



## FALL 2022 NEWSLETTER



Greetings!

On behalf of the Board of Directors I want to welcome all new members, and of course say a warm hello to all who have been with us. Fall is upon us and I hope to see some vibrant colors around the trees. We hope you were able to join us at the Fall General Meeting and hope to see you at our October training. We do try to provide you with support that you find valuable. We were hoping our meetings might be able to be in person, however for everyone's health and well-being we are holding off. The training will be offered for a nominal charge for members and a very reasonable cost to non-members if space is available. As always there may be a small cost for CEUS. If you have an interest in the Education Committee please reach out. Actually, reach out to get involved with any of our committees and/or The Board.

The Board is continuing to address our ByLaws and our Website. The RedBook has been mailed out. Feel free to keep your suggestions coming and be aware not everyone likes things the same and we are looking at ways to work with the majority of you all.

I am away in Belgium working for a short while at our NATO base. It is an interesting and at times overwhelming experience. I continue to have so much empathy for our military families. They can be a very overlooked population and are expected to give a lot and cope with even more. It is very hot here and I am missing our Humboldt weather, along with my family and friends.

As always, thanks for all you do for our community. Take care of yourselves and those you love. Enjoy all the autumn fun.

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



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## **NCAMHP MEETING ANNOUNCEMENTS**

### **NCAMHP FALL TRAINING**

We are pleased to announce our upcoming Training:

**“At the Crossroads of Trauma Therapy: Treating Complex Trauma and  
Dissociation: An Integrative Treatment Progression**

**Presented by Rachel Walker, MA, MFT**

The training will be held virtually via ZOOM on Sunday October 23,  
2022 from 8:00 am to 2:00 pm (Lunch break from noon-1:00 pm).

Cost is \$25 for NCAMHP members and \$85 for non-members.

A full brochure regarding the event can be found at the end of this  
newsletter. We look forward to seeing you there!

### **COMMITTEE MEMBERS NEEDED**

The Education Committee is in need of additional committee members. Now is your  
chance to help out our organization and influence upcoming trainings! For more  
information please contact Debbie Elmore at 360-359-6427 for more information.

The Board of Directors is looking for Board members and committee members. For  
more information or to discuss the opportunities that might be a fit for you please  
contact any board member.



### **MEMBER ARTICLES**

#### **SOME OF WHAT I’VE LEARNED AS AN EMDR THERAIST AND CONSULTANT (PART 1 OF 3)**

Caryn J. Lowe, LMFT

“This is what most people don’t learn about therapy. It’s not about talking it’s about activating your system” Bessel Van Der Kolk, MD (NICABM Video, [nicabm.com](http://nicabm.com))

Below are a Collection of Questions and experiences from clients, trainees, plus personal insights as an EMDR therapist, trainee, client and EMDR Consultant.

### **That First EMDR Experience**

In 2007 I attended my first EMDR training. The classroom setting was intimate compared to the trainings I had previously attended. There were about 18 students sitting around a table with the trainer, Dr. Laurel Parnell, and her assistant.

Dr. Laurel Parnell, who seems to prefer to be addressed by her first name, was one of the early training facilitators of Dr. Francine Shapiro (The psychologist who developed EMDR in the 1980s). For me, Laurel’s teaching style, talent, attunement, candor, brilliant clinical mastery, and wisdom were and remain inspirational. I walked away from this training wanting to spend years learning from Laurel- and, indeed, thats just what I did.

Throughout the 6 day basic training, Laurel demonstrated EMDR with volunteers. The depth of which she and the volunteers worked was just stunning. Laurel clearly trusts her clients’ innate healing capacity.

We had numerous opportunities to practice EMDR, as both therapist and client. In the first practice session, when I had the opportunity to be the client I found myself crying deeply. For me, both crying and deep laughter are emotions that signify transformative work. Dr. Parnell placed wads of clean tissue on my lap while reassuring my practice partner that I was just riding the waves of emotion. Laurel said encouraging and reassuring messages such as you’re doing fine; it’s old stuff; one foot in the past-the other in the present..all very helpful.

to EMDR was like nothing I had ever experienced. My mind, which seemed to be moving as fast as a bullet train, bypassed old defenses and stories about my presenting issue. There were refreshing new insights, felt and known, on a level, far beyond an intellectual understanding. EMDR seemed to bypass unhelpful old story lines, and lit up memory networks that held feelings, thoughts and body sensations leading to new insights, gratitude, relief and, yes, feeling ready for a long nap. I was hooked!

### **Please Define EMDR**

EMDR therapy incorporates eye movements or other bilateral stimulation into a comprehensive approach that processes and releases information trapped in the mind and body, freeing people from disturbing images and body sensations, debilitating emotions, and restrictive beliefs. This revolutionary therapy has helped millions of

clients of all ages recover from such traumas as war, accidents, assaults, disasters, and childhood abuse. *Parnell Institute Website: [parnellemdr.com](http://parnellemdr.com)*

### **What is Bilateral Stimulation (BLS)**

BLS is alternating stimulation, such as tapping ones shoulders left, right, left right, listening auditory stimulation alternating from ear to ear, or following a visual stimulus that moves bilaterally. BLS and EMDR tools facilitate adaptive information processing, accelerated information processing and dual focus of attention.

### **Is EMDR only used for Trauma?**

No. Here are just some examples of issues in which EMDR is useful: Partner Conflicts, Performance Anxiety, Parenting Issues, Attachment Disorders, Feelings of Inadequacy, Fear of Coming Out, Test Anxiety, Addictions, Imposter Syndrome, Grief, OCD, Adjustment Disorders, Depression, Medical Complications...

### **What Draws you to EMDR?**

It is extremely gratifying to see clients accomplish deep healing in a very short period of time. Clients move from old and distorted negative beliefs about the self, to liking, loving, and appreciating struggles and successes

throughout the many developmental periods of their lives. EMDR is a wholistic therapy that uses the wisdom of thoughts, emotion, body sensations, self concept, and imagination. EMDR teaches therapists how to skillfully and safely work with trauma. It uses techniques to titrate traumatic images, sounds, and body sensations as needed. EMDR works at warp speed compared to traditional therapies. EMDR has a process, called bridging or float back, that helps clients find their true underpinnings of conflict and trauma. These insights may differ from previous understandings by therapists, parental figures, childhood beliefs and psychodynamic theory. Profound and beautiful spiritual experiences may spontaneously arise in EMDR processing. With BLS and other EMDR tools the brain adaptively processes information, thus allowing “normal healing to resume” *EMDRIA Website [emdria.org](http://emdria.org)*. EMDR is a highly researched psychotherapy that is endorsed by numerous respected national and international agencies.

### **EMDR often sounds too good to be true?**

Frankly, the results of EMDR sometimes do look miraculous. However the team of a skilled, attuned therapist and courageous client, plus the many tools of EMDR are the nutrients that bring about these seemingly miraculous results.

### **How do therapists work during EMDR?**

Therapists learn to say very little and definitely try not interpret during EMDR sessions. The main role of the therapist is to be present and trust both the EMDR process and their clients innate ability to heal themselves. Therapists typically interrupt when clients report feeling stuck, are emotionally too activated or deactivated, dissociate, are somehow in danger, to safely close a session, and need the help of interweaves to augment the session (Interweaves are too big a topic for this article).

### **Do Repressed Memories Surface During EMDR?**

Memory is too complex a topic to discuss here. What I will share is that clients report remembering both helpful as well as traumatic events. I remember a client who could not move after an attack and during EMDR processing remembered the stranger who first saw her lying on the sidewalk. This woman asked my client if she could leave her very attentive and kind dog while she found help. My client agreed. He was so touched remembering this kind woman and her dog. Remembering helpers, such as first responders, kind strangers, neighbors...can be antidotes to feeling alone in traumatic situations. Bringing in allies, via "resourcing," an EMDR imaginal process, is another way for our clients get support. Imagination turns out to be an EMDR power tool.

### **What do you think makes a good EMDR Therapist?**

During EMDR the mind may go to many places and there can be a feeling, for the therapist, of being lost and not knowing what to do. EMDR therapists need to be able to stay calm and present. The good news is clients usually find their way. I have found silently repeating to myself "just trust the process" is calming. Therapists need to be able to feel comfortable with not knowing and living with ambiguity and mystery while clients are processing information. Gaining some experience about knowing how and when to intervene, if needed, gives one confidence to stay present and calm when we really don't know exactly what's going on. On the one hand, EMDR Therapists need to work on tolerating intense affect without rescuing clients. On the other hand, therapists need to be able to assess when client's need us to intervene for purposes of emotional safety. Consequently, I highly recommend EMDR consultation with someone you respect and feel a sense of safety.

### **Is EMDR a stand alone therapy?**

Not in my experience. I have seen EMDR trainers and clinicians combine somatic processing, sand play, Internal Family Systems, Emotional Freedom Technique, Talk Therapy, Hypnotic Techniques...

Another piece is many clients tend to want time for talk therapy between EMDR sessions. It's kind of a dance between many modalities. One trap, however, for clients and therapists is relying on modalities that are comfortable, but may not be as effective.

Do therapists still use the Standard Protocol developed by Dr. Francine Shapiro in the 1970s?

EMDR, like all therapies, has changed over time. EMDR practitioners are altering Dr. Francine Shapiro's protocol to fit different presenting problems

and the individual needs of each client. When Dr. Shapiro first developed EMDR, eye movements were the preferred for BLS. Now clients can choose, for themselves, many options to achieve similar results. Many therapists now understand that our client's needs and preferences are paramount whereas rigidly sticking to a protocol can be incredibly mis- attuned. For example, EMDR uses a Subjective Unit of Distress (SUDS) scale. Zero is no distress whereas 10 is great distress. If a client is in tears, one does not need to ask for a SUDS. Asking clients to put a number to their distress when they are crying, not only pulls the client out of their process, but seems intrusive and insensitive. For additional insights see Parnell, L. (2013) *Attachment Focused EMDR: Healing Relational Trauma*, New York, NY: Norton and Company

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With gratitude I would like to thank my psychotherapy clients, EMDR consultees, and mentors for the courage to explore and share this vast healing landscape we call EMDR.

Caryn J. Lowe LMFT is a EMDRIA and Parnell Institute Approved Consultant. She has been consulting with individuals and groups in Humboldt County and Washington. Caryn can be reached by cell: (707) 496-1342 and by email: emailcarynlowe@gmail.com

## **TRAININGS WORTH YOUR TIME AND MONEY**

Kim Moor, LMFT

Do you ever wonder "Is that training worth the money?" Do you ever think "I wish I could talk to someone who's actually done it"? Here's two trainings I've done that I think are worth it.

### **FLASH**

Longtime EMDR trainer Phil Manfield developed FLASH to help clients bring down the level of disturbance of traumatic events that are too disturbing to talk about. As Manfield's website describes FLASH "does not require the client to consciously engage with the traumatic memory". Clients don't have to discuss it with you. They are asked to put the event to the side into an imaginary container. Or you can use a file folder or box in your office and ask them to imagine they've put it in there.

Then they are asked to focus on a Positive Engaging Focus (PEF) such as a favorite memory, a song, dog or cat videos on Youtube, etc. It can be anything that holds the

client's focus strongly enough while not allowing in intrusive thoughts or images. Clients are led through short sets of tapping and blinking to bring down the Subjective Units of Disturbance ("SUDS"). Originally proposed as a tool for the preparation phase of EMDR, it has now been validated as a stand alone technique.

**Pros: You don't have to be EMDR trained to use this.** It can be very fast. I've had clients go from a 10 to a 0 level SUDS. Clients can be more willing to try this than EMDR. Clients get to focus on something they enjoy as they desensitize. I've had clients play games on their phone (while holding my EMDR tappers) or watch episodes of their favorite shows or listen to their favorite music.

**Cons:** Critics say that while it desensitizes it doesn't reprocess the negative thoughts as in EMDR. Sometimes it knocks down the SUDS but doesn't take it down to zero. The training teaches you how to transition to standard EMDR if the SUDS stops going down. If not trained in EMDR, you can highlight to the client the work they've done to lower the SUDS and use your other tools to work with the remaining level of trauma.

Next Webinar: October 29, 6 CEUS, \$129, <https://flashtechnique.com/wp/>

### **Safe and Sound Protocol (SSP)**

Ever have a client that qualifies for several diagnoses and you feel like there should be a way to unravel the common thread that's causing it all? The SSP might be the way. I found this a few years ago when I fell down a deep rabbit hole on the internet. It is fascinating! It was developed by Dr. Stephen Porges of Polyvagal Theory fame. The SSP is a five hour music listening therapy that works on the middle ear muscle and helps people tune into cues of safety soothing the nervous system. You can have your client listen while in session, have a parent be with their child while they listen to it at home, or have someone listen on their own. It can help with digestion, social engagement, sound sensitivities, language development, anxiety, and more.

When I originally found this, the most information about it was on a Facebook page parent Kimberly Grace started as she was using this therapy with her child. She shared the many gains her child made. At that time, it seemed many families with children on the autism spectrum were using this and reporting children becoming verbal and posting before and after pictures showing the differences in their handwriting and drawings.

People began trying it with different populations and for trauma. There are now guidelines on how to integrate it with EMDR.

When the original company that administered the SSP was sold to Unyte, it really took off. It is now available digitally for remote use by clients if appropriate. There



is an app and a robust SSP portal for providers with many resources. There is also an SSP Facebook page for providers.

Pros: The training has been updated and expanded. They are giving this free to previously trained clinicians. Great provider support by Unyte-ILS. Easy to administer and track your client. Ongoing free Q&A sessions with experienced providers. Can help with a wide variety of issues. When I listened to it, it really helped with my sleep.

Cons: Ongoing monthly fee of \$139. But to be fair they have really added a lot of value with their clinician portal and resources. Some providers charge several hundred dollars to clients for this protocol but many of my clients are on Partnership and can't afford that. I can't see denying them access when I know how helpful it could be. So, I feel like this is mostly a practice cost I assume. Although it's come a long way, it still feels like people are learning a lot as they use it and explore with it. People can become more dysregulated initially but this resolves and is an indicator the protocol should be done more slowly.

On-demand training at <https://integratedlistening.com/safe-and-sound-protocol-certification/>

Cost: \$349

CEU's: Check with Unyte-ILS

Unyte Safe and Sound Summit, October 15-16, \$249

<https://web.cvent.com/event/836a907a-9b07-4503-8069-934a100e49db/summary>

This is a conference about the SSP and its' applications but does not include the training you need to use the protocol.



## **ARTICLES SHARED BY MEMBERS**

Our thanks to members for sharing articles through this newsletter. If you have an article you would like to share please send it to

[Ncamhp.newsletter@gmail.com](mailto:Ncamhp.newsletter@gmail.com)

## **AUTISM SENSORY ISSUES AND ED**

Article submitted bby Kim Moor, MFT

Last night, during my talk on eating disorders, someone asked about the sensory issues of autism and how it impacts ED. Below is a link to a website post by an Occupational Therapist with autism and in recovery from an eating disorder. She describes how the autism affects the eating and what she does to help with the ED.

<http://www.kimclairy.com/eating-disorder/>

## **ADHD LIKELY REDUCES ESTIMATED LIFE EXPECTANCY BY YOUNG ADULTHOOD**

Article shared by Claire Ajina, LEP

I wanted to share this document from Russell Barkley on the reduction in life expectancy for the population with ADHD:

[http://www.russellbarkley.org/factsheets/ADHD\\_Likely%20Reduces\\_Estimated\\_Life\\_Expectancy\\_Barkley.pdf](http://www.russellbarkley.org/factsheets/ADHD_Likely%20Reduces_Estimated_Life_Expectancy_Barkley.pdf)

## **HOW TO GET A CONTRACT WITH ANTHEM**

Our thanks to Dylan McClure for providing the following information.

To get hooked up to blue cross you have to email Anthem [CABHContracting@anthem.com](mailto:CABHContracting@anthem.com). They will send you a code to use to submit an application through Availity. Below is a sample email to send:

Hello,

I am reaching out because I would like to be an Anthem Provider. I am a licensed LCSW providing mental health therapy in Humboldt County California. I have many new referrals who are Anthem subscribers who would like to use their insurance benefits to access mental health services. In our community there is a lack of mental health providers who accept Anthem insurance. Many people who reach out to me say that they are unable to find an Anthem provider in our area who has any openings. I currently see 4 clients who are unable to use their Anthem benefits.

Being a newbie, I didn't try to negotiate my rate before I signed the contract. I don't know if they will adjust rates right at the start of the contract, or if you have to wait until you have been working with them for over a year. I am happy working with them, so far.

## **ADHD LIKELY REDUCES ESTIMATED LIFE EXPECTANCY BY YOUNG ADULthood**

Article shared by Claire Ajina, LEP

I wanted to share this document from Russell Barkley on the reduction in life expectancy for the population with ADHD:

[http://www.russellbarkley.org/factsheets/ADHD\\_Likely%20Reduces\\_Estimated\\_Life\\_Expectancy\\_Barkley.pdf](http://www.russellbarkley.org/factsheets/ADHD_Likely%20Reduces_Estimated_Life_Expectancy_Barkley.pdf)

## **FORMAT CHANGE FOR LPCC LICENSURE IN CALIFORNIA**

The National Board for Certified Counselors (NBCC) is going through a format change of their National Clinical Mental Health Counseling Examination (NCMHCE).

The current NCMHCE format is available until 11/7/22. The new NCMHCE format will be available 11/7/22.

The NCMHCE will be multiple choice for a total of 260 minutes. This is 225 minutes for the examination, 5 minutes for the non-disclosure agreement, a 15 minute tutorial, and a 15 minute break.

For additional NCMHCE information, please work with NBCC directly. Their website is [www.nbcc.org](http://www.nbcc.org) and their e-mail address is [nbcc@nbcc.org](mailto:nbcc@nbcc.org).

## **CALIFORNIA AB 1184 IS NOW LAW**

California AB 1184 recently went into effect, amending the Confidentiality of Medical Information Act (CMIA). According to the California state website, the bill protects the privacy rights of people receiving sensitive health care services, including reproductive health care and gender-affirming care, by ensuring patient information is kept confidential if they are not the primary policyholder for their health insurance. The full article on the state website can be found at <https://www.gov.ca.gov/2021/09/22/governor-newsom-signs-legislation-strengthening-access-to-reproductive-health-care-and-protecting-patients-providers-lifts-up-new-reproductive-freedom-advisory-group/>

**EXPERTS: TO KEEP PSYCH PROFESSIONALS FROM LEAVING FIELD, PAY THEM MORE—"I'M COMPETING WITH PLACES LIKE TARGET," SAYS ONE CRISIS INTERVENTION CENTER DIRECTOR**

Our thanks to Jennifer Taylor for forwarding the following article.

*Medpage* includes an article: "Want to Keep People Working in Mental Health? Pay Them More \$\$, Experts Say—"I'm competing with places like Target," says one crisis intervention center director" by Joyce Friedan

Here are some excerpts:

"What will it take to keep mental health professionals from leaving the field? More in pay," said Emily Blomme, CEO of Foundation 2 Crisis Services, a crisis prevention and intervention service in Cedar Rapids, Iowa, during a mental health summit sponsored by the Alliance for Health Policy Wednesday.

Overall, the mental health workforce is hurting, said Russ Petrella, PhD, a senior advisor at consulting firm McKinsey & Company. "The demand now for mental health professionals ... is greater than ever," he said.

"There are more people seeking mental health services." In addition, "people are more willing to talk about services, reach out for services, and get services, particularly younger folk, which I think is a good thing."

More than a third of the country doesn't meet the generally agreed-on minimum standard for the supply of mental health professionals, Petrella said, adding that adequacy varies greatly according to geography.

For example, "the population of psychiatrists in New York state is 612 per 100,000 people, but in Idaho, it's one psychiatrist per 100,000."

And the up-and-down nature of psychiatric crises combined with lack of access makes things even worse, he continued.

"The individual who reaches out for help, maybe made the decision for themselves or sometimes are urged to the decision by family and friends. There's really kind of a moment when people are willing to make that call, and that moment is sometimes fleeting."

If the patient then calls and can't get an appointment for weeks, that's a problem, said Petrella.

"There's a lot of no-shows for these first appointments, because whatever was bothering them, and they were ready to talk about it, it goes away ... The problem is mental health problems tend to get worse over time."

Marley Doyle, MD, director of the Behavioral Health Education Center of Nebraska in Omaha, described some of the efforts her state has made in trying to increase its behavioral health workforce.

"We have a huge shortage," she said. "Currently, 88 of [Nebraska's] 93 counties are designated as Behavioral Health Professional Shortage Areas."

In 2009, the state legislature agreed to fund a Behavioral Health Workforce Development Center. "Since its inception, we've seen a 38% increase in the behavioral health workforce," Doyle said, adding that although the increase can't be definitively attributed to the center, the organization's efforts can't be ignored either.

"It's pretty profound, since most states in the surrounding area have seen a decrease" in their supply of behavioral health professionals, she said.

Nebraska is also doing more to expose students to behavioral health as a career option. "We got into high schools; there's a program called the High School Alliance where students are exposed to health careers, and behavioral health is one of those," said Doyle, adding that another program allows high schoolers to stay at a state college for a week, get college credit, and learn about mental health career options.

The state also supports training opportunities for behavioral health statewide, because "if people train in the areas they're from, they're more likely to stay there," she added.

Telehealth has been another way to help expand the behavioral health workforce, said Andrew Bertagnolli, PhD, national director of virtual behavioral health services at One Medical, a chain of healthcare facilities.

"Telehealth has really allowed to broaden the applicant pool when we're looking for licensed clinical staff," he said.

And with telehealth, more people show up for their appointments, "so we're able to keep our people busy," he added, noting that the loosening of restrictions by Medicare and other payers for telehealth coverage during the COVID-19 public health emergency has been very helpful.

Of course, matching patients with the mental health providers that have appropriate licensure in the patient's home state can be a complicated process, Bertagnolli said, adding that, unfortunately, "there's no one-stop-shop to explain variation in telehealth laws ... There may be four given sets of rules in one jurisdiction."

Ken Pope

Ken Pope, Melba J.T. Vasquez, Nayeli Y. Chavez-Dueñas, & Hector Y. Adames:  
[Ethics in Psychotherapy & Counseling: A Practical Guide, 6th Edition](#) (Wiley,  
2021)



## **GENERAL ANNOUNCEMENTS**

### **MEMBER-HOSTED GROUPS & MEETINGS**

#### **Professional Will**

The Professional Will discussion group meets quarterly, with the next meeting on 10/22 at 10:00 am. For more information please contact Debbie Elmore LMFT at 360-359-6427



## **RESOURCES**

### **NCAMHP RESOURCES**

#### **Internet Library**

*NCAMHP has an Internet library*, located on the NCAMHP website. To submit a paper/article for the library, please contact Caitlin Scofield at: [Crs102@humboldt.edu](mailto:Crs102@humboldt.edu)

#### **Listserv**

*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. There is more information about the Listserv in the section below "NCAMHP Digital Connections."

## **Membership Application**

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

## **BOARD of BEHAVIORAL SCIENCES (BBS) RESOURCES**

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

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

### **BBS Website**

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

### **BBS Contact Information**

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

### **BBS Newly-Required Supervisor Self-Assessment Report**

The BBS is now requiring supervisors fill out a Supervisor Self-Assessment Report. The report is for the purpose of affirming a licensee's qualifications to be a supervisor. Supervisors will submit this form only one time to the Board—it is not to be submitted for each new supervisee. A Supervision Agreement, also available on the Board's website, does need to be submitted for each new supervisee.

Submission of the new Supervisor Self-Assessment Report is required as follows:

- Licensees who were supervising one or more supervisees as of January 1, 2022: Must submit a Supervisor Self-Assessment Report to the board by January 1, 2023.
- Licensees NOT supervising as of January 1, 2022: Must submit a Supervisor Self-Assessment Report to the board within 60 days of

commencing supervision for the first time.

Instructions for submission are provided within the form, available at: [https://www.bbs.ca.gov/pdf/forms/supervisor\\_self\\_assessment.pdf](https://www.bbs.ca.gov/pdf/forms/supervisor_self_assessment.pdf)

## **LOCAL RESOURCES**

### **Behavioral Health Clinic with Onsite Psychiatrist**

Our thanks to Karla Howe for providing this information.

Open Door Community Health Centers recently opened a Behavioral Health clinic with onsite psychiatrist, FNP, and case management services in Eureka.

"Open Door Downtown", located at 622 "H" Street in Eureka, the clinic serves Open Door Community Health Center patients. A Referral to this clinic would be made by the Open Door PCP.

Staff Psychiatrist, Dr. Shannon Chavez. The clinic will be expanding staff.

For more information you can call 707-443-4666

Also, open Door has a "Community Call Center," called "Resource Central," open to all community members; 707 269 7073

### **Child and Adolescent Therapists in Humboldt County**

Brook Quinlan has created and maintains a list of Child and Adolescent Therapists in Humboldt County, which can be accessed through the following link. Our thanks to Brook for providing this information to the newsletter.

<https://docs.google.com/document/d/1aSuEK65c2J9-euyvwRaTSPbA8aAshpwe92VKC6DjZdc/edit?usp=drivesdk>

### **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.org/417/Healthy-Moms-Program>



The county has an outpatient Dual Recovery Program:

<https://humboldt.gov/344/Dual-Recovery-Program-DRP>

Humboldt Recovery Center has an outpatient recovery program:

<https://humboldt.gov/411/Substance-Use-Disorder-Services>

### **Grief Support**

Our thanks to Debbie Elmore for providing information about grief support services provided by Hospice of Humboldt. A brochure regarding the services can be found at the end of this newsletter.

### **Humboldt Senior Resource Center**

Humboldt Senior Resource Center, located in Eureka, is now offering therapy to individuals 55 and older in Humboldt County. Services provided include EMDR, hypnosis, relaxation training, ACT, family systems, recovery treatment etc.

Hi everyone, I wanted to introduce myself and let everyone know that Humboldt Senior Resource Center now offers therapy to individuals 55 and older in Humboldt County. I noticed a few recent request for referrals were for folks 70 and older and wanted to let the NCAMPH community know about us. Accepted insurances are: Anthem/Blue Cross, Beacon, Blue Shield, Medicare, and Tricare. For more information visit:

<https://www.humsenior.org/programs/behavioral-health-services/eligibility-payment-referrals/>

### **Partnership Providing Transportation**

Partnership Health Plan of California (Medical/Medicaid) pays for non-emergency transportation to local and non-local appointments. See the full-page announcement at the end of this newsletter for more information.

## **AREA RESOURCES**

### **Children's Psychiatric Hospitals that take Partnership Insurance**

Our thanks to Jonathan Fox for providing this information.

Santa Rosa Behavioral 707-800-7700 (does not have a great reputation, esp for teen girls w/Cluster B traits) 13 and up

Sierra Vista 916-288-0315 (12.5+)

St. Mary's 415-750-5649 (11-17)

Sutter Sac 916-386-3620 (4+)

Adventist Health 707-649-4040 (5+)  
Alta Bates 510-204-4405 (12+)  
Fremont 510-796-1100 (6+)  
Heritage Oaks 916-830-2223 (12.5 +)  
John Muir 925-674-4140 (4+)  
Mills 650-696-4500 (13+)  
Restpadd Red Bluff 530-567-7407 (12.75+)  
San Jose Behavioral 669-234-5950 (14+)

## **ONLINE RESOURCES**

### **Eating Disorder Support Groups**

Niki Dubois has created a list of online groups for those with Eating Disorders. Our thanks to Kim Moor, LMFT for making us aware of this resource:

[https://docs.google.com/document/d/11IsP3yKZIUwW\\_hP4180BFLN8dOFvy6faxiTwCkZ6x4Q/edit?usp=drive\\_web](https://docs.google.com/document/d/11IsP3yKZIUwW_hP4180BFLN8dOFvy6faxiTwCkZ6x4Q/edit?usp=drive_web)

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

### **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.

### **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/>

### **News Articles Regarding Privacy Concerns**

Our thanks to Paula Nedelcoff for sharing the following articles with us:

<https://www.buzzfeednews.com/article/richardnieva/lyra-health-ethical-conflicts-google-facebook>

<https://www.politico.com/news/2022/01/31/crisis-text-line-ends-data-sharing-00004001>

### **Prolonged Grief Disorder: Does This New Diagnosis Help or Hurt? Video by the Psychotherapy Networker**

The Psychotherapy Networker has just uploaded this video to YouTube. Our thanks to Kerima Furniss, LCSW, for bringing it to our attention. The video is a discussion between David Kessler (Grief.com), Zach Taylor, MA, LPC (Psychotherapy Networker), Donna Schuurman (The Dougy Center) and Frank Anderson, MD. Lasting a little more than an hour, the video discusses what the diagnoses of prolonged grief disorder means to clinicians and to grieving individuals. The link to the video: [https://youtu.be/i\\_huqVolQzA](https://youtu.be/i_huqVolQzA)

## **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](mailto:covidinfo@co.humboldt.ca.us) for medical questions and information. The public health people also refer people to the mental health support line as well. So far it is working well. There are plans to make other clinicians available for the mental health support COVID 19 warm line in the future.

## **CONTACTS**

### **Beacon/Partnership Representative**

The Beacon/Partnership representative for our area is Greta Blixt. She is available for any kind of help including application for Beacon and billing issues. Her phone

number is (707) 273-8725. Email: [greta.blixt@beaconhealthoptions.com](mailto:greta.blixt@beaconhealthoptions.com) (It is generally more useful to contact our local area representative than the people at the 800 number.)

## **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](mailto:ncamhp@groups.electricembers.net) will post a message, and be sent to the listserv subscribers based on their preferences. You can also login to the Listserv website directly. From there you can make changes to your account, read messages, and post messages.

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

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

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

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

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



## **Board of Directors**

Past President: Paula Nedelcoff  
Treasurer: Michelle Lee  
Secretary: Jacquelyn White  
Kerima Furniss  
Sheila Hatcher  
Kelly Noble  
Peter Moore  
Ken Tambe

## **NCAMHP Committees**

### **Membership and Outreach Committee**

The Membership Committee keeps the membership informed of upcoming events via the listserv, e-mail, and the United States Postal Service, and maintains a database of the membership. This Committee is responsible for publishing the Red Book, which is a print copy of the Mental Health Providers Directory found online at [www.ncamhp.org](http://www.ncamhp.org). The Membership Coordinator can be reached at [info@ncamhp.org](mailto:info@ncamhp.org).

### Committee Members

Paula Nedelcoff

Cheryn English, Coordinator

### **Newsletter Committee**

The Newsletter Committee is a sub-committee of the Membership Committee. The Committee makes certain that a newsletter for the NCAMHP membership is published twice yearly, with pertinent mental health information, NCAMHP announcements, including articles, local information, and member highlights.

### Committee Members

Sheila Hatcher LMFT, Editor

Emily Siegel LCSW

### **Education Committee**

The Education Committee provides high-quality, affordable, local professional education for mental health professionals with CE's for our members. The Education Committee provides two General Meetings for the membership, as well as Spring and Fall clinical trainings. The Education Coordinator can be reached at [EdCoHumboldt@yahoo.com](mailto:EdCoHumboldt@yahoo.com).

### Committee Members

Debbie Elmore

Catherine Munsee

Samantha Summers, Coordinator

### **Website Committee**

### **Ethics Committee**

The Ethics Committee works to establish clear, understandable standards of care for mental health services. It is also working to establish protocols for responding to grievances brought forth by a consumer of mental health services about a member of NCAMHP. Its goal is to assist all parties involved to a satisfactory resolution. The Ethics Committee is composed of interested Board members.

If you have a concern that you would like the Ethics Committee to address, this link will take you to that information on the NCAMHP website: <https://ncamhp.org/the-ethics-committee/>



## **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 2022 Winter NCAMHP Newsletter is December 9, 2022.** Send your articles and announcements to the newsletter committee: [NCAMHP.newsletter@gmail.com](mailto:NCAMHP.newsletter@gmail.com). Please send them in either a Word document or typed directly into an email. PDFs cannot be accepted at this time.

Please give us feedback about this newsletter: [NCAMHP.Newsletter@gmail.com](mailto:NCAMHP.Newsletter@gmail.com).







## Hospice of Humboldt

Grief Support Services offers different types of support to those who are grieving the loss of a loved one.

Free grief support groups and one-on-one support are offered. Information and referrals are also provided.

We serve all ages and we accept you wherever you are in your recovery from your loss.

### One-on-One Grief Support

Our staff is able to provide free private, confidential emotional support and grief education sessions.

We are currently providing grief support in-person, virtually and by phone and can direct you to written materials and online resources specific to your unique needs.

We are also able to make referrals to local counselors who work with grief and loss.

### Grief Support Groups

We offer Grief Support Groups in-person and virtually. Join with others living with grief where your individual experiences are accepted. Trained facilitators offer support in an emotionally safe space.

Please call **707.267.9801** for more information or to request to attend one of our Grief Support Groups.

**MONDAYS** Virtual Group 5:00 - 6:30 p.m.

**FRIDAYS** In-person Group 1:00 - 2:30 p.m.



*We understand that each person's reaction to grief is unique.*

Many of us have the capacity to mourn fully with the help of friends, family and community who care about us and want us to recover our ability to enjoy life fully and love others.

Sometimes though, it might be difficult to find people who are willing to listen to our hurt in a non-judgmental and comforting way. We are able to provide that extra support in addition to your existing support system.

### Volunteers Needed

Grief support staff and volunteers work as a team to provide the highest quality grief support possible.

Volunteers work under clinical supervision and receive extensive training. They facilitate grief support groups and assist with trainings and workshops.

If you are interested in becoming a Grief Support Volunteer, please call 707.267.9813 and ask to speak to the Volunteer Coordinator.

*We envision a community  
in which no one dies  
alone or afraid and all  
who grieve are comforted.*

### Grief sessions may not be held on the following holidays:

**New Year's Eve**, December 31

**New Year's Day**, January 1

**Martin Luther King Day**, third Monday in January

**President's Day**, third Monday in February

**Memorial Day**, last Monday in May

**Independence Day**, July 4

**Labor Day**, first Monday in September

**Thanksgiving Holiday**, Thursday & Friday in November

**Christmas Eve**, December 24

**Christmas Day**, December 25





## NCAMHP Fall Training

### **At the Crossroads of Trauma Therapy: Treating Complex Trauma and Dissociation: An Integrative Treatment Progression**

**Presented by:** Rachel Walker, MA, MFT

**Virtually via ZOOM**

**Sunday October 23, 2022 from 8am to 2pm**  
(Lunch break from noon-1pm)

*Attendance Fee for NCAMP Member \$25*

#### **Course Description**

When it comes to complex trauma and dissociation, trauma-informed therapies like EMDR, 'Parts' Models, and Attachment Therapy work better in collaboration than they do alone. This training illuminates why and demonstrates how to combine interventions from multiple sources to enhance the effectiveness of treatment in complex cases. We will visit and move beyond any one treatment modality to focus on the ways in which all trauma-informed therapies overlap, inform/support one another, and illuminate a bigger picture. Participants will learn to decode persistent, seemingly-intractable symptoms and apply effective interventions that work across the entire trauma-related diagnostic spectrum. Included are EMDR, Structural Dissociation, Parts Models, and Attachment Theory.

#### **EDUCATIONAL OBJECTIVES**

1. Identify 'dissociation' along the spectrum
2. Recognize the relevance of dissociation to treatment
3. Explain how clinically significant dissociation develops and is maintained
4. Summarize the diagnostic indicators of Secondary and Tertiary dissociation
5. Explain the Phase Model of treatment and when its use is indicated
6. Define goals of the treatment in Secondary and Tertiary Dissociation
7. Demonstrate at least 3 interventions needed in the treatment of Secondary and Tertiary Dissociation
8. Explain integrative, phase-oriented treatment (stabilization) in Complex PTSD cases, including the introduction of 'Feeling Parts Work' and Attachment Repair interventions

## MEET YOUR INSTRUCTOR

### ***Rachel Walker, MA, MFT***

I am an EMDRIA Approved Consultant with a full-time private practice in Berkeley, CA (since 2007), where I treat clients and provide individual as well as group consultation to new and experienced trauma therapists.

I'm passionate about trauma-informed psychotherapy and present trainings in the Bay Area and beyond on the topic of integrative approaches to treating complex trauma and dissociative disorders (since 2015). My training in psychotherapy began in the arts, where I learned to apply play, metaphor and precision to the work. I received a Masters Degree in Counseling Psychology from the California Institute of Integral Studies (2002), where I specialized in Expressive Arts Therapy. I completed practicum training at Berkeley Creative Living Center working with the chronically mentally ill (schizophrenia, etc.).

I went on to intern with Project Pride, a residential treatment program for female criminal offenders, and the East Bay Community Recovery Project's out-patient addiction treatment program in Hayward, CA. I also completed a three year internship at Earth Circles Counseling Center, providing individual, couple and family therapy to clients facing a wide range of clinical issues including: anxiety, trauma, addiction, divorce, grief/loss, bi-polar, cultural and diversity issues, eating disorders and creative and professional blocks.

#### **To learn more visit:**

<https://therapy-on-the-cutting-edge.simplecast.com/episodes/using-trauma-informed-psychotherapy-an-integrative-approach-to-treating-trauma-and-dissociation>  
**(Using Trauma-Informed Psychotherapy, An Integrative Approach to Treating Trauma and Dissociation)**

<https://www.rachelwalkermft.com/>

Please **RSVP with interest by August 8, 2022 12 noon**

via email to Samantha at [edcohumboldt@yahoo.com](mailto:edcohumboldt@yahoo.com)