



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

Happy Summer!

I don't know about you, but I am so happy to see blue skies and sunshine. That rain we had was also well needed. Wish it could rain every night and be sunny all day. What paradise we live in. As there are less restrictions in California, please stay careful and safe. You are all so needed for the work you do in our community.

I want to let you all know we had a recent Board meeting where we discussed many things about including our Affiliate members. We welcome Affiliate members however they need a licensed member recommendation. All members are encouraged to use the Listserv. We are also welcoming new membership to folks who may not live in our area but are licensed with good standing in California and see our community members. I hope this supports everyone's needs. Feel free to reach out if you have differing ideas. The Board does discuss and process all ideas brought to us.

Last reminder the Listserv is about sharing issues as they pertain to mental health and such. Feel free to start a small group if there is shared interest of other things and/or please write up something for the Newsletter. I appreciate all of you and your passion for our work and in serving others.

Carmela Wenger has retired from the Education Committee. A huge thank you to all of her expertise and work she has given us. Now might be the time to reach out to the Education Committee to see about joining. I know they are planning a General Fall Meeting (9/23/21 see next article). I am not sure yet if this will be in person or virtual. Maybe a hybrid? Again, feel free to share your thoughts and ideas to this committee.

We are also in the process of finding a new web designer and web manager. Keep your eyes and ears open. We are looking at how it may change for the better and be much more user friendly. Thank you, Lori, for getting this done for us.

It is time to consider joining a committee and or the Board. Please give some thought as to how you might like to get more involved with the membership. I will remain President until the end of the calendar year. It seems time to pass the torch. Feel free to reach out to any of our Board members and/or committee members for more information.

Stay healthy everyone. Take time to appreciate all we do have here in our beautiful community. I thank you all for your contribution to the well-being of so many people and your value in this work.

I hope I can see you all in person soon--

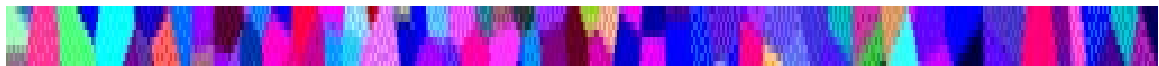
Paula Nedelcoff MFT
NCAMHP Board President
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[Click Here to Download the Membership Application](#)



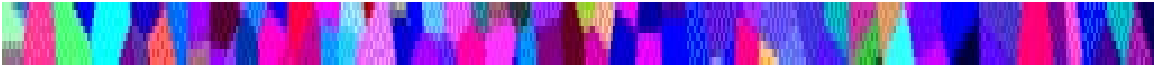
NCAMHP General Meeting with Andy Levine, PhD on Psilocybin and MDMA for the Treatment of Psychiatric Disorders

Andy Levine, PhD is presenting at our General Meeting on Psilocybin and MDMA for the Treatment of Psychiatric Disorders. The meeting will most likely be on Zoom and the CEU's are free for members - 1 CEU for an hour presentation. We are meeting from 6:00 - 8:00 on September 23. Dr. Levine is an Adjunct Professor at UCLA and a member of NCAMHP. If it is safe and we change to an in person venue, we will alert the membership.



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. Much 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.

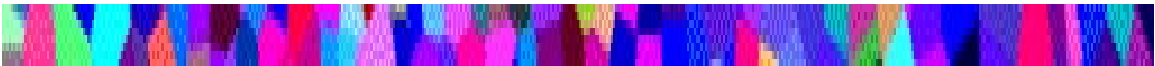


New Rules for Covid-19 and California Psychotherapy Offices

Beginning August 9, 2021, California is mandating that health care providers comply with the July 26 Public Health Order requiring verification of fully Covid-19 vaccinated status or regular Covid-19 testing for unvaccinated/incompletely vaccinated workers. CAMFT has reviewed this order and consulted with other psychotherapy associations and is of the opinion that MFTs fall under the section “clinics...including behavioral health”. You can read this order at:

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Order-of-the-State-Public-Health-Officer-Unvaccinated-Workers-In-High-Risk-Settings.aspx>

(thanks to Fionna Davis LCSW and Dylan Cimbura-Hernandez, LMFT via the NCAMHP Listserv)



Tee'neeshow newo'mo'w? – *What did you folks see?*

By Koy Kate Estikta, LCSW

In May of 2021, 215 unmarked graves of little children were discovered outside of an Indian Boarding School near Kamloopa, British Columbia, Canada. For some, learning this history came as a shock. For others, this only validated the deeply held complex trauma that they have always known as their reality, amplifying this pain. While Canada had a different colonization and assimilation process with their indigenous Peoples, it was very similar to those in America. This particular school ceased operation about the 1970's and was known to rip 3-year-olds from their families in order to be retrained as soldiers or servants in an effort to “Save the man, kill the Indian” or the families would be denied vaccines and commodities being supplemented to them through (usually illegal) treaties that removed the Natives' ability to provide for themselves.

There are still Indian Boarding Schools operating in America, although that colonialist model of operation changed about the same time as Canada's policies. If you can imagine, the age your parents and grandparents were during this time period, this is not some distant history from a by-gone era. The trauma has been transmitted through generations by behaviors, storytelling, fears and norms and will continue to do so until the tragedies are properly addressed. Studies even show Meta-DNA has been altered due to the traumas continuing to be experienced.

The history of the First Peoples is not often taught in public schools for a myriad of reasons, but often because there is a political voice involved. This often results in few people knowing America's true history or helpers having a deep understanding of why our clients may be struggling with intergenerational trauma even after great

interventions. In fact, many indigenous Peoples don't know their full history or that of other tribes, bands or groups. It's not often talked about as a catastrophic fire, but this is a blaze that has devastated many and continues to burn through the lives of families even today, having spilled over to friends and neighbors and communities. It is difficult to extinguish such a fire.

While it is tempting to seek answers or references from friends and family, or even by attending a class that purports credit for true information, there are a few basics that every helper should know in order to be truly respectful and mindful about the professional techniques and language used in helping, and to see what is unfolding before you in conversation.

A prime example is the commonly used term "decolonialization". To the general public and the "dominant culture", this may feel like social justice and mindfulness, but if this is a wildfire, what does decolonialization mean? It's a fire raging in all our institutions, endured by the young and old. To traditional Peoples, this means a removal of all things that were intended to colonialize. Is that what you mean by your use of the word? And how possible is that in reality? By promoting the word, knowing this definition, is the helper actually helping or contributing to the inferno?

Some might disagree with that statement, or have another perspective on it, but I invite you to consider this: who are the people teaching the information? Who are the people who are public figures and come forward as experts? As busy professionals, it is easy to rely upon those who are often in the media or even someone like me with a degree, who is writing to you in a newsletter. But, who are we to speak? In traditional culture, the family and tribe, band or community are the ones who give that permission. Self-appointed speakers are not always the voice of the People. Which brings me to my next talking point: Please go to the source when you want information about something indigenous. Just because someone learned Lakota techniques from a movie or a new-age seminar does not qualify them to use those techniques on Yurok People, as an example. That's like saying that Mormons could perform religious rites for Catholics without having psychosocial-emotional-spiritual harm done.

The last point I will make here is that over generations, time changes things, as with any culture (there are still some who are surprised that many Natives do not live in teepees 24/7/365). For many generations, it was the proper role of local women to tattoo their chins to represent their standing in the community until they became targets for heinous crimes. The next era was quiet about who they were and practices they engaged in, often victims of the Boarding School Era, massacres, or slavery – some survivors having to deny where they came from. Recently, tattooing was a way of reclaiming, but the dynamics had changed about meaning. Some do, some don't, but it doesn't make them less "Indian". Time has also affected people who can speak the language or not; people who identify as Dance Family as differentiated with Boat Makers or Weavers or other types of roles; people who identify their family by region or by house, or those who were not taught anything

to keep them safe from predators. Some people don't feel traumatized at all and are seemingly untouched. Each circumstance being unique. To understand all that this is, it is best to go to the source – the tribe, band or group. And of course, the best course of action to be respectful, is to ask, not tell (and don't have a client describe how they are Native when they don't "look it").

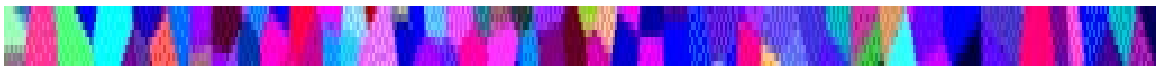
As someone who used to teach this material at HSU and CR, I would encourage you to consider having an education when working with Native Peoples, who do make up approximately 10% of our local population. Nuances in conversation such as "paying the Boatman", "walking on", "facing the sunset", or "walking along the Milky Way" can imply suicidal ideation. Completion of suicide in Indian Country is statistically over-represented among the highest statistics according to (May 2021) [nimh.nih.gov](https://www.nimh.nih.gov). Some video productions that have authentic information to offer that you might find on-line are these:

YouTube: The Canary Effect: <https://youtu.be/ID7x6jryoSA>

YouTube: PBS - 500 Nations (full documentary) with Kevin Costner
<https://youtu.be/PPUTLHWVY34>

While Ian Haney-Lopez reported in his research that approximately 8,000,000 Peoples were killed at contact [Stannard, D. E. (1992). *American holocaust: the conquest of the New World*. Oxford University Press] – "the equivalent of more than 50 Hiroshimas", colonization is defined as "the action or process of settling among and establishing control over the indigenous people of an area" – or in other words, the fire that continues to burn out of control. Discoveries such as more murdered children, forcibly taken from their families in acts of genocide, only fuel the trauma traditional Peoples have been enduring for hundreds of years. Terry Cross, LCSW (Seneca) of www.nicwa.org said just this week, that in matters of healing this type of trauma, his People would hold ceremony for those who have suffered, and then ceremony for those who were helping heal. Wildfires are complex. What do you folks see?

Should you like support or have questions, feel free to contact me.



Book Review

The Midnight Library by Matt Haig

I read a novel, The Midnight Library, that I think is relevant to our work, and that I recommend to you all, and I have been recommending to clients. The premise is: there is a young woman who finds that nothing is going right in her life and she

decides to end it. Then somehow, she finds herself in an enormous building, and it is filled with endless bookshelves crammed with books. She encounters the librarian and asks: what building is this? am I dead? The librarian says: that depends. The books are all the stories of all the alternatives this young woman might have led if she had made different decisions at various points of her life.

First, the librarian says: you must read this one first, *The Book of Regrets*. So the young woman opens it and quickly becomes overwhelmed at all her old regrets right there in front of her. The librarian says: so pick one of your regrets, think about what you wish you had done differently, and then you can read, and enter into the life you would have gotten with the different choice. So, the young woman picks a book, and off she goes, into that alternate life.

Over the next several chapters, she gets to try out many different versions of her life, that she might have lived, or which are going on in some parallel universe, to see her regrets from a different point of view, and to put some of them down.

Well, I don't want to tip the hand of this book. But for me, it has been the most important book I have read this year, and possibly one of the best treatments for my own lingering depression. At first I thought, upon finishing the book: well, I will write my own book of regrets, and then some vignettes of alternate lives I might have lived if I had made some different decisions, such as going to a different college. Indeed I think both one's own book of regrets and taking a peek at alternate lives might be at least thought provoking.

But then I thought: have I not spent more than enough time struggling with regrets, past losses, past shames, past traumas, etc. in my own therapy? Maybe rather than write out all those alternate lifetimes, I will just put down my book of regrets, and enter more fully into the life that I have, savor that, be grateful for that, be in it while I am in it. Now, this is a practice, not a choice that can be made once and for all. But I feel an enormous lightening, relief of a load. This seems especially important, now that I am in a time of contemplating the issues of aging and having a partner who is ill. Of course, we all have a finite time ahead of us, but we conveniently forget or deny that.

Some side benefits of this novel are that the author has quite an imagination, and occasional philosophical zaps. I cannot wait to read his other books, and to cultivate the practice of being grateful for this one wild and precious life that I do have.

PS. I have just read his novel *The Humans*, another take on seeing human beings from another point of view, and with some side-splitting sudden funny parts- Faith Mason LMFT faithmasonmft@yahoo.com



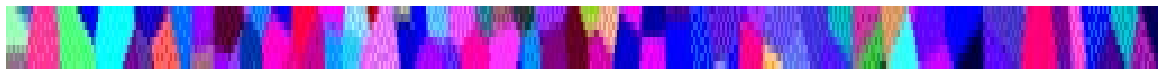
Navigating Loss Without Closure

This link: <https://overcast.fm/+TXlEKUht8> to the podcast, “On Being with Krista Tippett” was originally aired 6/23/2016 and re-broadcast on 7/16/2020 because it is so relevant to the various losses related to the COVID 19 pandemic. (Thanks to Kerima Furniss LCSW for suggesting we listen to it.)

The podcast is an interview with Pauline Boss who coined the term “ambiguous loss” and invented a new field within psychology to name the reality that every loss does not hold a promise of anything like resolution. Amid this pandemic, there are so many losses — from deaths that could not be mourned, to the very structure of our days, to a sudden crash of what felt like solid careers and plans and dreams. This conversation is full of practical intelligence for shedding assumptions about how we should be feeling and acting as these only serve to deepen stress.

Here is a quote from the transcript of the interview from the website, “Yes. With ambiguous loss, there’s really no possibility of closure. Not even, in fact, resolution, whichever word you prefer to use. Therefore, it ends up looking like what the psychiatrists now call “complicated grief.” That is, in fact, a diagnosis, complicated grief. It’s believed that it requires some kind of psychiatric intervention.

My point is very different, that ambiguous loss is a complicated loss, which causes, therefore, complicated grief. But it is not pathological. Individually, that is. It’s not a pathological psyche; it’s a pathological situation. As clients frequently say back to me, “Oh, you mean the situation is crazy, not me?” That’s exactly what I mean.”



WiredTogether Wraparound: Supporting Forever Families

Adoptive families often have great expectations for the healthy loving relationship they will have with their adopted child. However, parents are often not aware of, equipped, or sufficiently trained to understand and effectively meet the needs of being in relationship with their child. Even knowing where to start can be an overwhelming challenge for many families. Becoming an adoptive family may require a greater commitment and more effort than caregivers ever imagined. For the parents, it may push relationships to their limits. Sometimes, families find themselves at a breaking point - a point where “we have tried everything and nothing is working” and “she/he/they just keep getting worse” or “I just want them gone.” This breaking point is often the point at which a family seeks out the help of Humboldt NeuroHealth’s WiredTogether Wraparound Services.

Wraparound is a philosophy rooted in a team approach to helping families whose adopted children are at risk of being uprooted from their homes due to challenging

behaviors or difficult circumstances. The wraparound team includes the child, parents, and other family members, natural supports such as friends, neighbors, teachers, coaches, clergy, etc. and WiredTogether wraparound staff. The Wired Together team includes a trained wrap facilitator, clinicians, parent partners, therapeutic skills coaches, and a behaviorist. Using a highly individualized, strengths-based approach, the WiredTogether Facilitator and family team work together to identify the family's strengths and needs, develop a plan with goals and measurable outcomes, coordinate activities/services, and provide quality care that is culturally responsive to the diverse needs of the family. The wraparound process is designed to serve each youth and family with respect and dignity while acknowledging their strengths, needs and preferences.

Most often adopted children didn't ask to, or have a say in, leaving their family/home of origin and didn't ask to be adopted. Many adopted children have experienced significant trauma and may display challenging behaviors that stem from the emotional dysregulation and maladaptive coping mechanisms the child developed to simply survive and cope in a pervasively dangerous and frightening environment, affecting the child's ability to respond to situations in an age and developmentally appropriate way. We work with adoptive children and families to understand these coping mechanisms and help with the healthy rewiring of both the parents and the child's brain to enable the family to thrive in the adoptive environment.

Our brains have been "wired to survive" and our brains can be "re-wired to thrive" by building a healthy attachment relationship between child and parent through a variety of therapeutic interventions. When we think of "re-wiring the brain" we think of Neuroplasticity or the concept that changes in brain processes or structure occur in response to lived experience. While children's developing brains exhibit a higher degree of neuroplasticity than adults, there is great potential for both adoptive children and caregivers to "re-wire" their brains through experiences, relationships, and therapies. Both can reinvent who they are in relationship to others, overcome past traumas, and learn and grow in relationship with each other.

Our WiredTogether program is designed to support an adoptive family to build an attached "WiredTogether" relationship based on love, safety, commitment and understanding that can help a child heal and increase the bonding and connectedness of the whole family. Humboldt NeuroHealth's wraparound and clinical staff work side-by-side in support of families and the fostering of "WiredTogether" relationships where healthy attachment, emotional regulation, and healing are at the core of our work to establish healthy "WiredTogether to Thrive" relationships.

Humboldt NeuroHealth's WiredTogether's wraparound program offers a unique array of services to support our families, namely, NeuroFeedback, Parent Partners, and an attachment-based parenting program designed to help parents work with children that have experienced trauma. We have extensive experience with Othmer

Neurofeedback, which is a cornerstone of our wraparound and therapeutic approach. Neurofeedback is useful in addressing problems of brain dysregulation, anxiety, depression, attention deficits (ADD/ADHD), behavior disorders, sleep disorders, headaches/migraines, and other emotional disturbances. Neurofeedback is also useful for treating organic brain conditions such as seizures, the autism spectrum, and cerebral palsy. With over 40 years of research, neurofeedback therapy has been proven to improve brain function so people are able to live their best life. Used in conjunction with other therapeutic interventions, neurofeedback gives clients a comprehensive experience with the best outcome possible.

WiredTogether's attachment-based parenting is another unique component of our wrap program. Our program is based on the work of, Daniel Hughes (add citation) where the primary goal of attachment therapy and therapeutic attachment parenting is to create a healthy new attachment relationship between an adopted child and their new primary caregiver with the same attributes one would expect to see in a "typical" child/caregiver relationship. As a result, the child can receive all the benefits of such a relationship which creates a vehicle for healthy growth and change across the child's lifespan.

[Humboldt NeuroHealth](#) (HNH) was established as a 501(c)(3) non-profit organization in July, 2019 and has offices in Eureka and Fortuna, as well as an onsite presence at a number of local public schools. Each year HNH provides clinical services to more than 300 clients of all ages (children, adults, families, seniors, and veterans) in over 6000 clinical sessions. In partnership with HNH clinical staff, the WiredTogether Wraparound program serves adoptive families in the Eel River Valley and Humboldt Bay Area region. Our mission is to cultivate wellness and support the healing and strengthening of individuals and families to lift and empower our community. For more information, [see our website](#), or call (707) 296-9295.



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)

<https://www.nicabm.com/working-with-anxiety-during-a-pandemic-part-2/>
"Working with Anxiety During a Pandemic" with Christine Padesky, PhD, Ron Siegel, PsyD and Ruth M. Buczynski, PhD . 7 ½ minutes long (Thanks to Fionna Davis LCSW)

--California Board of Behavioral Sciences

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

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

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

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



Trainings

What is Systemic Racism?

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

Hand in Hand Parenting by Connection Professionals Intensive Course

I took the Professionals Intensive Course and loved it. The link is: <https://ml233.infusionsoft.app/app/storeFront/showProductDetail?productId=209>. It was very inspiring, useful and very supportive. The strategies they teach are powerful and very flexible. They are based on attachment and recent brain science.

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. The course meets the qualifications for 14 to 18 hours of continuing education credit (total depends on the length of your weekly mentoring call).

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/all-events/>. 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.)



Job Openings

Humboldt NeuroHealth Wraparound Clinical Case Manager

Humboldt NeuroHealth's WiredTogether Wraparound Program is seeking to hire Wraparound Clinical Case Manager to guide adoptive families through the Wraparound process. The successful candidate will have a heart for people and embody genuine caring for children and families facing adversity who are in need of support in order to remain intact as a family unit. This position is a full-time position based in Fortuna, CA. Starting pay will be \$22-\$26/hour with a benefits package.

Under the direct supervision of the Program Director, the Clinical Case Manager coordinates and facilitates the Child and Family Teams (CTFs), leads the development and implementation of individualized treatment and service plans, and provides direct services to children and families. The Clinical Case Manager serves as role model for the wraparound process, demonstrating particular commitment to family safety, unconditional care, family voice and choice, team-driven decision-making, strength-based planning and interventions, flexible services and supports, and community partnership and collaboration.

If you would like to learn more or apply for this position, email a letter of interest and resume to Rochelle Trochtenberg, Program Director: rochelle@humboldtneurohealth.org. For more information about Humboldt NeuroHealth and WiredTogether Wraparound see <https://www.humboldtneurohealth.org/>.



Announcements

Queer Humboldt Counseling Services

Queer Humboldt launched counseling center in May, 2021, serving queer youth/adults and supporting the caretakers of queer youth. It offers sliding scale individual, couples and family therapy for 2SLGBTQIA+ people AND the caretakers of queer youth. More information at: <https://www.queerhumboldt.org/programs/mental-health-services> . There is a link to a referral form for people interested in accessing therapy services.

Partnership Humboldt County Contracted Telepsychiatry Services

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

North American Mental Health Psychiatric and Other Services

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

Lyra Health Recruiting Providers

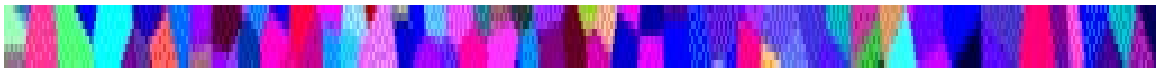
Lyra Health <https://www.lyrahealth.com/> is transforming mental health care through technology with a human touch to help people feel emotionally healthy at work and at home. Lyra helps employers, like Providence and Starbucks, and their employees access effective mental health care from evidence-based therapists. There are many potential clients in need of services in the Eureka area and Lyra is actively recruiting individuals interested in joining their provider network at this time. As a provider at Lyra, you will meet with clients face-to-face from your own

office and/or via video, and receive new client referrals matched to your expertise, with no expectation of minimum hours. Invoices are submitted online and you will receive fair market rates for your services in just a few days, while enjoying the peace of mind that comes with case management support for your clients. Please direct any questions to Michelle Gonzalez at mgonzalez@lyrahealth.com or [apply online directly](#)

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

Last year, the Legislature passed AB 1436 (Chapter 527, Statutes of 2018). Under this new law, effective January 1, 2021, the Board will begin requiring both applicants for licensure and licensees to have completed a minimum of six hours of coursework or applied experience under supervision in suicide risk assessment and intervention. This link has more information:

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



Resources

Beacon/Partnership Representative Greta Blixt

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

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

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

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.

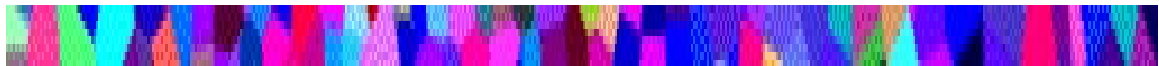
The GALAP (The Gender Affirming Letter Access Project) <https://thegalap.org/> is a movement of clinicians organized to address the legacy and present-day practices of gatekeeping through a commitment to an informed consent model of care as well as a commitment to provide free and low-cost letters for 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>



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 September 29, 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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