door Patients**

All Open Door patients are welcome to join our Chronic Pain Group that meets every 2nd Tues of the Month from 1:30 to 2:30 in Eureka. The group gives each other support and suggestions concerning chronic pain issues and other emotional issues. The group is lead by Carol McNeill, MFT. For location and other information, please call Carol at 707-498-6158.

### **Humboldt County Programs for Recovery/ HCPR**

Humboldt County Programs for Recovery (HCPR) provides services to those seeking help regarding recovery from substance use. The program treats individuals who, due to substance use, are experiencing problems in a variety of areas including physical health, relationships, employment, or with the legal system. HCPR offers

outpatient treatment conducted primarily in a group setting. A variety of outpatient treatment groups meet from one to four days per week and are tailored to meet individual interests and needs. If a person needs other services such as residential treatment, detoxification, or other types of counseling, referrals are provided to other programs or agencies. It is easy to access services by stopping by either of the HCPR locations, picking up a packet, and then bringing the completed packet to the HCPR office at 720 Wood Street during any of their intake times: Mondays at 2:00 p.m. Wednesdays at 9:00 a.m. and 2:00 p.m. Fridays at 9:00 a.m.

For more information, call 707-476-4054. Office hours are 8:00 a.m. to noon, and 1:00 to 5:00 p.m., Monday through Friday.

The following groups are meeting: Extensive Outpatient group is focused on identifying triggers for relapse and teaching coping skills (4 days a week). Dad's Program with components on parenting, anger management, relapse prevention and seeking safety/ trauma and addiction recovery (4 days a week). Men's Recovery group utilizes Seeking Safety and Helping Men Recover curriculums, a trauma informed group using Relational-Cultural Theory (2 days a week). Women's Recovery group utilizes Seeking Safety curriculum, art therapy and relapse prevention (2 days a week). Outpatient Group is a relapse prevention group focusing on identifying triggers and learning coping skills (2 days a week). Pre-Contemplation Group is a harm reduction group focusing on learning to recognize and reduce problematic substance use (2 days a week). Aftercare Group for people who have completed one of the other groups or who have recently completed residential treatment and would like ongoing support (1 day a week). Young Adults Group is a harm reduction group for adults ages 18-24 that provides education about the effects of substance use on the mind and body while establishing motivation for change in a safe, non-judgmental environment. (2 days a week).

## **“Our Pathways to Health”**

“Our Pathways to Health” is a free, 6-week program of the Humboldt Independent Practice Association to help improve the health of anyone living with a long-term health condition such as high blood pressure, high cholesterol, diabetes, arthritis, depression, obesity, heart disease, fibromyalgia, COPD, or chronic pain. Workshops are held throughout Humboldt County. Each workshop during the 6-week program runs for 2 ½ hours, with the full series totaling 15 hours. New classes start monthly. By participating, individuals will learn better ways to cope and manage their health including: setting achievable goals, working with others, finding support and answers to questions, making daily tasks easier, relaxing and managing stress and working in partnership with you healthcare professions. For more information on locations, start dates and any other questions call (707) 267-9606.

## **Humboldt County MotherWoman Support Groups**

These groups use the MotherWoman Support Group model to create a safe, welcoming environment where women can share their reality and be supported in a non-judgmental environment. Emotional changes & challenges during surrounding motherhood are common. Moms can experience a range of emotions from feeling isolated, lonely or overwhelmed to experiencing anxiety and depression throughout their experience. These challenges can affect the whole family. It can help to share in a safe, supportive group environment.

**MotherWoman Support Group**, Om Shala Yoga, 858 10<sup>th</sup> Street, Arcata, 1<sup>st</sup> and 3<sup>rd</sup> Wednesdays 12:45pm, Kate 707-845-7635 or Erica 707-834-0373.

**Real Talk**, Moonstone Midwives Birth Center, 4677 Valley East Suite 2, Arcata, Infants in arms welcome, 3<sup>rd</sup> Thursdays 5:30pm, Laura 707-223-1638 or Julia 707-599-7919.

**Motherhood Journey Support Circle**, North Country Prenatal Services, Shaw Pavilion, Infants in arms welcome, Mondays 5:15pm-6:45pm, 707-822-1385.

**Family Matters**, Calvary Lutheran Church, 716 South Ave, Eureka, and Wednesdays 10-11:30, Stacy 707-682-6046.

**Healthy Moms MotherWoman Group**, \*This is a closed group; Please contact Healthy Moms for more information. 707-441-5220.



## **Resources**

### **Open Door Psychiatry Consultation for Private Insurance Clients**

We pleased to announce that the psychiatry service at Open Door Community Health Centers has been expanded to allow consultation for clients with private insurance. We will continue offering psychiatric consultation to clients with Partnership Health Plan (Medi-cal) and Medicare.

Our clinic model will remain strictly consultative, which means we can have 1-6 visits with clients who are referred to us. We can see clients with mental illness categorized as mild-moderate (based on Partnership Health Plan criteria). Our goal is to establish an effective medication regimen, then allow the primary care provider to take over longer-term prescribing of medications. If a client requires a higher level of psychiatric care, then we will make a referral for care outside of the Open Door system. I'm attaching our psychiatry clinic consent form so you can get a sense of the care we offer.

We can accept referrals from Open Door primary care providers. We cannot accept referrals from any other sources. If you have a client who is already established for primary care at Open Door that is interested in our services, then please have that client speak with their Open Door primary care provider about a referral.

An issue in our referral process, which may affect you, has come up in the last few months. When a client within Open Door is referred to our psychiatry clinic, that client will have a psychosocial assessment visit and be screened for exclusion criteria before seeing the psychiatric provider. This assessment is completed by an Open Door LCSW or LMFT. If a client is currently seeing you as a therapist in the community, then the assessment visit by our LCSW/LMFT may create a billing problem for you. We have heard that in some cases clients have lost their billing approval to continue seeing their community therapist, which may lead to reimbursement problems and necessitate new approval paperwork. In effort to avoid this problem for you and the client, we have created an exclusion criteria checklist. If you have a client seeking our psychiatric services, then please consider completing this checklist and faxing it to your client's Open Door primary care team. This would allow us to bypass our internal assessment visit, which has led to the billing and approval problems.

If you have any questions about this issue or about psychiatry services at Open Door you can reach us at the following numbers. For referral process and administrative questions, reach our referral coordinator, Mia Houlberg at 826-8633 (ext. 3233). For clinical questions about our services, you can reach me at 443-4666.--Dr. Jasen Christensen, Psychiatrist, Open Door Community Health Centers

### **Beacon/Partnership Representative Greta Blixt**

The Beacon/Partnership representative for our area is Greta Blixt. She is available for any kind of help including application for Beacon and billing issues. Her phone number is (707) 273-8725. Email: [greta.blixt@beaconhealthoptions.com](mailto:greta.blixt@beaconhealthoptions.com) (It is generally more useful to contact our local area representative than the people at the 800 number.)

### **Redwood Coast Village**

Redwood Coast Village is a member-run, volunteer-based organization. Members are Humboldt County residents, ages 50 and older. Volunteers come from all age groups and walks of life. They coordinate matching members' needs with volunteers' services, disseminate information from member recommendations, and help to ensure high quality in all that we do. Redwood Coast Village is a program of the Area 1 Agency on Aging, a 501c3 organization. Redwood Coast Village has continued to grow. Volunteer-based services are now being offered Eureka and Trinidad. Outreach to areas in the Eel River Valley will begin in the first half of the year. The most popular requests for services are people

are mostly asking for help with rides and home technology. There have also been requests for things like dog walking after an operation and replacing a deadbolt lock. For more information: <http://www.redwoodcoastvillage.org> or call Susan Rosso 442-3763 x 217.



## **Making Changes to Members' NCAMHP Information**

When you make changes on the website, they are not reflected on our master membership list. It is especially important for addresses and changes in licensure (going from intern to fully licensed) to be phoned into the NCAMHP phone line 707-441-3832 so we can update the master list. The only other way we find out is if your dues letter is forwarded and we see a new address when you send payment.

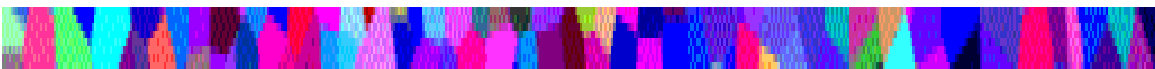


## **NCAMHP Resources**

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](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>



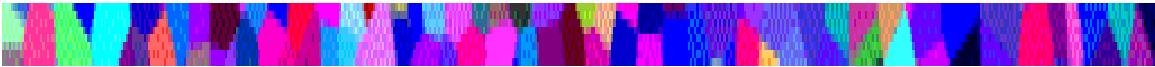
## **Internet Resources**

## **A Little Help with Documentation:**

I am new to private practice and the paperwork was and occasionally is really the most daunting aspect of my new business. Maelissa Hall PsyD has a lot of free resources that are very helpful. Her newest endeavor is her own YouTube channel. Videos can be viewed at her blog: <https://www.qaprep.com/blog/> --Kerima Furniss LCSW

## **Internet Articles and Occasional Free CEUs**

I have enjoyed reading The Psychotherapy Networker for many years. The website <https://psychotherapynetworker.org/> offers long excerpts of their recent articles, short videos, and for those subscribed to the newsletter, occasionally one free CEU for viewing a clinician interview. These change but at this time it is Janina Fisher, who we just hosted locally, who speaks about the evolution of trauma treatment, quite interesting. The newsletter also offers a weekly digest of the articles (along with additional educational offers of course). – Kerima Furniss LCSW



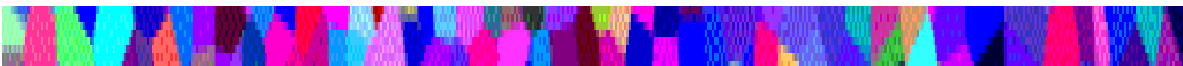
## **Your Voice is Important! Contribute to This Newsletter!**

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 9/12/18. Send your articles and announcements to the newsletter committee: [emilysiegellcsw@sonic.net](mailto: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](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 about this newsletter: [emilysiegellcsw@sonic.net](mailto:emilysiegellcsw@sonic.net)



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