



Letter from Paula Nedelcoff LMFT~

Greetings All!

Happy New Year to all of you. Welcome to our new members. I am writing this not as your President but as the past President and an interested Board member.

I want you all to know we as an organization are doing all we are able to make your membership of value to you. As you will read in this newsletter there are two meetings coming up soon. We will be having our General Membership meeting and unfortunately it will not be in person but on Zoom.

Let's hope by the time our spring training happens we may be able to offer that both live and remote, to be determined. Keep your eyes on your emails for information from our education committee. Let's also thank them when we are able for their work into providing us all with these trainings. We also want to thank our newsletter committee. They are committed to making sure we get a newsletter at-least twice a year or more.

The new Red-book should be out this spring. Remember you can always edit your profile online as changes come. If you are having any trouble with the website, feel free to contact myself and or Cheryn English and we will do what we are able to correct any issue.

As always, thanks for all you do for our community. Take care of yourselves and those you love. I am optimistic we will get through this most recent bout of virus. Blessings to all in this new year of 2022

Paula Nedelcoff MFT
PAST NCAMHP Board President
therapydok@sbcglobal.net

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



NCAMHP Zoom General Meeting 2/24/22

There will be an NCAMHP General Meeting on February 24, 2022, from 6:30 - 8pm via Zoom. It will include a 1 CEU talk by Debbie Elmore LMFT about blended/stepfamilies families and the issues they face.

Blended/Stepfamily Course Description

This class will help you to understand the special nuances that blended/stepfamilies face. The material will shed light on the contrast between expectations of original families and blended families versus what really happens. Theoretical contextual underpinnings using Bronfenbrenner's Bioecological Theory will lend to understanding mostly the micro and then touching on the macro impacts of blended family living.

"Co-parenting. It's not a competition between two homes. It's a collaboration of parents doing what is best for the kids."

-- Heather Hetchler

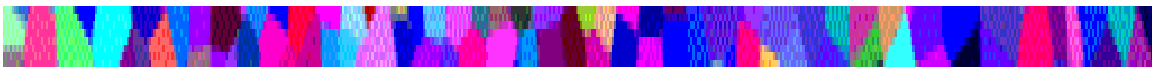
"Live one day at a time (or one moment if you have to). Blend little by little and celebrate even the smallest breakthrough."

-- Andi Parker-Kimbrough

Learning Objectives

By the end of this class, you will understand the seven areas that the research provides about some unexpected parts of blended family living, which will be beneficial when working with clients.

Participants will earn 1 Unit Hour--you must stay for the entire hour. Watch for the email Zoom



Announcing New NCAMHP Newsletter Editor

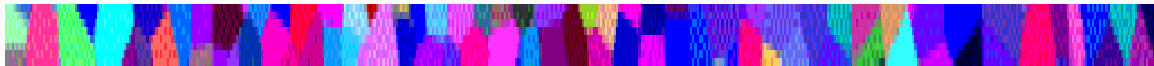
Sheila Hatcher LMFT will be the new editor for the NCAMHP newsletter. Please send articles, announcements, flyers, preferably in a Word document or typed into an email so they can be copied and pasted into the Word document that becomes this newsletter to: NCAMHP.newsletter@gmail.com. Emily Siegel LCSW is stepping

down from overseeing the NCAMHP newsletter after about 5 years. Emily will still be on the committee helping, but no longer collecting articles or doing editor tasks. New volunteers are always welcome. The newsletter will come out a minimum of twice a year, and we will let you know if it will come out more often.



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.



No Surprises Act

The No Surprises Act (H.R.133) went into effect January 1, 2022, catching many mental health providers by surprise. It includes new requirements for health care providers and others involved in health care that is to prevent patients from receiving unanticipated medical bills. Part I of that bill went into effect in July of 2021 and had minimal impact on providers of psychotherapy. Part II of the regulations requires *all health care providers and health care facilities licensed, certified, or approved by the state* to provide good faith estimates of expected charges for services and items offered to uninsured and self-pay consumers.

This means that as of January 1, 2022, any health care provider or health care facility subject to state licensure must provide current and future patients with a good faith estimate of expected charges for services and items within specific time frames. This includes mental health providers and facilities. (www.CAMFT.org)

Lawsuits have been filed by the AMA, AHA, and other entities regarding various aspects of the regulation. Additionally, some mental health care providers have concerns about portions of the law and have started a petition to have lawmakers adjust the wording of the act to more in line with the practice of psychotherapy. Excerpts from the petition are as follows:

Recently Congress passed a bill entitled the No Surprises Act of 2022. While the spirit of this Act is positive, ensuring individuals do not receive a medical bill from a hospital or medical facility for thousands

of dollars, it also should be amended as to Private Practice Mental Health Professionals/Therapists.

...fees are always disclosed up front and agreed upon by the counselor/ therapist and the client prior to services commencing. Along with the fee being disclosed, the insurance network status of the therapist is always disclosed before services commence as well. These private pay clients pay at the time of each session and there are never surprise fees. We already have very strict ethical guidelines that we adhere to with our boards and are required to provide informed consent/disclosures regarding fees prior to services. This new law creates unnecessary obstacles for this particular profession as we already follow strict guidelines.

In addition, many of the requirements of the Good Faith Estimate are unethical for a therapist to engage in. For instance, the GFE asks for a diagnosis up front and it would be completely unethical for a therapist to diagnose a client without ever meeting them. . . . In addition, it would also be impossible and unethical to determine the exact length of treatment for a client without working with them first, thus making it impossible to let clients know exactly how many sessions they will need on the GFE. Treatment changes throughout the process as well, often with new issues arising during the course of treatment, making it impossible to say the exact number of sessions.

Resources:

Below please find some resources which may be helpful as you move forward in complying with this new regulation:

Article from California Association of Marriage and Family Therapist website, which includes a sample Good Faith Estimate template for use by its members. It also includes a sample Good Faith Estimate Notice to be posted in psychotherapists' offices and websites:

<https://www.camft.org/Resources/Legal-Articles/Chronological-Article-List/the-no-surprises-act-what-mfts-need-to-know>

Link to the Change.org petition to change psychotherapy requirements under the law:

https://www.change.org/p/us-congress-and-president-biden-amend-the-no-surprises-act-of-2022-regarding-private-practice-therapists?utm_content=cl_sharecopy_31875065_en-US%3A3&recruited_by_id=00e91710-719e-11ec-9232-2f07b34f2379

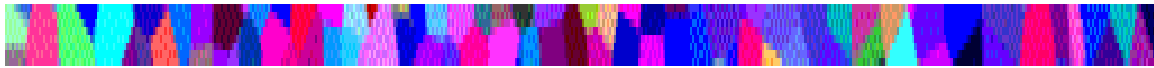
<https://www.apaservices.org/practice/legal/managed/good-faith-estimate-template.pdf>

Another template link suggestion from the NCAMHP Listserve:

<https://www.apaservices.org/practice/legal/managed/good-faith-estimate-template.pdf>

Link to “The No Surprises Act – New resource” dated 1/18/22 (thanks to Lori Brown PhD for sharing this on the Listserve)

<https://www.cpapsych.org/view.aspx?messageId=61872394ae6247d3888be089aa3c9e9e>



My Experience on Panel with Anthem

When I was licensed in 2002, I couldn't wait to get on panel with Blue Cross (now Anthem). Most therapists in Humboldt were on panel with Anthem and other insurance companies. There were way more therapists than community members seeking services. It was what you needed to do in private practice in order to keep your door open. At that time, Anthem paid \$60 per session. There was no distinction between 90834 and 90837. You had to send in claims manually—writing them by hand and sending them in the mail. If you had to check eligibility or get an authorization, a phone call was necessary. After 6-12 sessions with a client, you had to fax in a treatment plan to request more sessions. It was a lot to keep track of, but it was necessary to be in business. Networking with other local therapists was also a must to get referrals.

Over the years, some local therapists went off of insurance panels. These were typically the very experienced, very well-regarded therapists in our community, therapists whose reputations by word of mouth allowed them to draw private pay clients or private insurance members who were willing to pay out of network. Even with this shift, there were still plenty of providers who were paneled with Anthem and other insurance companies. Fast forward to when Partnership came on the scene and paid a significantly higher reimbursement rate to therapists. Suddenly, this big population of our community that had been underserved, adults who had Medi-cal and could only be seen at County Mental Health, could get psychotherapy from private practice therapists. The therapist to client ratio shifted dramatically. There were not enough therapists to meet the demand. I believe it was at this time that many therapists decided to go off panel with Anthem and other insurance companies. Newly licensed therapists didn't see a need to go on panel with Anthem.

They could have a full practice without accepting private insurance. Therapist fees increased to match what Partnership was willing to pay.

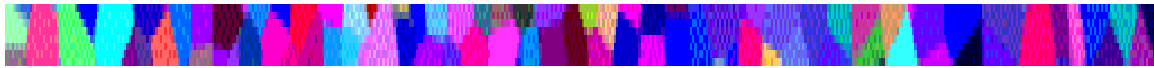
So why would any therapist in their right mind be on panel with Anthem now? Yes, I am still on panel. I am one of about 30 members of NCAMHP who are in-network providers. That's out of 190 NCAMHP members. I think we are all familiar with the negatives about Anthem. I would like to focus today on some positives about continuing to take Anthem.

First, the practical positives. Anthem's rate for 90837 is now \$85 per session, still less than Partnership but not bad for 53+ minutes of work. If you see couples with Partnership, then Anthem and Partnership pay about the same for that service. Anthem pays consistently. There is no delay at the end/beginning of the year, or at other times. No more treatment plans need to be sent in, most Anthem plans require no authorization, and there are no session limits. Same as Partnership, your client just needs to meet medical necessity. Both Partnership and Anthem do occasional "clinical reviews" by telephone. In my 20 years on panel with Anthem, I have done a couple; same with my 5 years taking Partnership. Billing Anthem is easier for me than billing Partnership. I use Office Ally to bill Anthem, and I use the e-services site affiliated with Beacon Health Strategies to bill for Partnership. Partnership billing takes longer, about 3 times as long because you have to input more than just the date of service for each client. Last practical benefit: you can charge people with Anthem when they late cancel or do not show. Partnership doesn't allow therapists to charge a fee when a client does not show up for their session or cancels with little notice.

Now on to the more interesting benefits of taking Anthem. My experience with Anthem is that clients consistently come to therapy. They can afford weekly therapy because it's just their co-pay. I enjoy building long-term relationships with clients, and doing depth-oriented attachment work when indicated. Anthem allows me to do that. In my experience, Anthem does not dictate how I do therapy with clients. I write my notes, which reflect current symptoms and the work we did in session, and then I work autonomously. The second benefit is how much it helps the people who live and work in this community. Remember the shift when Partnership came on the scene? The down side of that shift is that many people with Anthem insurance cannot find a therapist who takes their insurance, and they cannot afford to pay privately, so they don't get seen, or are too stressed to reach out and start the arduous task of finding a therapist in the first place. Our bigger employers in Humboldt, like Providence Health (formerly St Joe's), the County of Humboldt, Humboldt State University— most of their workers have Anthem as their insurance. I have lived in Humboldt County for 27 years and am glad I help support the local people who are the backbone of this community. Finally, taking Anthem provides me some financial security. In the 20+ years that I have been practicing, I have rarely experienced a less than full client load. I am so glad that Partnership is here,

but at times I wonder how long it will last, and what will happen if it doesn't continue. Having income from diverse sources helps me feel more financially secure.

I attended the NCAMHP zoom discussion on January 20th. I was delighted to see that there are other local therapists who are concerned about our community and their access to mental health care. I don't think there are easy answers, but I hope we can work together to solve this. More local therapists being on panel with Anthem is one change that would help more community members have access to services. I am willing to advocate with Anthem to allow more therapists to be on panel. I am also willing to help anyone who is interested in joining to get set up with billing and how the process works, as it can be a bit confusing at first if you haven't taken private insurance before. I understand being paneled with Anthem cannot work for all of us. I just wanted to share my perspective and encourage those who can to join.



Effects of Attention and Intention

By Diane Warde LCSW

Beliefs help regulate what you are open to, and causative inferences have been made to indicate that intentions can affect matter, and beliefs also allow intentions to become tangible results. For example, two studies were done to see if this was so.

One study was done in San Francisco, California. The subjects were asked to eat chocolate for 3 days in a row. Some subjects were given chocolate that was blessed by Buddhist monks. The control group was given chocolate that was not blessed by the monks. None of the subjects knew whether their chocolate was blessed or not. They were told about the study parameters. They were all asked to gauge their moods daily and at the end of the study. They were also asked whether they thought their chocolate had been blessed. Those that ate the blessed chocolate showed improvement in their moods. Those that believed their chocolate was blessed also showed mood improvement. Those that ate unblessed chocolate and thought their chocolate was not blessed, did not show improved moods. 1

Another similar study was done in China using tea that was also blessed or not blessed by Buddhist monks. This study showed similar results as the chocolate study. These studies imply that belief and intention have effects on people's subjective perception of their moods. 2

While it may be argued that other variables could have confounded the results, other more scientific studies have shown that MRI's of the brains of people who meditated regularly were compared to those who did not meditate. Those that reported meditating regularly showed much more activity and cross-communication between hemispheres.

Researchers analyzing MRI's were so intrigued by this, they began guessing which brains were from people who meditated regularly or not, based on the overall increased pattern of activity in those who reported meditating regularly or had done so for a long time, as in years of doing the practice. It was obvious that their concentration, attention span, and mental stability was positively influenced the more time they had been practicing meditation. Research conclusions posited that they could tell which subjects had been practicing meditation for a long time (again number of years of daily meditation practice). 3

What are the implications? These studies seem to support conclusions implying that concentration on nothingness or positive intentions attributed to positive manifestations are possible and likely, beyond that which would be statistically caused by chance alone. Therefore if thoughts are things, manifesting intentions using positive affirmations is not only possible but visualizing intentions as if they have occurred may make those results much more likely. If you focus and set your intentions on the desired positive outcome, it should not be surprising when it happens as imagined.

If still not convinced of such efficacy, one can practice such mindfulness techniques. Intention manifestation and meditation while helpful in improving focus and clarity of purposeful goals, may also improve motivation on following a course of action necessary to accomplish one's goals. Being thus grounded and focused will help one to prioritize collecting information, seeking help from experts/mentors and following through on completing tasks and long term aspirations.

This is one recipe for self-actualization. Other relevant aspects indicative of rewiring neural pathways, may include the helper's role of being present while "holding the space" for the client while allowing the client when feeling safe to explore and unwrap the depth of their experiences and new associations made leading to new insights, positive self-beliefs and miraculous healing of old wounds. In treating Major Depressive Disorder, Generalized Anxiety Disorder, complex PTSD, and many other mental disorders, some may call the helper's role, "re-parenting."

This unifying concept of understanding the effects of one's attention and intention, has led to new fields of research involving increasing and improving neurological coherence and is often referred to as "neuroplasticity." Evidence of neuroplasticity as viewed on MRI's of brain injured as well as healthy individuals, includes new branching of dendrites in neural pathways and improved cross-communication between hemispheres of the brain at the corpus collosum. These phenomenon can be interpreted as learning, as new associations are made; or may be indicative of healing psychological trauma, 4; traumatic brain injuries, 5; and improve outcomes in spinal cord injuries. 6

A helpful analogy to explain improved neurological coherence, can be understood as when "defragging" your computer hard-drive; when the computer reorganizes files and deletes repetitious files, it runs more efficiently.

Besides therapy and mindfulness techniques, other evidence-based treatments include micro-dose prescription Ketamine, that has been effective in enhanced healing of spinal cord injuries, complex PTSD and treatment resistant Major Depressive Disorder utilizing neuroplasticity. This also involves improved efficacy of branching and binding of neural dendrites in the brain and spinal column. Now beyond clinical trials, these treatments are demonstrating promising improvements in these and other areas of brain and nervous system functioning.

1. These studies and other related topics can be found at:

https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKEwiPj62IquDvAhVVnJ4KHfIQBz4QFjABegQIAhAD&url=https%3A%2F%2Fpubmed.ncbi.nlm.nih.gov%2F17905358%2F&usg=AOvVaw0hq_N8UDzalhgiVi6aJ6aPn

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www.noetic.org/

Specific link at:

http://www.media.noetic.org/uploads/files/Effects_of_choc.pdf includes limitations of study results interpretation based on small sample size and other potential extraneous variables and possible contamination

Also at www.noetic.org/, see: "The Neuroscience of Language and Thought," By Dr. George Lakoff, Professor of Linguistics, with link to video at: <https://www.youtube.com/watch?v=JJP-rkilz40>

2. <http://www.collective-evolution.com/2014/02/23/buddhist-monks-bless-tea-with-good-intention-heres-what-happened/>

https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKEwjAhZ3LreDvAhWHhJ4KHU7CtgQFjACegQIAxAD&url=https%3A%2F%2Fwww.collective-evolution.com%2F2014%2F02%2F23%2Fbuddhist-monks-bless-tea-with-good-intention-heres-what-happened%2F&usg=AOvVaw1IM_H9fbClYuPIFZoF0Zbb

3. <https://www.hindawi.com/journals/bmri/2015/419808/abs/>

<https://www.fbscience.com/Scholar/articles/pdf/Scholar542.pdf>

<https://www.sciencedirect.com/science/article/pii/S0925492710003227>

<https://www.liebertpub.com/doi/abs/10.1089/acm.2009.0706>

<https://www.sciencedirect.com/science/article/pii/S0149763417301719>

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4. https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUK_EwjN6_jhseDvAhXLqp4KHe89Cs0QFjANegQIHhAD&url=https%3A%2F%2Fwww.mindful.org%2Fthe-science-of-how-mindfulness-relieves-post-traumatic-stress%2F&usg=AOvVaw2NEoDH9_pjTuxBus-8dSR5

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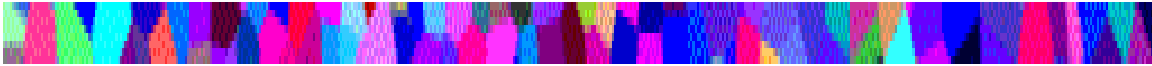
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- https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUK_EwjM8dOms-DvAhUX7J4KHSitBtsQFjABegQIBhAD&url=https%3A%2F%2Fwww.brainline.org%2Farticle%2Fcan-meditation-help-after-brain-injury&usg=AOvVaw0Nh17oGTHUgfOBANLUXRDN

- https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKE_wjM8dOms-DvAhUX7J4KHSitBtsQFjALegQICBAD&url=https%3A%2F%2Ftbitherapy.com%2Fyoga-meditation-brain-injury%2F&usg=AOvVaw0fPbsmjGQMvcfX_AsFsFCp

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- https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUK_EwjM8dOms-DvAhUX7J4KHSitBtsQFjAOegQIIBAD&url=https%3A%2F%2Fcraighospital.org%2Fblog%2Fthe-benefits-of-meditation-for-individuals-with-a-spinal-cord-or-brain-injury&usg=AOvVaw2vL9IeKzWAcjATOmehqWII



Is This the End of the Private Practice Therapist?

By Mental Health Match reviewed by Kris Coffman AMFT

I read this article:

<https://mentalhealthmatch.com/articles/for-therapists/end-private-practice-therapist?> The title is a little sensational however the piece has some good points. I was inspired to ponder how this community nurtures the interconnection of practices.

How do we as a community address the changes in the culture of therapy (perception/providers)? What kinds of community outreach can be (is being) done to counter the market forces of corporatization? The Red Book is a wonderful example of this, I think? I would love to hear what NCAMHP and we as a network of providers can do to work together on this front. I value the thoughts this article speaks to. In fact, this fellowship of NCAMHP is one of the kinds of resources it points to (building professional community).

Does this group have in-person gatherings/sharing meals/connecting for community building? (How can we do this more safely in the world of COVID concerns?) Who is interested in meeting outside when the weather warms up? What is alive for you in your heart with consideration to how our Profession may be changing? I have been thinking of hosting an online social media page for *Resources and Networking*, who would be interested in joining a Private group? I have been a part of local groups in the Central Valley for the past 5 years and the community building has been a great experience. Looking forward to growing and nurturing community connection. Warmly, Kris Coffman AMFT

Here is an excerpt from the article:

Private practice therapists can take action to protect their profession

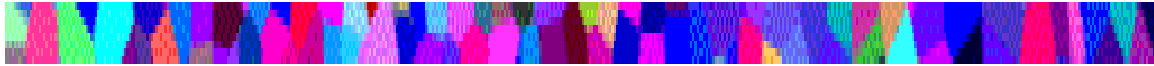
These changes are possible, especially if private practice therapists work together as a profession by pooling resources, building community, and sharing expertise. Here are seven actions therapists can take to protect their business and ensure a high standard of care for clients:

- **Build your professional community.** Create genuine relationships with other professionals and business owners who share the same audience as you. Don't just transactionally reach out to people you think might have clients for you and ask for referrals. Actually nurture long-term relationships with them and see how you can help each other better support your clients

and your businesses as well. Most professionals would rather send clients to a therapist they know than to an online platform.

- **Invest in marketing and marketing services that connect people to private practice therapists.** Individual practitioners alone can't compete with the marketing budget of large tech companies. However, they can pool together and collectively fund creative marketing campaigns that reach new clients. Some of these services are using [the viral networks of social media](#) to reach a wider network of clients than any individual clinician can, and then making sure clients connect with private practice therapists who best meet their needs.
- **Be a specialist instead of a generalist.** This will allow you to support your clients at a higher level rather than trying to serve everyone, which can lead to burnout. You'll also be more competitive to clients who seek specific expertise. Many clients who know their specific needs will turn to local expertise before they commit to an online therapy platform. These platforms try to speak to everyone at the same time. The best way to break through is to develop a focused audience and speak in depth to their needs.
- **Create content that builds trust.** Build an audience of your ideal clients by creating content for them that shows your expertise and helps them learn more about their struggles and how they can overcome them. This will increase your "know, like, trust" factor so that they are more likely to work with you when they are ready, even if it is not immediately. This can be done through your website, social media, and a mailing list.
- **"Grow" your graduate students.** New therapists need a home to learn how to run their own practice. Consider reaching out to local universities and offering your practice as a practicum or internship site. When the students graduate, they will know the benefits of private practice and have the skills to either stay in your practice or open their own.
- **Join a small group practice.** Small practices allows therapists to uphold the standard of what therapy is while belonging to a group of supportive and collaborative therapists. A lot of group practices offer health benefits and high rates of pay. [This Facebook group](#) can help you connect with therapists of all levels who are looking to join a private practice.
- **Be an advocate for new laws and insurance rules.** Legislators need to hear your voice to pass license reciprocity and expanded access to mental health services. Contact your local and national professional organizations to learn how you can add your voice to the calls for change.

The 'gig economy' is not a good fit for therapy, despite how much venture capitalists try to force the model on the profession. There are better solutions to the challenges that exist for therapists and clients, but those solutions need your action and support if they are to give private practice therapists a chance to survive in the new landscape of mental health care.



There's a Name for the Blah You're Feeling: It's Called Languishing

The following is a summary of the article "There's a Name for the Blah You're Feeling: It's Called Languishing" by Adam Grant in the 4/19/ 2021 New York Times. (Thanks to Kerima Furniss LCSW, LMFT for sharing this article on the NCAMHP Listserv.) A link to the article is included for those of you who can access the digital New York Times.

Languishing is defined as a sense of stagnation and emptiness. It is neither depression nor flourishing; it is the absence of well-being. It can include trouble concentrating, lack of excitement about the future, or lack of motivation. For many, this was the dominant emotion for 2021.

Many people are struggling with the ongoing nature of the pandemic. Some were unprepared for the tough feelings they experienced from the beginning of the pandemic which may still be present--feelings such as anxiety, fear, grief, loneliness, emptiness, or stuckness. For many the early times of fight/flight/freeze have given way to a sense of agency, as an understanding of masks and social distancing merged with personal protocols for a sense of safety and control. However, as the pandemic has dragged on many have moved from panic to agency and into a chronic state of languishing.

When languishing, you might not notice this state of flatness, of "meh." It's hard to seek help when you don't realize you are slipping into COVID malaise. And it's hard for others, too. Perhaps now is the time to open up a bit more to others, to let others know that you are languishing, or feeling meh—even the clerk at the store who asks how you're doing today. Realizing our experience and naming it can start the healing process; modelling that behavior for others may benefit them as well.

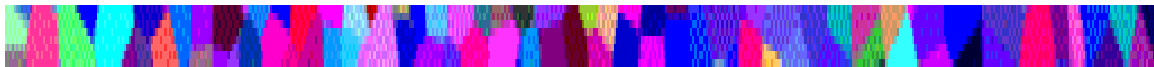
Once you realize you're languishing, what can you do? Find your flow, that sense of absorption that takes you out of place and time. This can be challenging to do when your concentration is lacking, yet it is the beginning of healing. It can be helpful to make sure you have some uninterrupted time (easier to do now that lockdown is over). Allow yourself to really get into the process of something. Find that sense of

progress that connects to joy and motivation. Focus on a small goal, on small wins. Let it be something that has meaning for you.

As we move out of this pandemic into whatever comes next, allow yourself to know how you are really feeling. Feeling fine isn't the same as feeling great. Not depressed doesn't mean that everything is ok. By letting ourselves know that we and many others are feeling this way, we can bring that understanding into the open and help others check in with themselves. We can spread awareness and facilitate healing.

<https://www.nytimes.com/2021/04/19/well/mind/covid-mental-health-languishing.html?referringSource=articleShare>

If you have a limit on the number of NY Times articles you can see, you can google the title of the article and find links to re-postings of the article. Here is one of those: <https://www.todayonline.com/world/theres-name-blah-youre-feeling-its-called-languishing>



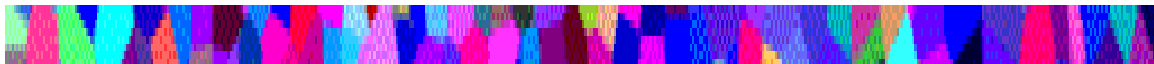
Trainings

NCAMHP Spring Training on First Responders

An NCAMHP spring training is planned for April 2, 2022 from 9 am to 2:30 pm. Josh Todt from the Eureka Police Department will present about first responders. More information will be coming to your emails and on the NCAMHP Listserve.

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.



New Practice Announcements

Janiel Giraldo, AMFT

I am a bilingual English and Spanish speaking Associate MFT. After graduating from Humboldt State University in 2019 with a Master's in Psychology with an emphasis on counseling, I worked as a post graduate resident therapist for HSU's counseling center. There I helped facilitate trans and Latinx support groups, trauma therapy groups, and workshops on anxiety and depression. After this I worked with Latinx children, teens, and families doing teletherapy.

As an intersectional feminist I integrate a variety of approaches that include a culturally-humble, strengths-based, somatic, and trauma-informed perspective in therapy. I am passionate about healing internalized colonialism, capitalism, and fat phobia. I love helping people shine a light on their darkness and encouraging them to have compassion for themselves while also holding themselves accountable.

A little bit about myself: My pronouns are she/they, and I identify as South American Indigenous and was raised Latine. I have lived in Florida, New Jersey, Utah, and have been in Humboldt for 14 years. In my free time I am a multimedia artist and I particularly enjoy ceramics. I also love being in nature, dancing, biking, reading, playing music and video games, and my spiritual practice.

I am waiting for Beacon approval before taking clients at Humboldt NeuroHealth Therapeutic Services, so I am not taking clients at this time.

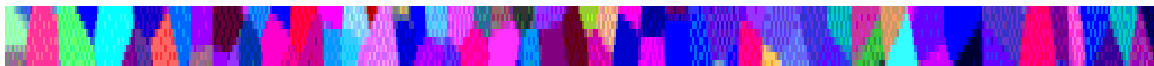
janiel.giraldo@gmail.com

Sheila Hatcher LMFT

I've finally fulfilled a 5-year dream and moved to Humboldt County from Southern California! I'm an LMFT in private practice with an office in old town Eureka.

Although I'm currently practicing telemedicine only, I'm looking forward to being in a room with clients again when COVID settles down. I am currently working with clients age 15+. I have training and experience working with addictions, trauma, anxiety, depression, anger, LGBTQA, and more. I incorporate a variety of modalities including CBT, depth psychology, dreamwork, Brainspotting, and hypnotherapy. I consider myself an eclectic practitioner, fitting my approach to the client, the current situation, and the underlying historical influences in order to provide short-term relief and begin long-term healing. I look forward to meeting all of you in person someday. Meantime, I can be reached at 310-913-1868 or

Sheila@ConnectionsCounselCtr.com.

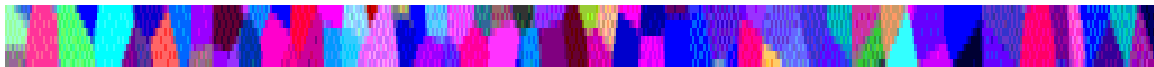


Business Will Group

You are invited to attend a meeting of The Business Will Group. The next Zoom meeting is Saturday, February at 10 AM. We are so far a small group of association colleagues who have been constructing our Professional Wills and a method for administering them as a collective. We would like to invite you to come and participate. See what we have put together and bring your questions. You may want to join us and attend to this task in a fairly painless way. There is no cost. We are all doing this as a collaborative effort. For more information or to get the Zoom

invitation to the next meeting contact Cindy Siemens, LMFT casiemens1@gmail.com or Debbie Elmore LMFT at doyouknowsue@yahoo.com

Thus far we have constructed individual Professional Wills, arranged a method of coverage for members and are ready to share that process with others. It has been so much easier and more fun to attend to this responsibility and reassuring to cover all the questions that come up as a group of experienced private practitioners. We have used resources from seminars, online private attorneys and our personal experiences. It could be a stand alone directive in the event of incapacity. For many of us, this is in addition to a Living Trust or a Personal Will. What we do not offer is legal advice. What we do offer is an opportunity to attend to this responsibility in a fun, supportive and practical way.



Life Care Humboldt Progress

by Cindy Siemens LMFT

Progress is being made toward acquiring the proposed Arcata location for the Life Care Humboldt Campus having raised the \$300,000 needed to move to next stage. A Life Plan aging in place Community is being created in Humboldt County providing secure, accessible homes and environmentally responsible setting that supports independence, socialization, personal growth, wellness, community involvement, and intellectual stimulation. Life Care Humboldt will keep people close to their friends and families and provides a continuum of services to address changing needs over time. www.lifecarehumboldt.org for more information.

I'm arranging Virtual House Parties to answer more questions and direct you to links for future activities. Please let me know if you would like me to contact you with further information. --Cindy Siemens casiemens1@gmail.com

From Psychiatric Times—July 23, 2020— Available data indicate that anxiety disorders are the most prevalent of psychiatric disorders among older adults. The National Comorbidity Survey Replication (NCS-R) found that among individuals aged 60 years or older, the prevalence of any anxiety disorder was 15.3% The most common anxiety disorders in this age group are specific phobias and generalized anxiety disorder. Social phobia, obsessive-compulsive disorder, panic disorder, and post- traumatic stress disorder (PTSD) are less common.

Unfortunately, standard treatments for these disorders in older adults are modestly effective for pathological worry and rumination such as CBT, hypnotherapy, relaxation, trauma therapy, psychiatric medications and psychotherapy. New and effective psychosocial interventions are needed in addition. Aligned with the

concept of client centered therapy is resident-led aging-in-place communities that address these issues

Life Plan Communities across the United States offer independent private residences, shared dining and activities, healthcare management, assisted living, and memory support, all in the one location. ***An LCH resident will not have to move if they, or their partners, need increased care. Which addresses elders top 2 primary sources of anxiety worries!!***



Resources

Letters for Gender Affirming Medical Care

If you get requests for letters supporting trans clients' gender-affirming medical care but have never had formal training in best practices around those letters, this course can be helpful. (Thanks to Andrea de Cleyre LMFT for sharing this on the NCAMHP Listserve)

<https://www.simplepracticelearning.com/courses/referral-letters-gender-affirming-medical-care>

Drug Treatment Programs in Humboldt

HRC is a residential program. <http://humboldtrecoverycenter.org>


Waterfront offers a detox program and a residential program. <https://www.waterfrontrecovery.org>

Healthy Moms is an outpatient/intensive outpatient program for mothers with young children. <https://humboldt.gov/417/Healthy-Moms-Program>

The county also has an outpatient Dual Recovery Program <https://humboldt.gov/344/Dual-Recovery-Program-DRP>

and HRC (also outpatient)

<https://humboldt.gov/411/Substance-Use-Disorder-Services> (Thanks to Julie Branson MFT for sharing this information on the NCAMHP Listserve)



**Starting February 5,
2022 8:30am**

**Zoom ID 814 0836 6959
Dial In 669-900-9128
Password 707**

AL-ANON BEGINNERS MEETINGS

A 12-Step program for Friends and Families of Alcoholics
6 Weeks Every Saturday Morning 8:30 AM until 9:15am
Beginners meetings allow questions for those who want to know
what Al-Anon can do for them.

**Do you love someone who drinks too
much? Have you thought if your loved one
would stop drinking, your other problems
would be solved? Do you feel like no one
else understands your problems? Al-Anon
may be able to help.**

For more information, call 707-440-9050

“Our Pathways to Health” Chronic Disease, Diabetes, or Chronic Disease Self-Management Workshops

To Our Community Partners:

The Humboldt IPA will regretfully no longer be offering in-person “Our Pathways to Health” Chronic Disease, Diabetes, or Chronic Disease Self-Management Workshops.

Please remove any Pathways brochures or branded messaging from your client-facing areas.

Fortunately, these resources are still available to those who can benefit from these effective and evidence-based programs that were developed at Stanford University. No-cost online and phone workshop options, available in both English and Spanish, are being offered by our colleagues at Partners in Care Foundation. More information can be found here:

Partners In Care Website

For questions, or to register for one of these classes,
call Partners' Community Wellness at:
818-403-5452 or email: ebprograms@picf.org

Humboldt Del Norte Independent Practice Association
2662 Harris Street, Eureka, CA 95503
707.443.4563
www.humboldtipa.com

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



Online Digital Resources

St. Joseph Health #Work2BeWell

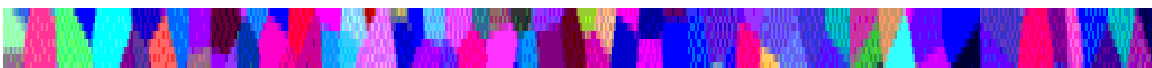
Providence and St. Joseph Health-Humboldt County are excited to bring the #Work2BeWell digital wellness and empowerment program to our community, which focuses on positively impacting the emotional well-being of teens and promoting mental health. The platform offers access to our free curriculum, resources, 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.

--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>



Announcements

Partnership Humboldt County Contracted Telepsychiatry Services

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

North American Mental Health Psychiatric and Other Services

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

Lyra Health Recruiting Providers

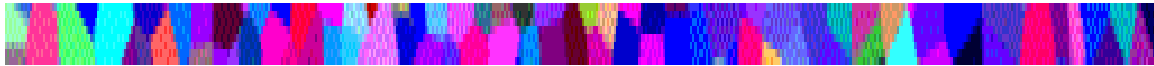
Lyra Health <https://www.lyrahealth.com/> is transforming mental health care through technology with a human touch to help people feel emotionally healthy at work and at home. Lyra helps employers, like Providence and Starbucks, and their employees access effective mental health care from evidence-based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

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

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

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

<https://www.socialworkweb.com/cfs/files/filestore/XAYoHiNcnYgBrmhdS/suicide-prevention-requirement-1.1.2021.pdf>



NCAMHP Digital Connections

Being Careful When Requesting Referrals on the NCAMHP Listserve

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

How to Post Messages on the NCAMHP Listserve

If you have joined the NCAMHP Listserve, then there are two ways you can post a message. One way to post is to simply send an email to the Listserve group email address. Sending an email to ncamhp@groups.electricembers.net will post a message, and be sent to the listserv subscribers based on their preferences. You can

also login to the Listserv website directly. From there you can make changes to your account, read messages, and post messages.

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

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

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

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

A word of advice: you might cc yourself on the message, as the 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

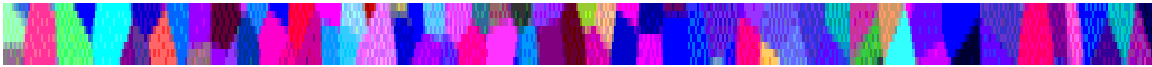
Please remember to update your NCAMHP website profile regarding ability to accept new clients. There have been a number of complaints about this issue lately.

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:
<https://groups.electricembers.net/lists/help/introduction>



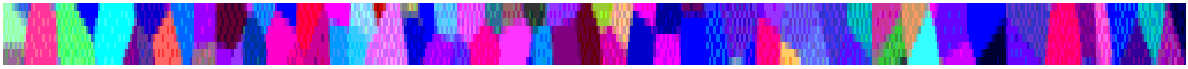
Your Voice is Important! Contribute to This Newsletter!

Contributions are *always* welcome; anything from a paragraph to a couple of pages would fit well in the newsletter. **The deadline for the next NCAMHP Newsletter is June 17, 2022.** Send your articles and announcements to the newsletter committee: NCAMHP.newsletter@gmail.com. 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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