



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

Autumn greetings to you all,

I hope this newsletter finds you and yours safe and managing all the craziness of life. Given we are still dealing with COVID, we are not having our Fall General Meeting and have put off our Fall training with Steve Russin. I am so looking forward to a time we can all gather together and share with each other.

As if sheltering in place was not enough, racism seems to continue making me wonder what has happened to us. I hope you and yours are feeling safe and are able to speak up in supporting the rights and justice for all humans. If you want to reach out to provide support feel free to contact our local NAACP and or Black Humboldt.

And now the fires. Our Pacific states are burning up, so many of us are feeling helpless. Our family, friends and neighbors are losing their homes and communities. If you are feeling the desire and ability to help, please reach out to the Red Cross and see how you may be of assistance.

It seems the news is so important to watch and so painful at the same time. Please make time to rejuvenate yourself and provide self-care. Your clients are depending on your ability to be there for them.

I have some interns I had the opportunity to work with when they were residents at HSU. They are all looking for a private practice internship. If you have ever given that some consideration, maybe now is the time to put that idea into action.

I know this may not be the time to put the nudge out, but if you think you may want to try a leadership role, I am ready to pass the president baton. Give me a call to discuss this option in more detail. The organization has changed and shifted from its humble beginnings and it still requires an active Board who represents what you the members want.

Here is to some rain for our pacific and an end to the fires. Let's all come together for a peaceful presidential transition. I thank you all for the work you do for our community. Stay safe, stay well and peace be with you all.

Paula Nedelcoff MFT
NCAMHP Board President
therapydok@sbcglobal.net

[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.



NCAMHP Working Group for COVID 19 Serving our First Responders and Other Essential Workers

A small, ad hoc group of NCAMHP members have been meeting to find a way to give something back to those people who are protecting and serving us in this challenging time. Our plan at this time is to set up a simple system of connecting NCAMHP members with those workers who would like to see a counselor in the community and might have obstacles to doing so. These might include perceived stigma, lack of insurance and unawareness of available resources.

We are reaching out to various sectors, including law enforcement, firefighting, grocery stores, health care facilities and the like. Several have indicated they will circulate our information. The statement we are sending them read:

"NCAMHP is an association of Humboldt County mental health professionals who are dedicated to serving the needs of our community during the Covid-19 emergency. To that end, many members are making themselves available to first responders, medical personnel, front line essential workers, caregivers, and others who may be especially affected during the crisis (e.g., those 65+). Most members take insurance and some members are able to offer low or no cost services to those without insurance.

Community members who are interested in receiving short term strength-based group or individual psychotherapy services via tele-health during this crisis may go to/call (to be determined)"

Would you like to support this effort and show your appreciation to our local folks? If so, please send responses to the following question to Caroline Isaacs, cisaacs@suddenlink.net.

- How many of these clients could you accept?
- Would you accept pro bono?
- Would you accept low-fee?
- And/or would you accept insurance?
- What contact information, including office location, would you like potential clients to use to reach you?

You can contact Caroline Isaacs cisaacs@suddenlink.net if you have questions. Thank you for considering adding your talents here.



Psychotherapy with Alien Beings: Cultural Competence (and Incompetence) in Psychotherapy Practice by Laura Brown PhD

<https://www.psychotherapy.net/article/multicultural-competence-psychotherapy>

Psychologist Laura Brown PhD critiques the limited and limiting methods so often used in psychotherapy training programs to promote cultural competence, and offers a model of intersectionality and integration that honors the full complexity of modern identities—including those of psychotherapists. (Thanks to Melinda Myers PsyD)

In this article:

- A Klingon, a Cardassian and a Betazoid walk into Coffee Bar...
- What *is* Cultural Competance?
- Intersectionality and Integration
- ADDRESSING Multiple Identities
- Working from the Inside Out
- The Ubiquity of Trauma
- Evidenced-Based Failures and Common Factors Successes
- We Are All Other

Here are some excerpts from this article:

“A Klingon, a Cardassian and a Betazoid walk into a coffee house in Fremont, Washington, otherwise known as the neighborhood in Seattle where I live and work. If you know something about *Star Trek*, you will know that in its universe, ethnic differences are represented by differences between the natives of various planets, rather than by within-planet variation. Their phenotypic differences are denoted by

ear shape and the size and depth of forehead wrinkles, or the presence or absence of stippling on the skin. Skin tone, the terrestrial marker of phenotypic difference, is meaningless in the *Trek* world. There are light and dark-skinned Vulcans and Romulans and Bajorans, but what's important about them phenotypically isn't how much melanin is there. That's an Earth-bound preoccupation, a way in which humans socially construct difference.

However, as on Earth, ethnicity in the *Trek* world comes with assumptions about behavior—stereotypes, as it were. Our Klingon will be aggressive both verbally and physically, possessed of less than perfect impulse control, yet fiercely loyal and courageous. The Cardassians are a tad pompous, overweening, with a tendency to believe themselves correct in all things, which is perhaps why they were so effective as colonizers for so long. And the Betazoid is empathic, in fact way beyond empathic, because Betazoids can read minds and feelings. The first psychotherapist character in the *Trek* universe was a half-Betazoid/half-human.

So the *Trek*-savvy among us think that we know what to expect and how to respond to our trio as they order their double tall split shot one pump mocha light foam extra hot lattes from the barista at Fremont Coffee. Their coffee order, by the way, gives you the clue that they all live in Seattle, as locals are famous for complicated coffee ordering. We psychotherapists with our degrees from the Star Fleet Academy have taken a class in diversity. Some of us have even read the *Handbook of Psychotherapy with Klingons*, given that working with Klingons has become a very popular specialty in the aftermath of recent wars and the uptick in PTSD in the Klingon community.

However, our expectations are entirely unmet with these three. The Klingon turns out to be quiet, polite, and shy, joking a little with the barista about the new purple streaks in her hair. The Cardassian goofs around with the other two, and is wearing jeans with holes in the knees and has a pierced eyebrow. The Betazoid seems utterly insensitive to everything going on around the coffee-drinking threesome, and seems quite self-focused when we listen in on the conversation. We sit, confused, wondering if we missed a chapter in the handbook about special concerns of species living in Seattle. Maybe the communities here are different? (All that coffee and rain). We think that perhaps we should take a continuing education class to update ourselves about the latest findings on these ethnic groups.

You may at this point be wondering why I'm telling you this tale of the extraterrestrials in my local coffee house and the confused psychotherapists who are observing them. The answer is that it illustrates something about what psychotherapists have generally believed cultural competence to consist of, and lays a foundation for my discussion of what I believe cultural competence to *truly be*—as well as how and why culturally competent practice epitomizes an integrative stance on psychotherapy practice”

...

"We Are All Other"

Even more radical, what if we stopped limiting this inquiry to psychotherapy with members of target groups, e.g., people disadvantaged by virtue of their place in the social hierarchy? What if we took the larger, more genuinely culturally competent stance that each of us, and all of us, are diverse, and that understanding intersectionalities of identity is as important for our work with a Euro-American heterosexual Christian married man as it is with an African-American lesbian pagan who lives in a polyamorous relationship? Or a Klingon, for that matter?

My own bias, and that of the growing band of hardy souls who have been pioneering the broader model of culturally competent psychotherapy practice, is that when we start with the client's identities and our own, and then work our way backwards into the therapy, we are not only more effective at integration across theories and applications, we are also more likely to meet clients where they are. This, I would argue, creates the interpersonal conditions within which people are more willing to take the risky steps inherent in a change process, because as psychotherapists we have initiated, and modeled, the willingness to change our stance, and modify our ways of seeing, and hearing, and knowing, in order to encounter our clients in their social and phenomenological realities. What I have learned by practicing from a foundation of striving toward cultural competence is that sometimes what looks like being stuck in the pre-contemplation stage can as easily be someone saying, "Why should I admit vulnerability and imperfection to you, oh member of the dominant group that already judges me from the moment you see me?"

I encourage each of us to remember that while we are all human, we are all each, in some important way, Other. If cultural competence infuses our work, then we are more likely to make the connections from which genuine psychotherapy occurs. Cultural competence is not a special topic, nor a political interest; it is, and should be, central to the work of psychotherapists seeking to most effectively empower our clients."



Lifting Black Voices: Therapy, Trust, and Racial Trauma

<https://courses.clearlyclinical.com/courses/free-ceu-racial-trauma-therapy?fbclid=IwAR1Q-hHAdWSHTNbEXWvsGxjHKGrVGcKaNc1ikFHJWhYCeizFm2AFjno5TEI>

A free CE course with a panel discussion about transgenerational racial trauma and its impact on therapeutic trust.

Course description: Black and African American individuals engage in mental health treatment at a significantly lower rate than White individuals, and simultaneously report higher levels of hopelessness, sadness, and worthlessness. Why is this, and what can be done to create more therapeutic safety for this population? This panel interview, featuring three BIPOC clinicians, La Shanda Sugg, LPC, Dr. Tiffany Crayton, LPC-S, and LJ Lumpkin, LMFT, explores the impact of transgenerational and personal racial trauma on the pursuit and engagement in mental healthcare by Black and African American people. This frank and engaging discussion covers themes about what it means to be Black in America, and the first steps therapists can personally take to build therapeutic safety and trust. (Thanks to Dylan McClure LCSW)



How to Address Blind Spots and Racial Bias in a Session

From Ruth M. Buczynski, PhD (Thanks to Fionna Davis LCSW)

In the context of talking about race, you've probably heard people say "I don't see color." ... I was talking with Raymond Rodriguez, LCSW-R, and he got into why this way of thinking about race can be hurtful for people of color. He then shared what he'd say to a client who expresses this idea in a session – including the exact questions he'd ask and the approach he'd use. Here's the link:
<https://www.nicabm.com/how-to-address-blindspots-and-racial-bias-in-a-session/>



How to Be an Active Bystander When You See Casual Racism

Here are some excerpts from this article in the New York Times by Ruth Terry. (Thanks to Jennifer Taylor PhD) <https://www.nytimes.com/2020/10/29/smarter-living/how-to-be-an-active-bystander-when-you-see-casual-racism.html>

We've all been there. At a dinner party. In line at the post office. On a Zoom meeting. You can feel it coming: that awful joke your friend likes to tell about immigrants. Questions like "Don't all lives matter?" or "Did he resist arrest?" The discomfort becomes palpable. Your gut twists. *God, I hope someone says something*, you think with increasing desperation. And so does everyone else.

This phenomenon, in which no one in a group of witnesses chooses to disrupt a problematic event, is called the bystander effect, said Thomas Vance, a national certified counselor and a postdoctoral psychology fellow at the New School for Social Research in New York. "We like to think that we live in a world where people will jump in," Dr. Vance said in an email, but "the greater the number of people present, the less likely people are to help a person in need or distress." ... To avoid

that silent complicity, people can learn to become active bystanders: individuals who work to create cultures that actively reject harmful or discriminatory behavior through targeted interventions.

...What exactly is an active bystander?

First, let's talk about the difference between an ally and an active bystander. An ally is someone who "does not suffer the same oppressions" as you do but who "supports your struggle for rights and freedom," Micki McElya, a history professor at the University of Connecticut, wrote in the Boston Review. Absent from that definition is action. Active bystanders see something bad happen and make discreet choices to respond to the concerning behavior, said Monica Reyna, a violence prevention educator at the Advocates, a nonprofit in rural Idaho. That can take many forms, such as recording suspected police brutality or challenging everyday microaggressions like dinner-table racism. It can be leaning into humor to unpack "compliments" — for example, your boss describes a Black colleague as "articulate," the subtext being that this is somehow exceptional — or educating friends about the problematic origins of commonplace expressions. ...

...What do I do?

To beat the bystander effect, we have to retrain our brains and establish new patterns of behavior. Fortunately, there's no shortage of ways to do this. "We began to categorize all of the anti-bias actions that could be taken," said Derald Wing Sue, a professor at Columbia who studies the psychology of racism and antiracism and has written extensively about microaggression theory. "There were literally thousands of them." One of the most effective tactics, Dr. Sue said, is what he calls the art of the comeback. "A person will say to me, 'You speak excellent English,' and I will say, 'You do, too, John!'" said Dr. Sue, who is Chinese-American. "The 'compliment' has a hidden communication to me that I'm a perpetual alien in my own country, I'm not a true American." He said that "by simply reversing it, it may have a humorous or sarcastic impact" that reveals the comment's underlying meaning.

Dorothy J. Edwards, president and founder of Alteristic, a nonprofit consultancy that provides bystander training, focuses on "the three D's": direct, distract and delegate. "We emphasize that 'direct' doesn't have to be combative or confrontational; it just means you address the situation directly," Dr. Edwards said. This can be as simple as "checking in on the person at risk" by asking if the person is OK or telling the perpetrator to "knock it off." Even your physical presence can be enough to keep someone from being the target of racial violence, said LaVonne Pepe, a social worker and a senior trainer at Alteristic. If you witness a concerning event that may escalate into harm, Dr. Edwards recommends creating a diversion. For example, suggest going to get food. Or tell a white lie: Say someone's car is being towed. Interrupt a heated discussion by asking for a phone charger... Delegation is even easier: Enlist the help of that one friend who actually likes direct confrontation or has the clout to absorb any pushback. The idea is to just do *something*, whatever that may be. ...

...When should I intervene? ...

... Active bystanders should strive to intervene early and often. What we need, Dr. Sue said, is for allies “to find the moral courage to intervene when they see a moral transgression occurring.” “When no action is taken and people remain silent in the face of racism, it causes pain and suffering to the targets, it creates guilt in the mind of onlookers and it creates a false consensus that racism is OK,” he said in an email ... there is no statute of limitations on stepping up. If you miss your window, follow up with the perpetrator later in a private conversation. ... “The way that you choose to say it is up to you,” Ms. Pepe said. “But at the end of the day, if your value is that people shouldn’t be hurt, for whatever the reason is, you can find a way to say that if you care about it enough.” ...

...What if I get it wrong?

You will. Try again. Build resilience. If you’re uncomfortable and exhausted, it means you’re headed in the right direction. Like anything worth doing, becoming an active bystander takes practice. By building up “your moral courage muscle, you actually gain strength,” Ms. Domingo said. “And other people see what you’re doing, and they begin to do the same thing.” Keep in mind that, despite your best intentions and efforts, you won’t always have the impact you desire. Pre-empt potential harm by leaning into the “bystander” part of being an active bystander, Dr. McElya said, and by taking your cues from marginalized people on how to show up for them. You won’t get it right every time. You might be unsure of how to intervene or miss your window for a snappy comeback. That’s just reality, Ms. Edwards said, because in real life “we have barriers.” Don’t beat yourself up about it. Instead, plan to do better next time. Continue your education about the issues that matter, and remember that it’s OK to start small. Ms. Domingo said, “When you don’t do something, the person doing the harm assumes that you’re in agreement with their actions.” “If we don’t challenge them, they will continue to do what they do and they will influence other people to do the same,” she added.



State Mental Health Parity Bill Passes Legislature and Moves to the Governor

SB 855 (Wiener), a transformative bill that will change how mental health and substance use disorders (MH/SUD) are treated in California, was approved by the Legislature with bipartisan support and is now on the Governor’s Desk. The measure passed with a 63-1 vote in the Assembly and a 31-7 vote in the Senate. The CPA Board of Directors previously voted to support this bill, and we will be sending an Advocacy Action Alert to all members asking them to contact the Governor and request his signature on this landmark bill. The Governor has until September 30th to sign or veto all bills.

SB 855 expands state mental health parity law by mandating all DSM (Diagnostic and Statistical Manual of Mental Disorders) diagnoses for mental health conditions and substance use disorders be covered at parity in California. The measure further creates a broad statutory definition of medical necessity to determine care coverage (instead of each health plan using their own definition). SB 855 puts the patient first and allows the clinician's judgment to determine care. Current state law mandates health insurers cover nine severe mental illness diagnoses at parity and allows insurers to create their own definition of medical necessity. To view the bill, go to: http://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200SB855
5 From the California Psychological Association (thanks to Jennifer Taylor, PhD)



Wild Souls Ranch

Wild Souls Ranch is a 501(c)3 Nonprofit based in Humboldt County. Youth attend Wild Souls Ranch to heal from childhood trauma and benefit from equine-assisted growth and learning services with our herd of loving horses and experienced staff. Established in 2013 by Executive Director, Savannah McCarty, Wild Souls Ranch teaches "at risk" youth the value of a strong work ethic while providing a supportive environment for healing. Wild Souls is dedicated to helping youth embrace healthy relationships and a brighter future.

Wild Souls Ranch was founded from humble beginnings with our then 25 year-old founder, having just an idea, a lived testimony, passion to change the system, hope to bring healing to many, a donated, rescued thoroughbred and Savannah's childhood horse. Having experienced rejection, naysayers and trial and error, Wild Souls has succeeded and grown only because of our resilience, compassion and grit. We hold tight to these values and the bold, wild heart of the organization.

At Wild Souls Ranch, we provide therapeutic equine services to youth. We provide general equine assisted growth and learning sessions as well as Wraparound services to youth that have been adopted out of foster care and are at risk of being sent to residential treatment. Wraparound is a state funded program that many folks aren't aware of and have the right to access free of charge. www.wild-souls-ranch.org 707-726-6182



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_xvXtzu2Jb6J08, 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)

--"List of Education Companies Offering Free Subscriptions Due to School Closings" <https://kidsactivitiesblog.com/135609/list-of-education-companies-offering-free-subscriptions/> (Thanks Carol Cole LCSW)

<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 (Thanks to Fionna Davis LCSW)

<https://www.sfchronicle.com/bayarea/article/Teletherapy-provides-a-pandemic-lifeline-but-15162343.php>
An article from the San Francisco Chronicle about the challenges of teletherapy. (Thanks to Loren Forber LMFT)

--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>



Trainings

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, emilysiegelcsw@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.)



New Practice Announcements

Melanie Barnett AMFT

I am an AMFT (#120790) in Arcata working under Ned Peck, LCSW (#67178). I am currently taking private pay clients and am seeing clients over Telehealth and/or in person, in Arcata (socially distanced, with COVID cleaning protocol in place). I have two years of training as a somatic therapist from the Somatic Psychotherapy Training Institute in the Pacific NorthWest, and am entering my third year of training. My Master's is in Integral Psychology from the California Institute of Integral Studies in SF. I have worked locally at Humboldt Family Service Center and am currently a full time therapist at Humboldt State University. I also have a background in business consulting and beyond somatic based depth work, I enjoy working with clients that are entrepreneurs or those who experience anxiety, depression and/or concerns around their careers. I also enjoy working with clients who are musicians, artists, craftspeople, builders, farmers, and other self-made creatives. I am available to see adults, couples and adolescence. If you know of a client that is seeking private pay therapy, you can reach out to me directly, or send them my contact information below. ---Email: melaniebarnettamft@gmail.com
Phone: 707-633-8189

Kyle Behrens AMFT

I'm an AMFT practicing in Eureka and am supervised by Francis Muela. I accept Beacon/Partnership insurance and have a sliding scale \$75-\$100. I have availability in my schedule to see adults and adolescents (12 or over) who are experiencing a wide range of challenges. I'm providing both teletherapy and in-person sessions (outdoors or inside with masks and COVID cleaning protocols). I can be reached by phone at 707-702-1171 or email at behrensakyle@gmail.com.

Dylan Cimbura-Hernandez LMFT

Hello, my name is Dylan Cimbura-Hernandez and I am a new LMFT in Eureka and I currently have availability. Right now I am only taking clients telehealth, but once it is safer I will have an office space that clients can see me at. A little about me and how I work: I am a latinx woman (she/her) and I see psychotherapy through a

feminist/LGBT affirmative lens. I tend to think psychodynamic when conceptualizing clients and I enjoy digging deeper with them and addressing childhood traumas after we develop the appropriate coping skills. The bulk of my experience is in community mental health in South Los Angeles where I worked with adults (50-18 y/o), children (7-17 y/o) and families. I enjoy helping others with relational issues, women's issues, depression, anxiety and life transitions. In addition to the current populations I serve, I am interested in working with postpartum women and I am currently broadening my knowledge in that area. I am currently in the process of being paneled by Beacon. Thank you for taking the time to read my introduction. I am excited to be part of the NCAMHP community! 818-669-3517 email: contact@dylanmft.com

Ned Peck LCSW

I have opened a small private practice outside of my primary work at HSU in the counseling and psychological services, where I provide individual and group psychotherapy to students, coordinate the group program, and supervise trainees and associates. My private practice is now open for evening and weekend appointments. The office is located at 4001 West End Road, Suite 3, in Arcata. The office is ADA accessible. I take private pay and see Beacon (Partnership) clients. The office is large with windows and good ventilation and may allow for physically distanced in-person meetings. I am also able to provide telehealth sessions. I will be focused on providing somatic psychotherapeutic treatments with adults in my practice. I have received training in somatic psychotherapy practices and EMDR. I would like to work with people who seek to resolve trauma that interferes in their life. I have extensive experience working with group psychotherapy, trauma treatments, harm reduction and problematic substance use, co-occurring conditions, and severe persistent mental illness. I currently participate in ongoing training for DBT and somatic psychotherapy. I have been a practicing mental health clinician in Humboldt since 2011. Prior to my work at HSU, I worked at Humboldt County Mental Health and Humboldt County Programs for Recovery. I look forward to helping more clients during this challenging time. Thank you for referring any private pay or Beacon clients for evening and occasional weekend appointments. Feel free to share my contact information to schedule an appointment or discuss a referral: (707) 502-2905 nedpecklcsw@gmail.com



Announcements

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)



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 hand made 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 Listserv

If you have joined the NCAMHP Listserv, then there are two ways you can post a message. One way to post is to simply send an email to the Listserv 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 Listserv 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>



Internet Resources

** The following letter includes internet links to many resources including The National Institute on Mental Health (NIMH) Suicide Screening Questions , safety planning, information on the connection to Adverse Childhood Experiences (ACEs), and self-care and support resources to keep us able to keep supporting others.

Letter to Providers with Lots of Resources from the Violence Prevention Initiative Team

Please read the new resource letter here: <https://www.dhcs.ca.gov/Documents/COVID-19/Health-Care-Provider-Suicide-Prevention-6-29-20.pdf> for providers related to suicide

prevention that was developed as a joint effort between our department and the Department of Health Care Services and the Office of the California Surgeon General. This letter was designed to help front-line providers quickly learn how to screen for people at risk of suicide utilizing four “Ask Suicide-Screening Questions” developed by the national Institute on Mental Health, and what to do if they find someone at risk.

Please share this letter widely through any channel that would reach frontline medical and behavioral providers, including partners and stakeholder groups.

We appreciate your support in sharing this letter as suicide prevention is an area of focus within our department’s Violence Prevention Initiative :

<https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/SACB/Pages/ViolencePreventionInitiative.aspx> and has been elevated as a public health priority within Let’s Get Healthy California-the State Health Improvement Plan :

<https://letsgethealthy.ca.gov/goals/living-well/reducing-suicide/> . To learn more about suicide prevention efforts in California, review California’s Strategic Plan for Suicide Prevention 2020-2025:

https://mhsoac.ca.gov/sites/default/files/Suicide%20Prevention%20Plan_Final.pdf

which was adopted by the Mental Health Services Oversight and Accountability Commission last year. Thank you--- Violence Prevention Initiative Team, California Department of Public Health



Your Voice is Important! Contribute to This Newsletter!

Contributions are *always* welcome; anything from a paragraph to a couple of pages would fit well in the newsletter. **The deadline for the Winter NCAMHP Newsletter is February 3, 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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