NAMI EAST BAY NEWSLETTER

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

July-August 2019

Medications for Psychiatric and Substance Abuse Disorders

Wednesday, July 24

A clinical pharmacy specialist with training in psychiatry, now with Alameda County Behavioral Health Care Services, **Dr. Seth Gomez, PharmD, BCPP,** primarily practices in outpatient health centers and specializes in substance use disorders and psychiatric medication management. He also provides pharmacological consultative services to providers across Alameda County's behavioral health and primary care systems. He received his Doctorate in Pharmacy from the University of the Pacific in Stockton, California, and completed two years of post-doctoral training in psychiatry with the University of Southern California, School of Pharmacy. Dr. Gomez has research interest in the areas of homeless health care, mental health care, opioid use disorders, geriatric psychiatry, and street health services. When he is not working, you can find him volunteering at local animal shelters, playing softball, hiking, and enjoying the outdoors.

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 July 10, August 14, and September 11.
- **Support and Share Group for Families of Children, Adolescents, and Young Adults** is held on the 3rd Tuesday of the month: July 16, August 20, and September 17.

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.

New Websites

Our NAMI group has a renovated website, still at the address namieastbay.org. There is a more interactive component, but the basic elements of our previous site are still present. We welcome feedback from readers.

We also recommend you take a look at GritX.org, described in May's Speaker Notes. For individuals with highly impactful, serious mental illness, the site may be daunting, but so is life for these folks. The breathing component might be a good introductory point. Thanks to board member Michael Godoy for both these explorations into the tech world.

Going off in two different directions, here are two more recommended sites:

- For national advocacy news, opinions and research updates, go to www.treatmentadvocacycenter.org.
- For more information, along with a comprehensive overview and practical guidelines within a Power Point format, see www.bayareahearingvoices.org.

Clinical Perspectives

We've included four articles in this issue, starting on page 4, about some of the tools used by clinicians in dealing with our relatives. This is all public information and it might be helpful to family members to be aware of the clinical perspective as well as know and employ some of the tools being used.

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SPEAKER NOTES

How Technology Can Help Psychiatry Improve Patient Reach and Scale

Summarized by Thomas T. Thomas

A psychiatrist with more than forty years of experience in caring for teens and young adults with complex behavioral health issues, **Dr. Kim P. Norman, MD,** is a professor at the University of California San Francisco (UCSF).[1] In 2004, Dr. Norman founded and directs the Young Adult and Family Center (YAFC) at UCSF, dedicated to creating and disseminating innovative mental health services, including digital health services for adolescents, young adults, and their families. The YAFC aspires to build a center of national prominence where troubled young people and their families receive the best available clinical care, irrespective of their ability to pay.

Our own **Michael Godoy,** who was president of the NAMI affiliate on the UC Berkeley campus, is now Program Director of Telemedicine and Scalable Therapeutics at the YAFC. He works with Dr. Norman in developing the systems described here.

"I love spending an hour in my office helping individuals, couples, and families," Dr. Norman said. "It's the greatest feeling when they say, 'Thank you for giving your time.' " But that time is spent one-on-one, he noted, and a professional's time is finite.

Fifteen years ago, someone who needed psychiatric help at UCSF faced an eight-week waiting period and then would get only two hour-long sessions for evaluation. Although the campus has added ten times the number of therapists and psychiatrists, there still is not enough time and capacity to serve the current need.

"Also," Michael Godoy said, "fifty percent of the counties in North America have no behavioral health specialists at all." This is important because one in two people over their lifetime is expected to experience a mental health issue.

Systems like Skype and video chats can extend the reach of a professional to another county or state, even around the world. The use of such technologies is not new: Freud sometimes conducted analysis by letter. In fact, some patients are more comfortable with online therapy, feeling safer and more emotionally open than in the presence of another person. But online therapy, while it may extend the *reach* of the psychiatrist, does not extend the *scale* of help: the professional's time is still spent one-on-one. "But computers are great at scaling," Dr. Norman said.

The YAFC is currently developing two programs in what they call "Scalable Psychotherapy." These allow a person to access therapy without going to the office, spending time traveling, finding parking, or worrying about fees and insurance. The first of these is an online program called GritX.org.

"Grit is a human quality," Dr. Norman said. "If something is worth achieving, it takes effort and perseverance—grit."

The program starts with the **Skills Studio** by having the user identify and evaluate their own emotions. Paul Ekman, professor emeritus at UCSF studied all cultures and races and derived six basic human emotions: sadness, happiness, anxiety, anger, disgust (the basis of morality), and surprise (which makes us laugh and feel delight). This section also lets the user explore categories of feeling, like "weathering storms," "relationships," and "best selves." The goal is to emulate the therapist's work of helping the patient identify their emotional state.

Next, the user is asked to characterize their strengths and virtues. Studies have shown that the people we admire most—people we know, but also public figures, and even fictional characters—demonstrate some of blend of 24 basic character traits. These include, for example, the virtue of *wisdom,* which includes strengths like knowledge and curiosity; *courage,* encompassing bravery and daring; *humanity,* with kindness, love, and patience; *the work ethic,* with purpose and self-control; *justice,* with fairness and mercy; and *transcendence,* with hope and optimism—to name just a few.

The GritX program lets the user take a quiz about where they feel strongest—asking them to name their top ten strengths; then from those, their top five; and finally their top three. The program categorizes these strengths into virtues and helps the user develop virtues where they feel they may be lacking.

Other parts of the GritX program include **Catch Your Breath,** which coaches the user in breathing

[1] UCSF Distinguished Professor of Adolescent and Young Adult Health, UCSF Weill Institute for Neurosciences.

techniques. The user selects a background image, a background sound, and a breathing pattern and then works through the cycles. "This gets one into a calm place," Dr. Norman said.

In the **Self-Care Toolkit,** the user selects activities like playing music or snuggling with a pet, and situations like taking a shower, that make them feel good. The program lets you create an app you can take along as a reminder of ways to use these activities when feeling overwhelmed or upset.

The **Self-Interview** addresses a common goal of therapy, to increase a person's capacity for self-reflection. "Most people are taught to 'get over yourself,' " the doctor said. "But here you take time to examine what's going on inside you." Using a series of statements—for example, "I feel out of control"—the program offers techniques to address the condition. In one case, the user may be asked to select an object and describe it. "You are using the thinking brain to observe and describe," Dr. Norman said, "which has a calming effect. These exercises help you work through various life experiences."

The **Journaling** section prompts the user to write their experiences—again, involving the thinking brain and discovering personal strengths. This part of the program is organized by exercises like a Gratitude Letter to a loved one, Letter to You, and Appreciating Your Normal. The **Sketchbook** section provides much the same technique but uses visual prompts for people who may not be verbally attuned.

And finally, **Grit Expeditions** gives the user a place to start for personalizing the experience and offers a path for navigating through the program. The website includes a number of resources, such as books about mindfulness, trauma and recovery, healthy eating, and dealing with stress.

In August the GritX program will receive various upgrades, including **Grit Story,** where the person can share experiences with a community of users; **Grit Chat,** where they can discuss those experiences in a monitored space; and a **chatbot** that will ask how the user is feeling and use tone analytics to help them identify and regulate their mood. "In a static app," the doctor said, "the user may grow but the therapy doesn't grow with them. The chatbot is intended to correct this."

The chatbot is not designed to replace a human therapist, he warned. But, on the other hand, it is not going to be judgmental, or disappointed, or even remember you after the session.

The GritX program does require a certain amount of motivation—hence the emphasis on "grit"—and so it may not be suitable for people in the midst of depression and too lethargic to care, or experiencing a psychotic episode. "The program won't help everybody," Dr. Norman said. "It is not intended to take the place of a medical appointment. But it can help people who are thinking about getting therapy."

The program also is not designed for people who may be having suicidal thoughts or becoming a danger to themselves or others, but there are protocols in place to alert the proper authorities if GritX encounters these trends in a user's interactions.

Dr. Norman stressed that, for privacy reasons, the GritX program does not save any of the user's content, although you can download materials to your own app. "The program meets HIPAA [Health Insurance Portability and Accountability Act of 1996] requirements," he said. "We will never sell your information or violate your privacy."

A second project in development at the Young Adult and Family Center, in combination with the company Tiatros, is intended for veterans of the Iraq and Afghanistan conflicts suffering from PTSD (Post-Traumatic Stress Disorder) and women who were sexually assaulted in the military. The user watches videos and then comes online for a discussion that employs a program similar to IBM Watson Analytics to discover and address patterns. The project is being developed in partnership with various regional health-care systems.

"This program is designed to teach resilience," Dr. Norman said. "Human beings survive by being resilient. After a major fire or other disaster, ninety percent of people will be back to their normal behavior pattern within six months. But ten percent will act as if the trauma happened just yesterday." The goal of this second program is to teach users to become reflective, gain perspective, and think about something bigger than themselves.

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

Time for something gentle. So, since I frequently mention Shinrin-Yoku (forest bathing) in support groups and classes, when the opportunity presented itself to experience this Japanese-coined process of combining meditation and a walk in nature, I leapt at it … time to do field work. We paid the registration fee and took off for the Oakland Hills on the designated day. Alas, this event was poorly organized and the meet-up directions were so vague that we spent half an hour driving around the park area trying to find other forest bathers, not knowing quite what or whom to profile as our new cohort. Finally, after following several false leads and vacant meeting spots, my buddy and I gave it up and resorted to lunch and user-friendly College Avenue "gift-shop bathing" instead.

It turns out that what we missed was a guided experience in nature therapy, where the concept of taking in the forest atmosphere leads to more relaxation and less stress. The purpose of a guide is to make people slow down and to wander, to breathe, to relax, and to perceive, touch and listen … ultimately to heal. If one Googles *shinrin-yoku*, links will be found to research and meta-analyses that suggest advantageous effects on blood pressure and pulse rate and effects on the nervous system that heighten awareness, causing relaxation.

The concept of a healing experience which is readily available, free, and easy to implement intrigues me. Even more convincing, I have witnessed that my trips to the Bay Area redwoods with my ill son have consistently resulted in more engagement and less internal preoccupation on his part and more interactive and substantial conversations as we sit under the trees. I intuitively feel this has something to do with the calmness of the environment and its minimal chaotic sensory input.

Oliver Sacks, the late, well-known neurologist author, states, "The importance of these physiological states on individual and community health is fundamental and wide-ranging. In 40 years of medical practice, I have found only two types of non-pharmaceutical therapy to be vitally important for patients with chronic neurological diseases: music and gardens."

He went on to describe going to the desert with a friend burdened with Tourette's Syndrome with its "hundreds of (daily) tics and verbal ejaculations"; while in nature, the tics disappeared but did reappear in a different setting. Sacks related this in a recent *New York Times* article and he described the effects of gardens on psychiatric patients and also those with dementia, citing that he had never seen dementia patients plant a seedling upside down whereas they often couldn't feed themselves or dress.

He stated: "I cannot say exactly how nature exerts its calming and organizing effects on our brains, but I have seen in my patients the restorative and healing powers of nature and gardens, even for those who are deeply disabled neurologically. In many cases, gardens and nature are more powerful than any medication."

We are fortunate in the Bay Area to have—at no cost—forests and nature in our very backyard, with gorgeous redwoods beckoning to us from the hills. Do try out some forest bathing with your loved one—or just for yourself—at a price much below the going rates of therapists and psychiatrists. See you on the trails.

—Liz Rebensdorf, President, NAMI East Bay

Clinical Perspective 1: Motivational Interviewing

Motivational Interviewing (MI) is a counseling approach which is client-centered and semi-directive, with the goal of engaging intrinsic motivation to change behavior. Xavier Amador, in his book *I'm Not Sick, I Don't Need Help,* discusses MI at length. Guiding principles are:

1. Motivation to change is elicited from the client and not imposed from without, through identifying and mobilizing the client's intrinsic values and goals.
2. It is the client's task to articulate and resolve ambivalence. Through empathy, it is the therapist's role to help the client appreciate the value of change by exploring the discrepancy between how one wants life to be versus how it is.
3. Direct persuasion is not an effective method for resolving ambivalence, since that may increase client resistance, which is natural.

4. The interpersonal relationship is more like a partnership than an expert/recipient relationship. The therapist supports self-efficacy and client autonomy in the move towards change.

"Main goal is to establish rapport, elicit change talk, and establish commitment language."

Clinical Perspective 2: Clinical Assessment

The Adult Needs and Strengths Assessment (ANSA) is a tool, with age variations, used to document a client's current status and action plan. Within a comprehensive list of domains and sub-behaviors, status is rated as:

1. No Evidence of Strength
2. History/Mild/Suspicion
3. Moderate/Action Needed
4. Severe/Disabling/Dangerous/Immediate Action Needed

Domains examined include life functioning, behavioral and emotional needs, substance use, culture, education and vocation, risk behaviors, strengths, and caregiver resources. Each domain notes a list of the specific behaviors and rates them separately.

In a fuzzy world of more questions than answers, this is an attempt to quantify a client's status and thus be able to record change.

Clinical Perspective 3: Crisis Intervention Models

There are many crisis intervention models used by clinicians, facilities, and behavioral health systems. Here is an amalgam of some techniques common to the models:

1. Assess imminent danger and chances of harm to client or clinician. This involves considering the environment, possible items of violence, medical needs, substance use, and coping.
2. Establish rapport through respect and acceptance with eye contact, positive and calming language, empathy.
3. Help client gain control by sharing responsibility for the next step or plan, since losing control over events or feelings is often a hallmark of crisis.
4. Identify crisis precipitation or major event that preceded loss of control.
5. Address underlying feelings and emotions through active listening (paraphrasing, probing, reflecting). Assure and reinforce client's sense of personal safety.
6. Address the whole person, emphasizing strengths, and consider the psychiatric label only part of the client's ability to deal with the world.
7. Generate and explore alternatives, having client collaborate using his/her own credibility, strengths, values and goals. Alternatives work better when they're "owned" by the client. Identify natural supports.
8. Co-develop a strength-based action plan at a concrete level rather than through lofty goals.
9. Build in a follow-up process.

Clinical Perspective 4: Cognitive and Dialectical Behavior Therapies

Cognitive Behavior Therapy (CBT) is a psychosocial intervention that focuses on challenging and changing unhelpful cognitive distortions and behaviors (thoughts, beliefs, attitudes) to improve emotional regulation and to develop coping strategies for current problems. Rather than deal with psychological history, CBT is more problem-focused and action-oriented as the therapist assists the client in finding and using effective strategies to address identified goals and decrease symptoms. In conjunction with medication, CBT has been found to be useful for serious mental illnesses and can be useful alone for less severe conditions.

Dialectical Behavior Therapy (DBT) is a variation of CBT and has been found particularly useful in treatment of Borderline Personality Disorders. Using standard CBT techniques for emotion regulation and reality-testing, concepts of distress tolerance, acceptance, and mindful awareness are introduced.

Sibling Group

Over the years, we've assessed the possibility of providing support for siblings of individuals with mental illness, but response has been meager. We now have a couple of families with young children coping with this difficult situation. Let us know if you're interested.

NAMI East Bay

National Alliance on Mental Illness

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We urge you to mail your 2019 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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