



NAMI

Sacramento Newsletter

National Alliance on Mental Illness

Sacramento's Voice on Mental Illness

January 2009: Issue No 7.1

General Meeting

Monday, January 12

We will have an encore showing of the excellent film **Out of the Shadow**. Filmed over five years, it chronicles the life of the filmmaker's mother who suffers from schizophrenia. With grace and compassion, the film illustrates the painful complexities of severe mental illness and the inadequate public health system set up to deal with it. **Out of the Shadow** illuminates a national plight through one family's struggle and helps to dispel the stigmas and misconceptions surrounding this harrowing illness.

Monday, February 9

The new NAMI Sacramento Board President will address the membership about the state of the organization, our accomplishments for 2008 and our goals for 2009. We really need your input and to entice you to come to the meeting, we will be giving away several door prizes, including a Valentine Gift Basket! Please plan to attend.

Meeting Location

SMUD Headquarters Auditorium
6201 S Street, Sacramento 95817

Time

General Meetings start at 7:30 p.m.

Contact Us

NAMI Sacramento
3440 Viking Drive, suite 125
Sacramento CA 95827

(916) 364-1642

NAMI Sacramento e-mail address:
office@namisacramento.org

Website: www.namisacramento.org

Mental Health Parity Act - Progress But Not Perfect

by Ed Fishbein

Congress voted this fall to give mental health a better place at the medical care table. The new law is a valuable step forward. But it leaves important unfinished business undone.

What will change the treatment landscape is the October passage of the Paul Wellstone-Pete Domenici Mental Health Parity and Addiction Act. Passed, ironically enough, as an attachment to the financial markets rescue plan, it expands on the federal parity law that was approved in 1996.

The earlier law required parity in treatment of physical and mental illness in most health plans. But it limited that parity to annual and lifetime dollar limits on coverage.

That left many health plans free to put numerical limits on inpatient and outpatient mental health treatments that they didn't also require for physical conditions. It also gave the green light to requiring mental health patients to pay more out of

pocket for their treatment.

Parity laws passed in a majority of states - including California - already barred many of these inequities in group health plans. But according to Andrew Sperling, NAMI Arlington, Va.-based director of federal legislative advocacy, those state laws have no jurisdiction over ERISA self-insured plans that are regulated on the federal level. 82 million Americans are covered under these plans.

Beginning in October 2009, they will be under the parity mandate.

Sperling told the Wall Street Journal that the new law "is the biggest step we've ever taken in terms of integration of mental illness into the larger health care system." And others joined in the justified celebration.

News stories had profiled people who had fallen through the cracks of the current system, even though they had insurance - a bi-polar woman who had to pay thousands out of pocket for treatment, the

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Helping the Police to Help You

At the NAMI Sacramento General Meeting in November, Lt. Cara Westin made an excellent presentation about police services related to calls for assistance from the families of individuals who are having a psychiatric crisis. She talked about the training that police officers receive in dealing with psychiatric emergencies. She also talked about the fact that the police are often put in the very difficult situation of being first responders when someone is in crisis and the mental health system is inaccessible or fails to provide adequate services. While the vast majority of these calls result in a positive outcome for the families and their ill loved ones, sometimes the outcome is less than positive - even tragic. All of us have

heard stories of mentally ill individuals who have been taken to jail, instead of to the hospital, or the worse case when someone has been killed by the police.

In the question and answer session at the meeting, some guidelines emerged about what to expect when contacting the police and what to do to enhance the chances of a positive outcome. We thought that it might be helpful to share these with the entire membership.

1. **Be knowledgeable** about the legal constraints and procedures involved in an involuntary commitment under California Welfare and Institutions Code

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Support Groups

Depression and Bipolar Support Alliance (DBSA)

2nd and 4th Wednesday each month from 7:30 - 9:00 p.m. Sutter Center for Psychiatry, 7700 Folsom Blvd., Sacramento

See: www.dbsasacramento.org

Contact: Andrea Hillerman at andrea@mhasc.org or (916) 366-4601; or Marilyn Hillerman at marilynhillerman@yahoo.com or (916) 648-1358.

Dual Recovery Anonymous Group

Every Monday from 1:00 - 2:00 p.m. Clean and Sober Building, Loaves and Fishes, 1321 North C Street, Sacramento.

Call Susan Young at (916) 236-7679 for more information.

Early Psychosis Family Support Group

For families with a member who has a newly diagnosed brain disease. Imaging and Research Center Conference Room, UCD Med, Center, 4701 X Street, Sacramento. Call for information.

Call Jane Du Bet at (916) 734-2964 for more information.

Emotions Anonymous

For people working toward recovery from emotional difficulties. Tuesdays from 6:00 p.m. - 7:30 p.m. Wellness Center, 3815 Marconi Ave., Sacramento, or Thursdays from 7:00 - 8:30 p.m. Lutheran Church of the Good Shepherd, 1615 Morse Ave., Sacramento. Meet in the choir room.

Contact (916) 366-0699 or see : allone.com/12/ea/

NAMI Family Support Group, Natomas

Held on the second Thursday of each month from 6:30 - 8:30 p.m. Natomas Service Center, 3291 Truxel Road #26 (corner of Truxel and San Juan), Sacramento 95833.

Call facilitator Pat Pavone at (916) 397-7831 for more information.

Obsessive-Compulsive Support Meeting (OCD)

Every Monday from 7:00 - 9:00 p.m. Sutter Center for Psychiatry, 7700 Folsom Blvd., Sacramento.

Call Jim (916) 223-6541 or Steve at (916) 456-8239 for more information.

OCD Kids Sacramento

For kids 18 and under and their families. Provides support through sharing of experiences. Meetings also attended by a therapist experienced in treating OCD. 1st Sunday of the month from 2:00 p.m. - 4:00 p.m. at Kaiser Permanente Point West Clinic, 1650 Response Road, Sacramento, 95815 .

See: www.ocdkids.com

Recovery, Inc., Self-Help Mental Health Meetings

Promotes a cognitive-behavioral approach to managing symptoms and changing attitudes and behavior. Groups meet weekly.

Contact: www.recovery-inc.com

Call (916) 483-5616 for meeting locations.

Sacramento Borderline Personality Disorder Non-BP Support Group

For people who have a family member or

friend who suffers from Borderline Personality Disorder. Held on the second Tuesday of each month from 7:00 - 9:00 p.m. Location to be announced.

Call Lee Gassaway at (916) 421-7354 or contact www.meetup.com

Social Skills Group

For teens and adults who feel socially awkward or shy. Sponsored by Fall Creek Counseling, 5900 Coyle Ave. suite D, Carmichael, CA 95608.

Contact: www.sacramentopsychology.com

Call Dr. Debra Moore at (916) 344-0900

Meetup.com Groups

You may find other informal groups that keep their own schedules at www.meetup.com.

NAMI Sacramento does not necessarily endorse the organizations and groups listed above. This information is offered as a convenience to our newsletter readers.

Go to NAMI Sacramento's web site at www.namisacramento.org for an extensive list of resources and crisis help available in the Sacramento area.

Upcoming Events

Transition Age Youth Collaborative Program

"Serving Youth with Emotional Disturbance and Transition Age Youth Being Served In or At-Risk for the Juvenile Justice System." January 15-16 at University Union of Sacramento State University. Contact Michael Laharty, Sacramento County Office of Education at mlaharty@scoe.net.

Important Notice

NAMI programs should not be used to replace the specialized training and professional judgment of mental health professionals. We cannot, and will not, assume the role of a physician or therapist.

NAMI cannot be held responsible for the use of the information we provide. Please always consult a trained mental health professional before making any decision regarding treatment of yourself or others.

Educational Meetings

Family to Family Education Classes

Offered twice a year, spring and fall.

☎ www.namisacramento.org

For the current class schedule see the Sacramento NAMI web site or call (916) 399-5762.

Peer to Peer Education Classes

☎ www.namisacramento.org

The NAMI Peer-to Peer education course is a nine-week experiential recovery course for any person with serious mental illness.

General Interest Meetings

Sacramento Mental Health Board Meeting

Held the 1st Wednesday of each month at 7:00 p.m. Sacramento Mental Health Treatment Center (Media Room), 2150 Stockton Blvd., Sacramento.

NAMI Sacramento Board of Director's Meeting

3rd Monday of each month at 6:30 p.m. conference Room 1B, 3331 Power Inn Road, suite 140, Sacramento, CA 95826.



NAMI Sacramento's New Executive Director



**Executive Director
Sontine Kalba**

NAMI Sacramento is delighted that Sontine Kalba joined us on October 1, 2008 as our first part-time Executive Director. The NAMI Board felt that having permanent paid staff would help NAMI to better serve our community,

and the appointment of an Executive Director was part of the first goal of the Strategic Plan adopted by the Board in 2007. As Executive Director Sontine has responsibilities in outreach and communications, fundraising, office management, data base development and Board support. She is the general manager of NAMI Sacramento and directs its day-to-day activities and affairs.

Sontine comes to us with excellent qualifications and experience. She has a background in nonprofit fundraising, having served as the Development Director of the Friendship Club, a nonprofit organization in Nevada City that assists disadvantaged girls. She has also worked with mental health issues as a research assistant and analyst at the Departments of Psychiatry at both Stanford Medical School and the Yale School of Medicine. She has a Bachelor of Science degree in applied mathematics with a concentration in statistics from Yale University.

As is the case with many of us, Sontine's family has been affected by mental illness, and she is committed to helping those who suffer and their families. With personal experience as a consumer and as a family member, Sontine views mental health issues from both perspectives. She says "I am thrilled to be working for NAMI Sacramento whose mission I am passionate about. It feels great to be a part of an organization that provides such high quality programs and needed services to the community."

Sontine will be an engaging, skilled and thoughtful advocate for all of us and a wonderful representative of NAMI Sacramento in the community at large. For those of you who have not met Sontine yet, please introduce yourself at one of the upcoming

General Meetings - though she will not be present at a couple of the meetings in spring as she and her husband are expecting their first child in March!

Webmaster Sought by NAMI Sacramento

NAMI Sacramento is looking for a volunteer to phase in as webmaster of our web site, because our current webmaster is preparing to leave the area. Our web site is our link to the world - the primary source of information and connection for those seeking NAMI's help and services. Expertise in maintaining a web site with Dreamweaver template libraries is required, the ability to prepare and place graphics is desired, and programming skills would be a wonderful plus. If you have these skills and are interested in doing a very important service for NAMI Sacramento while gaining some valuable experience, please contact Linda Beilharz at (916) 638-2221.

Family to Family to Offer Two Classes

Family to Family is a free 12 week class offered for family members of those who have a mental illness. Classes will be February 3 - April 21 or February 5 - April 23 starting at 6:30 p.m. The location for both classes will be near Sacramento State University. Register online at (www.namisacramento.org website (preferred) or call (916) 399-5762.

Family to Family Course Content

- Week 1:* Learning about feelings and learning about facts
- Week 2:* Schizophrenia, schizo-affective disorder, diagnosis, critical periods.
- Week 3:* Major depression, mania, panic/anxiety and obsessive compulsive disorder, diagnosis and causes
- Week 4:* Basics about the brain
- Week 5:* Problem solving skills workshop
- Week 6:* Medication review
- Week 7:* What it's like to have a mental illness - empathy workshop
- Week 8:* Communications skills workshop
- Week 9:* Support group and self-care
- Week 10:* Rehabilitation and potential for recovery
- Week 11:* Advocacy - fighting stigma
- Week 12:* Review, evaluation, certification, celebration.

Wanted: Organized, Creative NAMI Members

NAMI Sacramento would like to recruit people with experience or interest in organizing a very special event - the first NAMI Walk in the Sacramento area! Last year there were 69 NAMI Walks in communities nationwide, raising money (over 6 million dollars) and awareness about the need for treatment and recovery for people with mental illness. NAMI Sacramento is planning to hold its Walk in spring of 2010. As an official NAMI Walk, we will receive guidance and materials from NAMI National, so we won't be reinventing the wheel, but we do need committed and creative people to serve on the committee to make this first event a success. This is an excellent opportunity to help NAMI Sacramento to raise the funds that we need to continue our current programs and expand our services. For more information, please contact Pat Pavone at pavone@surewest.net.

Civil Rights Celebration- An Invitation to Collaborate January 15

The California Department of Fair Employment and Housing is celebrating the 50th Anniversary of the Fair Employment and Housing Act (FEHA) on Thursday, January 15 from 8:00 a.m. to 4:00 p.m. at the Sacramento Convention Center, 1030 15th Street, Room 202, Sacramento, CA 95814. The City of Sacramento, in conjunction with several state departments, cities, private organizations, and the U.S. Department of Justice, will be on hand with up-to-the-minute information and education on civil rights for people with disabilities. This free seminar will be an interactive celebration with question and answer panels from both the Department of Justice and the Department of Fair Employment and Housing. Other topics include the differences between the ADA and ADAA 2008 and Title II (state and local government requirements) and the role of an ADA coordinator. Register at ada@srcity.org.



Mental Health Parity Act, from page 1

parents of an anorexic woman who committed suicide after being denied some coverage. The stories pointed out that the new law will likely prevent these outrages from being repeated.

But it will also leave some holes. For one thing, the new law does not apply to employers whose plans cover less than 50 workers - although it's generally felt that this represents a small slice of the health care universe.

Beyond that, the new law does not identify which mental disorders must be covered. Sperling, however, feels that this is unlikely to be a problem. "By and large, in the marketplace, there has not been an effort to pick and choose disorders," he said. And it's assumed that major disorders - schizophrenia, major depression and substance abuse - will be covered.

That leaves one critical population among the mentally ill that a plan regulating insurers can't cover - the huge population of the uninsured.

Sperling recognizes the problem. Asked how the uninsured might benefit from the parity act, he quipped, "Get insurance."

But that, in fact, might not be as utopian as it sounds. The new legislative priority of NAMI - and much of the new Congress - is health care reform. If that's achieved, the parity law could very well set a precedent for everyone who needs the care it will soon regulate.

Host An "In Our Own Voice" Presentation

In Our Own Voice is an anti-stigma presentation given by consumers to all types of community audiences, large and small. The focus is on living well with mental illness and the presentation centers on the themes of Dark Days, Acceptance, Treatment, Coping Skills, and Successes, Hopes and Dreams. If your group is interested in hosting a presentation, if you would like to become a presenter, or if you would just like more information on the program, please contact Kathleen Derby at the NAMI Sacramento office: (916) 364-1642; office@namisacramento.org

Helping Police, from page 1

Section 5150. There are very specific criteria when someone can be admitted to a psychiatric hospital against his/her will. While the police may have some flexibility in making this judgment and taking the person to a hospital, ultimately it is up to a medical professional to make the final assessment.

2. Be prepared to accept the fact that you can't control the outcome. Understand that if an individual appears lucid and does not show any signs of hurting himself (or herself) or others, the police will not have any grounds to take him/her into custody. Also, if it is clear that a violent crime has been committed (including domestic abuse), then the police may not have any choice but to take the person to jail, regardless of their mental state.

3. Be clear about your expectations. If you are requesting that your loved one be taken to the hospital on a Section 5150 hold then you need to tell the police why you feel that he or she is a threat to themselves or others. If there is evidence to support your allegation (such as medication, threatening notes, etc.) it needs to be made available to the police.

4. Be honest with the dispatcher when you call 911 and with the officers when they arrive on the scene. If there are weapons, hostages, drugs, or anything else in the residence then the police need to know that. The only way that they can keep themselves safe, you safe, and your loved one safe, is if they have a very clear understanding of the situation and potential risks involved.

5. Be cooperative because the more that you can do to help the police, the more they will be able to do to help your loved one. If the police encounter hostility from family members or a situation where there is no agreement on the desired outcome, it is more difficult for them to sort out what needs to be done to resolve the situation.

6. Be realistic when you call the police and realize that a 5150 commitment is not a panacea. In all likelihood your loved one is not going to be in the hospital more than a few days until the immediate crisis

is passed. It is not unusual for someone to cycle through the mental health system many times before he or she is hospitalized for an extended period of time.

Finally Lt. Westin stressed that while the police try to avoid the use of force in any situation, they are trained to protect their own lives and the lives of others who are threatened. If someone is behaving in a violent or threatening way, the police may not have time to evaluate the psychological state of the aggressor. The use of force - especially lethal force - is the last resort, but the officers must do whatever is required to safely manage the threat.

Housing Opportunities

Welcome Home Housing has immediate openings for ladies. The ladies must be able to manage their own medications. Fees include rent, food, utilities and program. This is a wonderful opportunity for a lady living in a Board and Care or living with family who is ready to try her wings in a more independent environment. It is also the perfect place for a lady who is living alone and is without any social interaction. Our fees range from \$625 to \$660. Check our website at Welcomehomehousing.org for more information or call Connie Sase at (916) 543-6755.

Former NAMI Sacramento President on the Mend

One of our former NAMI Sacramento presidents, Sharon Benda, was involved in a serious automobile accident on November 15, 2008. Her injuries included a broken leg, broken ribs and a collapsed lung. She is now out of the hospital. If you would like to send her a get well card her address is:

Sharon Benda
4235 Forest Hills Dr.
Fortuna, CA 95540-4833.





When Will Broken Brains Be Like Broken Bones?

by Christopher B. Porko, R.T.

My junior year in high school was the beginning of my "nameless disease." I was signed up for eight classes. I was the president of my class. I took piano, French horn lessons and I worked twenty hours a week. I can remember going to bed on Friday evenings at 6:30 p.m. because I was so exhausted. I graduated with honors and went to college to be a dentist.

For two years I was in absolute misery. I felt way out of control and dropped a lot of classes. My grades were getting me nowhere. My nameless disease was at its worst during my college days. I dropped out and enrolled in a radiology technologist school. I endured the stress and my nameless disease continued, but I graduated.

I continued the battle for twelve years - never knowing what was wrong with me - until one day when a co-worker of mine didn't show up for work. Concerned for her, I went to her house and discovered that she had committed suicide. The rest of the week I continued to see in my mind images of her lifeless body lying on her bed. To this day, I can still see the fireman sadly shaking his head after checking for her pulse.

Just a few days after my co-worker's suicide, I made the most difficult phone call of my life. A week later I met my psychiatrist. I met with him every week and after two years, I FINALLY found a name for my "nameless disease"--bipolar disorder. It took three months for the medication to take effect. I still remember that magic day when a surge of energy flowed inside of me and removed the struggle of trying to stay in control.

I have stayed on my medication now for eighteen years. I still need to make sure that my diet, exercise, sleep and stress management remain in balance. Otherwise, I will occasionally go manic for two to three months followed by depression.

After my divorce, I struggled with depression for two years. The medication prevented me from being manic, but it was not effective for the depression. My doctor's choice was to start me on an antidepressant the next time I came in to see

him. Instead I went to an acupuncturist. I underwent eight treatments over two months and my depression disappeared. I still go for an occasional acupuncture treatment when my energy or sleep is out of balance. I have never taken an antidepressant - I only take a mood stabilizer.

Shortly after I started therapy, I was laid off work. I was involved with therapy for eight years, most of which I paid for myself. I am an avid tennis player and enjoy kayaking, cycling and windsurfing. I took classical piano lessons for ten years, and playing the piano remains a treasured passion.

Over the years I have x-rayed many people for broken bones. It fascinates me how patients will brag about their cast. I look forward to the day when society will have the same openness about counseling and mental health.

It has now been twenty years since making the most important phone call that changed my life. Therapy has been the ultimate investment in myself, and my happiness is the most precious dividend. Therapy has taken me on a personal journey for hope, peace and a fulfilled life. My co-worker's death gave me the courage to choose counseling as a life-changing option.

If you broke your leg, would you try to battle it out on your own? Bipolar disorder and depression are deadly and all-too-often "nameless diseases" - do not try to fight them on your own. I urge you to find the courage to reach out for support and turn YOUR LIFE around. Hope is the most powerful word that you can embrace.

Christopher lives in the Sacramento, CA area. He broke the record for the mile in high school, running it in 4 minutes, 55 seconds. He attended Sacramento Adventist Academy and Pacific Union College. He is a former newsletter editor for the California Association for Medical Transcription. He considers accepting, respecting and continually trying to understand bipolar disorder to be his greatest challenge and most rewarding accomplishment in life. He may be reached at BalancingBipolar@surewest.net.

2009 BOARD OF DIRECTORS

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(916) 875-4710

Dave Schroeder, Family and Youth Advocate,
(916) 875-4183

Wanted: Volunteers to Share Their Stories and Help Others

NAMI Sacramento is seeking volunteers to share their stories - their experiences and perspectives - about how mental illness has affected their lives. We are looking for individuals who are willing either to appear on camera or to be interviewed by a print journalist. By sharing actual stories, we can increase awareness of the many problems and shortcomings of the mental health system. The more aware the public is, the more likely resources will be utilized and solutions found.



Fighting Anxiety Using “Your Greater Good”

by Dr. Robin Zasio, Psy.D., LCSW

Dr. Robin Zasio is a local Licensed Clinical Psychologist and the Director of The Anxiety Treatment Center and The Cognitive Behavior Therapy Center of Sacramento.

She addresses mental health questions submitted by NAMI Sacramento members, consumers and newsletter readers. This month's article was first published in [Submit your questions to: drrobin@sierrabg.com](mailto:drrobin@sierrabg.com)

Those of us who specialize in treating anxiety disorders are intimately familiar with how difficult it can be for our clients to do the hard work, which often entails Exposure and Response Prevention Therapy (ERP). After days, months, and even years of engaging in compulsions and avoiding triggers that will set off anxiety, they are now encouraged to face them down. It's impossible for me to count the number of times I've heard the question: “Why would I want to do that? Don't you know what I've gone through to avoid my fears?”

After treating hundreds of clients, I have seen the lengths individuals have gone to in order to evade the experience of fear and anxiety. Conversely, I have also seen the devastating consequences of avoidance and compulsions. With the proper application of ERP, however, lives can be reclaimed. It's an amazing paradox of learning that by systematically confronting your fears, a desensitization process will occur, and your anxiety associated with those triggers will slowly fade.

This process is easier said than done. For the therapist, it requires finding ways to gently encourage our clients to do the hard work. For the client, it's finding the strength to do the hard work. This is where the concept of motivation comes into play. If we can help our clients to find motivational factors to do the difficult tasks and exercises involved in ERP, we can help them to see at the outset that there will be a “greater good” that will result.

“Your Greater Good” is a concept developed by Jeff Bell, author of *Rewind, Replay, Repeat: A Memoir of Obsessive*

Compulsive Disorder. YourGreater-Good.com is a joint outreach project of Jeff and The Anxiety Treatment Center, aiming to add a new element onto ERP in the treatment of Obsessive Compulsive Disorder (OCD) and other anxiety-related conditions. The project is an outgrowth of my clinical experience working with those struggling with anxiety and Jeff's first-hand experience confronting his own OCD treatment challenges. Both Jeff and I are strong advocates of behavior therapy, and we know that these evidence-based techniques can prove especially challenging. Introducing a new “Greater Good” perspective will not only foster enormous success in treatment, it can also help our clients to reclaim their lives.

The Greater Good Perspective Shift (GGPS) is a simple but powerful concept allowing people with OCD and other anxiety conditions, who are struggling with severe doubt, to reframe their decision-making, even in the throes of heightened anxiety. In reference to OCD, the following basic assumptions are at its core:

Because OCD causes an individual to think in black and white terms, the “default” choices he/she weighs tend to be “right” vs. “wrong” or “good” vs. “bad.” As seen through the distorted lenses of OCD, “good” choices are those that reduce fear and alleviate doubt; “bad” choices are those that increase fear and introduce doubt. Because compulsions temporarily reduce fear and/or doubt, they are almost always seen as “good” choices.

A “Greater Good” framework acknowledges the perceived (though distorted) “good” of acting on compulsions, but also introduces a “greater good” choice - one that is larger than OCD and, in some way, enhances one's own sense of purpose or is of service to others. Because “purpose and service” tend to trump “fear and doubt” as human motivators (our contention), this framework shift serves to lead individuals with OCD to far more productive decisions... including those essential to tackling traditional ERP therapy.

Let's try out some examples. If you've read Jeff's book, you may recall that one of his triggers involved driving. After

going over a bump or pothole in the road, his fear was that he had hit and harmed someone. On several occasions he cites that he would “rewind and replay” the stretch of the road, and “repeat” the compulsion of returning to check it. After multiple checks, doubt would still trump his visual recognition that there was nothing there, and he'd find himself checking again... just in case. In the advanced stages of Jeff's therapy, he was able to recognize that, while in the moment, his OCD would tell him that the “good” choice would be to go back and check, and the “bad” choice would be to sit with what might feel like unbearable anxiety and fear, the Greater Good choice would be to resist the compulsion so he could: (1) get to work on time (and be of service to his employer); (2) avoid the risk of getting fired and losing his paycheck (and continue being of service to his family); and (3) feel good about himself because he did not give into his fear, knowing that his continued recovery will allow him to pursue his life goals (and enhance his sense of purpose). In this fashion, he was able to find motivation to do the difficult work that, years prior, seemed impossible.

In another example, imagine someone who is diagnosed with Social Anxiety Disorder. For some with this condition, just going to the store can produce tremendous anxiety, imagining the people they may come in contact with; the fear of what others might think of them; and the potential for uncomfortable interactions. In this case, instinctively the “good” decision might be to stay home where it is “safe,” and the “bad” decision would be to go and risk the above noted situations. The Greater Good choice would be to do their exposure exercises and risk that what they fear might happen, and sit with the uncomfortable feelings, for perhaps some of the following reasons: They will be able to get groceries; leave their home where they may have remained captive; and have a positive interaction with other people.

So the idea here is not to replace or take away from any of the ERP principles; rather it is to help find ways to do the ar-

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Fighting Anxiety, from page 6

duous work of facing one’s fears, by adding a motivational perspective to help get through the process. We recognize that we have not reinvented the wheel, so to speak, as much of this is quite obvious. Most of us live our lives through greater good principles. As therapists, we may set our alarms to get to work on time so we can help others, but we don’t necessarily think about it in those terms. We make dinner for our family so that their bodies are nourished, but don’t think about that as a greater good. And, it’s not necessary that we do so, as these are hidden motivators that drive our behavior. But, for those battling OCD and other anxiety conditions where ERP is involved, calling up those Greater Good motivators, that otherwise may have remained hidden, can help them persevere through some very challenging tasks.

As a provider dedicated to helping others struggling with fear and doubt, I can personally attest to how these principles have made a difference. It is my hope that the YourGreaterGood.com project will not only provide other therapist’s with additional tools to help their clients face their anxiety, but also to play a role in enhancing the concept of treatment motivation.

Become a NAMI Volunteer

NAMI is currently recruiting volunteers for the following positions:

- Family to Family class teachers, English and Spanish speakers wanted
- Family to Family Class Coordinator
- Event Photographer
- Family Support Group Leader
- NAMI Walk Planning Committee Member
- Webmaster

Training and guidance will be provided for all of these volunteer positions. If you can help, please contact Pat Pavone at pavone@surewest.net or (916) 359-2366.

Battling Obstacles: Anosognosia

from the Treatment Advocacy Center, November 14, 2008

Families of people with severe mental illness are all too familiar with the struggle involved in caring for a person who very well may not even realize they are sick. It is a medical condition known as anosognosia.

News this week brought this little known medical term home. Blogs and news stories covered the struggle that Theresa Rockwood faced. Her 54-year-old brother, Joseph F. Rockwood, suffers from schizophrenia. He is now charged with her murder.

Theresa’s fight to help her brother is not unlike the plight of others who care for someone with a severe mental illness, only to find that the state’s law act as a barrier to treatment.

Anosognosia is a major problem because it is the single largest reason why individuals with schizophrenia and bipolar disorder do not take their medications. It is caused by damage to specific parts of the brain, especially the right hemisphere. It affects approximately 50 percent of individuals with schizophrenia and 40 percent of individuals with bipolar disorder. When taking medications, awareness of illness improves in some patients.

Impaired awareness of illness is a strange thing. It is difficult to understand how a person who is sick would not know it. To other people, a person’s psychiatric symptoms seem so obvious that it’s hard to believe the person is not aware he/she is ill. Oliver Sacks, in his book *The Man Who Mistook His Wife for a Hat*, noted this problem:

It is not only difficult, it is impossible for patients with certain right-hemisphere syndromes to know their own problems...And it is singularly difficult, for even the most sensitive observer, to picture the inner state, the ‘situation’ of such patients, for this is almost unimaginably remote from anything he himself has ever known.

“It’s not uncommon for family members to struggle with trying to get care for

their loved ones,” says Chris Bouneff, director of marketing and development for DePaul Treatment Centers and president of the National Alliance on Mental Illness of Oregon.

“It doesn’t work to say to them, ‘Why don’t you just get help?’ Their frame of reference will never be that they need help,” Bouneff told the Oregonian newspaper.

What happened to Joseph and Theresa is a reminder that states must create and use treatment laws designed to prevent situations like this.

Shop Online and Support NAMI Sacramento

NAMI Sacramento is participating in a new program that allows you to give financial support to NAMI while you shop online - at no cost to you!

Goodshop.com is a completely easy and painless way to help NAMI while shopping online. Go to [www. goodshop.com](http://www.goodshop.com). Type “NAMI Sacramento” in the box asking for the name of the charity you wish to support. Choose the store from the dropdown box - there are over 700 of them including Amazon, Macy’s, Nordstrom, Sears, Eddie Bauer, Home Depot, and Flowers.com to name a few. You will be immediately connected with that store’s website – where you shop and order just as usual. That’s all there is to it. You don’t need to register or give any information. Goodshop will automatically donate a small percentage of what you spend to NAMI Sacramento.

February Newsletter Contributions

We welcome submissions to the newsletter. The due date for the February newsletter will be January 12. Submit to Belinda Beckett at nimabima@aol.com. Submissions may be edited.

NAMI Sacramento Membership Form

Please join us! Join others in your community dedicated to improving the lives of people with mental illness in the Sacramento area. Become part of our grassroots revolution and make a difference! Either detach and mail in the membership form below, or join online at www.namisacramento.org/membership. Collecting this information helps us to serve our members better. Your information is treated confidentially and will never be shared outside of NAMI. Please print clearly.

Name: _____ Address/City/Zip: _____

(circle one)

Home/Work/Cell Phone: _____ Email: _____

(check one)

Your relation to the consumer:

- I'm a consumer
- Family member
- Friend
- None, just interested

Ethnicity:

- Asian
- African/Black
- Hispanic/Latino
- Caucasian/White
- Other
- Decline to state

If you are a consumer, please enter your primary diagnosis:

- ADHD
- PTSD
- Bipolar disorder
- Schizophrenia
- Dual diagnosis
- Unknown
- Major depression
- Other
- OCD
- Decline to state
- Panic disorder

If you are the consumer's family member, please enter your family relation to the consumer:

Membership type:

- Consumer, \$15
- General, \$35

Newsletter preference:

- E-mail
- Postal mail
- Both
- Don't send

You can help! Volunteer with NAMI Sacramento:

- Contact me about volunteer opportunities

Please consider an additional donation of:

- \$100 or more
- \$50-\$99
- up to \$50

Make checks payable to NAMI Sacramento. Mail to NAMI Sacramento Membership Chair, PO Box 2154, Fair Oaks, CA 95628. NAMI Sacramento thanks you for your support. Your donations directly help those with mental illness.

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