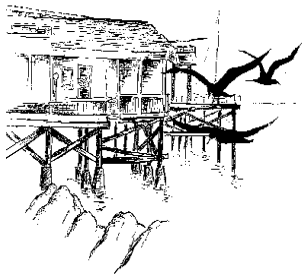
The Monterey County Chapter

California Association of Marriage and Family Therapists

January / February 2022 Newsletter



Benefits to MC-CAMFT Membership:

- Reduced fees at our events
- Invitation to our Members only annual gatherings
- Access to Members only Salons, which are intimate workshop offerings taught by fellow Members
- Periodic Newsletter with relevant CAMFT informa tion and Member created writing
- Opportunity to contribute your writing to our News letter, including things such as a column, book re view, workshop or conference review, poem, opinion piece or article
- Free advertising in our Newsletter and "Classifieds" section of our website
- Inclusion in our "Find a Therapist" website directory
- Access to Member and Announcements Forum on our website where you can seek feedback from other members and post things to the community
- Opportunity to submit a proposal to host a Salon for our Members
- Option to join us on the Board as a volunteer com mittee chair or ad hoc committee member
- Opportunity for MC-CAMFT to co-sponsor your workshop, so you can offer CEUs to your attendees
- Free Mentoring by experienced clinicians
- Invitation to suggest any member activity you find interesting, and we'll consider it!

Benefits to MC-CAMFT Website:

◊ Current Member Directory
◊ Classifieds Page for Members
◊ Chapter Board Contact
◊ Specialized Forums
◊ Online Newsletter
◊ Networking Opportunities
◊ Chapter Documents Access
◊ Sponsorship Opportunities
◊ Membership Information

MC-CAMFT CALENDAR

JANUARY - 2022

New Year Gathering!

Date: *Jan 15th, 2022*
Time: *5:00pm - 8:00pm*
Location: *Tarpy"s Roadhouse*

MARCH - SNEAK PREVIEW!

Climate Psychology
with Barbara Easterlin, PhD

Date/Time/Cost: TBD

In This Issue...

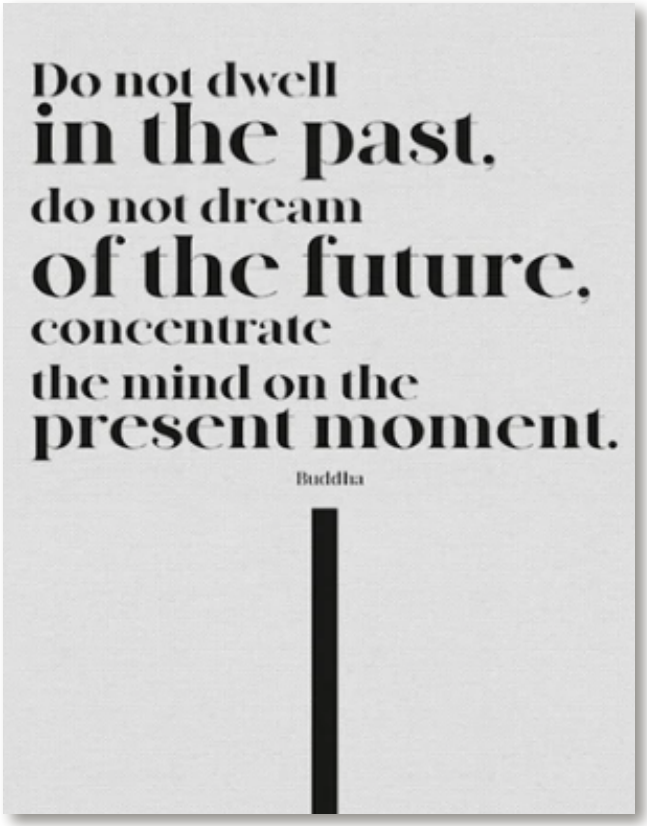
2022 MC-CAMFT Board Roster

2022
Board of Directors
- Officers -

President:
Jennifer Farley
jennifer@shamanhealingmonterey.com

Treasurer:
Susan West
831-206-7639

Secretary:
Rochelle Hall
rochellehall.consult@gmail.com



Like Us on Facebook!
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2022
- Committee Chairs -

Membership Chair: OPEN
Public Relations: OPEN
Programs Chair: OPEN
Pre-Licensed 3000 Hour Club Chair: OPEN
Continuing Education Chair: OPEN

Legislative & Ethics Chair:
Michael Newman

Mentorship Chair:
Pat McDermott, LMFT
patmcdermft@comcast.net

Newsletter Editor:
Ross E. Farley III
ross@shinealight.info

Hospitality Chair:
Olivia Fae Stadler
olivia.stadler@yahoo.com

3,000 Hr. Club Chair
Catherine Rodriguez

Member-At-Large:
Carmen Martin, LMFT
lovehealing@me.com

Jennifer Farley

2022 Board President

Happy New Year! I feel like we all deserve a collective pat on the back as we continue to persevere through this time in history. Even though there continues to be a lot that we are navigating, I can't help but feel energized and inspired for what is to come at the beginning of the year. One thing I am looking forward to is our upcoming New Year's gathering. We are doing everything we can to create a safe environment in which we can finally come together in person. I hope to see you there!

Also, you may or may not be aware that the "No Surprises Act" just recently went into effect and has implications on our practice requirements. Despite the name, many (myself included) have been very surprised by the arrival of this act, and there seems to be ongoing questions about what precisely we are required to do. There are resources provided by CAMFT in this newsletter, and as more resources become available, they will be shared with all of you!

Lastly, the finalization of our board nominations process is still underway, and as such it is not too late if you are interested in joining the board! I am excited to announce that it has been confirmed that Catherine Rodriguez will be joining the board as our newest 3000 Hour Club Chair. We are fortunate to have Catherine join our team, and I am already excited by the ideas she has for tending to the needs of our pre-licensed chapter members. Welcome Catherine!

Gratefully,

Jennifer Farley

January 15th, 2022 - New Year's Chapter Gathering

Join your colleagues and friends as we come together to celebrate the new year! As we welcome 2022, we also welcome this opportunity to reconnect to established friends/colleagues, and meet the many new community members that have joined us in the past couple of years. Please join us for food, beverages, laughter and connection!

COVID Precautions:

Please note that when checking in for this event, you will need to show either proof of vaccination or proof of a negative COVID test dated within the last 72 hours leading up to the event.

You will also be required to sign a waiver acknowledging that you accept the risk associated with attending an in person event, and acknowledging that we recommend following the most up-to-date CDC safety precautions regarding masks/social distancing, etc.

Members and their guests welcome
Members $20 and their guests $10

March, 2022 - SNEAK PRIEVEW!

Climate Psychology

Barbara Easterlin, PhD is a Licensed Psychologist (PSY13671) and from 2007-2020, Assistant Clinical Professor, University of California, Berkeley Psychology Department. Barbara is a mom, hiker, and licensed psychologist She resides in Jackson, Wyoming on the boundary of the Grand Teton National Park with her husband and their terrier, Maisie.

Barbara has been a neuropsychologist and mindfulness based psychotherapist for most of her career, specializing in ways the brain regulates attention, attachment, and learning. She has a research background in the ways nature impacts mental health and encourage clients to spend time in the wild as a way to heal.

During 2021, Barbara developed a 6-hour training protocol for mental health clinicians to become climate psychology informed (Climate Psychology Workshop for Clinicians). She also has co-created a 70-hour certification program in Climate Psychology through CIIS which will launch in Fall, 2022. For more information on this certificate: CIIS Climate Psychology in Therapeutic Practices Certificate.

Barbara is a member of the Steering Committee of the Climate Psychology Alliance - North America CPA-NA provides training and education for the development of climate aware therapy skills for mental health clinicians.

Until January, 2021, Barbara offered individual and couple therapy. In addition, she specialized in the diagnosis and treatment of children and adolescents with ADHD, learning disabilities, and emotional disorders. Barbara frequently provided parenting consultation for parents of children with ADHD. She also trained clinicians on working with couples in which one or both have ADHD.

Barbara Easterlin, PhD obtained her bachelor's and master's degrees from UC Irvine in Social Ecology/Environmental Psychology, where she developed a keen interest in how places in nature positively impact mental health and human stress. A long standing practitioner of Vipassana and Tibetan Buddhism, Barbara's doctoral research on mindfulness meditators was funded by the Fetzer Institute. She completed her clinical internship at California Pacific Medical Center, Department of Psychiatry. Always interested in research as well as clinical practice, Barbara was a Research Psychologist at the University Of Washington, working with John Gottman, PhD, a renowned researcher of marital stability. As a member of the UCSF Medical Staff for many years, she performed ADHD/learning profile evaluations as part of a multi-disciplinary team and facilitated clinical and research-based Parent Training Groups for parents of children with ADHD and difficult temperaments. She also led research-based organizational and social skills training groups for elementary school age children at UCSF. Inspired by this work, she founded Authentica Center for Girls in 2003, and developed a 9-month group therapy protocol for helping girls develop positive friendships within a context of a safe and supportive group of peers (www.authenticacenter.com was acquired by Sinead Broughton, PsyD in 2019).

The No Surprises Act : What MFTs Need to Know

Kristin Roscoe, JD, Staff Attorney, Sara Jasper, JD, Staff Attorney

Beginning January 1, 2022, the No Surprises Act (H.R. 133) will go into effect. The law includes new requirements for health care providers, facilities, health plans and insurers which are intended to prevent consumers (a.k.a. patients) from receiving unanticipated medical bills. The No Surprises Act resulted in changes to the Public Health Service Act1 that also apply to health care providers and facilities. In anticipation of the new laws, the federal government recently published the accompanying regulations or rules for compliance. Part 1 of the subsequent regulations protects consumers with health plan coverage from surprise bills from out-of-network MFT providers under limited circumstances related to emergency and non-emergency services at in-network facilities. This portion of the no surprise billing regulations published in July of 2021 will have only minimal impacts on MFTs and is discussed in the last half of this article.

Good Faith Estimate

Part 2 of the regulations, however, is much broader in scope and applicability to MFTs. Part II of the no surprise billing regulations, published in October of 2021, 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 as of January 1, 2022, any health care provider or health care facility subject to state licensure must provide a good faith estimate of expected charges for services and items within specific timeframes to current and future patients. These new regulations set forth specific requirements for what these good faith estimates must contain and add to MFT providers' recordkeeping responsibilities. Part 2 of the regulations for the No Surprises Act also establishes a process for consumers to dispute provider charges that "substantially exceed" a good faith estimate.

Since these new regulatory requirements represent a shift in how MFTs will be expected to practice, CAMFT is offering the following information about how to comply with the Act.

Applicability of the Good Faith Estimate Rules to MFTs

In accordance with the Public Health Services Act[ii], health care providers and health care facilities are required to inform uninsured and self-pay individuals[iii], both orally and in writing, of their ability to receive a good faith estimate of expected charges, either upon request or at the time a service is scheduled.[iv]

The term "health care provider" as set forth in Part II of the no surprise billing regulations means a physician or other health care provider who is acting within the scope of practice of that provider's license or certification under applicable state law.[v] This broad definition encompasses psychotherapists, including MFTs. Furthermore, the definition of items and services for which good faith estimates must be provided includes, "all encounters, procedures . . . and fees, provided or assessed in connection with a provision of health care."[vi]

Good Faith Estimate Defined

A good faith estimate is a notification of expected charges for a scheduled or requested item or service, including items or services that are reasonably expected to be provided in conjunction with such scheduled or requested item or service.[vii] The expected charge for an item or service is the cash pay rate or rate established by a provider for an uninsured or self-pay patient, reflecting any discounts for those individuals. [viii]

Providers and health care facilities must furnish a good faith estimate of expected items or services on or after January 1, 2022 which will allow uninsured or self-pay individuals to have access to information about health care pricing before receiving care. The purpose of the good faith estimate requirement is to give individuals an opportunity to use the information to evaluate their health care options, manage care costs, and prevent surprise billing.

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Good Faith Estimate Content Requirements

The good faith estimate provided by the convening provider or facility ix must contain the following information:

*Patient name and date of birth

*Description of the primary item or service in clear and understandable language as well as the date of service, if applicable (e.g. 50-minute individual psychotherapy session; DOS)

*Itemized list of items or services (e.g. 50-minute individual psychotherapy session, weekly until otherwise indicated)

*Applicable diagnosis codes, expected service codes, and expected charges associated with each listed item or service[x] (Note: Providers may have diagnoses for existing patients; however, prospective/new patients may not yet have a diagnosis and thus, this information may not be available. The provider should reasonably attempt to include expected service codes and expected charges associated with the service.)

*Name, National Provider Identifier (NPI), and Tax Identification Number (TIN) of each provider/facility represented in the good faith estimate[xi] and the states and office or facility locations where the items or services are expected to be furnished. (Note: Some providers do not have an NPI or TIN, and may use their social security number (SSN) as their business tax ID. CAMFT recommends providers obtain a TIN/EIN to avoid publicly disclosing their SSN.)

*List of items or services that the provider/facility anticipates will require separate scheduling and that are expected to occur before or after the expected period of care for the primary item or service (Note: This may not apply to MFT services, particularly in private practice)

*Disclaimers regarding additional items or services that are recommended that must be scheduled or requested separately, that the good faith estimate is only an estimate and that actual charges may differ, that the patient has the right to initiate the patient-provider dispute resolution process if the actual bill charges substantially exceed the expected charges in the good faith estimate, and that the good faith estimate is not a contract and does not obligate the patient to obtain the items or services from any of the providers identified in the good faith estimate. [xii]

Note: If any information provided in the estimate changes (i.e. a provider raises fees or the agreement for the frequency or type of services changes), a new good faith estimate must be provided no later than one business day before the scheduled care. Also, if there is a change in the expected provider less than one business day before the scheduled care, the replacement provider must accept the good faith estimate as the expected charges.

How to Comply with the Act

MFTs are ethically obligated to discuss fees with patients and most provide this information in their Informed Consent, Disclosure of Services, and/or a separate financial agreement. Under the new rules, MFTs must also do the following for current and future patients , which is in addition to the Informed Consent form patients are provided:

1. Ask if the patient has any kind of health insurance coverage, including government insurance programs such as Medicare, Medicaid (Medi-Cal), or Tricare) and whether the patient intends to submit a claim for the service.xiii

2. Create a written document for all uninsured and self-pay patients that states that a good faith estimate of expected charges is available. Note that information regarding the availability of a good faith estimate must be prominently displayed on the provider's website or the facilities' website and in the office and on-site where scheduling or questions about the cost of health care occur. The notice must be made available in either paper or electronic format and in the language spoken by the patient.xiv CAMFT has created a sample Notice to help members comply with this requirement.

3. Orally provide the notice regarding the availability of a good faith estimate when patients schedule services or have questions about costs.xv

4. Offer in writing the good faith estimate of expected charges for a scheduled or requested service either in written form, either on paper or electronically according to the individual's requested method of delivery and within the timeframes discussed below.iv

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If provided electronically, the format must be one that would allow the patient to save and print. CAMFT has created a sample Good Faith Estimate Template for use by our members. HHS has also made a Sample Template available entitled "Standard Form: "Good Faith Estimate for Health Care Items and Services Under the No Surprises Act."

Timeframes for Providing Good Faith Estimates:
Providers and facilities must meet the following deadlines for providing good faith estimates:

*If the item or service is scheduled at least 10 business days in advance, the good faith estimate must be provided within three business days.

*If the item or service is scheduled at least three business days in advance, the good faith estimate must be provided within one business day.

*If the individual requests such information, the gooed faith estimate must be provided with three business days. xvii
Note: No estimate is required if a service is scheduled less than three business days before the appointment.

Good Faith Estimates for Regular and Recurring Services

Most, if not all, psychotherapy patients will receive regular and recurring services. Providers and facilities that anticipate treating a patient throughout the year, may provide a single good-faith estimate to that patient for those services as long as the estimate includes the expected scope of the recurring primary services (i.e. timeframes, frequency, and total number of recurring services).

The good faith estimate can only include recurring services that are expected to be provided within 12 months. The provider or facility must offer a new estimate for additional services beyond 12 months and discuss any changes between the initial and new estimate.

Examples of Acceptable Good Faith Estimates for Psychotherapy Patients
For a psychotherapy patient who will require long-term therapy, a provider might state the following:

I anticipate your treatment will require weekly 50-minute psychotherapy sessions throughout the next 12 months at [insert fee per session] per session for a total of [x weeks] taking into consideration vacations, holidays, emergencies and sick time for an estimated total of [fee per session] x [number of weeks].

In situations where it is harder to determine the course of treatment, a provider might want to give a range for the number of sessions and a range for the total cost of sessions.

Under those circumstances, a provider might offer the following explanation:

Depending on [insert applicable factors], you may need between 15 to 30 more sessions this year. At [insert rate per session] the estimated total costs are between [15 x rate per session and 30 x rate per session].

Good Faith Estimate Recordkeeping Requirements
Good faith estimates are considered part of the patient's medical record and must be maintained in the same manner.[xviii] A copy of the estimate must be available to the patient up to six years after it was provided.[xix] Since California law requires psychotherapists to keep patient records for a minimum of seven of years from the termination of services date (or if the patient is a minor, seven years from termination of services or until the minor reaches 25 whichever is greater), CAMFT recommends keeping the good faith estimates for the same period of time.

Process for Resolving Charge Disputes Between Consumers (Patients) and Providers
Starting in January 2022, if an uninsured (or self-pay) consumer is billed for an amount that exceeds the good-faith estimate they were provided, the consumer can use a new patient and provider dispute resolution process to determine a payment amount.[xx] Consumers will be eligible to use this process if they have a good-faith estimate, a bill within the last 120 calendar days, and the difference between the good-faith estimate and the bill is at least $400.

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Through this process, consumers will also be able to request a third-party arbitrator to review the good-faith estimate, their bill, and information submitted by their provider or facility to determine if the additional charges are allowed or if the provider or facility can only charge less than the billed charge. The U.S. Department of Health and Human Services (HHS) intends to establish an online portal and offer documents for hard-copy submissions for patients initiating a dispute resolution process.

More About Requirements for MFTs Subject to the Rules Under Part 1 of the No Surprise Billing Regulations

Specifically, Part 1 of the regulations to prevent surprise billing would apply to:

*MFTs who work at in-network facilities and are not out-of-network providers.

1. Such a situation may arise if a patient receives emergency care at an in-netowrk emergency facility (such as a hospital) and was provided care by an MFT who is out-of-network with the patient's insurance plan.

2. MFTs who work at an in-network facility providing non-emergency care but do not participate in the patient's health plan.

Emergency Providers at In-Network Facilities

MFTs who work in settings that provide emergency care where the facility is in-network, but the MFT is out-of-network for a patient's health plan will not be permitted to balance bill patients beyond in-network cost-sharing amounts. For example, if an MFT provided emergency care to a patient and the MFT is out-of-network with the patient's health plan, the MFT cannot bill patients for charges above and beyond what the patient's portion is under their plan. The law additionally places the burden on the out-of-network provider to determine the patient's health insurance status and the applicable in-network cost-sharing amount.

Non-Emergency Providers at In-Network Facilities

MFTs who are out-of-network but provide non-emergent care to patients at in-network facilities cannot balance bill patients above the cost-sharing amount permitted by the patient's insurance. However, there is an exception for non-emergency care provided by out-of-network MFTs if they take steps to allow patients the opportunity to receive notice and provide consent before rendering care. MFTs can meet the notice and consent requirements if:

*The patient is provided written notice and consent 72 hours in advance of their appointment; and
*The MFT provides the patient with a list of in-network providers at the facility and information regarding medical care management, such as prior authorization.
*The notice must alert the patient that:

-The provider does not participate in-netowrk; Provide an estimate of the out-of-netowrk charges; and

-List other providers at the facility who do partici pate in the health plan whom the patient could se lect.

The penalty for billing a patient more than the cost-sharing amount is up to $10,000. The Secretary of Health and Human Services may permit a hardship exemption or waiver if the provider did not knowingly violate the law and takes appropriate corrective action with interest paid to the patient within 30 days of the violation.

Patient Continuity of Care

Health plans will be required to notify patients of any changes to in-network status of current treating providers and ensure continuity of care. If a provider contract is terminated, a patient can elect to continue with that provider for either 90 days after the contract is terminated or the date when no longer a continuing patient, whichever is earliest. The provider is required to continue the provision of services under the same terms and conditions as the in-network contract unless the provider is terminated for cause (such as failing to meet quality standards). This provision allows patients time to transition their care to an in-network provider so there is not an abrupt termination of services.

For MFTs, this continuity of care provision applies to treatment for serious or complex conditions and institutional or inpatient care. A serious and complex condition is defined to mean a condition that is "serious enough to require specialized medical treatment to avoid the reasonable possibility of death or permanent harm" or a chronic condition that "is life-threatening, degenerative, potentially disabling, or congenital; and requires specialized medical care over a prolonged period of time.

Updating Provider Directories

The law requires that by 2022, plans must verify and update their provider directories at least every 90 days. In-network providers must submit to plans the following information:

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-When the provider begins a network agree ment with a plan;
-When the provider terminates an agreement
-Any material changes to the content of the provider directory information; and
-Any other time determined appropriate by the Secretary of Health & Human Services

CAMFT will continue to provide updates on our understanding of these new laws as additional regulations are published.

1The regulations that require good faith estimates do not distinguish between existing and future patients. Since there is no indication that the obligation to furnish estimates of expected charges for services varies depending on the status of the patient, CAMFT is recommending that psychotherapists provide good faith estimates to existing and future patients.

iThe No Surprises Act added a new Part E of Title XXVII of the Public Health Service Act establishing requirements applicable to providers and facilities.

iiPublic Health Services Act §2799B-6

iiiUninsured individuals are those who are not enrolled in a plan of coverage or a federal health care program; Self-pay individuals are those who are not seeking to file a claim with their plan or health coverage.

ivPublic Health Service Act §2799B-6(2)(B) and the interim final rules at 45 C.F.R. §149.610v45 C.F.R. §149.610
v45.C.FR. §149.610(a)(2)(viii)

vi45 C.F.R. §147.210 (a)(2)(xiii)

vii45 C.F.R. §149.610 (a)(2)(vi)

viii45 C.F.R. §149.610(a)(2)(v)

ixConvening provider or health care facility means the provider or facility who receives the initial request for a good faith estimate from an uninsured or self-pay individual and who is, or in the case of a request, would be responsible for scheduling the primary item or service.

xA provider would be expected to provide a diagnosis for a current client who was given a diagnosis, but is not expected to include a diagnosis for a consumer the provider has not yet had an opportunity to assess and evaluate.

xiProviders who do not have an NPI or TIN would just leave those portion of the good faith estimate blank.

xii45 C.F.R. §149.610(c)

xiii45 C.F.R. §149.610(b)(1)

xiv45 C.F.R. §149.610(b)(1)(iii)

xv45 C.F.R. §149.610(b)(1)(iii)(B)

xvi45 C.F.R. §149.610(e)(1)

xvii45 C.F.R. §149.610(b)(1)(vi)

xviii45 C.F.R. §149.610(f)(1)

xixId.

xxNo Surprises Act §112 also adds Public Health Service Act §2799B-7 as added by the interim final rules at 45 C.F.R. §149.620

The templates created by HHS/CMS are linked here:

Model Notice: https://omb.report/icr/202109-0938-015/doc/original/115257801.pdf

Good Faith Estimate (GFE): https://www.camft.org/Portals/0/PDFs/forms/Good-Faith-Estimates-for-health-care.pdf?ver=2021-12-22-101622-857

Guest Article

Could Psychedelics Help Treat Dementia?

These ancient healing compounds could offer benefits to people with dementia.

Daniel R. George, Ph.D., M.Sc.

KEY POINTS

*Psychedelics and guided therapy may benefit the treatment of depression, anxiety, substance use disorder, and PTSD.
*Success of preliminary studies have led researchers to imagine a potential role for psychedelics in skilled nursing care settings.
*Some believe psychedelics may potentially be used in ways that improve cognition, mood, and quality of life for people living with dementia.
*Ongoing studies must investigate questions regarding proper dosages, safety and supervision, ethics around consent, and other critical issues.

After being banned internationally in the 1970s, psychedelics have experienced a recent resurgence in Western medical research. What do we know? And could these powerful ancient compounds be integrated into care for people living with dementia?

Current Research

A small but growing evidence base suggests that "classical" psychedelics like psilocybin, LSD, DMT, as well as compounds like MDMA and ketamine may be effective therapies in controlled medical settings, with researchers observing preliminary benefits in the treatment of depression, anxiety, substance use disorder, PTSD, and in palliative care for patients facing terminal cancer.

The mechanisms underlying these benefits remain somewhat nebulous. However, the compounds are generally believed to contribute to greater cognitive flexibility and increased communication across brain regions. Given that many mental health conditions are marked by persistently inflexible patterns of thought, feeling, and behavior, treatments that disrupt the neural systems that encode and overdetermine such patterns and provide opportunities for people to "rewire their brains" in ways that provide long-term relief is compelling.

Indeed, research strongly suggests that it is not the mere drug itself that matters as much as the supportive presence of a "guide" who can help the patient interpret and integrate their experience and develop new habits of mind within a therapeutic window of greater openness. (For a deeper dive into the ancient shamanic roots of this dynamic, see this recent paper).

New Directions for Psychedelics—Including Dementia Care

The success of preliminary studies has served to re-legitimate psychedelic research in Western medicine.

Treatments are now being explored for patients with conditions such as eating disorders, migraine and cluster headaches, and opioid addiction. Some researchers, including our colleagues at Johns Hopkins Center for Psychedelics and Consciousness Research, have begun exploring whether there may be benefits for people living with dementia.

From a cognitive perspective, there is some evidence that the neuroplastic/anti-inflammatory properties of psychedelics can potentially confer benefits for those with progressive neurodegenerative illness. Given the 100 percent fail-rate of anti-Alzheimer's drugs over the past several decades—especially those narrowly targeting beta-amyloid—such out-of-the-box thinking is welcome.

However, as we have previously addressed, it is unlikely that a heterogeneous, age-related syndrome like Alzheimer's is itself "curable," and it is important to not over-inflate the clinical potential for treatments like psychedelics. Instead, we might think more imaginatively about how these treatments could yield benefits adjacent to cognition—for instance, supporting the psychosocial wellbeing of older adults living in long-term care.

Helping to Treat Agitation, Behaviors, and Delirium?

Those who work in skilled-care settings are intimately familiar with the limitations of current pharmaceuticals in managing resident behaviors. Our aging Western cultures are facing a massive crisis involving the overuse of anti-psychotics, with 1 in 5 nursing home residents currently subjected to this class of drugs to treat agitation, behaviors, and delirium.

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Whereas anti-psychotics have proven largely ineffective and quite dangerous, it has been proposed that micro-doses of psychedelic treatments that disrupt ego and allow temporary unbinding from acute physical/mental suffering (as well as inflexible, habitual patterns of cognitive activity) could theoretically help foster greater calmness in people living with dementia.

In light of the deleterious consequences of anti-psychotics, investigating the potential mood-altering effects of psychedelics—which are generally well-tolerated, non-addictive, and non-hallucinatory at low dosages—would appear a valuable direction for inquiry.

Enhancing the Benefits of the Arts?

One irony in the dementia field is that while drugs have failed spectacularly despite billions of dollars of investment, one consistently effective "intervention" in long-term care is the arts. Storytelling, music, dance, gardening, pet therapy, and other activities we often jokingly call "socialceuticals" (since they are almost comically superior to current drugs for dementia) connect to the quintessential humanity of the cognitively frail, allowing for rich expression, the forging of bonds with caregivers, and improved QOL.

Psychedelics, of course, are known for their capacity to enhance sensorial experiences, elicit feelings of the sacred, sublime, and numinous, and deepen a sense of unity and inter-connection. It is thus worthwhile considering whether micro-dosages of psychedelic compounds could, in long-term care settings, help deepen the qualitative experience of "socialceuticals" like listening to or singing songs, observing nature, engaging with art works, interacting with animals, or bonding with other residents.

The Future

Obviously, in the absence of data, the promise of psychedelics is, at present, mostly speculative or theoretical. Much must be learned about proper dosages, safety and supervision protocols, ethics around consent, how to address adverse reactions, staff training, and other questions that crop up around modern treatment regimens for these ancient compounds.

We must also be cautious of market forces—specifically, companies, entrepreneurs, and bad actors with vested interests who hype treatments as quick-fix commodities. Thankfully, rigorous studies are being undertaken internationally, and what we learn in the next decade should help light the path forward (or not).

In the meantime, we can still, as citizens, bring the arts into long-term care environments—and also to our elder relatives in general—and help provide the "altered states" that we know are protective, enjoyable, and supportive of QOL for all of us.

We have written more extensively about this subject in our latest book, American Dementia: Brain Health in an Unhealthy Society.

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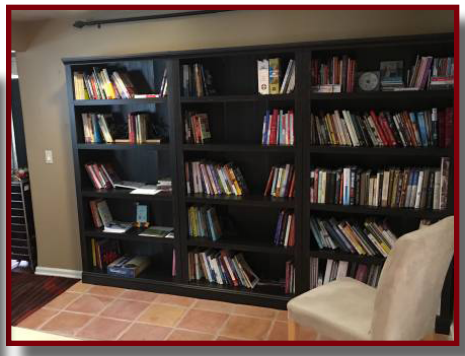
Contact Ross Farley @ ross@shinealight.info, or 831-313-4043 for details

Member Ads

Beautiful office for Therapist, Counselor, Psychologist, etc. (Sargent Ct. just off Cass St. Monterey)

Office for rent in a Counseling Center at a great location with six other therapists. Therapy room is approximately 150 square ft. Renter also has shared access to a large beautiful waiting room, kitchen with refrigerator and microwave, dining area, work space with desk, a library area, and a large bathroom. All on one level with ramp access for wheelchairs etc. if needed. All common areas are furnished and decorated in a very peaceful and comfortable setting. Music and a large screen TV/aquarium provides a calming affect as well as privacy. All utilities are provided including cleaning service. Fast internet and a fax/copy machine is provided and also a Center website to include a biography if appropriate. Off-street parking is available. Two hour free parking in front for clients. Choice of two available rooms. Tenant's business must be compatible with a Counseling Center. Email above or call/text 831.601.6603 for appointment. Available immediately.



MC-CAMFT
P.O. Box 3092 Monterey, CA 93942
www.mccamft.org

NEWSLETTER ARTICLES AND CONTRIBUTIONS INVITED

Make sure our newsletter reflects your experience as a clinician in our chapter. Contribute to your newsletter through book reviews, opinions, CEU experience, events, clinical expertise, announcements, successes or other relevant information.

Contact Ross Farley III, newsletter editor, ross@shinealight.info, 831-313-4043

NEWSLETTER ADVERTISING

Advertisements including classifieds and flyers must be placed prior to the advertising deadline. All ads must obtain approval by the Newsletter Editor, Advertising Chair and the MC-CAMFT Board President.
Advertisements should be submitted by email attachment as a Word document with the exact wording desired. Submission and approval for all advertisements, including payment, is due by the 12th of the month preceding publication.

NEWSLETTER DEADLINES

Newsletters are published at the beginning of the month, every other month (January/February, March/April, May/June, July/August, September/October, November/December). Deadline to contribute articles and advertisements is the 12th of the month preceding publication.

MC-CAMFT Mission Statement

MC-CAMFT is dedicated to the advancement of marriage and family therapists, to the promotion of high standards of professional ethics and qualifications of its members, and to expanding the recognition and utilization of the profession in Monterey County.

MC-CAMFT is pleased to acknowledge the service of its

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1989 Jane Ellerbe
1990 Connie Yee
1991 Joan Mortensen
1992 Mark Willison
1993 Katherine Weller
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1995 Janis "JC" Clark
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