



# NAMI West Houston News

Affiliated with NAMI Texas, NAMI "The Nation's Voice on Mental Illness"  
and NAMI Metropolitan Houston  
~A grassroots coalition of families, consumers, and friends~

February 2005

## FEBRUARY MEETING

### **“CRISIS INTERVENTION TRAINING (CIT) FOR LAW ENFORCEMENT OFFICERS”**

**DATE:** Monday, February 21, 2005  
**TIME:** 7:00 p.m. – Social and Refreshments  
7:30 p.m. – Announcements  
**SPEAKER:** Officer Frank Webb and Patsy Gillham  
**PLACE:** Atria Assisted Living - Westchase  
11424 Richmond Avenue  
Main Dining Hall  
(OPEN TO THE PUBLIC)

CIT is specialized training that prepares law enforcement officers to respond to individuals in serious mental health crises. Officer Frank Webb coordinates the Houston Police Department's program and will discuss the training in detail.

Ms. Patsy Gillham is an advocate of this training and will talk about a personal incident that was the impetus for mandating this training for all new Texas peace officers, a decision that has put Texas on the cutting edge of mental health training for law enforcement officers.

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Visit the NAMI West Houston website:  
[www.namiwesthouston.org](http://www.namiwesthouston.org)  
for more important information

## *President's Message*

*Bonnie Cord*

Your Board had its strategic planning meeting in January. Five areas were identified as the priorities for 2005.

1. increasing the number of education classes where, when and to the extent they are needed;
2. expanding consumer outreach and education;
3. ensuring the success of the NAMI West Houston's Walk into Sunshine on April 16<sup>th</sup>, in bringing people interested in mental illness together for some fun and to increase public awareness of NAMI;
4. getting the website operating well;
5. developing a list of volunteers to respond individually to people in crisis.

We are now forming groups to move ahead on these efforts and would welcome any of you who might like to join these groups. Participation can be minimal or major, according to your interest and time available.

We are also continuing our more routine efforts and already-begun initiatives. We plan to add more people to the Newsletter group. We would also like to form a Program group to set up the programs at the monthly meetings. We are closer to completing our reading list and finding a place to house our library. Let us know if you are interested in joining any of those efforts.

We are grateful to Cyrene Banerjee for offering to be our Refreshment Chair for the monthly meetings. If you would like to help with refreshments, please contact Cyrene.

As always, let us know if you have ideas on how to improve NAMI West Houston's helpfulness to you.

Bonnie (713-984-2538) or [bccord@swbell.net](mailto:bccord@swbell.net)

### **“WALK INTO SUNSHINE” WILL BE SATURDAY, APRIL 16**

With a slight date change, “Walk into Sunshine,” the NAMI West Houston fund-raising walk at Bear Creek Park, is moving forward. The event will be held Saturday, April 16, with a rain date of Saturday, April 30. The walk will have a staggered start beginning at 9 a.m. This is a great opportunity for NAMI members, consumers, friends and others involved in mental health issues to come together not just to raise money, but to raise public awareness of NAMI and brain disorders.

A sign-up form will be online at [www.namiwesthouston.org](http://www.namiwesthouston.org) soon and included in the March newsletter. For more information, call Bonnie Cord at 713-984-2538 or Fifi Wetherhead at 713-465-8518.

# Legislative News ...

## MENTAL HEALTH SCREENING WILL SAVE LIVES

Our nation simply cannot afford to continue to fail our youth with mental disorders who need treatment. The tragic consequences of our failure to identify youth through early assessment and to intervene with appropriate mental health treatment and services are well documented. The facts speak for themselves:

- ♣ About 3,000 youth die every year from suicide (CDC);
- ♣ Suicide is the 3rd leading cause of death for 15 to 24 year olds and the 4th leading cause of death in children as young as 10 years old (CDC);
- ♣ 90% of those who commit suicide have a diagnosable and treatable mental disorder (Surgeon General, 1999);
- ♣ Approximately 10% of children and adolescents live with a mental illness and yet, only about 20% of them are identified and in treatment (Surgeon General, 1999);
- ♣ Youth with mental illnesses have the highest school dropout and failure rates of any disability group (U.S. Dept. of Education);
- ♣ An alarming 65% of boys and 75% of girls locked in our nation's jails and detention centers have one or more psychiatric disorders (Teplin, L. Archives of General Psychiatry, 2002).

Screening for the health and well being of children is a well-established practice in the United States. We screen for vision, lead poisoning, hearing, scoliosis, tuberculosis, appropriate developmental progress and more. Mental health screening is essential to address the gross under-identification of youth with mental illnesses and the tragic consequences that often follow. Research shows that early identification and intervention leads to improved outcomes and may lessen long-term disability. Many NAMI families also recount that it promises to avoid years of unnecessary suffering and lost opportunities.

NAMI calls on federal, state and local leaders to immediately take affirmative steps to implement mental health screening for children and adolescents. This position is consistent with the recommendations included in President Bush's New Freedom Commission report on mental health that calls for mental health screening in child-serving settings.

Campaigns of misinformation, stigma and fear must not stand in the way of progress on this vital public health issue. Screening must be done with proper protections and guidelines in place, the most important of which are that screening is voluntary and only done with parental consent. To learn more about our position on mental health screening and the protection and guidelines that families are calling for, please review our recently adopted position statement on mental health screening:

<http://www.nami.org/Template.cfm?Section=Youth&Template=/ContentManagement/ContentDisplay.cfm&ContentID=20227&MicrositeID=0&FusePreview=True>.

Representative Ron Paul of Texas has introduced legislation, the Parental Consent Act of 2005 (H.R. 181) that would prohibit the use of federal funds for mental health screening. NAMI strongly opposes this legislation and urges Congressional members not to support the bill and any similar measures. The bill would stifle efforts to support state and local programs designed to identify youth struggling with mental illnesses and initiatives designed to help reduce the existing youth suicide crisis in this country.

Screening cannot be viewed in isolation. NAMI calls on national leaders to build a comprehensive mental health system of care for the millions of children who require mental health treatment and services. These children and families deserve nothing less.

### **Action Required:**

Advocates are strongly encouraged to contact their members of Congress to oppose H.R. 181 and other anti-screening legislation. Advocates are also encouraged to share their personal family stories with Congressional members about how early detection of a child's mental illness made a dramatic difference in their child's life or how the failure to identify a child's mental disorder early resulted in unnecessary suffering.

Congressional members are being regularly contacted by anti-psychiatry groups who make false claims and distortions about screening, including the claim that the President's New Freedom Commission calls for mandatory screening without parental consent. It is time to set the record straight and to report on the experiences of countless families from across the country. You may also send a letter to your federal and state legislators and leaders on mental health screening:

[http://www.nami.org/Template.cfm?Section=Issues\\_Spotlights&Template=/ContentManagement/ContentDisplay.cfm&ContentID=20233&MicrositeID=0&FusePreview=True](http://www.nami.org/Template.cfm?Section=Issues_Spotlights&Template=/ContentManagement/ContentDisplay.cfm&ContentID=20233&MicrositeID=0&FusePreview=True)

All House and Senate offices can be reached through the Capital switchboard at 202-224-3121 (please note that this is not a toll-free call). Senators and House members can also be reached at their local offices that are listed in the Blue Pages of your local phone directory.

*NAMI E-News, January 19, 2005, Volume 5-1*

### **NARSAD Artworks**

**GREAT GIFTS:** Supplies of note cards, silver pins and bookmarks are available throughout the year at our monthly meetings. NARSAD (National Alliance for Research on Schizophrenia and Depression) has a creation of art works, all hand painted and created by persons with neurobiological brain disorders. Cards are available at the Monthly Meetings. For more information call Eileen Baker (281) 304-7704.

## Focus On... Crisis Intervention

### **CRISIS-INTERVENTION TRAINING A MUST FOR ALL INCOMING HOUSTON OFFICERS**

By Ruth Rendon, [Houston Chronicle](#)

When Houston police officer Therman Canton was called to a southwest Houston home where a man was threatening suicide, he knew he had to remain calm.

A distraught man was on the roof of his two-story house with a rope tied around his neck. The man, who had a drug problem, refused to come down, so Canton, a crisis intervention-trained officer, went to him. Canton climbed to the roof — keeping a safe distance — and after 30 minutes of talking to the man persuaded him to not kill himself and to seek professional help.

That outcome is the goal of a new crisis-intervention training requirement for all incoming police officers. Starting today, all Texas police academies must offer 24 hours of classes in crisis intervention and training about the mental health code.

Before, those seeking peace-officer certification were required to take eight hours of training in dealing with the mentally ill and none in crisis intervention.

Some police departments, such as Houston, already require crisis-intervention training for academy cadets.

"What we' re trying to do is help the officers be more alert. Our officers have traditionally been taught to take an authoritative stand and take control of the situation. We' re trying to give them some verbal tools for getting control of the situation," said Virginia Ross, administrator for curriculum, training and special programs section with the Texas Commission on Law Enforcement Officer Standards and Education, which oversees police certification.

"There is a part of the population that, when there is a crisis or when they are emotional, they respond differently than your typical criminal," she said. "We' re just trying to give the officers more tools to use and more strategy to think about when they are in different situations."

A move is afoot to require all veteran police officers to receive some crisis-intervention training as well.

The new course work for rookie officers is based on classes created by police Officer Frank Webb, who heads the Houston department' s crisis intervention team.

Webb' s philosophy is that mentally ill people should be dealt with patiently, and officers should calmly listen and communicate. The goal of the Houston classes is to educate prospective officers and veterans on what mental illness is so that they can understand how to better handle a situation when dealing with a person with mental illness.

Webb credits Patsy Gillham of Cypress for bringing attention to the need for police crisis-intervention training.

Gillham' s distraught 38-year-old nephew was shot by three La Porte police officers in 2001 after he charged them with a screwdriver.

Since her nephew' s death, Gillham has attended the law enforcement commission meetings across the state urging the crisis-intervention training. Her next goal is to get all veteran officers the same training as the rookies. The crisis-intervention training, she said, "is an alternative to shooting people. We need to make it safe for the public."

The key to dealing with crises and mentally ill persons is to understand the different illnesses and the side effects from medications, said Webb. Cadets also are taught about the Texas Health and Safety Code, which gives officers the authority to have someone who' s mentally ill committed.

The Houston academy training also includes a presentation from a mentally ill person.

Ross said the changes to the police academy's curriculum was not a directive from the state Legislature. "We just saw the need for this early on. We decided to go ahead and do it," she said. "We' re trying to give them (officers) a bigger tool box."

The additional training is welcome news to the Hogg Foundation on Mental Health.

"Any training that will give police officers an opportunity to de-escalate the situation and handle it in a safe and appropriate manner is a benefit not only to a potential offender but to the police officer," said Jeff Patterson, a spokesman for the Hogg Foundation.

The Hogg Foundation, an administrative unit of the University of Texas at Austin that was established by the children of former Texas Gov. James Stephen Hogg, leads an effort to have all Texas police officers trained in crisis intervention.

The foundation, along with Gov. Rick Perry' s office, is meeting this month with law enforcement groups and state lawmakers to discuss ways that veteran officers can receive crisis-intervention training.

#### **Mobile Community Outreach Team (MCOT) (713) 970-4663**

The NeuroPsychiatric Center - **Mobile Community Outreach Team (MCOT)** is a mobile team designated to serve Harris County residents, children and adults who are: 1) in crisis 2) unable to access traditional, outpatient, psychiatric services, and 3) at risk for hospitalization. **MCOT** will provide skilled, in-field assessment and treatment for those consumers who have problems in accessing community clinics. In-field mental health care requires special sensitivity to the relationship between mental illness, family and the environment. **MCOT** will work diligently to apply this special sensitivity in assessment, treatment and linkage to on-going services after the consumer in crisis is stabilized.

**MHMRA Helpline - (713) 970-7000**

## **NEW SCHIZOPHRENIA WEB TOOL FOR TREATMENT**

A new Web-based tool will be available January 1, 2005 to help clinicians determine the best medication for patients with schizophrenia. An international team led by Vanderbilt University Medical Center's Herbert Meltzer, M.D. recently completed the new algorithms, or step-by-step protocols, which will provide clinicians a resource as they make treatment decisions.

The value of the algorithms was recently acknowledged by the World Health Organization (WHO), which has committed to establishing a Web link to the algorithms from its Web site. This will allow clinicians and patients worldwide to access the algorithms.

The International Psychopharmacology Algorithm Project (IPAP), a team of psychiatrists, psychopharmacologists and algorithm designers, was founded by Knoxville, Tenn. psychiatrist Kenneth Jobson, M.D., to develop new Web-based tools to improve the treatment of psychiatric disorders. In 2000, Meltzer joined in their efforts and organized a group to develop the algorithms for schizophrenia treatment.

"The idea was that we would come up with evidence-based medicine for schizophrenia, providing clinicians with a resource as they make decisions in standard situations, as well as in crises like suicidality, violence, and severe drug side effects," said Meltzer, the Bixler/Johnson/Mays Professor of Psychiatry and director of the Division of Psychopharmacology at Vanderbilt.

"The algorithms are unique in many ways," Meltzer said. "First, they require clinicians to evaluate patients for these crises before deciding on the course of drug therapy. Also, the algorithms are designed to help clinicians who are not psychiatrists evaluate a patient's medication regimen"

"The kind of people now prescribing drugs include nurse practitioners, as well as family doctors," Meltzer said. In addition, patients are often seen infrequently on an outpatient basis under managed care. Such changes have led to serious problems, which includes patients not using medications correctly and/or using multiple drugs without good evidence that multiple drugs should be used." Among patients with schizophrenia, around 20 percent are taking two or more antipsychotics," Meltzer said.

"Algorithms have come into favor to give strong guidance to people who aren't fully knowledgeable about the literature or have very limited time with patients."

This double and triple-treatment, known as polypharmacy, leads to higher drug costs, both to traditional insurance plans and governmental health care plans like TennCare, Tennessee's Medicaid program. The IPAP algorithms are designed to limit this phenomenon of polypharmacy, which Meltzer expects will lead to a tremendous savings in drug costs.

"Following the algorithms could save a minimum of 40 percent on the antipsychotics for schizophrenia," estimated

Meltzer. Regarding the TennCare budget crisis, Meltzer added, "I think (use of the algorithms) could provide a way of reducing the cost of psychotropic drugs to the state."

Meltzer' current research also suggests that limiting polypharmacy improves patient outcomes. In a study set to be published in the spring, Meltzer and colleagues found that adding a placebo to the standard antipsychotic medication, Clozaril, was better than adding a second antipsychotic in terms of improving psychosis and cognitive function. These findings strongly advocate limiting the use of multiple drugs. "I think patients will get much better care," Meltzer said.

"We are excited to be involved in the implementation of these algorithms," said Karen Rhea, M.D., vice president for Medical Services at Centerstone, the largest behavioral health care provider in Tennessee. With approximately 2,000 schizophrenic patients seen by providers in the Centerstone system, the availability of such a tool will be a highly valuable asset to mental health care in the state.

"We are particularly pleased with their being available online. It's going to make it much simpler for us to implement," Rhea said. "As our system is completely paperless, this is a modality we use anyway, and will allow our providers to quickly access the portions of the algorithms that are of interest."

Another strength of the IPAP algorithms is their incorporation of evidence-based medicine." Protocols and algorithms are one source of collecting information from the literature," Jobson said. "And information from the literature is one of the data streams used to make clinical decisions.

"So this will provide, we hope, salient information for health care providers in this country and abroad, to have the opinion of a large group of international experts on best treatment practices." The Web-based format will allow health care providers to not only see the recommendations, but also see the level of supporting evidence and the references that back those recommendations up.

However, cautioned Jobson, "It is not prescriptive in the sense of being a recommendation for any single patient."

Being Web-based, the IPAP algorithms can also be easily adapted to reflect the results of the most recent research advances -- a problem inherent in print-based algorithms. Its Web-based format also allows the algorithms to be adapted for use by clinicians in any country.

"We devised a number of variations on the algorithms for different countries where the same medications are not available," Meltzer said.

"Dr. Meltzer was able to recruit an extraordinary faculty through his international work, his international contacts," said Jobson. "It's the most international a faculty that's ever addressed schizophrenia, certainly in a Web-based way."

To access the algorithm, visit  
<http://schiz.c.topica.com/maac6tCabdyBAb22iZW/>

*AScribe Newswire, Nashville, TN, Dec. 29, 2004*

## **PET THERAPY 'HELPS SCHIZOPHRENIA'**

*Pet therapy can help people with schizophrenia feel more motivated and improve their quality of life, research has suggested.*

A team from the Technion Institute of Technology in Israel looked at the effect of bringing dogs into therapy sessions. Patients in these sessions were much less apathetic compared to those who underwent conventional therapy.

The study is published in *Psychotherapy and Psychosomatics*.

The research team looked at anhedonia, the inability to gain pleasure from normally pleasurable experiences, which is a major factor in schizophrenia.

For example, an anhedonic mother gains no joy from playing with her baby, a footballer is no longer excited when his team wins and a teenager is left unmoved by passing their driving test.

The condition is linked to poor social functioning and has proved resistant to treatment.

### **Rehabilitation**

The researchers compared 10 schizophrenia patients who underwent animal-assisted therapy and 10 who were given non-animal therapy over a 10-week period.

In each case, they assessed patients' clinical symptoms, their subjective views of their quality of life and their hedonic tone - a psychological term relating to whether someone views experiences as pleasurable.

The group who were given pet therapy showed a significant improvement in the hedonic tone compared to the other group. They were also seen to show an improvement in the use of leisure time and a trend towards improvement in motivation.

The researchers, led by Dr Inbar Nathans-Barel, concluded animal-assisted therapy "may contribute to the psychosocial rehabilitation and quality of life of chronic schizophrenia patients".

Paul Corry, director of campaigns and communications for the mental health charity Rethink, said: "This is an interesting research and we welcome any new research or progress into understanding the causes of schizophrenia.

"But it would need to be checked before it would make a difference to the thousands of people living with severe mental illness in the UK.

"In the meantime, reaching people early with the right care and treatment is the best way of recovering a meaningful and fulfilling life."

*Story from BBC NEWS:*

<http://news.bbc.co.uk/go/pr/fr/-/1/hi/health/4171505.stm>

## **TRIP TO WAXAHACHIE**

*By Aaron Spencer, NAMI West Houston Board Director and Consumer Advocate*

My name is Aaron Spencer. I am a Director on the Board of NAMI West Houston. On December 15, 2004, I went to Ellis County in Waxahachie, Texas and met with acting President, Kate Doyle, of NAMI Ellis County. While there I told my story to several well-known African-American public servants, including former Dallas Cowboy, Broderick Sargent, former Pittsburgh Steeler and Council Member, Chuck Beatty, Jimmy Smith, supervision officer of the 40th Judicial District of Texas, many lay persons, and congregation members of the 132 year old AME church. I talked about the struggle of old with mental illness and the triumphs of new in recovery from a dual-disorder, which includes former substance abuse and severe persistent schizophrenia and depression. I talked about how stable, active and productive life is for me through medication, spirituality, and support groups. I suggested the same solutions for those being lost in the shuffle of going to jail by instilling mandated support groups and medication compliance and outreach as diversion to just plain imprisonment.

Many of these public servants were willing to make changes within their own Districts and communities by becoming active NAMI Board Members in Ellis County and starting peer-to-peer groups within the Waxahachie community, especially amongst the underserved population. I believe I accomplished the first phase of my presentation or mission there in Ellis County. I will return in the springtime to train and get the support groups up and running.

Thank you, Kate Doyle, NAMI Ellis County.

### **2005 NAMI NATIONAL CONVENTION June 18-21, 2005 Austin Hilton 1-800-HILTONS**

The Austin Hilton is the convention headquarters hotel. Rooms are \$112/single and \$122/double (plus room tax). When making reservations, be sure to tell them you are attending the NAMI Convention. Please check the web site for other suggested hotels.

The Multicultural Action Center is planning an Asian American/Pacific Islander Mental Health Symposium, an African American mental health track and a Spanish language track.

Registration rates after January 1, 2005 are \$195 member, \$125 Consumer and \$250 for Non-members. You may register on line. For complete convention information and to register visit [www.nami.org/convention](http://www.nami.org/convention).

# KIDZ KORN ER

## ADVOCATING FOR YOUR CHILD - GETTING STARTED

**Why Advocate?** Good special education services are intensive and expensive. Resources are limited. If you have a child with special needs, you may wind up battling the school district for the services your child needs. To prevail, you need information, skills, and tools.

**Who can be an advocate?** Anyone can advocate for another person. An advocate performs several functions:

- Supports, helps, assists, and aids
- Speaks and pleads on behalf of others
- Defends and argues for people or causes

**Different Types of Advocates** Special education advocates work to improve the lives of children with disabilities and their families. You are likely to meet different types of advocates.

**Lay Advocates** Lay advocates use specialized knowledge and expertise to help parents resolve problems with schools. When lay advocates attend meetings, write letters, and negotiate for services, they are acting on the child's behalf. Most lay advocates are knowledgeable about legal rights and responsibilities. In some states, lay advocates represent parents in special education due process hearings.

**Educational Advocates** Educational advocates evaluate children with disabilities and make recommendations about services, supports and special education programs. When educational advocates go to eligibility and IEP meetings, they are acting on the child's behalf. Some educational advocates negotiate for services. Others are less knowledgeable about special education law and how to use tactics and strategies.

**School Personnel** Teachers and special education providers often see themselves as advocates. Teachers, administrators, and school staff often provide support to children and their families. But because they are employed by school districts, school personnel are limited in their ability to advocate for children with disabilities without endangering their jobs.

**Parents** Parents are natural advocates for their children. Who is your child's first teacher? You are. Who is your child's most important role model? You are. Who is responsible for your child's welfare? You are. Who has your child's best interests at heart? You do.

You know your child better than anyone else. The school is involved with your child for a few years. You are involved with your child for life. You should play an active role in planning your child's education.

The law gives you the power to make educational decisions for your child. Do not be afraid to use your power. Use it wisely. A good education is the most important gift you can give to your child.

As the parent of a child with a disability, you have two goals:

- To ensure that the school provides your child with a "free appropriate public education" that includes "specially designed instruction . . . to meet the [child's] unique needs . . ." (20 U.S.C. §1401)
- To build a healthy working relationship with the school.

**What Advocates Do** Advocacy is not a mysterious process. Here is a quick overview of advocacy skills.

**Gather Information** Advocates gather facts and information. As they gather information and organize documents, they learn about the child's disability and educational history. Advocates use facts and independent documentation to resolve disagreements and disputes with the school.

**Learn the Rules of the Game** Advocates educate themselves about their local school district. They know how decisions are made and by whom.

Advocates know about legal rights. They know that a child with a disability is entitled to an "appropriate" education, not the "best" education, nor an education that "maximizes the child's potential." They understand that "best" is a four -letter word that cannot be used by parents or advocates.

Advocates know the procedures that parents must follow to protect their rights and the child's rights.

**Plan and Prepare** Advocates know that planning prevents problems. Advocates do not expect school personnel to tell them about rights and responsibilities. Advocates read special education laws, regulations, and cases to get answers to their questions.

Advocates learn how to use test scores to monitor a child's progress in special education.

They prepare for meetings, create agendas, write objectives, and use meeting worksheets and follow-up letters to clarify problems and nail down agreements.

**Keep Written Records** Because documents are often the keys to success, advocates keep written records. They know that if a statement is not written down, it was not said. They make requests in writing and write polite follow-up letters to document events, discussions, and meetings.

**Ask Questions, Listen to Answers** Advocates are not afraid to ask questions. When they ask questions, they listen carefully to answers. Advocates know how to use "Who, What, Why, Where, When, How, and Explain Questions" (5 Ws + H + E) to discover the true reasons for positions.

**Identify Problems** Advocates learn to define and describe problems from all angles. They use their knowledge of interests, fears, and positions to develop strategies. Advocates are problem solvers. They do not waste valuable time and energy looking for people to blame.

**Propose Solutions** Advocates know that parents negotiate with schools for special education services. As negotiators, advocates discuss issues and make offers or proposals. They seek “win-win” solutions that will satisfy the interests of parents and schools.

**Plan for the Future** What are your long-term goals for your child? What do you envision for your child in the future? If you are like most parents, you are focused on the present. You haven't given much thought to the future. Do you expect your child to be an independent, self-sufficient member of the community? Although some children with disabilities will require assistance as adults, most will grow up to be adults who hold jobs, get married, and live independently.

If you have a vision about what you want for your child in the future, you are more likely to achieve your goals.

If you believe others will make long-term plans for your child and provide your child with the necessary skills to be an independent, self-sufficient member of society, you are likely to be disappointed.

**Answer Questions** What do you want for your child? What are your goals for your child's future? Do you have a master plan for your child's education?

If you want your child to grow up to be an independent adult, what does your child need to learn before he or she leaves the public school system?

What do you want?

**Develop a Master Plan** If you are like many parents, you don't have a master plan. You don't know where you are, where you need to go, or how to get there. Do not expect school personnel to make long-term plans for your child -- this is your responsibility.

Begin by thinking about your vision for your child's future. What are your long-term goals for your child? What will your child need to learn? What services and supports will your child need to meet these goals?

Are you ready to advocate? Here is a list of supplies that will help you get started:

- } Two 3-ring notebooks (one for your child's file; one for information about your child's disability and educational information)
- } 3-hole punch
- } Highlighters
- } Package of sticky notes
- } #10 Envelopes
- } Stamps
- } Calendar
- } Journal
- } Contact log
- } Small tape recorder

In this article, you learned about lay advocates and educational advocates, and about limitations on teachers and special education staff in their ability to advocate. You learned that parents are natural advocates for their children.

You learned about basic advocacy skills -- gathering and organizing information, planning and preparing, documenting, problem solving, and negotiating. You have a list of supplies to help you advocate.

You learned that you must plan for your child's future. A plan is like a roadmap. When you have a plan, you know where you are, where you need to go, and how to know when you arrive.

**The Parent's Journey From Emotions to Advocacy** On your journey from emotions to advocacy, you will learn about your child's disability, educational and remedial techniques, educational progress, Individualized Education Programs (IEPs), and how to artfully advocate.

You will learn how to present your concerns and problems in writing, prepare for meetings, and search for win-win solutions. You will learn how to use your emotions as a source of energy and power, and how to focus on getting an appropriate education for your child.

*This article is based on a chapter in [Wrightslaw: From Emotions to Advocacy: The Special Education Survival Guide](#) by Peter W. D. Wright and Pamela Darr Wright (ISBN 1-892320-08-8), published by [Harbor House Law Press](#) [www.wrightslaw.com](http://www.wrightslaw.com)*

## CONDOLENCES

We extend our sincere sympathy to Debbie Fox and her family on the passing of Debbie's mother, Marjorie Ann Fox, on September 26, 2004. Memorial contributions were made to NAMI West Houston in memory of her mother. Debbie is an active member of NAMI West Houston and a Family to Family Education teacher.

Our thoughts and prayers are with these families.

## NAMI C.A.R.E.

**(Consumers Advocacy Recovery through Empowerment)**

NAMI C.A.R.E. West Houston will celebrate their 8th Anniversary in February 2005 with a combined Birthday/Valentine Party.

The purpose of the group is to give group support, education, and help with social skills for consumers. The group has grown from seven members to an average meeting of 25 members. Members network with each other and participate in planning their own activities.

NAMI C.A.R.E. meets at Pines Presbyterian Church, 12751 Kimberely Ln., on the 2nd and 4th Sunday afternoons at 2:30 P.M.

It is exciting to see the progress NAMI C.A.R.E. has made!

**NAMI West Houston**  
**P.O. Box 218989**  
**Houston, TX 77218-8989**

Return Service Requested
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**FEBRUARY MEETING:** February 21, 2005

**PROGRAM:** "Crisis Intervention Training (CIT) For Law Enforcement Officers"

**SPEAKER:** Officer Frank Webb and Patsy Gillham

**TIME:** 7:00 pm Refreshments/Announcements  
7:30 pm Program

**LOCATION:** Atria Assisted Living - Westchase  
11424 Richmond Avenue

**NAMI West Houston Affiliate News & Announcements**  
**February 2005**

**WEB SITES**

[www.nami.org](http://www.nami.org) - NAMI National web site

[www.namitexas.org](http://www.namitexas.org) - NAMI TEXAS – Advocacy page holds all of NAMI Texas' position papers, NAMI Texas Legislative Newsletter and other useful items.

[www.namiwesthouston.org](http://www.namiwesthouston.org) - NAMI West Houston – information on meetings, support groups, education classes and current events.

[www.dbsahouston.org](http://www.dbsahouston.org) - DBSA (Depression and Bipolar Support Alliance) of Houston is a self-help non-profit organization serving individuals with clinical depression or bipolar disorder (manic-depression) as well as their families and friends. (713) 528-1546

<http://www.adda-sr.org> - ADDA – SOUTHERN REGION (Attention Deficit Disorders Association Southern Region) For meeting and support group information call (281) 897-0982

<http://familyaware.org/> - A nonprofit organization helping families, especially family members and friends of those with depression, recognize and cope with depressive disorders. The organization provides education, outreach, and advocacy to support families. On our web site, you can:

- read and e-mail Family and Expert Profiles;
- learn about depression, medical help, support groups, and books;
- learn how to help someone seek or manage treatment;
- learn to cope with family caregiver emotions.

<http://www.mcmanweb.com> - McMan's Depression And Bipolar Weekly Newsletter

[www.schizophreniadigest.com](http://www.schizophreniadigest.com) - Schizophrenia Digest

[www.borderlinepersonalitydisorder.com](http://www.borderlinepersonalitydisorder.com) - National Education Alliance for Borderline Personality Disorder (NEA-BPD)

<http://www.phrma.org/pap/> - Free Meds For The Financially Challenged - Directory of Patient Assistance Programs that PhRMA member companies offer to ensure their medicines are made available to those who can't afford to purchase them. A number of companies have pledged that no patients in need of their medicines will go without them. For additional copies of this directory, please call (800) 762-4636.

<http://www.nimh.nih.gov> - National Institute for Mental Health

<http://www.mentalhealth.com> - A good website containing a great deal of information about all the various disorders, how to treat them, how to get help, complete contact information, etc.

[www.txhealthpool.org](http://www.txhealthpool.org) or [texasriskpool@bcbstx.com](mailto:texasriskpool@bcbstx.com) - Texas Health Insurance Risk Pool. Can't find health insurance? Have preexisting conditions? The Texas Health Insurance Risk Pool can help. 1-888-398-3927; TDD 1-800-735-2989

[www.reintegration.com](http://www.reintegration.com) The Center for Reintegration

[www.capitol.state.tx.us](http://www.capitol.state.tx.us) - Texas Legislature online

[www.senate.state.tx.us](http://www.senate.state.tx.us) - Texas State Senate

[www.house.state.tx.us](http://www.house.state.tx.us) - Texas State House of Representatives

**COMBINED FEDERAL CAMPAIGN**

Federal employees can enter NAMI West Houston's **CFC #4062** on their pledge card. Your support is very much appreciated.

**NAMI West Houston**

**NEW MEMBERSHIP or RENEWAL FORM**

All dues and donations are tax deductible. Membership includes annual dues to NAMI West Houston, NAMI Texas, NAMI National, and NAMI Metropolitan Houston plus newsletters.

Date: \_\_\_\_\_, 2005

Names: \_\_\_\_\_

If family membership, list name of each above.

Address: \_\_\_\_\_

\_\_\_\_\_, State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ - \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

NEW      RENEWAL

Individual/Family Membership Dues    \$25.00

Consumer or Limited Income    \$5.00

Supporter    \$50.00

Donation

Donation In Memory/Honor of \_\_\_\_\_

Thanks!                      TOTAL \$ \_\_\_\_\_

Mail to: **NAMI West Houston**  
**John Anderson, Treasurer**  
**P.O. Box 218989**  
**Houston, TX 77218-8989**

Are you a member of another local NAMI affiliate? \_\_\_\_\_

If member of another local NAMI affiliate, will NAMI West Houston be your "HOME AFFILIATE"? \_\_\_\_\_

**HOME AFFILIATE MEANS NAMI WEST HOUSTON WILL PAY YOUR ANNUAL DUES TO NAMI TEXAS AND NAMI NATIONAL FOR YOU OUT OF YOUR \$25.00 ANNUAL DUES.**

*This newsletter is published by: NAMI West Houston, P. O. Box 218989, Houston, TX. 77218-8989,*

**Officers:**

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**NAMI West Houston Affiliate News & Announcements**  
**February 2005**

**EDUCATION CLASS INFORMATION**

**Family-To-Family Education Course:**

*This course consists of 12 weekly FREE 2½-hour sessions\**  
It is geared toward family members of adult persons diagnosed with brain disorders, such as schizophrenia, depression, bipolar disorder, anxiety disorders, and OCD (Obsessive Compulsive Disorder). Communication skills, problem solving, coping skills, problem management, recovery, rehabilitation and more will help you understand and deal with mental illness in the family. Trained family member volunteers co-teach the classes.

*New classes starting in early February 2005.*

Contact: Vi Napolitano (281) 893-2493 or Debbie Subke (713) 849-5637. *\*Pre-Registration is required*

**Visions for Tomorrow Education Course**

*This is a ten to twelve week educational course\** offered to direct caregivers of children and adolescents with brain disorders. Childhood depression, schizophrenia, ADD/ADHD, OCD, conduct disorder, PDD (Pervasive Developmental Disorder) are just a few of the disorders that will be covered. The materials also offer coping and communication skills, problem solving, rehabilitation and recovery. Trained family member volunteers co-teach the classes.

Contact: Robin Griffith (713) 957-3960.

*\*Pre-Registration is required*

**OCD SUPPORT GROUP**

An OCD (Obsessive/Compulsive) Support Group meets the 2<sup>nd</sup> and 4<sup>th</sup> Thursdays, at 7:30 – 9:30 p.m. at Memorial Hermann Southwest Hospital, 7600 Beechnut, Classroom C, Concourse level. Call Jan at (281) 933-3722 for more details.

**FAMILY CONNECTIONS**

The National Education Alliance for Borderline Personality Disorder (NEA-BPD) is offering Family Connections, a 12-week course for family members of people diagnosed with Borderline Personality Disorder (BPD). The spring class will begin February 12, a fall class is planned. The goals of the program are: 1) to understand the symptoms and behaviors associated with BPD, 2) learn skills to manage emotional situations with BPD relatives, and 3) develop a support network for family members with relatives with BPD. For more information, contact Jim/Diane Hall 281 533-9887 or Pam Gierhart 281 398-2478.

**ST. JOSEPH CLUBHOUSE**

The Clubhouse is located at 3307 Austin and serves as a day center for people with mental illnesses to interact with one another and build the skills they need to live satisfying, productive lives, explained Sister Sara Kay Thompson, program director of the clubhouse.

St. Joseph Clubhouse is part of the Magnificat Houses, Inc. Housing is available also. For more information call Sister Sara Kay Thompson at (713) 523-5958.

**SUPPORT GROUP INFORMATION**

**Family Support Groups**

The goals of a family support group are to provide emotional support to families, to provide insight into brain disorders (mental illness), and to learn how to more effectively cope with its impact on the family. Meetings are open to the public.  
**Please call to be sure the times for support groups are correct.**

**Family Support Groups for Families/Relatives with Adults dealing with a mental disorder**

Time: ***Wednesday (first Wednesday of each month) 7:00-8:30 p.m.***

Place: Pines Presbyterian Church, 12751 Kimberley at West Bough, Room C-10 (Town and Country area), near Bendwood Elementary School.

Contact: Carolyn Searles (713) 461-5269

Time: ***Wednesday (second and fourth of each month), 7:00-8:30 p.m.***

Place: Bear Creek Community Center  
Hwy 6 & Patterson Rd.

Contact: Fifi Wetherhead (713) 465-8518

Time: ***Thursday (third of each month), 7:00-8:30 p.m.***

Place: St. Peter's United Methodist Church 20775 Kingsland Blvd., Katy, across from Taylor High School, in the Sanctuary, second floor, room 204.

Contact: Joyce Hess (281) 395-3582

Time: ***Sunday (second and fourth of each month) 2:30-4:00 p.m.***

Place: Pines Presbyterian Church, 12751 Kimberley at West Bough Room B (Town and Country area), near Bendwood Elementary School.

Contact: Vi Napolitano (281) 893-2493

**Family Support Group for Parents and Direct Caregivers of Children and Adolescents**

with brain disorders/mental illnesses, such as childhood bipolar, depression, OCD, Schizophrenia, and other disorders.

**The support group will meet on the 2<sup>nd</sup> Thursday nights of each month, 7:00 – 8:30 p.m.** at The Well which is located near Grace Presbyterian Church, 204 Ella Lee. Enter through Call Bonnie at (713) 984-2538 for more information.

**NAMI C.A.R.E. SUPPORT GROUP**

*(Consumers Advocating Recovery through Empowerment)*

DATES: **Sundays, 2nd & 4th of each month**

TIME: **2:30-4:00 p.m.**

PLACE: Pines Presbyterian Church, Room C  
12751 Kimberley (Town & Country Mall area)

NAMI C.A.R.E. is a support group for individuals facing the challenges of recovering from brain disorders, also known as severe and persistent mental illnesses. All consumers/clients are welcome. Contact Vi Napolitano (281) 893-2493 for information.

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