



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

**Hello All NCAMHP Members --**

WOW! our world has been turned upside down, inside out. How are you all doing? I hope you all are well and those you care about are doing fine. I am so proud of all of us and our community for our quick response to Shelter in Place. We have looked for creative ways to continue to serve our community. I know I am grateful, I am adaptable and have healthy coping mechanisms. However, there were many days in the beginning that I felt surges of anxiety. Watching the support links and resources coming across our list serv reminded me of what a special group of peers I have, our community has. Thank you all.

Then the hits kept coming. The racial injustice and violence hurts us all in the heart and soul. I want to thank all of you who have protested and support the need for change in whatever way you felt/feel comfortable. Please continue to educate yourselves in whatever way you feel works for you. I imagine many of you are troubled by all the ugly we are witnessing. Let us be lifted with all the voices demanding justice. I have hope and faith the move for improving the justice system is beginning.

I am happy to tell you all we have hired a new Education Coordinator. Her name is Samantha Summers. Some of you may have heard from her concerning canceled trainings and payments etc. She is going to be great to work with. I hope you will meet her at the Fall Membership Meeting, and of the fall training we are hoping will happen. I do hope we will have that live, but who knows, we are in a new normal for sure. I want to take this time to thank our newsletter committee for their ongoing work in getting this out to all. I want to recognize Cheryn English who keeps our list serv in check. I want to thank all our Board members who help oversee the needs of this membership. Lastly, I want to thank our Education Committee who bring us such enrichment. A shout out to Brian Lieberman who got those Zoom Mondays for all of you to connect and to Len Wolfe and his crew who are putting together first responder services. I may have left some folks out. If you

were not mentioned, sorry, no slight intended. Lastly if any of you think you want to take a try at this President position let me and or any Board member know. My time has to end at some point so think about it.

I hope you all have a sunshine filled summer with some restful time. I hope you are giving yourself self-care and will be rejuvenated by our forests, beaches and beautiful mountains. The gift I received in SIP is the renewed wonder in the little things.

Thank you all for your continued commitment to our work and each other. Keep using each other for support and resources. Feel free to call or email with any questions and or concerns you have about your membership and or the organization.

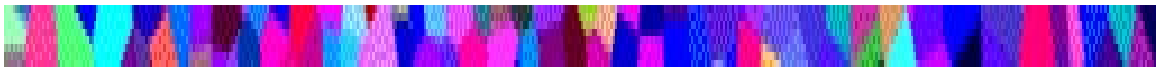
I am going to end this with something I saw on Facebook:

Treat racism like Covid 19  
Assume you have it  
Change your behavior  
Don't spread it

Elbow bumps and air hugs to all,  
Paula

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

[Click Here to Download the Membership Application](#)



### **NCAMHP Zoom Support Meeting**

I hope you are all doing the best you can; I like the rest of you have been in a virtual time warp, working from home, supporting patients via telehealth. As a group psychotherapist and member of the American Group Psychotherapy Association (AGPA), I have the fortune of having a second community of therapists to lean on. A member in Illinois has organized a Zoom support group for members of our organization; folks across the country/world are invited to join this meeting each evening to talk about whatever is present. Most of the time, the meeting serves as a welcome reprieve from the clinical world, a comforting space to be in with like-minded folks who are all feeling some burnout to some degree.

I would like to invite anyone in the NCAMHP community to join a zoom group as well. We are meeting 12-1 pm on Mondays. Feel free to stay for the duration of the meeting or drop-in. If you are on the NCAMHP Listserve, I am sending weekly Zoom invitations there, otherwise contact me for your Zoom invitation at my email:

[brianpsyd@gmail.com](mailto:brianpsyd@gmail.com) Hoping you are all taking good care of yourselves. Hope to see many of you next Monday at noon on Zoom--Brian Lieberman, Psy.D.



## **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.



## **Moving from Cultural Competence to Antiracism**

We've all heard about cultural competence in clinical practice. And while it's important, it's also not enough. In an excellent video, only 6 minutes long, <https://www.nicabm.com/moving-from-cultural-competence-to-antiracism/>, Thema Bryant-Davis, PhD provides some first steps in becoming an antiracist practitioner. She describes how white therapists can have a more active and intention anti-racist stance, rather than being just culturally competent. Bryant-Davis points out that some networks for communities of color have been educated that it is a small percentage of therapists that are ethnic minorities and even ethnic minority professionals may not have an actively anti-racist consciousness. These POC /People of Color networks are recommending when looking for a therapist to ask about the therapist's thoughts about the impact of racism and white supremacy on mental health. If the answer is "I believe people are people" that warns POC that a therapist is not able to acknowledge these issues and their impact. Bryant-Davis points out the importance of being able to communicate awareness, compassion and understanding that oppression is a reality. She addresses how victim blaming can operate. When anyone is part of a majority group, it is necessary for us to release our defensiveness because our usual tendency is to connect with the person we see as a reflection of ourselves. Bryant-Davis gave a personal example of being an able-bodied person reacting with defensive thoughts when listening to a disabled person talk about the hurt of people not looking at them repeatedly. She immediately thought about how she has done that but only because she did not want to be rude or mean by staring, without considering how it is experienced as an erasure by people with disabilities. When an ethnic minority client describes an experience with racism, a white clinician often reacts by trying to figure out how the POC client could be misinterpreting. Whites, including white therapists, want to believe that things are fair and right and think maybe I would do that, or my cousin would do that, and we're not bad people. Bryant-Davis recommends just sitting with what is a

POC client is person saying and considering what might it be like, even though we can't fully imagine, to have that experience and respond with that support. She points out how it can be very therapeutic and healing for an ethnic minority client's experience to be acknowledged by a white therapist. Bryant-Davis encourages white therapists not to feel powerless and that they won't be able to help their ethnic minority clients. Instead, she supports the possibility of white therapists using cultural humility, knowing they don't know everything and need to continuously learn more, to listen and support POC clients.



### **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](mailto: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](mailto:cisaacs@suddenlink.net) if you have questions.  
Thank you for considering adding your talents here.



## “Whiteness on the Couch”

Clinical psychologist Natasha Stovall looks at the vast spectrum of white people problems, and why we never talk about them in therapy. Thanks to Kaia Kordic LMFT for suggestion this article. Below are a few excerpts to hopefully intrigue you and send you to the link to the entire article at: <https://longreads.com/2019/08/12/whiteness-on-the-couch/>

Whiteness appears in no therapy manuals, is absent from catalogs of psychological ailments, is rarely mentioned as a factor in diagnosis or treatment, yet we know it when we see it. *Patient is irritable, defensive, obsessive and grandiose. Ego orientation fluctuates between superiority and vulnerability, with an underlying paranoia (trauma related?) focused on external threats and characterized by fantasies of domination, invasion and annihilation.* Under the microscope, racism and white peoples’ ancient dance with it looks an awful lot like what in other contexts — an inpatient ward, a group therapy session — would be classified as psychopathology. Whiteness is self-perpetuating yet self-defeating yet self-reinforcing, inseparable from power yet quick to decompensate ...

We are white children of white parents, white descendants of white ancestors, yet we have few ideas and even less language with which to make sense of our whiteness. Hovering off-camera, whiteness works in silence, quietly defining our white families, our white marriages, our white jobs, our white government, our white schools, our white police. It courses like electricity through the walls of white American life — silent, comforting, frightful, binding, beneficent, shocking, avoided. ...

Toni Morrison and James Baldwin both diagnosed whiteness as a coping mechanism, one that took the edge off the existential terror of American “freedom.” The fantasy of a pure and good whiteness must have felt as cozy as an old slipper to our European ancestors, warming them in the harsh New World. ...

Ironically — or not — the field dedicated to uncovering, understanding and repairing our dysfunctional patterns can’t perceive the white elephant in the room. Having put numerous other social and racial groups under the microscope, psychotherapy continues to resist turning an eye inward to the group behavior of white people *as white people*. White psychologists, psychiatrists, researchers and other mental health workers have been content to treat white group behavior as if it were synonymous with plain old human behavior (ignoring all the ways that white Americans are a particular social group in a

world of different social groups) or hyper focus on white racist behavior (skirting the less dramatic ways that racism and prejudice operate in everyday white life)...

Whiteness is nothing if not unconscious. Whatever our intentions, whiteness does what most unconscious conflicts do: wreak havoc. It works through our bodies into actions, or non-actions, that seep into the world, and explode. We recoil in defense against our reflection in the eyes of “others” — when we hear words like *microaggressions*, *white supremacy*, *basic* — yet we are hard pressed to comprehend, explain, or address the racial dimension of our lives. When confronted, we feel shame, hopelessness, rage, aggression. Or we feel guilty, and we resent the guilt. Then we settle back into a cloud of vaguely shameful dissociation and begin to forget again. ...

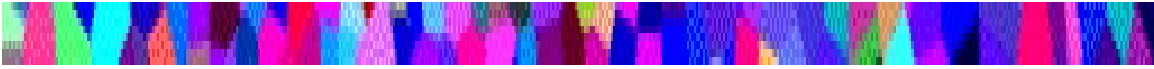
It gets hard to hold on to white denial for a while. We want to change, we swear we'll get better. But hold on hard we do. Like addicts, we can't live with our whiteness and we can't live without it. And we have so few words to talk about it, we can't even say why...

Dr. Gail Golden, a white clinical social worker, has rewritten the twelve steps of Alcoholics Anonymous, with white supremacy as the addictive substance: admitting powerlessness over our socialization into a racist society is the first step. ...

Janet Helms' ...White Racial Identity Model ...[whose]... core tenets is that racial identity permeates every aspect of our lives, including every relationship, even the one between therapist and client. She didn't see that as a bad thing. (Helms titled her self-help book for white people *A Race is a Nice Thing To Have*.)... Helms' model assumes something that... that white supremacy is bad for white mental health. ...

Despite developing “cultural competence” through a required multiculturalism class in graduate school and contemplating my own racial and ethnic identity from time to time, I never thought of my whiteness as a source of psychological vulnerability. Despite my familiarity with the DSM concept of “culture bound syndromes” — the culturally and socially determined mental health issues of *other* racial and ethnic groups — I never considered that white Americans could have their own culture bound syndromes. ...That is, until a few years ago when I noticed that white people were literally and figuratively running *amok* in ways that were all too familiar to me as a psychologist and a white person. I began to look for guidance in cultural competence for treating American whites. I found nothing: no recommendations from the American Psychological Association or the American Psychiatric Association, no therapy manuals, few scholarly articles. What I found instead was a patchwork, almost secret, history of white and non-white people in and out of psychology, trying to understand whiteness. ...

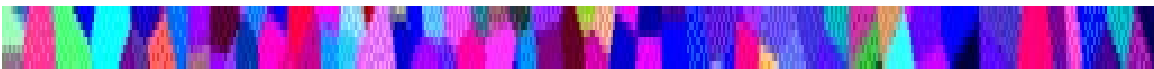
White Americans are in the midst of a public mental health crisis — just check the acting out: suicide, addiction, mass shootings. ...The violent escalation of scapegoating of immigrants and people of color is, all or in part, a reaction to the recognition that the days of white wine and roses are over. And we are not well equipped for the New World to come. ...



## **"Hey White Therapist, Here's Where We Start"**

Thanks to Kim Moor LMFT for suggesting this audio program: "Hey White Therapist, Here's Where We Start" episode 92, June 1, 2020, on the Light Up the Couch podcast. It is an interview with Frank Baird LMFT, LPCC about his own experiences and learning in dealing with whiteness, racism and being a therapist. It offers a primer about the themes white therapists can begin exploring to be more aware of their own racial identity, cultural conditioning, and the effects on clients of color. It also includes discussion of interventions and considerations.

Some of the issues presented include that white therapists don't want to be racist and are concerned about not wanting to make it worse, but a lot of unintentional harm can occur due to whiteness and racism. Baird acknowledges how words like white privilege can feel scary to discuss because white therapists tend to feel them as being told it is our personal fault due to the individuality in our society. Instead he points out that white privilege describes society systems. It is pointing to our cultural conditioning in the U.S. There is discussion of how whites get easily triggered, because they don't want it to be true and don't want to be racist. Baird suggests considering that we are under the *influence* of whiteness and racism. He advises that white therapists listen to the complaints of People of Color and think of them as legitimate without trying to explain them away also pointing out that these problems are often invisible to white people. Baird points out that in our training as therapists we're traditionally not supposed to bring politics or politics of identity into therapy room, but they are there so it is important to be willing to talk about it. It can be an invitation for the client's story to be told, as with any other trauma. He encourages white therapists to read and educate themselves about racism. Baird also suggests white therapist can be willing to talk about it in professional settings. Even if you don't know what to do about it. It is important to acknowledge what is happening and support others to talk about it and figure it out together.



## **Potential for Adverse Neuropsychological Outcomes due to SARS-CoV-2 infection**

By Andrew Levine, Ph.D., ABPP-CN

(A link to the full article can be found at <https://www.np-assessment-specialists.com/resources>)

Previously identified human coronaviruses (HCoV) are both neuroinvasive and neurovirulent. Based on the current data, this also appears to be true for SARS-CoV-

2. In the largest published study to date of neurological symptoms in patients with the clinical syndrome associated with SARS-CoV-2 infection (COVID-19), 36.4% of 214 patients developed neurological symptoms that included headache, dizziness, and (less commonly) mental status change and paresthesia. However, 41% of the sample from the study had severe illness and it was the more severely affected patients who exhibited the neurological symptoms, suggesting that neurological symptoms could have been related to systemic factors or exacerbation of pre-existing medical conditions. Also, it is notable that other case series have not reported a significant incidence of neurological symptoms. Whether these discrepant findings are due to a lack of standardized data and symptom collection methods is unclear.

Hyposmia/anosmia and hypogeusia/dysgeusia have garnered significant media attention. Whether or not these symptoms are truly neurological in nature is uncertain at this time. For example, a case study from France indicated that bilateral obstructive inflammation of olfactory clefts impaired olfactory function by preventing odorant molecules from reaching the olfactory epithelium, suggesting that loss of smell or taste may not have a neurological cause, at least not in all cases. Conversely, while anosmia is known to occur in many upper respiratory tract infections, many patients with COVID-19 lose smell despite absence of congestion.

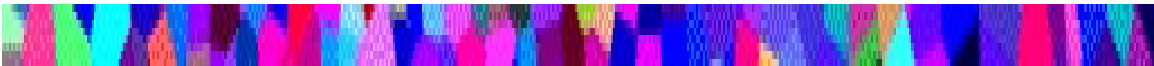
A steady stream of case reports have described severe acute neurologic conditions in a minority of COVID-19 patients, some of whom were relatively young. One such study from Japan described a 24-year old man who developed meningitis and encephalitis. Another case report described acute necrotizing hemorrhagic encephalopathy in a 50+ year old, female with laboratory validated COVID-19. Finally, five younger (<50 years old) patients presented with large-vessel stroke within two-week period at a New York City hospital, where historically an average of only 0.73 patients under 50 with this condition were treated during the same timeframe over the previous 12 months.

Considering the relatively high fatality rate among individuals who become infected with SARS-CoV-2, as well as the emotional and financial devastation caused by the pandemic, psychological disorders such as post-traumatic stress disorder (PTSD) and depression should to be considered as primary diagnoses and contributing factors to neurocognitive impairment. Indeed, early indications suggest higher prevalence of anxiety disorders such as PTSD stemming from either surviving infection with SARS-CoV-2 or serving as a front-line healthcare worker, as well as those living near the epicenter of the outbreak. This appears consistent with studies from the 2003 SARS and 2005 MERS outbreaks, which reported high rates of PTSD.



## **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](mailto: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.



## **Black Life Matters: Anti-Racism Resources for Social Workers and Therapists**

Thanks to Miriam Labes LMFT for sharing this website with a wealth of links to resources <https://www.socialwork.career/2020/06/anti-racism-resources-for-social-workers-and-therapists.html> . It has numerous web links grouped under the following topics:

Free Anti-Racist Webinars, Anti-Racism Webinars On-Demand (many for 1 CEU), Paid Trainings Offered by POC, Healing Racial Wounding, Therapy/Funds Dedicated to People of Color, Resources For Self-Education About Racism in The US including Recommended Books, and links to Articles, How to Talk to Our Kids About Racism, Anti-Racism Resources/Guides/Toolkits.

Not Much of a Reader? Check Out These Links for Anti-Racist Videos/Movies/TV Shows/Podcasts:

Ted Talks/YouTube links, Movies & TV Shows, Podcasts, Poetry/Music. There are also links for Anti-Racism Organizations to Support and Self-Care.



## **Interview with Stephen Porges on Effects of Chronic Anxiety and Stress**


This 28 minute CONFER video interview with scientific researcher and author Stephen Porges focuses on the physiological/emotional effects of chronic anxiety and stress we are all experiencing as therapists at this time. You may be familiar with his work on the Vagus nerve and trauma. Here he speaks directly to particular challenges for therapists and ways to manage the overwhelm of holding and helping others while we feel vulnerable ourselves. (Thanks to Ellen Searle LeBel LMFT)  
<https://www.youtube.com/watch?v=QGY7rkm4uR4>



## **Pandemic Unemployment Assistance (PUA) Program**

If your practice is reduced due to Covid 19 you can file for PUA/Pandemic Unemployment Assistance. At least one Humboldt therapist has done this and states you send copy of last year's taxes. Then PUA will give initial \$167/week until they calculate your exact benefit. The benefit changes with what you earn weekly. The important part is that you can get money each week up to \$600.

From the PUA website: "This emergency unemployment assistance program under the federal CARES Act. PUA provides assistance for unemployed or partially unemployed individuals who are not eligible for regular unemployment insurance and who are unable or unavailable to work due to COVID-19 related circumstances. The Employment Development Department (EDD) is accepting online applications for this program. Benefits can be retroactive to weeks starting on or after February 2, 2020, depending on your last day of work due to COVID-19 and regardless of when you submitted your claim application. Up to 39 weeks (minus any weeks of regular UI and certain extended UI benefits). Last week is week ending December 26, 2020.\*\*\*\* Under the CARES Act of 2020, the \$600 additional benefits are available through 07/31/20. However, the U.S. DOL has issued guidance to clarify that, for most Californians, the last full week of benefits will end on 07/25/20. Similarly, the PUA program has a legislative end date of 12/31/20, but for most Californians the last full week of benefits will end on 12/26/20. If you are eligible to at least \$1 then they must add on \$600 per week. This depends on individuals' weekly benefit. There is talk that congress will stop the added \$600 end of July. Time to write Congress



## Online Training on Telehealth Practice and Self Care

A “Pay What You Can” event from Person Centered Tech <https://personcenteredtech.com/> to help therapists care for themselves and their practice during this unpredictable time of COVID-19. Their “Thriving and Making Comfort Conference” was so well received and so timely, they are offering the replays and self-study courses to help you find the support you need during this time. Just interested in one presentation, not the entire conference or a full track? Just register for the track that contains the presentation(s) you are most excited about. CE hours are available for select seminars. There are two tracks available. The Self-Care Track: 1) Navigating Collective Trauma as a Mental Health Professional with Danielle Render Turmaud, MS NCC; 2) Reducing Fatigue and Improving Satisfaction (Yours and the Client’s) In Teletherapy with Roy Huggins, LPC NCC; 3) How to Survive Burnout with Evan Dumas, MA and Letta Raven. The Practice-Care Track: 1) Legal Considerations For Practice Needs During COVID-19: HIPAA and Marketing, Cross-Jurisdiction Practice with Eric Strom, JD LMHC; 2) Considerations in Couples Therapy during COVID19 with Fiona O’Farrell, MA LMFT CST; 3) Internet Marketing During COVID-19 with Joe Bavonese, PhD. (Thanks to Vikki Ziskin MFT who found this website and the Self Care track training useful)



## COVID 19 Resources

--“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](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](http://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/](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](mailto: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.)

## **Creating Trauma-Responsive Early Childhood Environments that Build Resilience and Support Healing through Play**

We want to let you know that the “Creating Trauma-Responsive Early Childhood Environments that Build Resilience and Support Healing through Play” training presented by Julie Nicholson and originally scheduled for March 14<sup>th</sup> has been re-formatted to a series of webinars focused on supporting the community through the COVID-19 crisis. We hope you can join for one or all of the modules. Please see the flyer below for more information and registration details. (See PDF flyer below) -- Scarlet Roley IFEC-TMHP, RPF I, Training Coordinator, 0 to 8 Mental Health Collaborative, First Five Humboldt, Please contact Cindi at [ckaup@hcoe.org](mailto:ckaup@hcoe.org) with any questions

Please join us for this very special virtual training series

# Trauma-Responsive, Resilience Building Approaches to Support Young Children, Families and Staff in the Context of COVID

Session 1 | June 30 | 3:30-5:00pm

## **Trauma-Responsive Resilience Building Approaches to Early Learning in the Context of COVID**

Session 2 | July 14 | 3:30-5:00pm

## **The Impact of Stress and Trauma on Young Children's Play**

Session 3 | July 28 | 3:30-5:00pm

## **Supporting Children to Cope, Build Resilience and Heal Through Play**

Session 4 | August 11 | 3:30-5:00pm

## **Trauma-Responsive Resilience Building Leadership and Supervision**

Session 5 | August 25 | 3:30-5:00pm

## **Trauma-Responsive Resilience Building Family Engagement Strategies**

*See next page for session details.*

### **REGISTRATION**

**No Cost • Register at [my.hcoe.net](https://my.hcoe.net)**

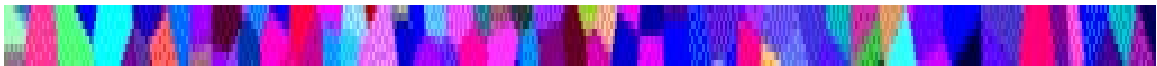
Register for individual sessions or the full series

### **INFORMATION**

**Cindi Kaup, HCOE**

(707) 441-3912 • [ckaup@hcoe.org](mailto:ckaup@hcoe.org)

**All sessions will be held via Zoom videoconference • Links will be emailed two days before each training.**



## **New Practice Announcements**

### **Laura Phelan-Shahin LMFT**

I am a LMFT and Expressive Arts Therapist. I'm honored to join this community. I have been practicing since 2008 and have been licensed since 2014. I have experience in office-based and school-based environments with the bulk of my work with at risk youth. I am really looking forward to building a private practice in which I will work primarily with adults and adolescents individually. I'm excited to work with individuals that are open to utilizing the arts as healing. I utilize a lot of visual arts, symbolism/metaphor, storytelling, poetry, sand tray and listening to music. I use an integral approach that includes theories such as mindfulness, ACT, motivational interviewing, psychodynamic, relational and experiential. The latest theory that I'm diving into and excited about is ecopsychology. I have experience working with people of color, the LGBTQ community, and people who've experienced childhood trauma. I am competent working with issues related to trauma, depression, anxiety, and substance abuse. I'm interested in women's issues, healing/self-discovery through the arts and psychospiritual work. Due to COVID-19 and medical vulnerabilities within my family, I will only be providing telehealth for the foreseeable future. My sliding scale is running from \$85-130 per session. I am in the process of being able to accept Beacon but that has not cleared yet. I am out of network for all other insurances at this time, but I do accept HSA cards and can provide a superbill. I look forward to leaning into this group further and getting to know you.--Laura Phelan-Shahin LMFT 78923, 707-267-7601

### **Dylan McClure LCSW**

I have been in Humboldt my whole life, and on a long journey to serve my community as a mental health provider. I have finally made it! I am a therapist of trans experience, with a private practice centered on providing queer and transgender affirming therapy in our community. I work with children, adolescents and adults. I also specialize in addiction counseling and will be running a 12-week LGBTQIA+ recovery group starting in August. I am taking new clients and referrals for individuals and families that are part of the Gender and Sexual Minority community. I also provide consultation to other professionals on topics of gender, sexuality and non-traditional family dynamics. At this time, I am only taking private pay clients. I have a sliding scale. I have weekend and evening appointments. [www.dylanmcclurelcsw.com](http://www.dylanmcclurelcsw.com) ; [dylan@dylanmcclurelcsw.com](mailto:dylan@dylanmcclurelcsw.com) 707-296-1681

**Sonya Woody ASW, Eric Gronley AMFT and  
Samantha Brown, AMFT at Humboldt NeuroHealth**

Humboldt NeuroHealth Therapeutic Services has hired 2 ASW/AMFT in the last 6 months as well as a Wraparound Facilitator. We are seeing people at the office and we have protocols and policies in place to protect ourselves and our clients. We have an office in Fortuna now and we have openings. 707-296-9295

*Sonya Woody* ASW 91236, Supervised by Heather McMullen, LCSW 24227

I work with individuals and families in a collaborative process to address some of the challenges that they are experiencing with the purpose of moving toward personal and familial growth. Before I started my career at Humboldt NeuroHealth in 2019, I attended Humboldt State University where I earned my master's degree in social work and my PPSC (Pupil Personnel Services Credential) and have worked as a Student Support Counselor in Humboldt County. From my experiences, I understand that people have the resiliency to heal from traumatic life events and it is my goal as a therapist to be a guide toward the healing that lies within. My favorite part about my job is being a witness to people's resiliency and capacity for transformation. When working with my clients, I encourage empowerment, where together we identify their capabilities and strengths and then apply those to fulfill the client's desired version of themselves. Modalities that are most used: Neurofeedback, Mindfulness, Play therapy, Cognitive Behavioral Therapy (CBT).

*Eric Gronley* AMFT 112562, Supervised by Michelle Bashaw, MFT 41623

I specialize in helping my clients identify negative patterns or behaviors in their life preventing them from being able to live up to their full potential and achieve their goals. After graduating with a master's degree in psychology from the California Institute of Integral Studies, I had the opportunity to be trained by Andrew Leeds in Eye Movement Desensitization and Reprocessing (EMDR). While working with my clients I love seeing the change and transformation that happens within them as our work progresses. It is my hope that by the end of our time together my clients feel they are prepared and able to live to the fullest and achieve their goals. Therapy Modalities I Practice: Gestalt Therapy, EMDR (Eye Movement Desensitization and Reprocessing), Trauma-Informed Care, NFB (Neurofeedback)

*Samantha Brown* AMFT 116546, Supervised by Wendy Tappon, MFT 96874, Wraparound Facilitator

With each client I meet, I believe they have the power and strength within themselves to be the best version of themselves. By focusing on the strengths, you already possess, I can help you discover and use the tools you've always had to thrive. It's just a matter of knowing how to apply those strengths and skills in your day-to-day life. Leading up to my work at Humboldt NeuroHealth I received both my Bachelor of Arts degree in Psychology and my Master of Counseling Psychology from Humboldt State University. I am a registered Associate Marriage and Family Therapist and I also work with kids, helping them express themselves through Play Therapy. What I love most about my job has always been seeing the children and

families I work with experience true joy as they learn what they are capable of. It is my mission to help every one of my clients realize they are the expert of their own lives. Therapy Modalities I Practice: Play Therapy, Strengths-Based , CBT (Cognitive Behavioral Therapy), Neurofeedback.



## **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)

### **Humboldt NeuroHealth's Wraparound Program**

WiredTogether is a unique system of care for children with serious emotional, behavioral, and mental health needs and their families. We utilize a *WRAPAROUND* philosophy and approach which focus on strength-based, individualized care. Combined with our unique approach and structure, WiredTogether delivers a comprehensive and flexible array of services to youth and their families. WiredTogether Wraparound opened its doors November 2019. Our inspiration was derived from a community driven demand. Our Staff and Executive Director have been asked time and time again to expand our services to meet the needs of our post-adoption community. Our intention is to meet this need by fostering the development of more comprehensive, community-based care for children with serious emotional needs and their families. WiredTogether Wraparound program was designed to reduce the use of institutional-based care such as residential treatment centers and inpatient psychiatric hospitals while providing more services in the community and in the child's home. We practice and abide by the National Wraparound Initiative Standards that were generated from the SB163.

#### **PROGRAM OVERVIEW**

##### **Role of the Family**

WiredTogether Wraparound involves families at all levels of the system and aggressively monitors quality and outcomes. It operates from a value base that emphasizes building on strengths to meet needs; one family-one plan of care; cost-effective community-based alternatives to residential treatment placements; increased parent choice and family independence; and care for children in the context of their family and community.

### Funding

The child's AAP/Adoption Assistance Program benefit that the family would have authorized to be paid to the group home or facility is instead authorized to be paid to Humboldt NeuroHealth Therapeutic Services, the Wraparound Agency providing the services, for a maximum period of eighteen months as the family and agency staff work closely together to enable the child to remain at home. By using the AAP benefit in this creative way, we can achieve much better outcomes for children and families. This is not additional or new money, but the money that would have been spent anyway on the costs of residential care placement. These funds create flexibility and a sufficient funding source to meet the comprehensive needs of the families served. WiredTogether oversees the management and disbursements of those funds acting as a public care management entity.

### Care Coordination Services

WiredTogether Wraparound's care coordinators/Family Facilitators guide the delivery of services and other supports to families using a strength-based, highly individualized Wraparound approach. WiredTogether has also organized an extensive provider network of individual providers that offer an array of services to families.

WiredTogether's Core Services include: Neurofeedback – Brain based stabilization support to help nervous system calming and processing. Individual & Family Therapy – Therapeutic support to empower and strengthen family connections. Therapeutic Massage – Eastern Modalities that support anxiety reduction & somatosensory processing. Case Management – Brokering support services & advocates for services on behalf of the child and family. Therapeutic Skills Coach – Focused and individualized therapeutic support for the child. Focused Parent Support – Parent/Family attachment education, peer support groups & attachment parenting coaching.

### Mission, Vision & Values

Mission~ To provide support, education, and services in order to strengthen attunement, foster resiliency and promote sustainability within families. Vision~ To see families grow and thrive in a community free from the duress and constraints of trauma. Values~ Collaboration, System Integration, Sustainability, Community Base, Collaboration, Normalization, Family Centered, Strengths Based, Needs Driven, Unconditional Care, Respect, Cultural Sensitivity. We do this by: 1) Serving each youth and family with respect and dignity acknowledging their strengths, needs and preferences. 2) Partnering with the agencies that work with families to create a coordinated, holistic plan for a better life. 3) Providing quality care that is culturally responsive to the diverse needs of the families we serve. 4) Providing leadership in creating lasting resources to promote the health and wellbeing of families in their communities



## **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](mailto: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](http://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](http://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](mailto: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.

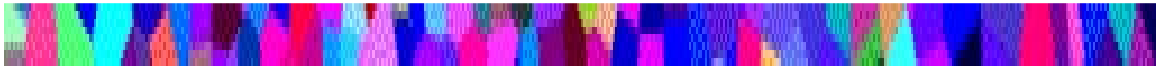
## **Non-Licensed Clinicians Need to Include Supervising Information**

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](mailto: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](mailto:ncamhp@groups.electricembers.net) To get started you may wish to access the introduction page at:  
<http://groups.electricembers.net/lists/help/introduction>



## **Internet Resources**

\*\* 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/CCDCPHP/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:

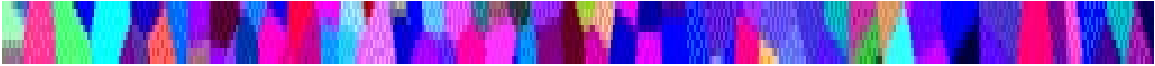
[https://mhsoac.ca.gov/sites/default/files/Suicide%20Prevention%20Plan\\_Final.pdf](https://mhsoac.ca.gov/sites/default/files/Suicide%20Prevention%20Plan_Final.pdf) which was adopted by the Mental Health Services Oversight and Accountability Commission last year. Thank you--- Violence Prevention Initiative Team, California Department of Public Health

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

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

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

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



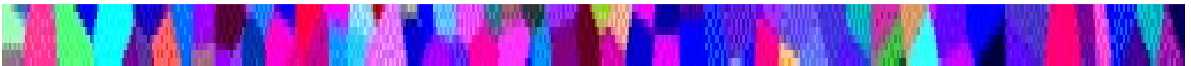
## **Your Voice is Important! Contribute to This Newsletter!**

Contributions are *always* welcome; anything from a paragraph to a couple of pages would fit well in the newsletter. **The deadline for the Summer NCAMHP Newsletter is June 10, 2020.** Send your articles and announcements to the newsletter committee: [emilysiegellcsw@sonic.net](mailto:emilysiegellcsw@sonic.net)

Members may advertise and post announcements for office rentals free of charge via the web at any time:

- Step 1: Go to [www.ncamhp.org](http://www.ncamhp.org)
- Step 2: Click on Member Login and Login
- Step 3: Click on Member Discussion Board
- Step 4: Choose "Office Rental"

Please give us feedback about this newsletter: [emilysiegellcsw@sonic.net](mailto:emilysiegellcsw@sonic.net)



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