



National Alliance on Mental Illness

**Linn
County**

Box 945, Cedar Rapids, Iowa 52406-0945 319 . 221.1184

April 2008

Educational Forum Schedule

April 17 Sam Thompson of Four Oaks
Sam is a clinical supervisor and program manager at Four Oaks. He is currently in charge of the Teen Plus and Remedial Services programs in Cedar Rapids, Iowa City, Des Moines, and Dubuque. Sam has seven years experience in managing family-centered services and has coordinated a project targeting kids who were at high risk for placement. He will talk about the programs he is in charge of, as well as safety and permanency issues.

May 15 William Stutts, M.D.
Anxiety, Under-Recognized and Under-Diagnosed
Dr. Stutts has a private practice in psychiatry at Mercy Medical Center. He currently serves as head of the Department of Psychiatry at Mercy and as director of inpatient services for psychiatry. Additionally, he is the medical director of the Sedlacek Center, an alcohol and drug treatment program with both inpatient and outpatient services.

June 19 Jackie Fitzgerald from A Ave Pharmacy
Jackie received her doctorate in pharmacy from the University of Iowa. Her specialty is psychiatry & diabetes. Jackie will provide information regarding medications.

July 17 Jess G. Fiedorowicz, M.D., M.S.
Dr. Fiedorowicz will be presenting information related to cardiovascular risk associated with mental illness including risk factors, management, and prevention.

August 21 Erica Zito
Erica is a Resource and Information Specialist for the Iowa Foster and Adoptive Parents Association. She is also a trainer for NAMI's Visions for Tomorrow, a program for family members of children and adolescents with mental health issues. She will speak about mental health issues in foster care and adoption, as well as her personal experiences parenting a child with mental health issues.

Third Thursday of the Month 7:00 p.m., Room 307

NAMI-LC welcomes your ideas for future Educational Forums. Please e-mail suggestions to www.nami-lc@hotmail.com or call the Resource Line at 221-1184.

Family Support Group meets the first Tuesday and the Third Thursday of each month, Room 308, The meeting starts at 6:00 P.M.

Consumers Advocating Recovery through Empowerment Group is organized and facilitated by people with psychiatric disabilities. They work for recovery through advocacy, empowerment and support every Third Thursday at 6:00 PM in Room 307. Friends and Family are welcome. All at the

**First Lutheran Church,
1000 3rd Avenue S.E., Cedar Rapids.**

Board Update

With the addition of three new members, the board has been infused with new ideas and possibilities for growth! Highlights of the some of the board activities over the last several months include:

- Planning for the October Mental Illness Awareness Week Event
- Coordinating the Educational Forum schedule
- NAMI-LC website development (check it out at www.nami.org/sites/linncounty)
- Membership retention and recruitment and recruitment for the board

- Organizing the NAMI Walk 2008 in collaboration with Johnson County
- Outreach for and development of NAMI programs in the Linn County area
 - Family to Family Education Program
 - Visions for Tomorrow
 - Parents and Teachers as Allies
 - The new Connections peer support group
- Coordination of media publicity
- Development of the NAMI-LC lending library
- Coordination of volunteers
- Creation of stipends for members for various reasons such as to reimburse expenses when they volunteer to teach a NAMI program or for consumers who would like to attend a mental health conference.

Additionally, Steve Miller and Stacey Pawlak were recently interviewed for a Gazette article on schizophrenia. Wendy Stokesbary and Steve Miller participated in a documentary, produced by Susan Chenowith from UI College of Nursing, aimed at educating health professionals about care of mental health consumers. Board members provided presentations on NAMI-LC to several community programs and

New Board Members

NAMI-Linn County would like to welcome two new board members.

deHaven Rosel joined the NAMI-Linn County Board in February 2008. He is a graduate of Carlson College of Massage Therapy and started a practice at New Life Fitness when he started to have auditory hallucinations associated with schizophrenia. He eventually became involved with Abbe's Pact Team which helped him to stay on his medications and today he considers them his guardian angels. Peer support at Coe has also played an important role in his life. In addition to the NAMI board, deHaven is the Secretary on the Dreams, Inc. Board (a new recovery center) and is employed at Abbe as a Consumer Consultant. deHaven is considering attending Kirkwood

for a degree in Human Services and is optimistic that he can grow, not only personally, but professionally.

Kathy Johnson re-joined the NAMI Board in February of 2008, having served as a Board Member during the 1990's. Kathy has a Master's Degree in Clinical Psychology and has worked for the Abbe Center for Community Mental Health for the past 21 years. Her life work has been dedicated to developing innovative, community based services for individuals with a severe and persistent mental illness. Kathy brings with her a passion for advocacy. In her twenty years of mental health work, she has had the opportunity to work with the brightest, most courageous, compassionate, and resilient individuals in the Linn County community.

Additional Resources and Support

Foundation 2 Crisis Center

Depression and Anxiety Support Group

Mondays from 6:30 to 8:00 pm

Contact Dennis Dozier at 362-2174 before attending

Foundation 2 Crisis Center

Suicide Survivors Support Group

2nd and 4th Tuesdays of the month from 6-7:30 pm

Contact the Crisis Center at 362-2174 before attending

Depression and Bi-Polar Support Alliance

Contact: Joe Freeman @ 366-6156

Class for Parents of Children/Adolescents with Mental Health Issues

Visions For Tomorrow is a 10-week course designed for parents and direct caregivers of children and adolescents with mental illness and/or behavior disorders. Topics to be discussed include: brain biology, details on specific mental illnesses, record keeping, self-care, stigma, and the judicial system.

It is a wonderful opportunity to meet other parents in a similar situation and discover you are far from alone on your family's mental health journey! Facilitators are Rhonda Powell and Erica Zito, who both have children with mental health issues.

The first 10-week course to be offered in the Cedar Rapids area runs April 10 through June 12. At this time, the class is full and names are being added to the waiting list for the next course. To add your name to the waiting list or to ask questions, contact Rhonda at 310-5098 or Erica at 366-0439.

NAMI-Johnson County will sponsor the Visions for Tomorrow education class on Saturday afternoons April 5th – May 3rd, from 1:00 PM to 4:00 PM. Pre-registration is required. For more information or to register, call Mary Issah at NAMI of Johnson County at 319.337.5400.

NEW PROGRAM OFFERED IN THE C.R. AREA!!

NAMI Connection Recovery Support Group

NAMI Connection is a recovery support group program for adults living with mental illness that is expanding in communities throughout the country. These groups provide a place that offers respect, understanding, encouragement, and hope.

NAMI Connection groups offer a casual and relaxed approach to sharing the challenges and successes of coping with mental illness. Each group:

- Meets weekly for 90 minutes
- Is offered free of charge
- Follows a flexible structure without an educational format
- Does not recommend or endorse any medications or other medical therapies

All groups are **confidential** - participants can share as much or as little personal information as they wish.

Support groups are open to all adults with mental illness, regardless of diagnosis. Participants should feel welcome to drop by and share feelings, difficulties, or successes. Everyone is a valued participant.

Research has shown that having someone to talk to is instrumental in the recovery process. Too often, mental illness is an isolating experience. Recovery is possible but often requires a connection with community—a community that offers support, encouragement, and insight. NAMI Connection is meant to be only one avenue to recovery for people with mental illness. Support groups should add to and not replace the

treatment plan determined by the individual and their mental health care provider.

NAMI Connection groups are facilitated by trained individuals living with mental illnesses who are at a point in recovery where they want to "give back" to others. They understand the daily challenges of living with mental illness and can offer encouragement and support.

A NAMI Connection Recovery Support Group will begin in Cedar Rapids on March 24, 2008. This group is open to anyone with a mental health diagnosis and there is no charge to participate.

Where: Olivet Church
237 10th St NW, Cedar Rapids
When: Mondays, 5:30 – 7:00 pm

For more information, please contact Jodi Whittaker at 366-0468, Carol Porch at (319) 330-0632, or NAMI-Linn County at 221-

INTERNET-BASED JOURNALING TOOL NOW AVAILABLE

From BP Magazine, Winter 2006
A new, free Internet-based journaling and charting tool is available to help people keep track of their moods and symptoms, along with things that affect them. Called *psychTracker*, the system was created by Derek Wood, a psychiatric/mental health registered nurse who also has a diagnosis of schizoaffective-bipolar. The system encourages users to log on daily (or multiple times a day) and chart on a scale how they are feeling on a number of symptoms, as well as making note of significant events that occur each day. When used consistently, the company said, the system can be of tremendous help in managing symptoms and can act as a tool to help in the therapeutic process. The online version of the tool is available at www.psychtracker.com.

The following article was taken from NAMI Howard County, MD

COPING TIPS FOR FAMILY MEMBERS WHO HAVE A RELATIVE WITH MENTAL ILLNESS

Thanks to NAMI-Prince George's County for sharing these tips from Rex Dickens, NAMI-Sibling and Adult Children Network.

1. You cannot cure a mental illness for a family member.
2. Despite your efforts, symptoms may get worse, or may improve.
3. If you feel resentment, you are giving too much.
4. It is hard for the individual to accept the illness as it is for family members.
5. Acceptance of the disorder by all concerned may be helpful, but not necessary.
6. A delusion will not go away by reasoning and therefore needs no discussion.
7. Symptoms may change over time while the underlying disorder remains.
8. Separate the person from the disorder. Love the person, even if you hate the disorder.
9. Separate medication side effects from the disorder and from the person.
10. It is not okay for you, or another family member, to be neglected. You/they have needs & wants too.
11. Your chances of getting mental illness as a sibling or adult child of someone with mental illness are 10-14%. If you are older than 30, they are negligible for schizophrenia.
12. The illness of a family member is nothing to be ashamed of.
13. No one is to blame.
14. Don't forget your sense of humor.
15. It may be necessary to revise your expectations.
16. Success for each individual may be different.

Schools and Mental Health: Educators Make a Difference

Jennifer Wand was one of the smart kids. She attended high school in a Boston suburb known for its high SAT scores and was a National Merit Scholar. But things got rocky her junior year. She started skipping assignments, and her concentration was

breaking down. "School became a place of terror for me," Jennifer says. "I was afraid to be seen, afraid to speak. Classmates and teachers alike frightened me."

Diagnosed with major depression, Jennifer eventually couldn't go to school on a regular basis. She would not have graduated if one member of her school's staff had not helped her come up with a plan to complete the English credits she needed.

"My guidance counselor said that if we could find an alternate way to get me those English credits, it would be worth it — that I was worth it. He arranged for me to get an externship at a local magazine. The school accepted it as an English credit and I was able to graduate."

Jennifer not only graduated from high school, but also went on to graduate from Boston University with a 3.8 grade point average. Now working for a public relations firm, she says she realizes the difference a supportive high school made in her life.

That observation chimes with reports showing that schools that address mental health do make a difference. For example, studies show that schools with mental health programs have higher academic achievement, lower absenteeism and fewer behavior problems. Students who might have been expected to drop out have graduated and gone on to lead active, productive lives.

In its 2003 report, the President's New Freedom Commission on Mental Health highlighted another reason these programs are having an impact. Serious emotional disturbances, or SEDs, affect 5-9 percent of American children and adolescents each year. That's about one in 15, which means, on average, that at least one student in every classroom has an SED.

Defined as diagnosable mental health problems severe enough to disrupt daily functioning, SEDs include depression and other mood disorders, anxiety disorders,

conduct disorders, eating disorders, and attention-deficit/hyperactivity disorder.

Mental health and mental illness can be pictured as two points on a continuum with a range of mental health problems in between. When a mental health problem is serious, it is termed a mental illness. The term SED is used for mental illnesses in children and adolescents up to age 18.

The presidential commission envisioned a day when all students could learn in supportive, mentally healthy learning environments.

To read the full article and learn about a Substance Abuse and Mental Health Services Administration (SAMHSA) program, Eliminating Barriers, that is in the pilot stage in eight states, go to <http://www.allmentalhealth.samhsa.gov/>, article #ED-0102b-pdf.

NAMI also has their own program, Parents & Teachers As Allies, designed to help educate teachers about the early warning signs of mental illness. It is being offered in Iowa for the first time this year. NAMI Linn County is proud to have one of the first teams across the state trained to present this exciting program at teacher in-service trainings.

The program is presented by a team of four people: a teacher, a NAMI course teacher, a parent of a child with a mental illness, and a student who had been diagnosed with a mental illness while still in school. Parents & Teachers As Allies provides teachers and other school personnel with a glimpse into the home life of a family where mental illness exists. It is an extremely powerful program that has been very successful in other states.

If you know of a Linn County school district, or a group of school professionals such as guidance counselors, that would be interested having this specific training, please contact Rhonda Powell at 310-5098 or Erica Zito at 366-0439.

WHAT TO DO IF SOMEONE WITH A SEVERE MENTAL ILLNESS BECOMES ASSAULTIVE

E. Fuller Torrey, Surviving Schizophrenia: A Manual for Patients, Families and Providers, 2001

- Don't underestimate the risk. People who are acutely psychotic, especially if also delusional and abusing alcohol or street drugs, are capable of extreme violence and are not predictable.
- Discuss the situation with the person's case manager, social worker, and/or psychiatrist. Make sure they are aware of the person's threatening or assaultive behavior. If possible, put your concerns in writing to them; written notification is much more difficult to ignore.
- Safe-proof your house or apartment. Have a room to which you can retreat if needed; it should have a secure lock and a telephone. Do not allow firearms in the house.
- Clearly spell out the consequences for the person if he or she becomes assaultive (e.g., no longer being able to live at home). Be prepared to carry out these consequences.
- Minimize alcohol or street drug use in whatever ways are possible. Substance abuse is often a trigger for assaultive behavior.
- If threatened by someone with bipolar disorder, remain calm, keep conversation to a minimum, and exit the situation. If threatened by someone with schizophrenia, stay calm, remain physically distant (give the person lots of space), do not look directly into his/her eyes, sympathize, try to find something on which you can both agree.
- Do not allow yourself to become trapped; remain physically between the person and an open door.
- Do not hesitate to call the Mobile Crisis Team or the police.

Who do you love more, your child who has a condition such as Asperger Syndrome or autism -- or your child who doesn't? Dumb question? It may not seem so dumb to a child who sees his or her parents devoting large amounts of time to a brother or sister with special needs. If you sometimes find that you're so focused on helping one child that your other children feel neglected or resentful, you're not alone. Let me share some suggestions I've gathered from families in this situation about improving understanding and cooperation.

1. Talk with siblings early and often about a special needs child's condition. Share appropriate information and explain what you're doing to help that child and why it's important. It's easy to assume that typically developing kids know more than they do about a sibling's special needs.
2. Listen to your children. If they have complaints or concerns, hear them out and show that you're seriously considering what they say before you reply. If they have reasonable concerns, act on them. If their concerns aren't reasonable, be patient and reassuring when you offer explanations. Consider holding both regular family meetings and individual conversations with each child.
3. Think of your child with special needs as a child first and a patient second. This helps him put his challenges in perspective, and helps you realistically balance his requirements with the needs of your other children.
4. Spend some regular one-on-one time with each child in your family doing something enjoy he or she enjoys. Even if one child's condition requires more of your time than another's, showing each child that he's special to you can go a long way toward gaining his understanding.
5. Pour on the praise when one child helps another. Making a child feel good about helping can encourage a behavior to become a habit.
6. Give each of your children the freedom to develop their individual identities and pursue their own interests. It's counterproductive to make siblings feel guilty when they want to do something by themselves at home or to spend some time alone with friends.
7. Find ways to give all your children roles in any therapies you do at home. If you can make therapy time fun, even better.
8. Seek out practical ways to include your special needs child in family activities, but don't get trapped into believing you have to include every child in every activity. If a special needs child can't sit quietly through a sibling's piano recital, find a trusted sitter so the rest of the family can attend. A mother I spoke with recently talked about getting a sitter for her autistic son so that she, her husband and two neurotypical sons could occasionally eat out in a restaurant. This is a very caring family whose two older sons actively find things to do with their autistic younger brother. They've found a balance that's healthy for everyone.
9. Seek out appropriate support groups. A support group focused on your child's condition can offer information and camaraderie. A sibling support group can offer your neurotypical children the chance to interact with kids who understand their situation in ways other peers can't.
10. If you've got serious sibling issues, individual or family counseling may offer solutions you might not think of on your own.

Making sure all your children feel loved and appreciated encourages your family to work as a team to support each other. And a team can accomplish more than one person. So, if caring for your special needs child seems to monopolize your time, consider that finding more ways to show your other children that they're important could help ease the demands on you and improve the quality of life for every member of your family. That's the kind of win-win scenario we're all looking for.

ABOUT THE AUTHOR - Dan Coulter is the producer of the DVDs, "Understanding Brothers and Sisters with Asperger Syndrome" and "Understanding Brothers and Sisters on the Autism Spectrum." You can find more articles on his website: www.coultervideo.com.



Have you ever been diagnosed with schizophrenia?

Research Volunteers Needed

AT HOME

OR

AT NIMH

(Study can be completed at home or at the National Institute of Mental Health)

The National Institute of Mental Health (NIMH) is conducting a genetic study of schizophrenia. This is a brief outpatient study requiring no change in medication. If you have been diagnosed with schizophrenia or schizoaffective disorder, you can play a critical role in helping researchers identify susceptibility genes that may increase the risk for developing schizophrenia.

The NIMH hopes that genetic discoveries may one day lead to new treatments and prevention.

To be eligible for this study, you must:

- Be between the ages of 18 and 55 years old
- Have a diagnosis of schizophrenia or schizoaffective disorder.

**Financial compensation provided
Transportation & lodging assistance available**

Contact the NIMH Schizophrenia Research Program:
301-435-8970 or toll free at **1-888-674-6464**
schizophrenia@mail.nih.gov | TTY: 1-866-411-1010



National Institute of Mental Health
National Institutes of Health, Department of Health & Human Services



95-M-0150

NIMH Genetic Study of Schizophrenia

The Schizophrenia Research Program at the National Institute of Mental Health located at on the campus of the National Institutes of Health in Bethesda Maryland is seeking healthy adults diagnosed with schizophrenia or schizoaffective disorder (depressed type) to participate in a two-day outpatient study. Travel and lodging assistance is provided and a stipend is also given to participants. This study seeks to identify the genetic and environmental factors that increase the risk of developing schizophrenia. The procedures include confidential interviews and a blood draw, a neurological exam and neuropsychological testing, neuroimaging, and recordings of eye movements and brain waves. Siblings are also invited to participate in these procedures and parents are invited to give a sample of blood if possible. For more details, call the toll-free schizophrenia studies referral line at 1-888-674-6464 (TTY: 866-411-1010) at NIH, Department of

Health & Human Services.

NIMH seeks volunteers for 6-month Schizophrenia Study

The Schizophrenia Research Program at the National Institute of Mental Health—specializes in the field of schizophrenia and is conducting a six-month **inpatient** research study of the neurobiological causes of schizophrenia at the National Institutes of Health, a pre-eminent research facility, in Bethesda, Maryland. The program involves extensive psychological, psychiatric, neurological, and medical evaluations, and neuroimaging. Study participation involves a period of time without medications. Throughout their stay in the research program, participants receive expert, personalized care, and are encouraged to participate in the clinical milieu that provides educational programs, recreational and occupational therapy, art and music therapies. Participants must be between the ages of 18 and 55, be diagnosed with schizophrenia or schizoaffective disorder, and be free of significant medical/neurological illnesses and active substance abuse. There is no charge to participate. For more details call the schizophrenia research referral line at 1-888-674-6464 at NIMH, NIH, Department of Health and Human Services.



NAMI Walk 2008

NAMI WALKS for the Mind of America is a fundraising and awareness-raising component of NAMI's Campaign for the Mind of America that is being held this year in 74 communities around the country. The proceeds from the WALK will be used to provide support to and advocate for persons with serious mental illness and their families, to support educational programs for consumers, their families and the general public about mental illness. Recovery is possible as long as adequate treatment is assessable to these individuals who need it most. Everyone deserves the opportunity to lead a healthy and happy life.

The Honorary Co-Chairs of our Fourth Annual WALK will be University of Iowa President Sally Mason and U.S. Representative David Loebsack. They will be with us on WALK day to inspire us in our WALK for the Mind of America. Entertainment during the pre-WALK program will be provided by David Zollo. There will be refreshments provided by some of our sponsors. Nic Arp will play and sing to welcome us back from the WALK. Please come join us on May 3rd, whether you walk the entire 5K walk, walk a shortened version of the walk just in Lower City Park, or whether you volunteer with us at the WALK site or just hang out and show your support for those with mental illness--please be there.

To register on-line, go to www.nami.org/namiwalks08/jci. You may register to walk with an existing team, as an individual, or give a donation. Please note that there is a drop-down box to designate your donation for either Johnson or Linn County

Board member, Wendy Stokesbary, would like to invite any interested persons to join her Linn County team, "Walk with Woo," by going to nami.org/namiwalks08/jci/www.

You may contact Walk Manager, Della McGrath, for questions or additional information at (319) 358-8448 or e-mail her at dellamcgrath@qwestoffice.net. For questions regarding joining or giving donations for Linn County, please contact Wendy at 319-981-0264 or wendyiswoo@earthlink.net

Location:	Lower City Park (by the pond), Iowa City
Date:	May 3, 2008-03-29
Distance:	5 K
Check-in:	9:00 am
Start Time:	10:00 am