



NAMI

Cape Cod

The Nation's Voice on Mental Illness

February 2008

USING AFFIRMATIONS EFFECTIVELY

BY STELLA THOMSON, MSW, LICSW

Affirmations are a great way to use our creativity to allow what we desire to manifest itself in our lives. They are specific messages from our conscious mind to our subconscious mind. The subconscious mind manifests itself in our lives every day. Have you ever noticed how you “forget” to do something you didn’t really want to do in the first place? Or how you start thinking a negative thought, like “I’m going to fail my algebra test”, and when the time comes, you do, indeed, fail the test? These are called “self-fulfilling prophesies” – thoughts we tell ourselves so often that they come true (or manifest themselves). But we can use this same process to bring what we want into our lives as well.

To use affirmations, it is important to understand how the subconscious mind works. The subconscious mind is rather like an infant. Infants know immediately whether or not a person is at ease holding them and will cry in the arms of someone who is fearful or nervous. The holder might pretend to be comfortable, but the baby will know what the situation really is. And have you ever taken something from a small baby and put it out of sight? They don’t even look for it. It’s just “All gone.” That’s why little babies have to do the same things over and over again, to learn that the same sequence of actions will always have the same results. When an infant experiences emotions such as happiness or distress, they experience them completely.

(Continued on page 3)

ANNUAL WALK MAY 31, 2008

WHY WE WALK

We have walked for the Mind of America for the last five years. What have we accomplished? On the National level, we have seen CBS Cares talking about Depression and Bipolar Disorder. That did not just happen; it was the result of NAMI National working with the television networks. Other stations are running shows with mental health themes and education about mental illness. This was achieved through the Stigma Stompers program. On the State level, we have seen many new programs such as NAMI Cares, soon to become NAMI Connection, and In Our Own Voice. On the Cape, we have developed a Speaker Series, updated our literature, become involved with veterans, set aside a percentage of funds raised by consumers for consumers, and made many donations to programs caring for people with mental illness. We also have contributed to those organizations which reach out to those we care about. WE WILL CONTINUE to see much progress if we continue, EACH ONE OF US, TO REACH OUT to help in this endeavor. Please plan to join us on May 31, 2008 as we continue to walk for the mind of America, to knock down barriers that prevent those with mental illness from being all that they can be.

By Charlie Manning

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Message from the President

By Leroy Spaniol, Ph.D

What Would a Recovery-Oriented Program Look Like? Part I

In the last Newsletter I discussed the **Recovery Vision** and how to keep that “good news” alive. In this issue and subsequent one’s I want to discuss the reliable information acquired over the past 30 years concerning what is helpful to recovery and what is not. This information comes from a variety of sources including research, professional practice, family experience, and the recovery experience of people with mental illnesses. Through these complementary perspectives we will understand how people with psychiatric disabilities change, and, how positive or negative internal and external factors influence these changes.

As a result of the newness of this shift toward recovery, mental health professionals, family members, people with mental illnesses, and people in the community are at different levels of understanding and implementing the recovery paradigm. The current transition is leaving some people very confused and frustrated. A critical first step, however, is to understand what recovery is and what a recovery-oriented program would look like. Recovery has been defined in numerous ways. The definition I propose has been developed in part by a consensus-building process involving professionals, family members, and people with mental illnesses in Connecticut. They describe recovery as being connected to your community in meaningful ways; having an identity separate from the illness; and having a life that is satisfying, fulfilling, and contributing to others.

A **recovery-oriented program** is one that provides the knowledge, skills, support, and resources to facilitate the achievement of each individual’s recovery vision. Giving a program a new recovery title or adding a new recovery policy statement will not work unless there is a clear understanding and implementation of the current research, professional practice, family experience, and consumer experienced based components of a recovery-oriented program. This first in a series of papers will pull this varied information together and present it in terms of guidelines for what constitutes a recovery-oriented program with examples of program policy statements supporting the components. And of course, it will be necessary to periodically review and update these guidelines as our knowledge grows. Not all components need to be in the same program, but they need to be an active part of the local helping community and readily accessible to all members of the “recovery community.” Practical guidelines for how professionals, family members, and people with mental illnesses can implement the components will be described in a future paper.

Strongly Affirm Recovery in the Mission Statement

Programs need to affirm President Bush’s New Freedom Commission on Mental Health Report (2003) and the state Departments of Mental Health State Plan statements on family- and consumer-directed care and the new vision of recovery. The President’s New Freedom Commission on Mental Health report is being widely adopted by individual state Departments of Mental Health and mental health programs across the country. Local, state, and community program adaptations should be developed collaboratively between organizations, family members, people with mental illnesses, and community representatives. It is important that the Mission Statement derived from this consensus-building process focus on the recovery vision rather than the essential components, policy changes, or practice guidelines. The recovery vision refers to outcome—and the components, policy changes, and practice guidelines are the means to achieve the recovery outcome. An organization needs to be clear about its vision first and only then can it adequately focus on the means re-

quired to achieve that vision.

A climate of hope

Hope is essential to building a life for anyone. The accumulation of traumatizing, devaluing experiences can wear people down over time, and lead to the giving up of hope. Hopelessness, apathy, and indifference are best seen not as problems people have but as learned solutions to shattered lives. They are strategies that desperate people adopt in order to stay alive (Deegan, 1996) and to manage their sense of powerlessness (Mack, 1994). Without hope, it is hard to cope. People just barely survive—they don’t feel alive or a part of life. Their personal vitality is broken and numbed. We also certainly know of many examples where hope has been taken away—where someone has said there is no hope. This is especially devastating to people with psychiatric disabilities. And, if these words come from a mental health professional, it is doubly disabling.

Hope is a combination of empathy with respect to the person’s present life (i.e., what is) and also with respect to the person’s capacity (i.e., what can be). Both of these aspects of hope need to be communicated to the person and can be parallel processes. If the helper focuses solely on capacity, the person may experience him or her as a “cheer leader” who can not adequately acknowledge his or her full experience. The present, or “what is”, is often painful and sometimes terrorizing because of the illness, symptoms, past history, prejudice, or discrimination. These experiences need to be validated and integrated in order for the person to rebuild his or her life.

Helping a person focus on their aspirations and goals represents respect for the person’s capacity, and gives the person hope. It is a way of saying “I assume you have aspirations and goals and I expect you to be able to achieve them.”

Mutuality means that each person brings something important to the interaction. Hope, for example is often described as something the provider holds for the person with the mental illness. While this may be initially true, the bearer of the hope can shift. There are many instances where the provider may feel frustrated or even hopeless concerning the person they are helping and then the person they are helping does or says something which shifts the provider back to a hopeful place. Relationships that are mutual are respectful. Each person is open to giving to and learning from the other. A mutual relationship can generate many wonderful surprises for each person (Eldridge, Surrey, Rosen, Baker Miller, 2003).

Policy example: Providers will empathize with the person’s situation in life and help each person to identify aspirations and goals and provide the knowledge, skills, support, and resources to achieve them. Future additions of the Newsletter will cover additional components of a recovery-oriented program.

References

- Deegan, P. (1996). Recovery as a journey of the heart. *Psychiatric Rehabilitation Journal*, 19(3), 91–97.
- Eldridge, N. S., Surrey, J. L., Rosen, W. B., Baker Miller, J. (2003). *What Changes in Therapy? Who Changes?* Wellesley, MA: Stone Center, Wellesley Centers for Women, Wellesley College.
- Presidents New Freedom Commission on Mental Health. (2003). <http://www.mentalhealthcommission.gov/>

Continued from page 1 AFFIRMATIONS

So how does this relate to the subconscious mind? First, the subconscious mind knows us better than we know ourselves and we cannot lie to it. Whatever message we give to the subconscious must be believable. For example, the affirmation “I am rich” won’t be effective for most of us because most of us are not rich; the subconscious mind will immediately reject the affirmation and it will be useless. However, “I am receptive to the abundance of the universe” might be effective for many people. Unfortunately, some people have learned that wealth is morally wrong and may not be able to be truly “receptive to the abundance of the universe” because they would feel guilty if they received “too much”. For these people, an affirmation such as “I am receptive to receiving my fair share of wealth from the universe” might be just right. Secondly, the subconscious mind does not understand negatives. It can perceive what is, but it doesn’t understand what is not. For this reason, affirmations must be stated positively. The subconscious doesn’t quit, give up, lose, or “not” do anything. It can, however, be free, make better choices, or “do” something different. Therefore, affirmations must be written in the positive. Third, to the subconscious mind, “I will...” means you don’t need it right now, but perhaps sometime in the next 500 years or so. “I will...” won’t help you today. “I am...” is the way to get there. Lastly, the subconscious mind does not understand words so much as feelings and emotions, so be careful of the words you choose. Use words that resonate positive feelings. For example, an affirmation such as “I am able to control my anger” might sound great at first, but close your eyes and say the word “anger”. If you’re like most people, you will notice a subtle increase in the tension in your jaw, neck, back, or other areas where you normally hold your anger. Your unconscious takes affirmations (and the feelings associated with them) and allows them to manifest in your life. A better affirmation would be something like, “I am able to manage strong emotions effectively”. The short version, then, is:

Make sure that you believe your affirmation. If you feel the slightest doubt about it, it needs more work.

Use positive language. If you feel the slightest discomfort about a word, try another word.

Use “I am...” phrases.

State your affirmations in the present tense. You want this to manifest sooner rather than later.

Check out the feelings of the words you use.

Below are some sample affirmations you can try, but be aware that the most effective affirmations are the ones you write for yourself.

I choose to respond to situations in a calm manner.

I deserve all of the good things that life has to offer.

I am full of vitality and good health.

I make choices that promote good health.

It’s best to have several affirmations for the same thing. Repeat at least two of your affirmations **out loud** several times a day. If you find that a particular phrase becomes boring or loses its energy, write a new one. It can take as long as three months for affirmations to really begin to work. That might sound like a long time, but you’ve been living your whole life with attitudes that haven’t worked. And make sure that you attach the feeling to the affirmation. If you’re just doing it by rote, you won’t make much of an impression on your subconscious. Be patient, keep at it. *You deserve the benefit of your own energy!*

January 15, 2008

Dear Friend,

We need your help. Please sign and mail the enclosed postcards to Representative «Rep. L.Name», Chairman O'Flaherty , Speaker DiMasi and Governor Patrick in support of house bill 1313. "An Act Relative to Confinement Conditions and Treatment of Prisoners with Mental Illness" sponsored by Representative Ruth Balsler.

As you may have read in the Boston Globe Spotlight, at the present time more than 50% of the inmates in solitary confinement are mentally ill inmates compared to 22% of the population that are receiving mental health services. In the last two years 11 inmates have committed suicide. This bill is necessary to protect mentally ill inmates from this abuse.

What is in this bill:

- If, after the assessment, inmates in a segregated unit are found to meet certain criteria of having a mental illness, then they are to be transferred into a residential treatment unit or provided with clinically appropriate treatment in the general population.
- The bill would also establish mental health treatment programs inside correctional facilities. These programs include but are not limited to residential treatment units (mentioned above). Through these programs, inmates are to receive therapy and psychiatric services in settings appropriate to clinical needs. There must be at least one residential treatment unit for Level 6 inmates.
- The Bill ensures that when inmates are confined to a segregated unit, they must have a mental health assessment by a mental health professional within 24 hours and be reassessed every 3 days thereafter (at a minimum).
- The bill: requires that correctional staff working on the residential treatment units are to receive a minimum of 40 hours of training, plus 12 hours annually. All other correctional officers are to receive 8 hours of mental health training annually. Training includes info about mental illness, goals of treatment, medications and side effects, co-occurring disorders, and how to safely manage inmates with mental illness.

Thanks for your help.

Yours in advocacy,

Sidney C. Gelb

Public Policy Chair,

NAMI MASS

There is still plenty of time to send in the postcards included with this newsletter for Bill 1313. **DO IT TODAY!** Don't forget to affix a postage stamp.

The Impact of Serious Mental Illnesses on the Family

and the Family Recovery Process

When: March 13, 2008, 6:00-8:00 PM

Where: Wellfleet Senior Center

Presenter: LeRoy Spaniol, PhD

508 349 2475

This presentation will help participants to understand the experience of family members as they attempt to deal with the onset of a serious mental illness and the continuing care of their family member. An understanding of the families' complex and highly charged emotional experience can provide new beliefs, attitudes, and coping skills with which to develop approaches more helpful to the family.

Professionals and family members can see the experience as a natural result of a traumatic crisis, one, which requires new coping and adaptation skills. One of the most useful ways to understand the experience of family members is to look at the process that family members go through in coping with the initial crisis and with the ongoing crises of treatment and long term care. The process is called the family recovery process.

**from the VA on Suicide Prevention
Warning signs for suicide:**

1. Threatening to hurt or kill yourself
2. Looking for ways to hurt yourself
3. Seeking access to pills, weapons, or other self destructive behavior.
4. Talking about death, dying, or suicide.

The presence of these signs require immediate attention. Other warning signs may include:

5. Helplessness
6. Rage, anger, seeking revenge
7. Acting reckless or engaging in risky behavior, seemingly without thinking.
8. Increased alcohol or drug abuse
9. Feeling trapped, like there is no way out
10. Withdrawing from friends and family
11. Anxiety, agitation, inability to sleep or excessive sleepiness
12. Dramatic mood swings
13. Feeling there is no reason for living; no purpose in life

Hotline numbers for Suicide Prevention are

1-800-273-TALK (8255).
1-800-SUICIDE (1-800-784-2434)
TTY 1-800-799-4TTY

NAMI Cape Cod now has many openings for volunteers on the different committees that comprise our affiliate. The following committees would welcome your help:

Advocacy Committee

Support Group/Education Committee

Speakers Committee

Walk 2008 Committee

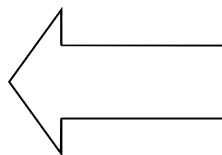
Office Volunteers Committee

Outreach Committee

Clubhouse Committee

Veteran's Committee

Membership Committee



Any NAMI Cape Cod member who would like to receive notices of different NAMI or mental health events by email, please email you address to NAMICAPECOD@verizon.net

Anyone who would like to help, please call the NAMI office at 508 778 4277 or email us at

namicapecod@verizon.net.

NAMI Cape Cod uses Walk in assisting Recovery

The NAMI Walk for the Mind of America has been shown to be a successful tool in allowing consumers in the recovery process to rediscover their valuable skills . Today NAMI recognizes the need to support the whole family, including the recovery of the consumer. We recognize the consumer will recover with our support. NAMI Cape Cod will continue to reach out to consumers on the Cape to assist them in the recovery process, to acquire new skills and improve old ones. To encourage and assist people in recovery, the NAMI Cape Cod Board of Directors at our October 2007 meeting, voted to set aside 40 percent of what the consumers raised (We get back 45 percent) for the walk to be used for consumers by consumers. One example is a reimbursement for gas to NAMI events or volunteering in the office and refreshments for NAMI Care Meetings. A Travel and Reimbursement Report form as been developed for consumers to use.

By Charlie Manning

Education and Support for Families

NAMI Family Support and Education programs get revitalized each year with spring trainings which are available to any NAMI family member who wishes to participate. All that is necessary is a desire to give back service with a commitment to teach two 12 week sessions of the NAMI Family-to-Family Education Program or a two year commitment to facilitate monthly NAMI support groups.

The first of two trainings was held on the weekend of February 8, 9, and 10 in Falmouth for support group facilitators. The following NAMI members completed the training: Peg and Fenton Burke from Martha's Vineyard, Kara Anderson from Sandwich, and Wendy Rennett from Wellfleet.

The second training for education class teachers will be held on the weekend of April 11, 12, and 13 at the Holiday Inn in Marlboro. If you are interested in participating, you must notify Cindy Nelson at the state NAMI office. The number is 781-938-4048 and email is namimassedu@aol.com.

Kara Anderson and Pat Martins are presently exploring interest in holding a spring 12-week session of family education on the Upper Cape. Anyone interested in taking this course should call the local office at 508-778-4277.

Annual Legislative Breakfast at the State House

The Southeast Area of the Massachusetts Department of Mental Health held their annual Legislative Breakfast on February 11th at the State House in Boston. The event was co-sponsored by our own Senator Robert O'Leary and featured poignant narratives about the impact of mental illness on families and friends, with which we are all familiar. Recovery happens when effective treatment, medication, housing and support are made available. Unfortunately, there are long wait-

ing lists at present, because the need far outstrips the resources provided. The Legislators were thanked for their efforts which have a positive impact on shattered lives, and asked to make mental health and affordable housing a priority in the coming fiscal year. We urge our NAMI members to write letters of support for the adequate funding of mental health priorities for all Massachusetts citizens.

Suzanne Sullivan

Bob McClenahan

Thank you! Thank you!! NAMI Cape Cod would like to thank **Josh Brimdyr** of Medunity and **Gina Andreozzi** of GMPA Computer Consulting for donating their time to assist the office staff in updating our computer. Thanks to Josh, we now have a Database which allows us to better track our membership. We look forward to soon being able to offer our newsletter on line.

IT'S A WRAP

On December 18, 2007, NAMI Cape Cod held a wrapping party for gifts to be donated to consumers at various local residences. We thank Bob Samson at the Professional Driving School who donated the work space for about 12 volunteers, and we thank Polly Rice, who organized the event.

Wish lists were provided by different agencies, and much care was given to fulfill wishes for the recipients. Many thanks to those who donated the sweatshirts, socks, sweaters, scarves, cosmetics, gloves, bath products, and many other items.



Everyone's presence, as well as lots of presents, made for a festive Wrap Party!

Save the date: May 31, 2008
NAMI Walk For the Mind of America

Hyannis, MA 02601

5 Mark Lane

NAMI Cape Cod

The Nation's Voice on Mental Illness



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Support Group Schedule

For Friends and Family of People with mental illness:

First Wednesdays of the month—Christ the King Church Parish Center, off Rte 151, Mashpee 7-9 PM. Contact Charlie Bacher at 508-778-0650

First Thursdays of the month—First Congregational Church, Main St., Chatham 7-9 PM. Contact Chris Ebel at 508 778 4277

For People with Psychiatric Disabilities

First and Third Wednesdays of the month—Louis Gordon Office Facility Meeting Room, 1100 Rte 134, Dennis 6:00-7:30 PM. Contact Karen at 508-385-5078

Last Saturdays of the month—Federated Church, Main St., Orleans 10:00-11:30 AM. Contact Carolyn at 508-255-8521 or Linda at 774-722-3323.

MISSION

NAMI Cape Cod serves to advocate for improved services and laws governing the care of people with mental illness, to support and educate families and individuals on their path to recovery, to educate all people on the nature of mental illness.