NAMI EAST BAY NEWSLETTER

A local affiliate of the National Alliance on Mental Illness (NAMI)

November-December 2017

Documentary Film: *Healing Voices*

Wednesday, November 15

Healing Voices is a new feature-length documentary which explores the experiences commonly labeled as "psychosis" or "mental illness" through the real-life stories of individuals working to overcome extreme mental states and integrate these experiences into their lives in a meaningful way.

With the harrowing and inspiring stories of individuals learning to negotiate and grow through their madness, *Healing Voices* challenges us to rethink our cultural understanding of "mental illness" by bringing a message of recovery and charting a course for effective alternative treatments that enable people to live productive and meaningful lives.

This is a two-hour-long film, so we will start it promptly at 7:30, and the evening will run a bit longer than usual. To sustain our audience, we will have hot drinks and "artisan" popcorn.

Speaker Meeting starts at 7:30 pm
Albany United Methodist Church
980 Stannage Avenue, Albany
Corner of Stannage and Marin
Meeting is free and open to the public.

Support Meetings

NAMI East Bay offers the following monthly support meetings:

- **Support and Share Group for Families of Adults** is held on the 2nd Wednesday of each month. The next meetings are November 8, December 13, and January 10.
- **Support and Share Group for Families of Children, Adolescents, and Young Adults** is held on the 3rd Tuesday of the month: November 21, December 19, and January 16.
- **Hearing Voices Group for Family Members** is held the 3rd Thursday of each month at the office, 6:30-8 pm: November 16, December 21, and January 18.

Support Group Meetings are held at the Albany United Methodist Church, 7-9 pm. Enter through the gates to the right of the door on Stannage Avenue, turn left through the large room, go down the hall, and come up the stairs. Signs will be posted.

All support meetings are free to NAMI members and non-members, offering a chance to talk with others who understand, give emotional support, and share ways they have found to cope.

Upcoming Classes

- Our annual winter 12-week Family to Family class will be starting on Thursday, January 18, and run through Thursday, April 5. The class is free for family members and will be held in Albany. This is a comprehensive, 30-hour class which covers diagnoses, medications, brain functioning, communication, resources, crisis decisions, problem solving, and perspectives, along with chances to share and discuss. Please leave a phone or email message for us if you're interested in participating and want to register. Teachers will be Tommie Mayfield, Lindsay Schachinger, and Liz Rebensdorf.
- A Peer to Peer class will be held Tuesdays, February 6 to April 17, 12:30-2:30, in Union City. This is a free, 10-session class, led by trained consumers for individuals struggling with serious mental health challenges. This is an educational setting focused on recovery, respect, understanding, encouragement, and hope. Public transportation is close by. Contact Mary Dell at 510-329-8499 to register.

Participation Study of Depression

Contact Golden Bear Sleep and Mood Research Clinic at 510-643-3797 (depression.berkeley@gmail.com) if you are over 18 and interested in participating in a no-cost, non-medication treatment research study on depression.

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SPEAKER NOTES

Cognitive Behavior Therapy for Psychosis

Summarized by Thomas T. Thomas

At our September 27 speaker meeting, **Michelle Sallee, PsyD,** a licensed clinical psychologist with the Department of Psychiatry at Kaiser Permanente, told us about her work to develop and run programs on Cognitive Behavior Therapy for Psychosis. Dr. Sallee also has worked as a forensic correctional psychologist. She came to our attention last spring when her clinical colleagues at Kaiser nominated her for a Mental Health Achievement Award, given by the Mental Health Association of Alameda County.

Her work on cognitive behavior therapy (CBT) for psychosis began with a book by Aaron T. Beck. Dr. Sallee also cited two research studies supporting this form of treatment. One, from 2016, followed 58 students over 45 CBT sessions to examine "dosing"—or the amount of change they experienced with the number of sessions. Focusing on results after five weeks and then at fifteen weeks of sessions, the study found the students reported reduction in the stresses associated with their psychotic symptoms after 15 weeks, and a full effect—minimum stress—after just 25 weeks. A second study, from 2011, examined the functional effectiveness of CBT versus treatment as usual (TAU) with brain scans by magnetic resonance imaging and showed positive results.

Dr. Sallee then developed a 13-week program, Cognitive Behavior Therapy for Psychosis, for which she wrote the manual and workbook. The course is used by patients with a mix of diagnoses, including schizophrenia, schizo-affective disorder, depression, and substance abuse. Some of the patients are on medication, while others are not. The goal is to give them the tools and skills to deal with and reduce the stresses resulting from symptoms such as hallucinations like hearing voices and delusions—although she avoids that word, her patients preferring "thoughts and beliefs that cause stress."

After each course, Dr. Sallee examines with class members what has worked for them and what didn't, and she has made changes. She is now teaching her sixteenth such course at Kaiser. Her work has been so successful that the Kaiser organization in Northern California considers it a best practice and has asked her to train seventy other clinicians around the system to give the course.

CBT was originally used for depression, then for anxiety, and now psychosis. It works from two models. The **circular model,** followed by Dr. Beck, traces the relationship among thoughts that lead to moods, which lead to behaviors, which create more thoughts. The goal of this model is to notice the cycle and break it. "You can't break the cycle at the *mood* stage, which is a result," she said. "But you can come into the cycle at the *thought* stage, separating yourself from your belief, examining it, and asking yourself if it's real. And you can interrupt at the *behavior* stage by doing something different, like going outside for a walk."

The other is the **ABC model,** which stands for *action, belief,* and emotional *consequences*. "Something happens and you feel a certain way," she said. "It's not because of the action but your belief about it that makes you feel this way." The model suggests the patient put feelings and thoughts in their right place. To this model, Dr. Sallee adds a "D" for *distortion,* and her course lists 13 distortions that people with psychosis practice, such as jumping to conclusions, fortune telling, mind reading, and other unwarranted presumptions that can color the patient's reactions.

As an example of how CBT works in the course, Dr. Sallee addressed the issue of hearing voices. Often it's not the content but the patient's relationship with the voice that causes stress. She identified three domains into which this relationship can fall: ***malevolent,*** in which the voices wish the patient ill will; ***omniscient,*** with the voices knowing everything about the patient; and ***benevolent,*** where the voices intend good things. For patients whose symptoms do not include hearing voices, then the relationship can be with the "voice in your head" representing your thoughts that cause distress. In all these domains, the therapy is to separate self from the thought or belief and test to see whether it is actually true.

The goal of the training is to move the patient's score on a scale that measures belief in the voice and response to the stress. For the omniscient domain, which can be stressful because it represents an invasion of the patient's privacy, the goal is to move the response from an eight to a five. For the benevolent domain, the patient wants belief and response to remain the same or go up a bit. And for the malevolent

domain, the goal is to go from a beginning score of five down to and score of one.

Dr. Sallee also discussed four "disputing strategies" to help patients argue with their thoughts. The first is ***evidence,*** the "E" column in the ABC model. Here the patient acts as a lawyer arguing against a belief, such as asking someone with paranoia what evidence there might be that Robert De Niro is actually following him or her. Next is ***cost/benefit analysis,*** in which the patient weighs the pros and cons of a belief. If a patient believes the FBI is watching, the benefit is he or she feels important, but the cost is negative feelings of paranoia and isolation. Third is the ***survey method,*** where the patient asks seven people he or she respects, trusts, and with whom the patient willing to share the stressful belief. (If the patient is unwilling to share, then he or she is asked to internalize what those people would say.)

And if those three strategies don't work, the patient can always ***act as if it's true,*** and what is he or she going to do about it? For example, with a patient who feared an imminent earthquake that would destroy just his own home, the treatment was to prepare an earthquake kit and to learn photography in order to document the results. This positive activity kept the person busy and less stressed.

In addition to these various strategies, the course discusses topics like:

- Auditory hallucinations, their triggers, and coping strategies for breaking their cycle.
- Negative symptoms of psychosis—things that were there before but are now absent, such as expression of emotion, self-care and hygiene, and goal-directed activities—along with their triggers and interventions.
- Commanding voices and the opposite-action model. For example, if a voice orders the patient to smoke in the hallway, which could start a fire through carelessness, consider the pros and cons and counter the command with a positive instruction like going outside to smoke.
- Things that worsen psychosis and depression, such as isolation, sleep deprivation, alcohol and drug use, and stresses from emotional conflict and high emotional expression and drama in the household.
- Safety planning, including intermediate steps a patient can take before a break, call to 911, and hospitalization, and triggers that lead such a break.
- Other symptoms like disorganized speech and behavior and visual hallucinations.

The program includes homework for the participants. For example, they are each given a seven-page list of pleasurable and nearly free activities to break the behavioral feedback cycle and asked to try one.

The CBT program is not for everyone, and Dr. Sallee prescreens prospective patients for referral, sometimes spending as long as an hour with them before they are invited to join. The program is limited to Kaiser Permanente members.

CBT does not work for all psychotic symptoms. For example, while it addresses auditory hallucinations like voices, it has no effect on visual hallucinations. This may be because the therapy is language oriented and these symptoms are not verbal.

The results from CBT for Psychosis have had some variation—statistical outliers—and the treatment does not work for every patient. For example, a patient who thinks too deeply, and becomes stressed by thinking about his or her thinking, may not have a positive response. Dr. Sallee measures overall success of the program by looking at hospitalization rates before and after taking the class and then at six, twelve, and eighteen months after finishing. On this basis, the results have been consistently positive.

In addition to CBT, Dr. Sallee developed an 11-week Affect Regulation program using dialectical behavior therapy (DBT) to regulate mood, which is applicable to patients with manic, psychotic, and bipolar symptoms. The course includes skills and tools for distress tolerance, emotional regulation, mindfulness, and interpersonal effectiveness.

Other intervention programs at Kaiser in Northern California include a Wellness Club, which combines skills training with support group discussions; a Life Skills Class, which is more of a support group; and a 12-week Bipolar Education class with ongoing support.

For patients outside the Kaiser system, Dr. Sallee suggested they or their loved ones consult PsychologyToday.com to find therapists trained in CBT. Parents can also help their loved one by undertaking CBT themselves and modeling it for their children.

Past articles in the Speaker Notes series are available online at www.thomastthomas.com under "NAMI East Bay." Also available is a copy of the brochure "Medications for Mental Illness."

Musings from the President

As I write this, the TV in the background is giving updates on the fires ravaging Northern California, where I have dear family members. I'm tired of disasters, and this year has produced more than its fair share. Disasters lead to an upheaval of lives and involve loss of humans, animals, and property—and shake up the initial premise of this issue's column. I wanted to comment on the changes we all experience and put forth the notion of using the word "transitions," which perhaps has softer, less dramatic connotations. Yet we are witnessing neighbors who are being forced to deal with tragedies and the word "transitions" is too soft in that context. Nevertheless, on we go …

Life is full of transitions, and we can immediately name the most dramatic and frequent: getting a new job, relocating to a new home and community, starting a family, separating from or divorcing a partner, dealing with illness, moving into the fragility of age, and coping with the death of a loved one. These all require major shifts, at both the practical and personal levels.

There are other transitions as well which sort of fly under the radar. We've gone from being a parent or relative of a person to becoming a caretaker when that person develops mental illness. We sometimes need to expand that caretaker role to become a researcher, a seeker of solutions, or an advocate, and that role makes demands on our time, energy, and sometimes our comfort level when we have to confront the system. And we are not dealing with anything stable here, since our relative is also transitioning into a new role, which is often unacceptable. It becomes a transitory dance, with both sides adjusting and adapting—and shedding old expectations and actions and developing new ones.

I don't use this venue to talk about my son, who carries a diagnosis of schizophrenia, but here's a case in point. At age 45, he has decided that he wants to be more independent and not be the recluse in the back bedroom. As he has ventured out, this has necessitated getting him a watch, a cell phone, and a Clipper card. We applaud this shift, but his father and I have to deal with the anxiety of knowing he may be out on his own; his life, which so far has been a protected one, is going to involve dealing with problem solving and people who may take advantage of him and his naïveté. Recently, I watched him in a coffee shop, engaging in an animated conversation with an older man. In the beginning, I was curious about the interaction, but when I overheard the conversation drift into income and place of residence, that old alter-ego emerged and I became Mama Bear, ready to leap into action: *You harm my kid, I harm you.* I was surprised that the primal maternal role informed my dealing with his crucial steps towards independence. In the end, of course, it turned out that he was just one of two lonely persons having a conversation.

So, as our loved ones make transitions, healthy or not, we have to make similar adjustments. Life makes continual demands on us, and are forced to cope with any resources we can develop. And, with my Pollyanna hat on, we need to be thankful for the often do-able transitions we face, unlike those dramatic life-changing ones so recently faced by many fellow Californians.

—Liz Rebensdorf, President, NAMI East Bay

In Memory

We are so sad to report the loss of our dear friend and colleague, Irene Moran. She has been Involved with this affiliate for at least the last 25 years and has been the behind-the-scenes backbone of the organization. She and her husband Tom Thomas, our editor and reporter, always came in early and left late at meetings, helping to set up and clean up. She has been doing all the labeling of newsletters and negotiating the bulk mailing process. But besides these task-oriented contributions, Irene has just been a positive, upbeat member, who gave her wholehearted attention and kindness to everyone she met, and she went the extra mile to be there for folks in need.

In her memory, we are making a contribution to another nonprofit she supported with her volunteer work, the Marin Marine Mammal Center; there will be a commemorative tile in her name. On the home front, since Irene worked at the Bancroft Library at UC as Head of Public Services, we will be expanding our office lending library. Contributions in her memory may be sent to our office.

We send our heartfelt condolences to her husband Tom. Rest in peace, dear Irene—you are missed.

Mental Illness in the Media

- *Anxy* is a new magazine, as recently reported in the *San Francisco Chronicle* of October 10. The subject matter is mental health with a focus on vulnerable personal stories. Not having seen this yet, we'd be interested in your reaction to the magazine. More at www.anxymag.com.
- *I'm Good* is a PEERS blog campaign that offers an opportunity for those with mental illness to share that which sustains their wellness by sharing personal recovery journeys. Posts can be sent to imgood@peersnet.org. Blog posts should be 250-500 words and may include videos, art, and photos—anything that speaks to the *I'm Good* theme, such as wellness tools, personal stories, supporting others, how you handle stress, etc.

News from UC Berkeley

- A couple of years ago, we were involved as sponsor in the startup of a NAMI affiliate at the University of California Berkeley campus. Since then, we have enjoyed getting to know these young people and done some collaboration, and the first president of the group, Michael Godoy, is on our Board of Directors.

  At our board meeting this past month, we met the current president, Ila Chaudry. She shared that the group has three goals this year: doing awareness outreach to local elementary and high schools; producing short videos on mental illness, which can be seen on Facebook if you "friend" UC Berkeley NAMI; and raising general awareness on campus through flyers, connections with freshmen, etc. This group meets every Monday evening on campus, so spread the word to any students who might be interested.
- We have been invited to address an undergraduate UC class in early November to talk about stigma and mental illness. If you have any comments or personal examples to share, anonymously, please leave a message via phone or email. Thanks.

New Resource Center in Albany

The new Albany Community Resource Center has set up shop at the Albany United Methodist Church, the site of our NAMI East Bay office and meetings. Open on Wednesdays and Fridays 10:00 am to 1:00 pm in the Social Hall, this center offers information and referrals for food, shelter, transportation, legal aid, immigration services, LGBTQ services, affordable medical, dental, and mental health care, sobriety support, and more.

Free consultations are available:

- Berkeley Mental Health, 2nd and 4th Wednesdays.
- JFCS Immigration, 3rd Wednesday.
- Oral Health screening, 1st Wednesday.

For more information, contact Alison Mertz, Director, at amertz@albanyca.org or 510-559-4589; website is www.albanyca.org.

In Brief

- If you'd like to donate to the folks hospitalized at John George Psychiatric Hospital during the holidays, contact Robin at 835-5010. Gifts could include new large or plus-size sweatpants and shirts, tee shirts, socks, etc. (but no drawstrings). Gift wrapping will occur on December 14, sponsored by our friends at NAMI Alameda County.
- Help out at NAMI East Bay. Elsewhere in this issue we note the loss of Irene Moran. It will take many of us to fill the gaps she left behind. Let us know if you would like to help out labeling newsletters or negotiating the bulk mailing process. This will occur bimonthly, usually during the last week of a month.
- If access to our support groups upstairs is impossible for you, leave a message a day or so before the group and we will try to arrange alternate space for the meeting.

NAMI East Bay
National Alliance on Mental Illness

980 Stannage Avenue
Albany, California, 94706
Time Value

Return Service Requested

Are your dues paid for 2017?
(Check Mailing Label)
Your Support Matters
Renew Now!

NAMI EAST BAY 2017 MEMBERSHIP

Please check your mailing label. If the code "17" is over your name on the right side of the label, your dues are current through 2017. If your mailing label indicates a previous year, or nothing at all, your dues are not current.

We urge you to mail your 2017 dues now. And if you can afford to add a bit more, please do so. Your $40 NAMI East Bay membership gives you our newsletter six times a year, the quarterly "Connection" from NAMI-California, and the NAMI-National "Advocate." NAMI East Bay is nonprofit [501(c)3] and your dues and contributions are tax deductible.

☐ **Family Membership, $60 per year** ☐ **Open Door Membership, $5 per year**

Make checks payable to "NAMI EAST BAY" and mail to NAMI East Bay, 980 Stannage Avenue, Albany, California 94706

☐ **Contact me for Family to Family Education Class**

Name: _____ **Phone No.:** _____

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I'd like to volunteer: ☐ In the Office ☐ Grant Writing ☐ Membership Committee
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