



## Newsletter August and September 2010



Greetings to all NCAMHP Members,

As always, NCAMHP continues to grow and evolve as an organization. Specifically we are about to embark on the first cosponsored workshop with Open-Door Clinics in October. More information will be available elsewhere in the newsletter as well as in e-mails and advertising that will be forthcoming.

We also are making changes to the NCAMHP website.

In order to clarify what has been a somewhat muddy area to consumers, new language in the definition of In-Network versus Out-of-Network providers is being posted to the website. Although prior language in the website notes funding accepted or not from a particular insurer, there is a lack of clarity in the consumer's mind. Our goal is to make it easier for consumers to understand the difference between an in-network, out-of-network provider and those providers who may not be in network but will bill insurers as an out-of-network provider. All that we are asking of members is that you review how you have identified yourself as an in-network or out-of-network provider on the website. We will also be adding additional insurers as well. As we are in the process of making this change as you read this newsletter, it is advised that you check your member information on the website over the next 30 days to ensure that it is accurate and up-to-date. We will be sending an email when this transition is completed on the website.

In preparation for our October 28, 2010 General Meeting, we need to look forward to who will be on the Board of Directors for the year 2011. I want to encourage and invite all NCAMHP members who want to serve on committees or on the Board of Directors to throw your hat in the ring. Elections for the 2011 Board of Directors will be held at the October meeting. For those interested, please send your interest in volunteering for a committee and nomination to the Board, via the NCAMHP secretary, Bonnie Carroll ([bonnyrose@arcatanet.com](mailto:bonnyrose@arcatanet.com)), for inclusion in the ballot. Your Board of Directors has proposed a tentative slate of candidates for the Board. The recommendations are: Lesley Manson-President, Michelle Lee- Treasurer, Bonnie Carroll-Secretary. Michelle and Bonnie have agreed to continue on in their

positions from 2010 with the approval of the general membership. Scott Greer will continue on as Past President.

On other fronts, the IRS referral project has gone live with a pilot group. We are eagerly looking forward to this referral process ramping up and hoping it will be successful. The discussion of availability of participating in the IRIS program for NCAMHP membership is a bit premature in that we need to see the outcome of whether this pilot project is in fact productive and effective. We will notify membership as of this pilot project progresses.

We also would like to announce good news. The California Health Alliance, voted to provide a full seat on the council for NCAMHP. Prior to this time, Bruce Silvey has been sitting in on a regular basis with their meetings and working to keep our organization informed. We look forward to the opportunity to participate with the California Health Alliance as a professional mental health organization representing our members.

I would also like to take a moment to thank to my fellow board members, the various volunteers and committee members who are responsible for making this one of the most productive years for NCAMHP as an organization. As always, I invite your feedback, comments and suggestions in how we can continue to make this a productive organization for the membership.

A. Scott Greer, Ph.D.

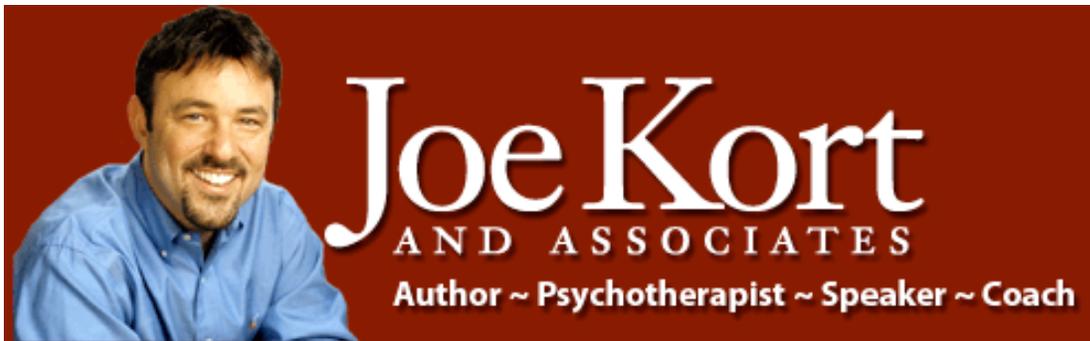
Sincerely,



A. Scott Greer, Ph.D.  
2010 President NCAMHP

Dr. Greer has been licensed since 1988 with a private practice in West Los Angeles. He moved to Eureka in 2006 and established a private practice here. Aside from his work with adolescents and adults, he has taught graduate psychology courses at Ryokan College since 1985 in Los Angeles. He is also Chairman of the Department of Psychology at the college and continues to teach on-line from Eureka. In addition, he provides consultation to the Transportation Security Administration.





Alienation or Affirmation?

## **10 common mistakes straight clinicians make when working with gays and lesbians**

**1. Not disclosing your own sexual orientation when** A gay or lesbian client may call you for an initial appointment asking your sexual and romantic orientation. Many therapists believe that it is a therapeutic question best left to the consulting room and do not answer. You will most likely lose the referral if you are not open about your own orientation. While this may be a therapeutic issue, clients who make initial calls still want to know whom they are entering treatment with.

**2. Denying your own homophobia and heterosexism** We are all imprinted from childhood to be heterosexist and homophobic. To deny this is a form of covert homophobia. Checking your counter-transference is imperative when working with gays and lesbians. Without doing so you will inadvertently collude with their internalized homophobia (IH). For example a gay client might say, "I don't know why they all have to act that way" and you might say, "Yes I don't know why either" rather than assessing the IH within your client.

**3. Lacking local resources for gays and lesbians** Every therapist working with gays and lesbians should have easy access to local resources for his other clients. One of the most important tasks for these clients is homo-socialization. Contact your local gay community center or go online to see what newsletters and gay newspapers are available in your area.

**4. Using the wrong terminology** "Sexual preference" or "alternative lifestyle" is no longer considered appropriate terminology. "Preference" implies that sexuality is a choice—which it is not—and that heterosexuality is the "alternative lifestyle" for gays and lesbians. The correct words are *sexual and romantic orientation*. "Homosexual" is as offensive today as the words *negro*, *colored* or *crippled* would be for African Americans and physically challenged individuals, respectively. The correct words are *gay and lesbian*.

**5. Lacking information about the stages of coming out** Knowing the stages of gay and lesbian identity development is essential for clinicians. Without this

information therapists can misunderstand certain thoughts behaviors by a client. For example, stage five (identity pride) resembles an adolescent stage of development—so it is expected that short-term relationships with some sexual promiscuity would occur and be developmentally appropriate. In stages one and two clients prefer to be identified as homosexual and not gay or lesbian. The Cass Model of coming out is the most widely used in Gay Affirmative Therapy.

**6. Misunderstanding Mixed Orientation Marriages** Counter-transference is very high when it comes to working with couples with one straight partner and the other gay. Therapists often rush in to support divorce and move on with their lives or stay together— particularly if children are involved. The reality is these couples need to decide what is right for them—not the therapist. Knowing the stages of coming out as a MOM couple is important. The stages are Humiliation; Honeymoon; Rage; and Resolution.

**7. Being a blank screen** Therapists who favor a more psychoanalytic approach by being a blank screen to their clients, using little to no self-disclosure, can damage and wound these clients. Lesbian and gay clients walk in with existing wounds of feeling and/or being shut out by others in their lives because of their sexual orientation. They need relational models in therapy. Appropriate self-disclosure by the therapist is both essential and therapeutic in assisting these clients.

**8. Neglecting to recognize that gay adults were once gay children** I have a quote: *"Would the small child you once were look up to the adult you have become?"* Your lesbian and gay clients were once gay and lesbian children. This makes most people—including clinicians—uncomfortable as people do not like to think of children as being sexual. However, being gay does not equate to being only sexual. Heterosexual adults were once heterosexual children. While most gay and lesbian children did not self identify as gay or lesbian they will tell you they knew they were different. How they knew and what made them different is important in helping them within the consulting room.

**9. Leaving your waiting room void of gay and lesbian literature and paperwork** Waiting rooms say a lot to clients about you as a therapist and your work. Lacking lesbian and gay literature, magazines and newspapers communicates a heterosexist stance to your clients. Does your intake form ask about sexual and romantic identity? Does it include partner and significant other in addition to married and spouse? If you worry that some straight clients might have a negative reaction to this, check your own heterosexist attitudes and homophobia.

**10. Believing that a "couple is a couple"** So often I hear well intended therapists say, "A couple is a couple" in an effort *to* show they are non-judgmental toward gay and lesbian couples. However, gay and lesbian couples are very different from straight couples. While there are similarities, there are very different dynamics that

two men or two women bring to a relationship than a man and woman do. The "Doubling" factor refers to intensified traditional gender role conditioning of both partners. Male couples are often disengaged, with magnified issues around restricted emotional expression, achievement, competitiveness and sexual expression. Female couples are typically too engaged and struggle with enmeshment, lacking differentiation, and lack of sexual expression.

## **JoeKort AND ASSOCIATES**

**www.joekort.com**

**Individual Couples, and Group Therapy**

**248.399.7317**

**Lectures**



Building School Competency as a Mental Health Intervention in Children

by

Tim Gomersall, LEP

and

Jennifer Saffen, MFT

Many of you work with children and families and know that school is a large part of family life. For a child, school is often the most frequented proving ground for social and academic skills. Success in the school environment is an obvious factor in a child's wellbeing. Academic competence is more than a resiliency factor for therapists to consider, it is the daily grind that most children experience for five hours a day for five days a week. Kids don't have the opportunities to rank themselves on their chosen activities such as karate, gymnastics, or swimming while at school, but they cannot avoid the ranking on academic skills as a matter of teaching necessity.

Some children have a learning disability and/or academic skill gaps that they cover up with what I call a "Smoke Screen" which is typically a behavior or line of reasoning that implies: "I could do it if I wanted to, I just don't want to." When the reality is that they may not have reached the level of automaticity required of them. The reasons or behaviors children pick vary but the message is the same, "I could do it if I wanted to, I just don't want to." Some of you have heard the class clown, the bully, the "I don't like my...classmate/teacher/etc.", the "Joe Cool," or the drama king/queen versions. The insidious part of this "smoke screen" (aside from diverting energy from the needed interventions) is when the smoke screen begins to damage the family relationships and becomes a more negative or prominent component of a child's sense of who they are. I am sure this dynamic is familiar to all who work with children and families.

Research has shown that all of us seek an experience that has a challenge that meets our skill level. Too high a challenge can be anxiety provoking and too low of a challenge can be boring. Getting it right is what psychologist Mihaly Csikszentmihalyi describes as being in the state of Flow. Being in the state of flow is an experience most people seek as a reward itself. Children are born hardwired to learn and seek appropriate challenges brilliantly.

Advocating for interventions that meet that child's needs is easier said than done when we're talking about school competency. The presence of a learning disability, or a challenging behavior as well as common educational skill gaps and/or family dynamics and home values are only a few of the variables to consider.

Consider building your competency as a deliberate intervention for some children and families that you work with. Specifically, consider our upcoming training opportunity with Humboldt Open Door Community Health.

#### Upcoming Training Opportunity with Humboldt Open Door Community Health

##### Advances in the Integrated Management of Pediatric Behavioral Problems and Learning Disabilities

“Learn how to resolve and treat behavioral problems and learning disabilities utilizing an integrated approach. This conference will help you increase your knowledge of psychopharmacological, developmental, behavioral, and educational interventions to support children with behavior and learning concerns. You will also learn how to communicate, educate, and prioritize parental concerns regarding learning disabilities.

You will receive education, insight, and direct intervention recommendations by Dr. Deborah Waber, PhD, psychologist and Harvard associate professor, Children's Hospital Boston; Dr. Ronald Braunstein, M.D., psychiatrist and professor at the University of British Columbia; and Dr. Richard Goldwasser, M.D., child, adolescent, and adult psychiatrist, private practice in Marin County, consultant to Redwood Coast Regional Center and assistant clinical professor, Department of Psychiatry, University of California, San Francisco.”

(Description from <http://www.humboldt.edu/extended/xfall/index.html>)

When and Where? Evening of October 15,<sup>th</sup> 2010 (6 p.m. registration; conference until 8:45 p.m.) at the Humboldt County Library (1313 Third St., Eureka) and all day Saturday October 16<sup>th</sup> (registration at 8 a.m.; conference from 8:30 a.m.-3:30 p.m.) at the Humboldt Bay Aquatic Center (921 Waterfront Dr., Eureka); right next to the Adorni Center in Eureka.

Reduced training fee for NCAMHP members of \$75 payable to Open Door. CEUs for Psychologists, MFTs and LCSWs available for additional fee.

NCAMHP has donated \$500 to Open Door to sponsor the training and donated an additional \$250 for scholarships to provide a reduced training fee of \$25 for five ASW Associates, MFT Interns, Trainees and/or Psych Assistants. Don't forget that if you are pre-licensed you may be able to count the training hours towards licensure!

Tell your yet-to-be NCAMHP colleagues: there are free CEU's to participants who join NCAMHP at the time of the training!

For more info visit the Open Door Website at <http://www.opendoorhealth.com/> or contact Jana Gilbert, Open Door Community Health Centers: call 707-826-8633 x 5143



**Building Self-Confidence: How to Use Praise so It Builds, Rather Than Damages, Confidence and Self-Esteem  
By Dr. Larina Kase, PsyD, MBA**

Larina Kase, PsyD, MBA is a business psychologist and marketing coach. She is regularly quoted in media such as Inc., Entrepreneur, Selling Power, and The New York Times. Download her popular report Stand Out! Marketing that Grabs

Attention and Gets Results at [www.pascoaching.com/standout](http://www.pascoaching.com/standout)

I think the most important leadership characteristic is the ability to build confidence in others. If you can have a staff filled with motivated, self-assured people willing to be creative and push the limits, your department or business will prosper.

If you're a parent, other than good health, what more could you want than a child with good self-esteem. A confident child is less likely to do poorly in school, succumb to peer pressure, and suffer from anxiety and depression.

So, how do you go about building confidence in others?

What most people do is begin to lavish on praise. This is not the best approach.

While giving praise is certainly important and MUCH better than not giving attention or being critical or negative, some types of praise increase confidence while others decrease confidence.

Here are the characteristics of praise that builds confidence:

- 1) It is sincere. What makes praise sincere? The delivery. You stop what you're doing and look at the person. Smile. If you can't take the time to attend to the person, they'll figure you don't really care. Showing your genuine emotion contributes to the sincerity of the feedback.
- 2) It is specific. Saying "great job," is not as powerful as saying exactly what you're pleased with—keep the next point in mind when you do this...
- 3) It focuses on effort. When you praise effort people feel like they can reproduce the positive experience in the future, all they need to do is put the effort in. When you praise ability ("you're so smart,") people feel like they have to prove themselves and live up to that label which creates anxiety.
- 4) It is sporadic. This is another counterintuitive point. Research shows that variable reinforcement is more powerful than reinforcing a behavior every time. If you say it every time it loses its power and doesn't get attended to as much.
- 5) It is sometimes "constructive." Don't feel that you can never give someone negative feedback for fear of damaging their self-esteem. Constructive feedback is important. If you've played a sport you know that the coach typically gives more attention (often in the form of criticism) to the top players. Keep the ratio of positive to negative around 4:1.
- 6) It doesn't "sandwich" or use techniques. I don't recommend using the sandwich technique of praise, criticism, praise. When you do this, people just hear the "but..." piece. Over time they'll tune out the positive and wait for the negative. Instead deliver each piece of feedback separately using the 4:1 ratio discussed above.
- 7) It encourages learning. Praise that encourages growth, even mistakes and failures, opens people up to take risks and try new things. They figure that you must really believe in their ability to do it (or, more importantly, to handle it if it doesn't go well) which boosts self confidence.

Who can you help by using these techniques for praise to build their self-confidence?

Not only will you help them feel and perform great, but you will as well. Try it. You'll see.

If you find these tips helpful and would like more specific strategies on personal leadership, have a look at The Confident Leader. Leadership in all you do begins with you.



### **Upcoming Trainings/Workshops**

#### **Advances in the Integrated Management of Pediatric Behavioral Problems and Learning Disabilities**

This conference provides education and interventions on how to resolve and treat behavioral problems and learning disabilities utilizing an integrated approach. Participants will increase their knowledge of psychopharmacological, developmental, behavioral, and educational interventions to support children with behavior and learning concerns. Participants will learn how to communicate, educate, and prioritize parental concerns regarding learning disabilities. Participants will receive education, insight, and direct intervention recommendations by Dr. Deborah Waber, PhD, Psychologist and Harvard Associate Professor, Children's Hospital Boston; Dr. Ronald Braunstein, M.D., Psychiatrist and Professor at the University of British Columbia; and Dr. Richard Goldwasser, M.D., Child, Adolescent, and Adult Psychiatrist, private practice in Marin County, consultant to Redwood Coast Regional Center, and Assistant Clinical Professor, Department of Psychiatry, University of California, San Francisco.

#### Friday, October 15th, 2010

Registration at 6pm, Conference until 8:45pm

Location: Humboldt County Public Library, 1313 3rd Street, Eureka, CA 95503

Dr. Deborah Waber, Ph.D.: Ten Things Every Parent Needs to Know About Learning Disabilities

Open Free for Parents, Students, and Professionals.

#### Saturday, October 16th, 2010

Registration at 8:00am, Conference 8:30am-3:30pm

Location: Humboldt Bay Aquatics Center, 921 Waterfront Drive, Eureka, CA 95501

Dr. Ronald Braunstein, M.D.: Identification and Management of Complex Childhood Behavioral and Emotional Problems

Dr. Richard Goldwasser, M.D.: When to Hold and When to Fold:

Psychopharmacological Interventions with Children

Dr. Deborah Waber, Ph.D.: Rethinking Learning Disabilities

Panel Question and Answer Discussion, Moderated by Dr. Bell and Dr. Manson

For more information check the website at [www.opendoorhealth.com](http://www.opendoorhealth.com), or contact Jana Gilbert, Grants Manager, Open Door Community Health Centers, 670 Ninth Street, Suite 203, Arcata, CA 95521, [jgilbert@opendoorhealth.com](mailto:jgilbert@opendoorhealth.com), 707-826-8633x 5143. We accept debit and credit cards (Visa, MasterCard) by phone or in person, checks and cash in person or by mail.



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### **Announcements**

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**Humboldt PRIDE**  
**Saturday, September 11, 2010**  
**Humboldt Pride 2010 Festival and Parade**  
**Halverson Park in Eureka**

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The Emma Center Seeking Group Therapist

The Center recently received grants to provide education and therapy group services and is looking for practitioners to fill those positions. We do have the possibility of providing supervision if needed! The grants will provide funding and a stipend to the therapist for groups.

In addition, the Center is looking for a mental health professional to consider joining the governing board. The current mental health professional has served their term and the Center is always in need of the guidance of a mental health professional on the board.

Please inquire: [board@emmacenter.org](mailto:board@emmacenter.org) or call 825-6680 and leave a message for the board! Thank you!

Mission: We are committed to empowering women on their healing journey through education, referrals, support, advocacy, and community awareness in a safe, nurturing environment.

Website: [www.emmacenter.org](http://www.emmacenter.org)

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Eureka Mindfulness invites you 2nd & 4th Weds. 7:15pm

You don't have to be Buddhist to enjoy the scientifically-proven physical and psychological benefits of Buddhist mindfulness meditation! The Eureka Mindfulness group offers mindfulness ("vipassana") meditation and dharma discussion. We meet the second and fourth Wednesdays of each month. Beginner instruction is at 7:15pm, a twenty-minute meditation starts at 7:30pm followed by a discussion about applying vipassana in daily life. We finish about 8:40pm. A free-will donation of any amount is appreciated but not required.

One of our many possible discussion topics is using vipassana to deal with physical pain or difficult emotion. We welcome authentic curiosity, humor, and spontaneity. Our participants volunteer to take turns facilitating the discussion. We recognize that each person has innate wisdom.

Our location is wheelchair-accessible (bathroom doesn't accommodate extra-large wheelchairs wider than 26½ inches). Our meetings are smoke-free and fragrance-free. Fragrances have been scientifically linked to causing allergies, asthma, and other health problems. Even most "natural" fragrances and essential oils have toxic substances due to the processing methods. Do not wear products with fragrance to our meetings (such as perfume, hairspray, cologne, clothes treated with scented fabric softener, etc.). If you smoke, allow at least one hour between your last smoke and entering our meeting.

Anyone whose body or clothing fragrances are harmful to the sensitive among us will be asked to leave. Call 269-7044 if you have questions about your personal use products, so that you can attend while being respectful about our shared air.

We meet in the sanctuary of the First Christian Church, 730 K Street (7th and K) in Eureka. Use the ramp entrance on K Street and enter through the door marked "church office." Enter the first room on the right. Go through the room to the back; turn right through the door into the sanctuary.

For more information, email us from the website [www.humboldtmusic.com/cindeegrace](http://www.humboldtmusic.com/cindeegrace) or call 269-7044.

P.S. We're NOT the Zen group that meets Wed. in the same building.

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### MFT Intern Seeking Supervision

Hello, my name is Kimberly Kollmeyer, MS, MFT Intern. I have over six years of experience counseling children, adolescents, families and couples. I have provided therapy at governmental, non-profit, private practice and corporate

entities. Included in this experience is helping those from out-patient drug treatment, victims' of crime, medi-cal and child and family services. I also have an eclectic approach to clients. It depends upon the presenting issue(s) and their goals in treatment. My experience encompasses a cognitive-behavioral, person-centered, solution-focused and psychodynamic model.

With the above experience, I am wanting to be supervised and needing an internship or a position in the mental health field, preferably part-time. I have met all my hours and am studying for the exam to become licensed.

I can be reached at [specialklk@aol.com](mailto:specialklk@aol.com) or (510) 388-7132.

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Gay Affirmative Therapy for the Straight Clinician Teleclass with Dr. Joe Kort

Based on the book, Gay Affirmative Therapy for the Straight Clinician:  
The Essential Guide, published by WW Norton Books, 2008

Sept 14, 21, 29, October 5, 2010  
1-2PM EST

Cost: \$100 per person for the entire course

This class begins Tuesdays, September 14 and runs for four consecutive weeks. You do not need to be on the call to listen, class will be recorded and sent to you directly. Course will include handouts and other resources in working with the gay and lesbian population.

Week 1 Helping a client evaluate what their sexual orientation.

- \* Distinguishing between gay, lesbian, bisexual, heteroflexible and individuals with same sex attractions

Week 2 Helping lesbians, gays and their families through the coming out process

- \* Stages of coming out for lesbians and gay
- \* Theory and working with “Bi now, gay later” phase
- \* Helping the family deal with their child’s coming out process

Week 3 Working with lesbian and gay couples.

- \* Understanding the differences between male, female and heterosexual couples as well as the similarities.

Week 4 Working with mixed orientation marriage when one spouse is straight and the other is gay or bisexual.

- \* How to help couples decide when to stay and when to leave.

Contact for further information and registration for this teleclass, which is held online/telephone: [www.joekort.com](http://www.joekort.com)

Dr. Joe Kort [joekort@joekort.com](mailto:joekort@joekort.com)

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**Save The Date**

**October 28, 2010 Humboldt Area Foundation 5:30-7pm Networking and Dinner, 7-8pm Lecture: Tod Fiste, Reasons for a Website and Resources to Do It!**

**Tentative February 2011, Carmela Wenger on Infidelity**

**April 9, 2011 Steven Frankel, PhD, JD: Law and Ethics**



**Board of Directors**

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