



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

Hi All, Spring is in the air and I love it!

I hope this finds you and yours healthy. What a year it continues to be. We sure have all learned more about technology than we ever thought and have also learned about our own adaptability.

Be sure to keep up with your emails with information that may come from the Board or the Education Committee. We are working on trainings, upcoming events and issues/concerns. As I think you are all aware, we have made the spring trainings for free this year for members. The Board wants us all to stay as connected as possible and to also make your membership have value to you. We are so happy we were able to do this this year. We sure want to go live and in person as soon as we are safely able, however that may still be awhile.

I want to take this time to again remind you to keep our listserv for sharing information as it relates to mental health issues and concerns. I know many of us are feeling the need to share more than this as we want to connect, but consider a small group of other interested members to explore issues that may be beyond what the listserv was designed for. Also think about sharing in the newsletter. There is so much information out there that we want to share, and much of it has differing points of views. We think with that in mind, it is best to keep our listserv for our mental health purposes. Thank you

It is time to consider joining a committee or the Board. Please give some thought as to how you might like to get more involved with the membership. There are some members who may be retiring from their positions, and we want to make sure all have an opportunity to become involved. I will remain President through this calendar year. It is time to pass the torch and we want all voices heard. Feel free to ask myself or one of the Board members if you have an interest.

Meanwhile take good care of yourselves. Enjoy watching the flowers bloom. Take a moment to acknowledge yourself and the work you do to help make our community a healthier place for all.

Sure hope to see you all in person sooner than later

Blessings--

Paula Nedelcoff MFT
NCAMHP Board President
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[Click Here to Download the Membership Application](#)



Use the NCAMHP Email Listserv

The NCAMHP email Listserv has been a big help in this time of COVID 19. Lots of helpful information and support has been exchanged on the Listserv. Most of the information in this newsletter came from the Listserv. All members, we encourage you to join the Listserv if you are not already on it. To join, you can contact Cheryn English or Paula Nedelcoff. Just make sure your membership is current.



Ecopsychology: How Immersion in Nature Benefits Your Health

The following are excerpts from the article “Ecopsychology: How Immersion in Nature Benefits Your Health” by Jim Robbins in the 1/9/ 2020 [YaleEnvironment360](https://e360.yale.edu/features/ecopsychology-how-immersion-in-nature-benefits-your-health) from the Yale School of the Environment, <https://e360.yale.edu/features/ecopsychology-how-immersion-in-nature-benefits-your-health> . Thanks to Sheri Graham Whitt LMFT for sharing.

“A growing body of research points to the beneficial effects that exposure to the natural world has on health, reducing stress and promoting healing. Now, policymakers, employers, and healthcare providers are increasingly considering the human need for nature in how they plan and operate. ...

In a study of 20,000 people, a team led by Mathew White of the European Centre for Environment & Human Health at the University of Exeter, found that people who spent two hours a week in green spaces — local parks or other natural environments, either all at once or spaced over several visits — were substantially more likely to report good health and psychological well-being than those who

don't. Two hours was a hard boundary: The study, published last June, showed there were no benefits for people who didn't meet that threshold. The effects were robust, cutting across different occupations, ethnic groups, people from rich and poor areas, and people with chronic illnesses and disabilities. 'It's well-known that getting outdoors in nature can be good for people's health and well-being, but until now we've not been able to say how much is enough,' White said. 'Two hours a week is hopefully a realistic target for many people, especially given that it can be spread over an entire week to get the benefit.' The study by White and his colleagues is only the latest in a rapidly expanding area of research that finds nature has robust effects on people's health — physically, mentally, and emotionally. ...

These studies have shown that time in nature — as long as people feel safe — is an antidote for stress: It can lower blood pressure and stress hormone levels, reduce nervous system arousal, enhance immune system function, increase self-esteem, reduce anxiety, and improve mood. Attention Deficit Disorder and aggression lessen in natural environments, which also help speed the rate of healing. In a recent study, psychiatric unit researchers found that being in nature reduced feelings of isolation, promoted calm, and lifted mood among patients. ...

An increasing number of healthcare providers are also embracing the back-to-nature paradigm. One organization, [Park RX America](#), founded by Robert Zarr of Unity Healthcare in Washington, D.C., declares its mission "to decrease the burden of chronic disease, increase health and happiness, and foster environmental stewardship, by virtue of prescribing Nature during the routine delivery of healthcare by a diverse group of health care professionals." The organization has 10,000 parks in its "prescribing platform." The global [Association of Nature and Forest Therapy Guides](#) shows clients how to use immersion in nature for healing. "The forest is the therapist," the group's slogan reads. "The guides open the door." ...

Peter H. Kahn, a professor of psychology at the University of Washington who has worked on these issues for decades, is encouraged by the new focus on the subject but concerned that the growing interest in more contact with nature relies too much on only experiencing it visually. "That's important, but an impoverished view of what it means to interact with the natural world," he said. "We need to deepen the forms of interaction with nature and make it more immersive."

What are the active ingredients in a dose of nature? Pioneers in this work, Rachel and Stephen Kaplan, who began studying the subject in the 1970s, devised Attention Restoration Theory, which holds that paying attention in bustling cities, at work, or in other stressful environments requires a good deal of effortful attention. In a natural environment, however, the Kaplans found that people paid attention more broadly and in a less effortful way, which leads to far more relaxed body and mind.

Japanese researchers have studied "forest bathing" — a poetic name for walking in the woods. They suspect aerosols from the forests, inhaled during a walk, are behind elevated levels of Natural Killer or NK cells in the immune system, which fight

tumors and infections. A subsequent study, in which essential oils from cedars were emitted in a hotel room where people slept, also caused a significant spike in NK cells. ...

While the research has grown leaps and bounds, Kahn and others argue in a recent review paper that research into the topic is still lacking in many ways, and they lay out a research agenda they say would help formalize the role of nature in public health policy. Understanding nature's therapeutic effects may be arriving at a propitious moment. Some studies have found that anxiety over climate change is a growing phenomenon. Ironically, one of the best antidotes for that might be a dose of green space. 'If I am feeling depressed and anxious and worried about the environment,' Warber said, "then one of the best things I can do is go out in nature."



The History of Last Night's Dream by Rodger Kamenetz

This summer, I participated in a zoom workshop on dreams and poetry that my partner found from a fellow writer. I was amazed at the presenter's interaction with participants and his understanding of dreams from the point of view of the dream. I felt strangely at peace and very relaxed after the two hour experience of valuing and exploring our subjective worlds of imagery. I came to find out the presenter is a lay therapist, with a lot of training in dreamwork and a book called "The History of Last Night's Dream." This is Rodger Kamenetz. He was among the students that met with teacher Collete Aboulker-Muscat (1909-2003) in Jerusalem and begins his book with some of those experiences with her guided imagery. Rodger went on to work with Mark Bregman (lay therapist, NorthofEden.com) and that's what blew his dream/world open, and is the focus of his book.

Alongside Rodger's description of his awakening out of his ego predicament and into connection with Soul, he relates the history of the dream in western thought, as found in the Old Testament itself, later with Hebrew scholars and early church fathers, and then Freud and Jung. We are shown the movement of our relationship to God in dreams through the books of the Torah: first as actual meeting with God, then hearing God's voice, then interpretation of images, and lastly a fear of dreams. We see a separation from God and dreams and a huge grieving loss. And then there's the forgetting that anything has been lost. And finally later attempts at remembering and reclaiming, as with Jung.

This is a brief glimpse into Rodger's book, which I highly recommend, and the kind of work I am exploring with one of his students, soul farer Liza Hyatt.

*Carry on,
says a voice in the dark,
if possible, all the way*

*to the forgotten measure
of limestone tears,
cave pearls.*

~a verse of a recent poem found at lizahyatt.com

I'm letting myself be a student again. There's something I did not see until it was pointed out in this work: We often enter our dreams as our adult ego and view and interpret what happens from that stance. We are trying to control the dream as it happens from the point of the ego. We project our fears onto the dream characters that come to guide us. There are choices in a dream that can move the dreamer toward reactivity or toward feeling and connection. There are many choices in dreamlife, just as in waking life. There are exit points and places where we try to go away from feeling (like going to the bathroom in the dream to pee, moving away from what is happening).

It is a relief to imagine shifting out the control stance in dreams and life, because with the attempt at control comes A LOT of fear. The breakthrough for me was working with a dream where I realize I am in the back of a driverless van about to hit something. I panic and can't get to the "driver's seat." but the van slows and stops on its own. My therapist pointed out that the dream can drive, it can drive the van and slow it when I panic, I don't have to try to drive, it can even take me places if I let it. This is a relieving answer to a recurring dream where there's no one driving and always a sense of guilt/shame/fear that I SHOULD be driving. This is a new perspective to me. I can let the dream drive; the goal here is actually not to get in the driver's seat.

Working in this framework, there's a chance of seeing the predicament of the ego - it is often trying to figure things out, and feels lost, abused, or confronted. These patterns begin to be fleshed out in writing down dreams every morning and picking some big ones to work with in dream sessions.

I send Liza dreams every two weeks. Together we pick one or two dreams to work on in an hour session. There is a slow going through the dream. There is a combing through. Sometimes Liza invites me to re-enact something to discover more of what is happening. Then there's a settling onto a pivotal moment. For example, I'm in a dream and I've been asked to do something and I'm trying to carry it out. But I'm interrupted by a flood and I am running from the flood. The homework is to see myself running, stop and turn, feel that shift, then stay there and notice what comes up as I face what is coming, the flood.

This dream homework becomes a brief daily meditation, to see and feel that dream moment where there's the potential to step out of reactivity and into awareness of feeling. Another homework example is to see an intruder, notice what I feel, and take a step toward the intruder(s), with curiosity. There's nothing to figure out or interpret. Instead, the homework is to feel a shift in orientation and perspective and feeling. In his book, Rodger describes the dream homework as occurring hourly.

In our dream sessions, there is little discussion of waking life, other than as reference points for the dream characters. There is no trying to ferret out how the dream is trying to communicate something about waking life. The dream is experienced as it is, worked with as it is. And it is trusted that the waking life will shift accordingly without trying to identify how. The dream is its own life, not a reflection or mirror, but an equally compelling life being lived with characters trying to convey our experience, the world of our bigger Self. Our world suddenly gets a whole lot bigger.

And what are the sources of help in our dreams to meet, our Self? Mainly, where can we open to FEELING? This is the thrust. The places in the dream that invite us to feel and drop the script, the pattern, become the focus. To stop our warding off and defending and fearing long enough to let the dream guide us toward feeling. Eventually, there is a shining through, a breaking through of the soul Self from our projections.

We think we are wanting this connection to Soul, Lifeforce. But it is very uncomfortable to let it through. It is radical to the dream ego and feels very dangerous. It's like dying and coming undone. It's like letting strangers ransack the house. It's a breakthrough of our conditioned reactivity.

In his book, Rodger identifies predicament patterns, the opposition in ourselves to feeling, and the dream characters that exemplify our opposition. Then he identifies helping figures that are often part of the healing process, which we can easily overlook. He says that when we meet a child, it is often a good indication of our Soul, our feeling self. What is the child experiencing and inviting us to explore? What is the reflection of the state of our Soul? And once we start identifying with the child, and that pure state of feeling, then we also notice a lot of help. Eventually, there is a siding with the feeling of the dream, not a controlling or numbing of it. And that becomes part of our waking life too. Our fear and reactivity and ego strategies loosen their grip. And more of our Self can have a chance to be experienced. I thought when I started this work, I "feel" a lot already! What do you mean You want me to FEEL more? But what I am realizing is that a good deal of what I perceive as feeling is emotional reactivity. There's a difference. And eventually there's the chance to feel the actual grief of separation from Self. And that grief pulls us into being reunited with our Self. By taking our dreams to heart, over a long period of work, we heal that loss. We are given our Self back, our Soul, God.

It reminds me of the first of Ursula Le Guin's novels in her EarthSea series. The main character realizes he has to stop running from his shadow (a character unleashed by a terrible event he initiated) and instead move toward it. He eventually incorporates it and becomes immensely empowered. I have often wondered how to move toward the shadow in actuality, in myself. It's a very popular thing, shadow work. But so slippery. And yet, we have a chance just about every night in our dream: Stop running and turn around and see the intruder. Stop trying to drive the car and let the dream drive. And if we don't do it in our dream, we can do it in waking

imagination and still feel the difficult shift, the turning. We don't have to wonder or think about how to do the shadow work, it's happening already. It brings hope. Rodger's website, thenaturaldream.com, has more information and some great resources, such as writings about turning toward and moving closer to the "wound," and a clip from an interview by Oprah Winfrey about his book. He also has a list of people from his team that are offering this work.-- Liz Thompson, Ph.D.
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Pandemic's Surprising Psych Toll—Rise in Depression & Anxiety Worse Than Expected, Especially Among Young Adults

The December 2020 issue of *Scientific American* includes an article: "The Surprising Mental Toll of COVID—The rise in depression and anxiety is even worse than expected, especially among young adults" by Claudia Wallis. Here are some excerpts collected by Ken Pope, Ph.D., ABPP (Thanks to Jennifer Taylor for submitting this to the NCAMHP Newsletter)

You didn't need a crystal ball to forecast that the COVID-19 pandemic would devastate mental health. Illness or fear of illness, social isolation, economic insecurity, disruption of routine and loss of loved ones are known risk factors for depression and anxiety. Now studies have confirmed the predictions. But psychologists say the findings also include surprises about the wide extent of mental distress; the way media consumption exacerbates it; and how badly it has affected young people.

For example, [a report from the U.S. Centers for Disease Control and Prevention](#), published in August, found a tripling of anxiety symptoms and a quadrupling of depression among 5,470 adults surveyed compared with a 2019 sample.

Similarly, two nationally representative surveys conducted in April, [one by researchers at the Boston University School of Public Health](#) and [another at Johns Hopkins University](#), found that the prevalence of depressive symptoms (B.U.) and "serious psychological distress" (Hopkins) were triple the level measured in 2018.

"These rates were higher than what we've seen after other large-scale traumas like September 11th, Hurricane Katrina and the Hong Kong unrest," says Catherine Ettman, lead author of the B.U. study.

Some of the most affected groups in these studies were people who had preexisting mental health issues, low-income individuals, people of color, and those close to someone who suffered or died from COVID-19.

In Ettman's study, however, the group in the U.S. with the single biggest rise in depression—up fivefold—was of Asian ethnicity. In an accompanying [commentary](#), psychiatrist Ruth Shim suggested the upsurge could reflect the impact of racism and slurs related to the pandemic's origin in China.

An unanticipated finding, across all three surveys, was the outsized toll on young adults. In the CDC survey, 62.9 percent of 18- to 24-year-olds reported an anxiety or depressive disorder, a quarter said they were using more drugs and alcohol to cope with pandemic-related stress, and a quarter said they had “seriously considered suicide” in the previous 30 days.

Young adults were also the most affected age group in an [unusual, real-time study](#) that tracked the rapid rise in “acute distress” and depression at three points between mid-March and mid-April. “We expected the opposite because it was already clear that older individuals were at greater risk” from the virus, says senior author Roxane Cohen Silver, a psychologist at the University of California, Irvine. ...

Maintaining social contacts—via Zoom, phone or other COVID-safe methods—is...vital, says psychologist James Pennebaker of the University of Texas at Austin.

“Unlike any other disaster that I've studied, people are actively less close to friends and community,” says Pennebaker, who is examining the pandemic's mental health impact by analyzing posts on the social media platform Reddit.

Fewer hugs and less shared grieving may help explain why people do not seem to be adjusting to the new normal, Pennebaker says.

“This is not 9/11 or an earthquake, where something big happens, and we all get back to normal pretty quickly.”

His other tips are to maintain healthy sleep, exercise, food and drink habits.

Keep a journal, too. Research shows that expressive writing helps people process difficult emotions and find meaning, he says: “If you're worrying about COVID too much, try writing about it.”



Early Retirement: Remembering, Reflecting, Seeing What is Now **By Elizabeth Thompson, Ph.D.**

The year before I knew I was going to close my practice, I had several dreams of being pregnant and not knowing how I would give birth. Sometime later, in the last week of work, I got the call that my father was finally found, deceased. The retiring and closing shop was a birth and a death. A long process that continues now....

I'm writing here so I can say Thank YOU! And give a goodbye to all the therapists and community I have appreciated working with from 2001 to 2019. I first came to Humboldt State for a post doctoral internship in 2001. That was the time of 9-11. The world changed dramatically that year. Humboldt became my new place, and a place to birth a psychotherapy practice with the help of many mentors, healers, and friends. I love how welcoming and supportive the community of therapists is and continues to be.

Down the road and after the surge of work created from Obama care, I became pretty tired and burned out. In 2018 I started looking for a place for a sabbatical. And I found one, on the Big Island. Preparing to go was an uprooting for myself and my clients. I was amazed by the way clients encouraged me, seemed excited by the changes that scared me, and gifted me with very heartfelt personal goodbyes. Living on a jungle farm for 4 months was the radical change I needed to give me the vision to let go of my house and work in Humboldt and take a leap. So I briefly returned at the end of 2019, sold my house, completed work with a few remaining clients, and left, with a lot of help from friends and my partner.

I was not prepared for the grief. Not just the grief of losing my dad. But the unnamable grief of ending a career and the identity that goes with it and the place and the people. It is a missing of place and a stark recognition that I must find a new way and go past the limits of what I knew to something else. Something still unrecognizable. And somehow this has included coming back to the East Coast where I grew up and reintegrating my family and childhood self. Healing upon healing.

And then for all of us the bottom dropped out. March 2020. Pandemic. Stay at home. Which was okay on one level. All I wanted to do was stay at home. And garden and learn music. And dream and write. But. There has been a compounding of depression and anxiety for me as well. It seems the changes we are collectively going through are beyond what we can recognize ourselves, beyond what I or we can really process while we are in daily shock.

So what is it like to be retired now at this time? There really is a great deal of TIME. Sometimes I am not pushing ahead. Sometimes there is a stepping out of time. And there are still regular nighttime dreams about an office and clients and co-workers, but they are different. The latest dream: it's the end of the work day. Old friends show up and we are going together to a funeral. I have to finish up. I go out to the back parking lot and cars are leaving. I try to get back in the office but now there are many doors and I can't find the one I came out of.

There's no going back. It's now living day to day in this in-between time personally and collectively. There is still the need to heal and grow, as there was when I was working. So there is dream work, art group, music lessons, new community. And there is always anxiety about what next? A wanting to DO something. My greatest wish at present? To intern at a bee sanctuary. This journey continues....

As we each take a big, deep breath and lean into what's new, what's now, what's next.

With Sincere Thanks for All of You! And warm wishes for the work you continue--
Elizabeth Thompson, Ph.D. peacock.obsidian.writes@gmail.com



Online Digital Resources

St. Joseph Health #Work2BeWell

Providence and St. Joseph Health-Humboldt County are excited to bring the #Work2BeWell digital wellness and empowerment program to our community, which focuses on positively impacting the emotional well-being of teens and promoting mental health. The platform offers access to our free curriculum, resources, and implementation tools to make an impact as a student mental health advocate, educator, or parent. Work2BeWell bridges the conversation around difficult topics and partners with experts to provide access to credible resources including crisis lines, clinical leaders, and educational resources. Work2BeWell is committed to anti-racist work. We bring a diversity, equity, inclusion lens to programming and are working to expand our resources for BIPOC teens. We are strategizing culture and language specific resources for the future as we work to reduce mental health stigma and promote teen wellness.

Please review the below resources, and then don't hesitate to reach out with questions.

- Work2BeWell <https://work2bewell.org> empowers teens to thrive through access to mental health resources, authentic connections with peers and educators, and digital platforms for resiliency.
- Visit our new website to access free mental health curriculum <https://work2bewell.org/curriculum> and tools specific to educators and teens.
- COVID-19 continues to exacerbate teen mental health concerns. Work2BeWell tools build mental health resiliency and support teens and educators with resources and relationships to change the conversation within mental health during virtual learning. See our virtual tools and learn about our Work2BeWell school model here: <https://work2bewell.org/implementing-work2bewell/>

Gender Spectrum

Gender Spectrum <https://genderspectrum.org/> works to create gender sensitive and inclusive environments for all children and teens. They have online trainings for professionals and online groups for pre-teens, teens, parents, caregivers, and other family members. (Thanks to Thomas Kelem LMFT)



COVID 19 Resources

--Friendship Line California

As many older and at-risk Californians continue to stay home to minimize exposure to COVID-19, feelings of isolation and loneliness may be increasing. To offer support, the Institute on Aging and the California Department of Aging want to share with you all additional resources to bring awareness to the toll-free warm line, Friendship Line California: <https://www.ioaging.org/friendship-line-california>. As you may know, Friendship Line California is both a crisis intervention hotline and a warmline for non-emergency emotional support calls connecting individuals to a friendly conversation 24/7.

--Community Mental Health Support Warm Line for COVID 19

Professional staff are available if you are feeling anxious, worried, or depressed related to the current health crisis and need someone to talk to. Two outpatient Humboldt County clinicians teamed up to create a county warm line, available at 707-268-2999, M-F 8 AM – 5 PM. They have done a lot of crisis and same day counseling work. They recognized a need for a place for people who need to talk to someone about their concerns about COVID 19 and sheltering in place, even if they do not feel they are in crisis. They also wanted to keep the county crisis line open for people who really are in crisis and need that service. The warm line is available for people who are distressed about what is happening, for example: feeling isolated and needing to reach out, or needing help breathing through anxiety or dealing with panic and anxiety attacks or are stressed parents. The warm line also helps people who are already living in crisis, so they don't think of the COVID 19 situation as a crisis because they are used to crisis as part of their regular life, such as people living with their abuser. They also are ready with referrals for whatever is brought up such as housing help filling out unemployment forms and food help resources. They are also referring people to the NCAMHP website as a mental health resource. So far, a lot of the warm line calls are people who are just worried. They can answer questions about COVID 19 within their scope of practice and also refer people to the county public health COVID 19 line 707-445-6200 or their email covidinfo@co.humboldt.ca.us for medical questions and information. The public health people also refer people to the mental health support line as well. So far it is working well. There are plans to make other clinicians available for the mental health support COVID 19 warm line in the future.

--“Coronavirus Anxiety: Coping with Stress and Fear”

<https://www.helpguide.org/articles/anxiety/coronavirus-anxiety.htm>

a website article with extensive resources for our clients regarding health and well-being. [Helpguide.org](https://www.helpguide.org) is an amazing source of accessible, well researched, frequently updated information curated by the Harvard School of Medicine about all things mental health related. It has other articles on COVID 19 related challenges.

(Thanks to Sheri Graham-Whitt, LMFT)

--“COVID-19 Resources for Social Workers and Therapists”

https://www.socialwork.career/2020/03/covid-19-resources-social-workers-therapists.html?fbclid=IwAR0qzg25oij_G_6AvY4u2JCheSr9b8TJDYsMWCqHblg8_xv_Xtzu2Jb6J08, a roundup of over 50 free resources that may be of help to you as a social worker, mental health professional and/or social work educator during the COVID-19 pandemic. These include free on demand trainings (some of which offer free CEUs), resources to assist with hospice and palliative care, protecting immigrant families, and several social work and higher education specific resources. It includes this link, a roundup of 30 free self-care resources donated by kind individuals and organizations that may be of help to you in managing COVID-19 anxiety and stress. These include various meditations, apps, coloring pages, e-books, videos, support groups, toolkits to manage anxiety, and online yoga and exercise classes

<https://dorleemichaeli.com/covid-19-anxiety-and-stress-30-free-self-care-tools/>

(Thanks to Sheri Graham-Whitt, LMFT)

--“COVID-19 and your mental health”

<https://www.mayoclinic.org/diseases-conditions/coronavirus/in-depth/mental-health-covid-19/art-20482731> a detailed website article from the Mayo Clinic including self-care strategies, connect with others, and recognizing what’s typical and what’s not. (Thanks to Carmela Wenger LMFT)

--“Taking Care of Your Behavioral Health Tips For Social Distancing, Quarantine, And Isolation During An Infectious Disease Outbreak”

<https://naswcanews.org/wp-content/uploads/2020/03/tips-social-distancing-quarantine-isolation-031620.pdf> a helpful article from SAMHSA/Substance Abuse and Mental Health Services Administration that includes sources for more information.

--“Emotional Well-Being During the COVID-19 Crisis for Health Care Providers Webinar Series”

<https://psychiatry.ucsf.edu/coronavirus/webinars> an 8-week webinar series featuring mental health and emotional wellness experts showing how health care providers can reduce personal stress during the COVID-19 outbreak. These webinars are held via Zoom on Thursdays from noon–1:00 p.m. Advance registration is required. (Thanks to Peter Moore LMFT)

<https://www.nicabm.com/working-with-anxiety-during-a-pandemic-part-2/>

“Working with Anxiety During a Pandemic” with Christine Padesky, PhD, Ron Siegel, PsyD and Ruth M. Buczynski, PhD . 7 ½ minutes long (Thanks to Fionna Davis LCSW)

--California Board of Behavioral Sciences

To Stay Abreast of Changes, Subscribe to Email Alerts from the CA Board of Behavioral Sciences (BBS)

Stay abreast of the many updates and changes during the COVID-19 pandemic by subscribing to receive automated email alerts from the BBS. More than ever before, licensees and associates must be aware of the response to pandemic and how that impacts licensing regulations and requirements. To subscribe to the automated email list serve today, visit <https://www.dca.ca.gov/webapps/bbs/subscribe.php>.

BBS Website: New information and publications are available under the Coronavirus (COVID-19) mid-page on the BBS homepage at www.bbs.ca.gov.

BBS Contact Information: <https://www.dca.ca.gov/webapps/bbs/contact.php>



APA's Apology to Black, Indigenous and People of Color for Its Support of Structural Racism in Psychiatry

The American Psychiatric Association issued the following news release:

Today, the American Psychiatric Association (APA), the oldest national physician association in the country, is taking an important step in addressing racism in psychiatry. The APA is beginning the process of making amends for both the direct and indirect acts of racism in psychiatry. The APA Board of Trustees (BOT) apologizes to its members, patients, their families, and the public for enabling discriminatory and prejudicial actions within the APA and racist practices in psychiatric treatment for Black, Indigenous and People of Color (BIPOC). The APA is committed to identifying, understanding, and rectifying our past injustices, as well as developing anti-racist policies that promote equity in mental health for all.

Early psychiatric practices laid the groundwork for the inequities in clinical treatment that have historically limited quality access to psychiatric care for BIPOC. These actions sadly connect with larger social issues, such as race-based discrimination and racial injustice, that have furthered poverty along with other adverse outcomes. Since the APA's inception, practitioners have at times subjected persons of African descent and Indigenous people who suffered from mental illness to abusive treatment, experimentation, victimization in the name of "scientific evidence," along with racialized theories that attempted to confirm their deficit status. Similar race-based discrepancies in care also exist in medical practice today as evidenced by the variations in schizophrenia diagnosis between white and BIPOC patients, for instance. These appalling past actions, as well as their harmful effects, are ingrained in the structure of psychiatric practice and continue to harm BIPOC psychological well-being even today. Unfortunately, the APA has historically remained silent on these issues. As the leading American organization in psychiatric care, the APA recognizes that this inaction has contributed to perpetuation of

structural racism that has adversely impacted not just its own BIPOC members, but also psychiatric patients across America.

Events in 2020 have clearly highlighted the need for action by the APA to reverse the persistent tone of privilege built upon the inhumanity of past events. Inequities in access to quality psychiatric care, research opportunities, education/training, and representation in leadership can no longer be tolerated. The APA apologizes for our contributions to the structural racism in our nation and pledges to enact corresponding anti-racist practices. We commit to working together with members and patients in order to achieve the social equality, health equity, and fairness that all human beings deserve. We hope this apology will be a turning point as we strive to make the future of psychiatry more equitable for all.



Trainings

NCAMHP Workshop Free for Members
Updates to Legal and Ethical Considerations for Psychotherapists
Presented by: Pamella H. Harmell, Ph.D
Virtually via ZOOM
Eureka, Ca
June 5, 2021 from 9am to 4:30pm
6 Credits and 1 hour break for lunch
This workshop is complimentary for all NCAMHP members.

DESCRIPTION OF THE WORKSHOP

This workshop addresses therapist responsibility to ensure patient welfare in all aspects of practice. Participants will learn to deal with ethical dilemmas related to (1) introduction to ethics and law, four elements holding therapists accountable for their professional work, (2) the “four bins” method of considering patient dilemmas, (3) cultural humility and competence with clients (2 hours), (3) technology, COVID, working across state lines (2 hours), (4) therapist counter-transference, burnout and self-care. Literature updates, along with relevant Codes of Ethics and current expert opinion will be included in all areas of discussion. This program overviews the current research findings and knowledge that inform the practice of ethical and legal practice and includes two hours of suicide issues.

EDUCATIONAL OBJECTIVES:

Educational Goals and Learning Objectives:

1. Participants will be able to understand and list the four different elements holding therapists accountable for their work as professionals.
2. Participants will become aware of the “four bins” method of assessing patient dilemmas.
3. Participants will Identify and increase awareness of cultural humility and competent practice.
4. Participants will identify and list career sustaining behaviors for burnout.
5. Participants will learn and understand .the current standard of care in working online.
6. Participants learn and be able to use a sample informed consent when working online across state lines and with COVID.

MEET YOUR INSTRUCTOR

Dr. Pamela Harmell is a national lecturer specializing in legal and ethical issues in clinical practice. She is a Professor at the Pepperdine University Graduate School of Education and Psychology and has written extensively in professional publications on ethical practice and has formally studied law. She is the Past President of the Board of Psychology. Dr. Harmell is former Chair of the California State Ethics Committee and former Chair of the Los Angeles County Psychological Association Ethics Committee. She served on the Board of Directors of the California Psychological Association and is Past President of the Los Angeles County Psychological Association.

CANCELLATION

Confirmations: Confirmation Notices are not required for admittance and will not be sent. If

you wish to confirm receipt of your registration, please contact Samantha at edcohumboldt@yahoo.com

Attendance: Attendance at all workshops must occur in full (100%) from start to end, in order

to receive credit. Variable or partial credit based on a percentage of attendance will not be

provided. In special circumstances, a 10-minute allowance may be provided at the discretion of the NCAMHP Board representative at that training. Also, you must complete and turn in a Workshop Evaluation for each session you attend in order to receive your certificate.

Cancellation/Refunds: Cancellation prior to and on the day of the workshop entitles an

individual to a refund of the workshop fee minus a \$50 administrative fee. After the day of the workshop, no refund will be given. Cancellation notification can be made by contacting

Educational Coordinator Samantha at edcohumboldt@yahoo.com

ABOUT CONTINUING EDUCATION CREDITS

MFT, LCSW, LPCC & Psychologists: This course meets the CPA requirements for 6 credits/hours. NCAMHP is approved by the California Psychological Association (CPA #NOR-048) to provide continuing professional education for psychologists, MFT, LCSW, and LPCC. NCAMHP maintains responsibility for this program and its content.

If you are interested in JOINING NCAMHP please call (707) 441-3832. If you join NCAMHP when registering for a course, you will receive membership rates for the course. For more information about NCAMHP, please visit: www.NCAMHP.org

Please **RSVP By May 29,2021** via email to Samantha at edcohumboldt@yahoo.com or return the form below.

Registration Form for Updates to Legal and Ethical Considerations for Psychotherapists

VIRTUALLY VIA ZOOM Eureka, Ca. June 5, 2021 from 9am to 4:30pm

Name: _____ License type and #: _____

Address: _____ email: _____

Phone #: _____ Agency Affiliation: _____

NCAMHP MEMBERS: MFT/LCSW No Cost Ph.D/Psy.D No Cost Pre-Licensed No Cost
STUDENTS \$25 check \$30 credit card**
NON-MEMBERS: \$125

Please make checks payable to NCAMHP and send payment and registration to
Educational Coordinator
PO Box 2, Eureka, CA 95502
Questions: 707-845-0610

**To Pay by credit card; Go to <http://ncamhp.org/payments.asp>

What is Systemic Racism?

“What is Systemic Racism?” <https://www.raceforward.org/videos/systemic-racism> is an 8-part video series from race forward <https://www.raceforward.org/>. It shows how racism shows up in our lives across institutions and society: Wealth Gap, Employment, Housing Discrimination, Government Surveillance, Incarceration, Drug Arrests, Immigration Arrests, Infant Mortality. It is free and you can listen to which ever segments you want in whatever order you wish.

Hand in Hand Parenting by Connection Professionals Intensive Course

I took the Professionals Intensive Course and loved it.

<https://ml233.infusionsoft.app/app/storeFront/showProductDetail?productId=209>. It was very inspiring, useful and supportive. I'm hoping one or more NCAMHP members will want to take this course and then we can support each other using these powerful parenting tools in our practice with parents. It is very much worth your time to connect once a week for 8 weeks with an online phone call and to look at the course videos and readings. The next Professional Intensive Course will start in mid-September 2020. If you are a parent and don't need CEU's, there is a shorter Parents Starter Class that is always available. It is 6 weeks long with a weekly online phone that you would find very helpful too

https://www.handinhandparenting.org/event_category/online-parenting-classes/.

There are a variety of days and times that are available for both online courses.

Want to explore first? There are many free resources on the website:

<https://www.handinhandparenting.org/>, or download a free e-book, "The Secret to Tantrums and Other Emotional Moments" at <https://ml233-0932c4.pages.infusionsoft.net/>.

These folks have started the long process to make this an evidence-based practice, but they have already been using it successfully with parents for over 40 years. I have also been able to use it successfully with parents and children in my therapy practice. I will be happy to answer any questions before, during or after either course. – Emily Siegel LCSW 707-845-2401, emilysiegellcsw@sonic.net.

From the Hand in Hand Professionals Intensive course description: Learn the latest developmental neuroscience and valuable new skills for supporting parents and children in your practice. Emotional and behavioral issues are of real concern for increasing numbers of families. And the evidence is mounting that when stress is high for either the child or the parent, good support is needed for both. But it's not always easy to bring parents useful, actionable information and help in a therapeutic setting so that both they and their children can move forward. Based on a new way of understanding emotional relationships in the family and strengthening the parent-child connection, the Professionals Intensive course will deliver: Expertise in the Hand in Hand Parenting approach; You will practice in your own family and in your professional practice; Discussion of developmental theory and neuroscience, with a focus on practical and experiential application; Guidance on using these practices both in your family and with your patients; Opportunities to share your own experience. (CAMFT approval # 142145 for CEUs.)



Announcements

Partnership Humboldt County Contracted Telepsychiatry Services

Here are the contracted telepsychiatry services covered by Partnership Health Plan for Humboldt County for Partnership clients seeking a psychiatrist. Thanks to Karla Howe LMFT who shared this information on the Listserv after speaking with a Beacon representative. These are covered by Humboldt County Partnership Health plan: Telemed2you (916) 740 3721; Cognitive Health Solutions (858) 227 0887. Partnership also covers transportation for clients to behavioral health appointments and medical appointments. The contracted agency is MTM and their phone number is 1-888-828-1254

North American Mental Health Psychiatric and Other Services

North American Mental Health Services' Eureka office is seeing clients in the office. They have onsite psychotherapy and two on site psychiatrists, one of which works twice a month at the clinic. There is an additional psychiatrist who only provides telehealth services. Services onsite at the clinic are for Partnership clients only, however, if a client elects telehealth, they also accept Blue Shield and Magellan. 707-296-7660, 434 7th St Ste B, Eureka 95501 (Thanks to Karla B. Howe, LMFT for this information)

Lyra Health Recruiting Providers

Lyra Health <https://www.lyrahealth.com/> is transforming mental health care through technology with a human touch to help people feel emotionally healthy at work and at home. Lyra helps employers, like Providence and Starbucks, and their employees access effective mental health care from evidence-based therapists. There are many potential clients in need of services in the Eureka area and Lyra is actively recruiting individuals interested in joining their provider network at this time. As a provider at Lyra, you will meet with clients face-to-face from your own office and/or via video, and receive new client referrals matched to your expertise, with no expectation of minimum hours. Invoices are submitted online and you will receive fair market rates for your services in just a few days, while enjoying the peace of mind that comes with case management support for your clients. Please direct any questions to Michelle Gonzalez at mgonzalez@lyrahealth.com or [apply online directly](#)

New Requirement for Existing Licensees and Applicants for Licensure: Suicide Risk Assessment and Intervention

Last year, the Legislature passed AB 1436 (Chapter 527, Statutes of 2018). Under this new law, effective January 1, 2021, the Board will begin requiring both applicants for licensure and licensees to have completed a minimum of six hours of

coursework or applied experience under supervision in suicide risk assessment and intervention. This link has more information:

https://www.socialworkweb.com/cfs/files/filestore/XAYoHiNcnYgBrmhdS/suicide_prevention_requirement-1.1.2021.pdf



Resources

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 (It is generally more useful to contact our local area representative than the people at the 800 number.

Keep Up with All the Changes -- Subscribe to Email Alerts from the CA Board of Behavioral Sciences (BBS)

Stay abreast of the many updates and changes during the COVID-19 pandemic by subscribing to receive automated email alerts from the BBS. More than ever before, licensees and associates must be aware of the response to pandemic and how that impacts licensing regulations and requirements. To subscribe to the automated email list serve today, visit <https://www.dca.ca.gov/webapps/bbs/subscribe.php>. BBS Website: New information and publications are available under the Coronavirus (COVID-19) mid-page on the BBS homepage at www.bbs.ca.gov

Humboldt Coronavirus Mask Makers

This Facebook group

<https://www.facebook.com/groups/humboldtcoronavirusmasks/about/>

is very active, includes call outs for masks from local hospitals and “was formed for seamstresses and others who want to support local and national clinics and hospitals amid the Coronavirus with handmade masks. This group is not donating to non-medical businesses, our focus is medical staff working on the front lines of the virus. Procedural medical masks are already in short supply so let’s do our part to help during this crisis! The masks will be used for medical providers and immune-compromised patients during the Coronavirus epidemic. ... Please note: The handmade masks do NOT replace medical grade procedure and N-95 masks. They are to be used when these supplies run out or to augment supplies to free up

medical-grade masks for medical staff and providers.” (Thanks to Faith Mason LMFT)

The GALAP (The Gender Affirming Letter Access Project)

The GALAP (The Gender Affirming Letter Access Project) announces a movement organized by a group of trans, nonbinary, and allied clinicians to re-envision assessments and letter writing for gender-affirming care.

The GALAP (The Gender Affirming Letter Access Project) <https://thegalap.org/> is a movement of clinicians organized to address the legacy and present-day practices of gatekeeping through a commitment to an informed consent model of care as well as a commitment to provide free and low-cost letters for gender affirming medical care. Most healthcare systems continue to require that individuals seeking gender affirming care obtain assessments and letters from mental health providers. This requirement can be a significant barrier to care for many reasons, including cost. By organizing together, providers can stop participating in and profiting from a system that is exploitative and disempowering.

We have committed in our own practices to discontinue charging fees for letter writing for gender affirming care and offer at least one spot in our practice each month for a pro bono assessment and resulting letter.

We invite you to:

1. Commit to a practice of providing care based on an informed consent model when conducting gender affirming medical care consultations, informing sessions, and letter writing.
2. Create space in your practice for at least one pro bono letter per month for clients seeking gender affirming medical care that requires a therapist letter.
3. Sign on to the statement and join the GALAP community.

If you are interested, please visit <https://thegalap.org/> and sign the pledge. Please share/forward with your networks.--Sand Chang, Ph.D., Licensed Psychologist – PSY 22098, 166 Santa Clara Avenue, Suite 201 Oakland, CA 94610, (510) 545-2321; www.sandchang.com



NCAMHP Digital Connections

Being Careful When Requesting Referrals on the NCAMHP Listserve

The Board wants to encourage NCAMHP members to continue reaching out to one another through the list-serve. We appreciate all being mindful of a few details.

Please be as brief as possible concerning information about the referral, stating only such things as: age range, gender, reason for wanting therapy (symptom) and insurance. Then simply ask for anyone who may be interested to contact you the posting person. We urge you to leave out anything beyond the basic, especially first or other name and contact information of the patient. We are all concerned about our community and their needs. With that said, there is a two degree of separation in Humboldt and at times there has been too much information being put out on the list-serve. Thank you for the support and collaboration in this process.

How to Post Messages on the NCAMHP Listserve

If you have joined the NCAMHP Listserve, then there are two ways you can post a message. One way to post is to simply send an email to the Listserve group email address. Sending an email to ncamhp@groups.electricembers.net will post a message, and be sent to the listserv subscribers based on their preferences. You can also login to the Listserv website directly. From there you can make changes to your account, read messages, and post messages.

In order to login to the Listserv website, you'll need to create an initial password.

1. Go to: <http://groups.electricembers.net>
2. Click on 'New Login//Password Reset' at the top left.
3. Enter the email address you use for the Listserv and click the button to request a password.

Once your password is created, you can go to <http://groups.electricembers.net> and Login at the top right.

The NCAMHP Listserv link will then be available. Inside the group, you have options to Post Messages, view the Message Archive, change your Subscriber Options, or unsubscribe.

A word of advice: you might cc yourself on the message, as the Listserve will not automatically send a copy to the poster of messages.

More help can be found at:

<http://electricembers.coop/support/groups/subscribers/>

Reminder: Update Ability to Take New Clients on NCAMHP Website

Please remember to update your NCAMHP website profile regarding ability to accept new clients. There have been a number of complaints about this issue lately.

Non-Licensed Clinicians Need to Include Supervising Information

Just a friendly reminder to those of us who supervise and those who are not yet licensed. The following is important to be and stay aware of. Any non-licensed clinician in training must include their intern or assistant number, and their supervisor's name, supervisor's license number and clearly state the supervisor

relationship. This needs to be on all business cards, web sites, advertising and correspondence. I know we are all busy but these fine details can prevent legal errors. Thanks for correcting and updating if this concerns you.

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

NCAMHP has a Listserv. It is intended for communication with the NCAMHP general membership. 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>



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 Summer NCAMHP Newsletter is June 15, 2021.** Send your articles and announcements to the newsletter committee: emilysiegellcsw@sonic.net . *Please send them in either a Word document or typed into an email so they can be copied and pasted into the Word document that becomes this newsletter. The information in flyers and PDF*

documents need to be changed into either an email or a Word document in order to be copied into the newsletter.

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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