
NAMI EAST BAY NEWSLETTER

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

January-February 2021

Independent Living Association (ILA) Wednesday, January 27

Recently introduced into Alameda County to impact housing stock, the ILA works to develop and support privately owned or operated homes that provide shared housing for adults with disabilities. Tenants in independent living situations are able to live independently, are often on a fixed income, and do not need supervision or care from their landlord. Tenants may have external case management or other kinds of outside support.

Our guest speaker, Program Manager **Francesca Barua**, will provide a program overview, what the membership process looks like, and how the program can benefit those who use our member directory and work with our member homes (both individuals as well as service providers). She will also describe the oversight and support services that are offered to home operators.

If this is a concept that interests you, either as a potential tenant or operator, please join us. There will be opportunity for questions and answers.

Speaker Meeting starts at 7:30 pm

The November presentation will be **Zoom/online**, and we are asking attendees to preregister. Go to our website <https://namiastbay.org>, click on “What’s New,” and follow the link.

Note: The meeting will be recorded both in written form, for the next edition of this newsletter, and as a video recording accessible via the What’s New link on our website.

Support Meetings

For the duration of shelter-in-place and social-distancing orders from Alameda County, NAMI East Bay is offering online **Family Support Meetings** every Tuesday from 6 to 8 pm via Zoom. You can go to our website <https://namiastbay.org>, click on “What We Offer,” and follow the link to “Online Support Groups.” Or you can register [here](#) via Zoom.

Note: Invites to a Zoom meeting will include

phone numbers, links, meeting identification, and passwords. You can join any meeting by phone and voice only, but to participate by video you need to download the Zoom app before joining the group.

Topical Discussion Groups

On a bimonthly schedule, NAMI East Bay offers speaker meetings on the fourth Wednesday of each month (January, March, May ... etc.). These topics are chosen by committee and aim to be of general interest to our audience and readers. Now, however, with the use of Zoom, which entails no room rental nor setup nor prep work, we plan to offer speakers and discussion groups on more specific topics on the 4th Wednesday of every *other* month (February, April, June ... etc.). These will be more casual, recorded but not written up, and address topics that might interest specific populations—and at no charge.

The Felton Institute will be our first topic, on February 24 at 7:30 p.m., with zoom registration on our website. Felton is a program targeted at Alameda County residents between the ages of 15 and 24 who are experiencing a recent onset of psychosis. With early diagnosis and a comprehensive roster of evidence-based practices, its (re)MIND™ follows a model considered a breakthrough in the treatment of psychosis. (See www.feltonearlypsychosis.org.)

Join us by registering on our website under What’s New. Please also invite any families who are new to this arena and who are probably not on our mailing list.

Consumer Support and Activities

NAMI Alameda County offers an online Connection Recovery Peer Support Group every Tuesday, 7 to 8:30 p.m. Entertainment Day with virtual games is offered on 1st and 3rd Sundays from 12 to 1:30. For more information, contact Kathryn at kathrynlum@comcast.net, or call 510-560-6498 (and leave a message with the “Peer Specialist” option).

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SPEAKER NOTES

Treatment Modalities

Summarized by Thomas T. Thomas

For individuals whose diagnosis falls along the continuum of serious mental illness, appropriate therapeutic options vary, and the process of getting help can be daunting. The speakers at our November 18 meeting—**Daniel Sager, Pablo Picones, and Elizabeth Hedrick**—helped NAMI members understand these modalities and the current processes.

All three speakers are fifth-year students working toward their Doctor of Psychology (PsyD) degrees at [The Wright Institute](#) in Berkeley. Sager specializes in children with identified disabilities and their families. Picones works at UCSF Benioff Children’s Hospital on risk assessment for suicide and psychosis. And Hedrick is training as a psychotherapy assistant in substance abuse and chronic pain management.

Hedrick started the talk with a discussion of the different levels of care available for persons with mental illness. At the highest level is **inpatient treatment** or hospitalization. The next level after discharge is **partial hospitalization**, where the person attends for full days, five days a week, and receives different treatments including group and individual therapies. With **intensive outpatient treatment**, the person attends sessions in the evenings or two to three days a week, followed by **outpatient treatment**, involving meeting a therapist once or twice a week. She noted that insurance companies will opt for the least expensive treatment, but families can be powerful advocates about finding the right level of treatment for their loved one. “But sometimes,” she said, “a patient can stay in a program longer than is helpful and stagnates, because these are the only relationships in their life.”

Sager then helped decipher the various levels of mental health workers that a person and their family will encounter—exclusive of traditional and naturopathic medicine. Each group, he noted, is regulated differently in each state, with its own requirements for board certification. At the top level are **medical doctors (MD)** and **doctors of osteopathy (DO)**, who specialize in bone and muscle groups and can do everything a medical doctor can do, including prescribe medications. Psychiatrists are MDs or DOs with specialized training in mental health issues. **Psychiatric nurse practitioners** can also prescribe medications.

Psychologists may be either a PhD with training focused on research, or a PsyD with a focus on clinical treatment. Generally, they cannot prescribe, except in certain states or in the military. Psychologists generally have various different focuses, such as children and families, or general population assessment. And they may take different training, such as neuropsychology with its focus on the brain, forensic psychology and its application in court, or school psychology and assessment of children. Each professional needs to obtain and maintain his or her license with the California Board of Psychology.

A **marriage and family therapist (MFT)** has taken a master’s degree in psychology and trained under the supervision of a licensed therapist. This person performs both counseling and assessment. A **licensed clinical social worker (LCSW)** or **licensed mental health counselor (LMHC)** has also taken a master’s degree and trained under supervision. **Substance abuse workers** will have a certificate, and it’s a good idea to find out where it was issued and whether it was for real, Sager said.

At the next level are **peer and support groups**, such as NAMI chapters and AA meetings—people helping people. And finally, there are **practicum students**, like our speakers, who work under a licensed professional, often move into an internship after schooling, and obtain licensing for themselves.

“But,” Sager warned, “the relationship a person forms with a professional is more important to the effect of therapy than letters after the therapist’s name.”

Picones described treatment for the early stages of crisis in children, generally referred to by a school psychologist or a parent for an altered state, suicidal ideation, paranoia, psychosis, or other dysregulation. The process at the hospital emergency room includes an extensive interview with the patient, family members, and support structure such as the school counselor. This determines whether the child should be held or discharged to the parents. The goal is to maintain the child’s safety because, for example, a subsequent suicide attempt is likely within 30 days of release. The child is usually discharged with a “safety plan,” which might include cartoons of things that can lead to a crisis and how the child can calm down, and with a list of service resources for the parent.

If the risk is too high, the child is forwarded to a crisis stabilization unit in a psychiatric hospital.

California has no long-term holds, so the child may be held for 72 hours, or back-to-back holds of three to seven days with a judge's order. But the goal is to return the child to the home. In the crisis unit, the patient is placed in a shared room, will be interviewed by a psychiatrist, and prescribed appropriate medications to reduce psychosis and anxiety. Upon release, the patient will see a psychiatrist every four to six weeks for medication adjustment.

The speakers then described various evidenced-based modalities. Before undertaking one of these, the person should interview the therapist to see if they and the treatment will be a good fit. "There will be no progress if there is not a strong working relationship," Picones said. "This is more important than the type of therapy." Also, a person doesn't have to experience severe mental illness for these therapies to be helpful, and they sometimes work for family members.

Cognitive Behavioral Therapy (CBT) focuses on thoughts and behaviors getting in the way and causing emotional and psychological pain. CBT asks the patient to examine their thoughts and behaviors: what are they doing to resolve stresses in their life, and are those things effective? This is a formulaic, organized, methodical approach.

There are several mindfulness-based therapies, which draw on Buddhism but have been shown to be effective in cultures around the world. One is **Acceptance and Commitment Therapy (ACT)**—not to be confused with Assertive Community Treatment), which is driven by values. It asks what kind of life the patient wants to lead, shows how to recognize symptoms and become grounded in the present, rather than dwelling on the past or worrying about the future, and reduces anxieties about symptoms and their impact or the side effects of medication. ACT has been effective with depression and bipolar disorder.

Mindfulness-Based Stress Reduction (MBSR) deals with pain and stress relief and includes gentle yoga and getting in touch with the patient's body. It works well with chronic illnesses.

Dialectical Behavior Therapy (DBT) is an outgrowth of CBT developed by Marsha Linehan, PhD, who suffered from borderline personality disorder. DBT says that thoughts influence emotions, which influence behaviors that might be unhelpful. So if a person thinks differently, they will feel differently and act differently. Patients in DBT are taught skills

related to mindfulness, stress tolerance, and interpersonal effectiveness.

Relational Psychodynamic Therapy deals with people's real and imagined relationships. It is based on a belief in the unconscious and bringing thoughts into conscious awareness.

"A good therapist," Hedrick said, "can combine these modalities skillfully in a way that connects with the person."

When trying to find a therapist, Hager suggested using the resources of [Psychology Today](#). Local community resources are offered at the [Family Education & Resource Center](#). The [GritX](#) website also has self-help programs to guide choices in care.

Q. What can a family member do about malpractice, such as overprescribing medication?

The [Medical Board of California](#) will take consumer complaints. Every treatment facility should provide the patient with an informed consent form, which shows whom to contact. The patient advocate can also help find a different treatment professional.

Q. What can someone do if the patient has no insurance?

If the patient is disabled and on Supplemental Security Income under Social Security, then they are automatically enrolled in Medicare (MediCal in California). If not, there are other options such as Alameda County Behavioral Health Care Service's [ACCESS Program](#) and the [City of Berkeley](#)'s programs.

Q. Would ACT be better for a person who has bipolar and believes his medications are poisoning him?

Acceptance and Commitment Therapy can be useful for someone who already accepts that they have a mental illness. ACT asks, "How's that working out for you?" This is a form of motivational interviewing that started with substance abuse programs. But if the person has anosognosia and doesn't believe they are ill, it's going to be difficult.

But ACT is good for family members and helps them in recognizing when they get stuck in a recurring form of interaction and in picking their battles. It helps them keep "sacred time" for themselves.

The full presentation recording is available on the [NAMI East Bay](#) website under What's New. Past Speaker Notes articles are available online at www.thomasthomas.com/NAMI.htm.

Musings

Note: In dealing with my son, I often muse about how his mind works. His cognitive functioning is burdened by schizophrenia and obsessive-compulsive disorder, and so we're often on different pages when we attempt to have a meaningful conversation. The perspectives I offer here are just that—my observations, based on study and years of professional work in psychology. But they are personal, and I don't need to burden already challenged families with talk about my son. Yet if these musings are at all helpful to anyone else, that makes me happy.

Some weeks ago, I was invited to participate in a mental health round table for and about veterans (a shout out here to [Swords to Plowshares](#), a Bay Area-based nonprofit organization dedicated to supporting all veterans every step of the way). Discussion was robust and comprehensive, with participants impressive for their understanding and professionalism.

One person's comments really struck a chord with me. He recounted how new military recruits have an intense period of basic training. There they learn all the military rules and regulations, expectations, hierarchies of command ... in short, how the system works. Yet, after some years when an individual leaves the service to re-enter the non-military world, there is no basic training for being a civilian. Suddenly the rules do not apply and the social framework becomes unpredictable and perhaps precarious. Some veterans have a difficult time with these systemic changes where most of the built-in structure is diminished or gone.

This leads us to re-visit the role of structure and how it is a part of our childhood. It's often more than specified bedtimes, TV watching time, expectations, etc. When kids are little, parents often have chore lists and tangible rewards; it always amazed me what kids would do for a sticker. Despite all its current controversy, in my opinion one good thing with youth scouting is the fact that there were goals and visible rewards for non-academic accomplishments, such as baking cookies or making a fire, and one gets to wear a record of such accomplishments on a badge or with a bead. Some of the most effective child treatment centers I have visited professionally were those which had a very clear-cut system of expectations and a reward system for accomplishments,

which were developed and spelled out on an individual basis.

At the risk of generalizing, the brain of an individual with a mental illness on the cognitive spectrum is often confused in terms of processing, integrating information, and organizing thoughts sufficiently to communicate them. There may be intrusive thoughts, voices, and difficulties with word retrieval. Add to that the impact of an anxiety disorder such as obsessive-compulsive disorder. The result would seem to be a cognitive state with disordered, nonsequential thinking.

And this is where a healthy dose of structure might be useful. There's no need to romanticize this, but I am in awe when I watch my son struggle heroically with internal disruptions and confusion, only to watch him sit down at a chess board, focus on play, and beat me every time. There must be something in the clarity of rules and limited possible actions that produces that kind of effective focus. It's a different kind of structure from that listed above, but perhaps the description of the life in and out of the military, structured and unstructured, is worth considering and a source of insight into the mental functioning of our loved ones.

—Liz Rebensdorf, President, NAMI East Bay

Winter Family to Family Class

Our free 8-week Family to Family winter class is filling up, so please let us know if you are interested. Format will be virtual on the Zoom platform, and we're still working on the logistics of getting participant workbooks to class members, along with figuring out the use of PowerPoint and dealing with a new curriculum which was originally developed for in-person classes. So attendees are warned to have a sense of patience, humor, and curiosity along with the desire to learn more about the brain, diagnoses, genetics, recovery, communication, problem solving, stigma, coping, etc.

Plans right now are to start the class in mid-January, Thursday evenings for 2-1/2 hour sessions. We will contact you with more details once you've let us know of your interest.

Resource on Borderline Personality Disorder

For information on borderline personality disorder (BPD), check out the website offered by the National Education Alliance for BPD at www.borderline-personalitydisorder.org. A family support group for families dealing with a loved one who carries the diagnosis meets monthly at FERC, the Family Education Resource Center. Contact FERC at 510-746-1700 or Bettye@mhaac.org for details about these meetings.

The State of Our NAMI Affiliate

It seems appropriate to give a report to our members and readers periodically and at the same time acknowledge our wonderful board members and associates. Our affiliate, NAMI East Bay, is surviving 2020 the best we can. We have no usable physical center with our home-base church not open, but we check in regularly for phone messages and mail.

Some of our board members are busy activist advocates on issues relating to mental illness; they make presentations to the Alameda County Board of Supervisors, attend focus groups, serve on various Alameda County Behavioral Health committees, form discussion groups, network with other advocates and organizations, and put up the good fight to improve county's services.

Other board members run support groups, try to help out with families' specific crises, and teach the winter family education course. Another runs interference with the tech world, setting up Zoom and MailChimp processes and being an all-around go-to tech guy. Several individuals do the newsletter writing, label printing, and newsletter prepping and mailing. Another takes notes at each speaker meeting, writes them up and posts them in the newsletter, which he then proceeds to format. Others do committee work to set up our speaker meetings. One takes board minutes, and another does the treasurer work. Yet still another organizes and networks with the Hearing Voices Network. All participate in monthly meetings to discuss issues and plans for the affiliate. We are all volunteers.

We didn't take time this year to send out fundraising requests. If you're like us, our inboxes are full of political and charitable requests and a certain donation fatigue has set in. Nevertheless, we encourage you to become a member of our organization and/or make a donation to help finance these activities. Details are on the back page of this newsletter and on our website through PayPal. Thank you.

A (Sort of) Optimistic Prognosis for 2021

Excerpts from commentary by H. Steven Moffic, MD, in *Psychiatric Times*, December 8, Volume 37, Issue 12:

"... Most of us entered January 2020 with the fresh hope that accompanies a new year. Little did we know that a new virus was percolating ..." (*Editor's note: And that issues around racism, climate change, politics, medical professional challenges, and mental distress would predominate.*) "Fortunately, history has taught us that bad things come and go.

"Most views of history consist of a linear or circular model, but it may be a spiral model, with some progression forward peppered with occasional slips backward. One example of the spiral theory is the history of violence. ... violence has decreased over time but there have been periods of intense escalation. ... Many varieties of undue anxiety seemed to increase ... dramatically in 2020 ... same holds true for variations of depression. ... While these issues may not reach the level of a mental health pandemic, millions of individuals are suffering emotionally. ... On the positive side, we saw major advances in the integration and use of telepsychiatry.

"We need to fulfill our ethical imperatives to improve the health of our communities. Importantly, social psychiatric goals correlate with social justice and new research suggests that countries with greater concern for social justice initiatives have happier and more satisfied citizens. ... Optimism has its own therapeutic repercussions for health and mental health [and] can occur amidst our country's periodic chaos and conflict. ... Will 2021 turn around the spiral toward healing, building up, speaking out, bringing peace, laughing and loving?"



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NAMI EAST BAY 2021 MEMBERSHIP

Please check your mailing label. If the code "21" is over your name on the right side of the label, your dues are current through 2021. If your mailing label indicates a previous year, or nothing at all, your dues are not current.

We urge you to mail your 2021 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

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