Complicated Grief
Recognizing the Special Needs of People Who Struggle with Intense, Prolonged Mourning

Bereavement is a universal experience. All of us at some time experience the death of a loved one, which triggers a period of mourning. For most people, the grieving process lasts about six months and is followed by a slow re-integration into life. For others, however, the painful yearning and loss of acute grief does not fade over time. For these individuals, the suffering they felt at the time of their loved one’s death may feel just as intense years later.

The name for this syndrome is Complicated Grief. Psychologists began to recognize the symptoms of Complicated Grief nearly 20 years ago. It affects about 10 percent of those suffering the loss of a loved one. Although it is not currently recognized as a disorder by the American Psychiatric Association, mental health professionals acknowledge there is strong evidence pointing to a much more severe dimension of suffering for those whose grieving process is “derailed.”

Charles F. Reynolds III, MD has devoted nearly two decades to research on the intensity of bereavement and how to treat these individuals by providing them with hope, the ability to cope, and restoring their sense of purpose. He is a UPMC Endowed Professor in Geriatric Psychiatry at Western Psychiatric Institute and Clinic/University of Pittsburgh School of Medicine and the Director of the Aging Institute of UPMC Senior Services/University of Pittsburgh. He is also the Director of the Advanced Center for Interventions and Service Research for Late-Life Mood Disorders.

“To date, there has been very little research focused on Complicated Grief, and our knowledge of risk factors is still limited,” Dr. Reynolds explains. “But, we have identified that many people who have a history of mental health problems, including depression and anxiety, have more difficulty coping with death and the grieving process. We also know that the circumstances surrounding a loved one’s death, such as suicide or violent homicide, also can have a profound impact on bereavement. I hope in the coming years that we will be able to identify potential triggers for Complicated Grief to help people soon after a death, rather than five, 10 or 20 years down the road.”

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For each edition of the NAMI Southwestern Pennsylvania newsletter, I write this opening letter, gleaning information from the articles and deriving a theme. With a specific theme guiding me, I attempt to weave all the articles plus our work and activities into a friendly, heartfelt message to our readers. With our featured article, *Complicated Grief* and our *In the Spotlight* column recognizing Kathy Fowler, I decided "hope" is the interwoven theme, the common thread of the Winter 2011 newsletter.

As you read about the syndrome of Complicated Grief, the experience of prolonged hopelessness is heart-wrenching to ponder. Yet, all of us experience grief with the death of loved ones. Most of us have known that deep, crushing sadness that consumes us. On the other hand, Kathy Fowler exudes hopefulness and inspires hope in everyone she meets. Kathy is a person who has known great tragedy and great loss, but she persisted, regaining her ability to have happiness in her life while working tirelessly to bring hope to others.

Before I could finish this letter, the shootings in Tucson, Arizona occurred. Almost immediately, the reports began identifying the shooter as someone "mentally unstable." I began following the story intently, anticipating that the media would uncover untreated mental illness. We are NAMI, and we know having a mental illness, in itself, does not increase the chances of violence. We also know that someone with a serious mental illness is more likely than the general population to be a victim of violence. Yet, the rote recitation of these facts is of little consolation in the face of such a horrific event, especially for the families who lost loved ones.

The press releases of several national mental health organizations cited the failures of our broken, underfunded mental healthcare system. Sometimes remaining hopeful or regaining hope in our lives seems like an impossible challenge. At NAMI Southwestern Pennsylvania, we work daily to "fix" the broken system and to help secure necessary funding. Against the backdrop of the Arizona shootings, we do not give up, "we bring hope to families." At NAMI Southwestern Pennsylvania, we maintain and continually restore our purpose in life through our work. Our work is our hope for a better tomorrow in the mental healthcare system.

Please read about our "work" at NAMI Southwestern Pennsylvania, and enjoy this edition of the newsletter.

Take Care,

Christine Michaels, MSHSA
Executive Director, NAMI Southwestern Pennsylvania

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*NAMI Southwestern Pennsylvania*

**MISSION STATEMENT**

NAMI Southwestern Pennsylvania is a regional grassroots organization dedicated to helping families and individuals affected by mental illness achieve lives of quality and respect, through education and advocacy that supports recovery.
New Legislative Session Underway
With the January 2011 swearing in ceremonies, power shifts to the GOP in state government while much of the legislative leadership on both sides of the aisle hail from our backyard here in western Pa. The strong western Pa. presence in leadership posts provide us with opportunities to engage with legislators with whom we have long standing relationships.

PA House – Although more than 80 members of the PA House of Representatives ran uncontested, the House Democrats were not able to maintain control. The mid-term election resulted in 17 seats changing parties with Democrats picking up two and Republicans 15. In all, 29 new House members (21 Republicans and eight Democrats) took office.

PA Senate - The Senate remains under the control of the Republicans with Republicans occupying 30 seats while 20 belonging to Democrats. Democrats held onto the three seats that were open due to retiring members.

2011 Legislative Leadership: Key Positions
NAMI members and our friends in partnering organizations are urged to contact your respective legislators and the leadership to convey congratulations as they embark on a new legislative session. Utilize this opportunity to raise awareness of the prevalence of mental illness and the reality of recovery when people can access fully funded essential treatment, services and supports. Visit the legislative affairs link on the NAMI Southwestern Pennsylvania website to access templates for gubernatorial, legislative and congressional congratulatory letters and mental health fact sheets useful in communicating with elected officials. The link also has contact information for members of the PA general assembly and the PA congressional delegation.

Senate Republican Leadership - The Senate President Pro Tempore is Joe Scarnati (Jefferson) who was elected unanimously, and Senate Leader Dominic Pileggi (Delaware) was reelected. The Appropriations Chairman is Jake Corman (Centre) and Bob Robbins (Mercer County) was reelected as the Caucus Secretary.

Senate Democratic Leadership - NAMI sends congratulations to Senator Jay Costa (Allegheny) on his election as Senate Minority Leader. The Appropriations Chairman is Vince Hughes (Philadelphia). Congratulations to another western Pennsylvanian as Richard Kasunic (Fayette) was reelected Policy Chair.

House Democratic Leadership - Congratulations are also conveyed to House Leader Frank Dermody (Allegheny) elected unanimously, Appropriations Chairman Joe Markosek (Allegheny), and to long time NAMI supporter Dan Frankel (Allegheny), who assumes the post of Caucus Chair.

House Republican Leadership - Sam Smith (Jefferson) was elected Speaker, and congratulations are due to western Pennsylvanian Mike Turzai (Allegheny) as he is the House Majority Leader. The Appropriations chair is Bill Adolph of Delaware County.

Mid-Year Budget Update
During the December Mid-Year Budget Briefing, outgoing Gov. Ed Rendell and Budget Secretary Mary Soderberg acknowledged indicators of economic recovery albeit much slower than anticipated. Pennsylvania’s unemployment rate has begun to fall as job growth increases. The Governor indicated it has been below the national unemployment rate for 92 of the last 95 months.

Reduced federal funding resulted in significant budget challenges. The general fund budget was enacted in July, but Congress did not approve enhanced Federal Medical Assistance Percentage (FMAP) allocations to the states until August. Pennsylvania’s share is $280 million less than the legislature anticipated. The governor instituted $212 million in mid-year budget cuts and the legislature committed to enacting legislation that would identify another $70 million from a severance tax on Marcellus shale extraction. The General Assembly was unable to agree on the terms of the severance tax, thus the anticipated $70 million revenue is not reflected in the budget and it remains unbalanced. Soderberg projected a $63 million budget deficit by the end of the fiscal year.

Governor Corbett has pledged to cut costs without raising taxes. Additionally Corbett has vowed to oppose any severance tax on the Marcellus shale extraction. His transition team is in the process of developing recommendations to accomplish Corbett’s pledge.

continued on next page
Gov. Corbett’s Transition Team Members Charged with Focusing on Department of Public Welfare (DPW) Will Assist in Policy Formation and Recommendations on Top Personnel.

The DPW transition team is co-chaired by Charles Curie (former OMHSAS Dept. Secretary during the Ridge Administration and a friend of NAMI) and David Simon of Jefferson Health Systems. Although the team in its entirety does not have a strong behavioral health focus, the naming of Curie as co-chair bodes well for favorable consideration of the issues relevant to our mental health community.

Additionally, State Senator Kim Ward (R-39) of Westmoreland County sits on the transition team. NAMI members and fellow advocates, especially those of us within the Senator’s district are urged to contact her and share the need to maintain adequate funding within the budget for recovery based treatment and community supports throughout the commonwealth. Please share with Sen. Ward the necessity of appointing a DPW Secretary and Deputy that are recovery focused and have a strong commitment to community based treatment and supports.


NAMI Southwestern Pennsylvania conveys congratulations and best wishes to Gov. Tom Corbett. We offer NAMI as a resource to his administration and look forward to partnering in these challenging times. The paper supports the Community/Hospital Integration Projects Program (CHIPP) which has allowed for transitioning of much needed dollars from the hospital to community settings enabling individuals to be discharged into communities of their choice. The entire document can be found on the legislative affairs link of our website. The specific points as follows:

- Streamline behavioral health services. Will review the roles of all Departments that may provide services relevant to behavioral health, vowing to prompt better interagency coordination.
- Strengthen mental health and drug courts. Gov. Corbett vows to strengthen the relationship between the Pennsylvania Commission on Crime and Delinquency and DPW to support expansion of specialized mental health and drug courts throughout the Commonwealth. NAMI Southwestern Pennsylvania applauds this goal.
- Evaluate programs for children. Will direct all child serving state agencies to evaluate appropriate utilization of all programs. NAMI Southwestern Pennsylvania concurs with Corbett that supporting the behavioral health needs of Pa’s children and transitioning youth is critical. We urge the administration to look to identify outreach programs to high risk youth within the lesbian, gay, bisexual and transgender (LGBT) community as they are four times more likely to experience a mental health crisis than their straight peers.
- Support Pa’s veterans. Vows to ensure a strong collaboration between the VA and his administration. NAMI Southwestern Pennsylvania supports Gov. Corbett in this effort and urges his Administration to support NAMI in efforts to expand the signature NAMI Family-to-Family (F2F) education program throughout the VA hospital system in Pa. F2F is currently underway in the Pittsburgh Highland Drive VA Hospital, the first of its kind in the VISN 4 system which includes Pa., parts of Ohio and W.Va. Contact the NAMI Southwestern Pennsylvania office if you would like to learn more about the F2F education course.
- Address the physician shortage. Cites collaboration with the healthcare community to develop incentives for physicians to practice in Pa., and to eliminate barriers and delays in licensing.
- Address the waiting lists and streamline access to existing treatment in addiction services. Calls for the development of a long-term plan and vows to work with stakeholders.

NAMI Southwestern PA Public Policy Committee to Address Challenges for Advocates with Regards to Implementation of the Affordable Care Act (ACA) by:

- Providing education and outreach to NAMI members, partnering organizations and all stakeholders and the broader community
- Defining model benefit sets, advocating for adoption. Advocating for maintaining the carve-out of behavioral health dollars
- Advocating for inclusion of youth and adults with mental illness as “exempt populations” in expanded Medicaid programs
- Developing new relationships (especially given change in the Administration) with key state agencies and departments responsible for implementation of ACA.
- Creating an ACA blue ribbon panel

Want to know more about NAMI Southwestern Pennsylvania’s policy and legislative advocacy activities or participate in the public policy committee? Contact me at the NAMI Southwestern Pennsylvania office at (412) 366-3788 or by email at smiller@namiswpa.org.
LOOKING BACK...

4TH ANNUAL NAMI WALK

SUNDAY, OCTOBER 3, 2010
SOUTHSIDE WORKS & THREE RIVERS HERITAGE TRAIL

2,000 People Walked to:

- Raise Awareness
- Promote Treatment
- Dispel the Myths of Mental Illness
The 4th Annual NAMI Walk on Sunday, Oct. 3 was a great day to raise awareness and funds for NAMI Southwestern Pennsylvania and mental illness. Despite rainy weather, the walk attracted 2,000 participants, 80 volunteers and 75 teams. It was covered by the Pittsburgh Tribune-Review and two TV news stations (WTAE and WPXI), reaching over 750,000 households with our message of hope and recovery. The walk launched Mental Illness Awareness Week and raised $127,000!

NAMI Walk Chairs

Michelle Wright, Honorary Chair
News Anchor, WTAE-TV
She did a five-day series for Mental Illness Awareness Week!

John Lovelace, Business Team Chair, President, UPMC for You
He rallied his Superteam (comprised of UPMC Healthcare, Community Care Behavioral Health and Western Psychiatric Institute & Clinic) to raise $20,855!

Jim Ehrman, Family Team Chair
Once again, he is the Top Individual Fundraiser!

Team T-Shirt Contest
The winner of this year’s NAMI Walk Team T-shirt Contest is...

Westmoreland Casemangement and Services, Inc.

Top 5 Fundraisers!

1. James Ehrman - $4,225
   Team: Jim’s Jocks

2. Mary Catherine Macik - $2,035
   Team: UPMC Health Plan

3. Lora Dziemiela - $2,000
   Team: NAMI Southwestern Pennsylvania

4. Eileen Lovell $1,900
   Team: South Hills Stampede

5. Curtis Mayernik $1,575
   Team: Western Psychiatric Institute & Clinic
Our Top 10 Teams exemplify team spirit in support of the NAMI Walk mission. Thank you to these outstanding teams!

1. Western Psychiatric Institute & Clinic  
   $12,127.35  
   Highest team walk total ever!

2. Community Care: Walking for Awareness  
   $6,478

3. Jim's Jocks  - $6,467

4. South Hills Stampede  - $3,405

5. NAMI Southwestern Pennsylvania  - $3,240

6. Hope's Team  - $2,600

7. Go CART!  - $2,486

8. Leo's Team  - $2,251

9. UPMC Health Plan  - $2,250

10. Allegheny HealthChoices, Inc.  - $2,164

Honorable Mention:  
Team Mon Yough  
"We Walk For Hope"  - $2,121
Whether you volunteered on Walk Day, at one of the pre-walk events, or as part of the planning committee, we thank you — our phenomenal NAMI Walk volunteers!

Charles Apt
Eva Bednar*
Carla Braund*
Donna Broderick
Charlie Brown
Jim Bycura*
Jack Cahalane*
Kristin Cannon
Paul Cannon
Mary Christensen
Sienna Collings
Annie Collings
Katy Correa
Cristy Crawshaw
Joscelyn Cura
Meghan Cura
Jim Ehrman*
Lisa Engle
MaryAnn Farmerie
Michael Ference
Jeff Fitzwilliams
Kathy & Chuck Fowler
Emma Gardner
Jenn Gore
Erica Gurus
John Herrmann
Lisa Issac
Dick Jevon*
Georgine Johnston
Carol Kirk
Cliff & Alexis Krey
Kayla Lopez
Violet Ludwig
Jen Lukondi
Debbie Marshall
Amanda Martin
Edna McCutcheon*
Cindy McHolme*
Jeremie McKnight
Donna & Lester McManigle
Corey Michaels
Damien Michaels
Damien Michaels, Jr.
Laura Miller
Mynn Montalvo
Phylis Nettles
Meridith Paterson
Shawn Paterson
Sandra Plavchak
Sam Plazio
Cara Price
Brian Rayne
Lora Rodgers
Alex Ryan
Jon Scott
Graceanne Stafford
Kathy Testoni*
Dave Tinker
Hope Tinker
Haley Tokich
Lisa Tokich
Cyndi Tonet-Stewart*
Alaina Turocy
Rebecca Turske
Tony Tye
Curtis Upsher, Jr.
Laura Vincenti
Sharon Vogel
Kristen Volosky
Deb Wasilchak
Sally Whitcomb
Erin Witt
Ashley Wuenstel

*indicates Board Member

For more pictures visit www.flickr.com/namiswpa/sets
2010 Sponsors

Our sponsors lay the foundation for a successful walk each year. We thank them for their generosity and continued support!

**Presenting Sponsor:**

![UPMC](image)

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Cindy & Norman McHolme

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Staunton Farm Foundation

**Start-Finish Line Sponsors**


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I remember it well... my eight-year-old son, diagnosed with Bipolar Disorder, is playing baseball in a Little League game. It's the bottom of the seventh inning and he steps up to the plate. One, two, three strikes, he's out. Sitting in the stands, I begin to get that sinking feeling in the pit of my stomach. He immediately throws the bat, runs off the field and climbs the steps to the top of the bleachers. He defiantly sits down by himself in a fit of fury. All the other parents are looking at him in disbelief. My husband is coaching, and I see him standing in the dugout with his arms crossed wondering what to do next. I am horrified.

Many parents with kids with disabilities have felt the embarrassment and isolation of having an "imperfect kid" in a society obsessed with perfection. So our kids won't have a perfect score on the SAT or have the highest batting percentage on the baseball field. So what! Finally, here is a book that celebrates our imperfect kids in an obsessively perfect world.

Shut Up About Your Perfect Kid! is written by two sisters who have daughters with disabilities. Gina Gallagher is the mother of Katie, diagnosed with Asperger's Syndrome, and her sister, Patricia Konjoian is the mother of Jennifer, diagnosed with Bipolar Disorder. Together, they have written a book of funny, heartwarming anecdotes that celebrate and appreciate the gifts and talents our kids possess, and cherish all the valuable lessons we learn as parents.

The book provides new ways to remain positive when dealing with the day-to-day tribulations of a special needs child in an honest and open way. It focuses on the need to just laugh at some of the outrageous things our kids do. One example from the book describes a parent who is excited that her child enjoys art until finding out that a "masterpiece" is painted on the car door. My own angst is when the caller ID on your phone indicates that your child's school is calling you AGAIN!

In the end, you might never have a bumper sticker on your car that says "My kid is an Honor Student," but who cares? This book will help you keep things in perspective and learn to laugh!

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**Book Review...**

“Shut Up About Your Perfect Kid” - Gina (Terrasi) Gallagher and Patricia (Terrasi) Konjoian

by Debbie Ference, Associate Director, NAMI Southwestern Pennsylvania

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**Broadway Musical and NAMI Southwestern PA Team Up This Spring**

From the director of Rent comes the most talked about new show on Broadway, Next to Normal, winner of the 2010 Pulitzer Prize for Drama and three 2009 Tony® Awards including Best Score. In partnership with NAMI, this highly-anticipated musical will arrive in Pittsburgh at the Benedum Center on Tuesday, April 5 and run through Sunday, April 10.

Chosen as "one of the year's ten best" by major critics around the country, Next to Normal is an emotional powerhouse of a musical with a thrilling contemporary score about a family dealing with Bipolar Disorder, trying to take care of themselves and each other. The New York Times calls Next to Normal "a brave, breathtaking work of muscular grace and power. It is much more than a feel-good musical; it is a feel-everything musical. It is great, in ways that few Broadway musicals are."

Rolling Stone raves, "It is the best musical of the season — by a mile. It'll pin you to your seat."

**Mark Your Calendar!**

What: Next to Normal
Where: The Benedum Center, Pittsburgh
When: Tuesday, April 5 through Sunday, April 10

For more information or to purchase tickets, visit www.pgharts.org or call 412-456-6666.
Grief can be excruciatingly painful and is often one of the most difficult experiences any person can suffer. Acute grief is often present most of the day, every day, for up to six months after a death. Bereaved people experience a sense of protest, struggle to accept the death, and feel an intense longing to be with the deceased. Typically, acute grief changes over time as information about the death is processed. The bereaved person is able to accept the finality and consequences of the death, and then can revise goals and plans for ongoing life. Over time, this acceptance brings a change in emotions, where thoughts of the deceased can become bittersweet but not preoccupying.

But for the 10 percent of people who cannot accomplish the normal, healthy progression of grief, the intense symptoms of mourning never fade. Years after the death, the suffering can still be so disabling that the person is barely able to function. The pain of loss remains intense, with symptoms that include a preoccupation with the person who has died, yearning that does not substantially abate with time, and difficulty re-establishing a meaningful life without that person. Those with Complicated Grief also struggle with stigma and shame because everyone around them moves past their grief and on with their lives. Others often can’t understand and accept why the person is still in such an acute stage of mourning after such a long time.

“I am a survivor of suicide, as well as a mental health clinician, and I am committed to working with people who are trying to live with prolonged and intense grief,” says Dr. Reynolds. “I want to provide them with effective psychological and pharmacological treatments to put them back on the healthy path of grieving and restore their purpose in life.”

Treatment for Complicated Grief does exist, guided by the principles that grief and mourning are natural, instinctive responses that typically find their own healing pathway, but that complications sometimes happen as a result of the circumstances or consequences of the death. Treatment includes targeted exposure techniques of cognitive behavior therapy, similar to those used to treat people suffering from Post Traumatic Stress Disorder. The patient revisits the death by retelling their story. The retelling is recorded, and then the patient listens to it repeatedly to reduce their aversion to thinking or talking about the death. Other types of psychotherapy are used to encourage the person to work through the grieving process. Research is currently being conducted to determine if antidepressant medication combined with therapy may further help relieve the symptoms of Complicated Grief.

Through a $6 million grant from the National Institute of Mental Health and the American Foundation for Suicide Prevention, Dr. Reynolds and colleagues from three other universities across the nation have developed a five-year research study to determine (1) if antidepressant medication alone (citalopram) is effective in reducing the distress and impairment of Complicated Grief and (2) if the use of antidepressant medication combined with complicated grief psychotherapy can more effectively treat Complicated Grief than either medication or therapy alone. In addition to the University of Pittsburgh Medical Center, university medical centers at Columbia in New York, Massachusetts General in Boston and the University of California at San Diego are looking to recruit 440 participants between the ages of 18 and 95 (at least 40 of whom are suicide bereaved) for the study called Healing Emotions after Loss (HEAL). The study began May 1, 2009.

Half of the HEAL study participants will receive Complicated Grief therapy (with or without citalopram), while the other half will be given general supportive care (with or without citalopram). Treatment lasts for 16 weeks and includes follow-up assessments. If participants don’t improve by the end of 16 weeks, additional treatments will be offered at no cost.

“To date 15 participants have completed the study, and we are encouraged with their high rate of improvement over time,” describes Dr. Reynolds. “Our goal is to treat people through this study who have not been able to find the specific kind of help they need to successfully recover from their grief, and to document our results to have a significant positive impact on those who struggle with Complicated Grief in the future.”

If you have been mourning the death of a loved one for at least six months and believe you may be struggling with Complicated Grief, please call 412-246-6006 or visit www.healstudy.org to see if you qualify for treatment through the HEAL study.
Why are you an outspoken advocate for those with mental illness and their loved ones?

I lost my younger son Lambert to suicide in 1995 when he was just 16 years old. It took me three years to process the way he had died and to resolve all of my feelings of what our lives could and should have been. People who are faced with suicide grieve differently because we must first come to terms with the suicide and our self-blame. That healing takes time and, unfortunately, the stigma surrounding suicide makes the process even more difficult. I understand his death now and recognize that the illness of suicide is what took his life, but it does not have to define the wonderful person he was. He is in my safe place now, and because he gave me the gift to help others survive the loss of a loved one to suicide, this advocacy has become my passion.

How do you advocate for survivors of suicide?

I recently retired after nearly 17 years with Mon Yough Community Services as the Supervisor/Administrative Assistant of Support Staff, Service Coordination Unit, so community service has been a large part of my life. In addition, I co-facilitate support groups for survivors of suicide through Western Psychiatric Institute & Clinic of UPMC under the leadership of Sue Wesner. I am also one of the founding members of the SPRITES Foundation - the Survivors Partnership for Research, Information, Truth and Education on Suicide. The mission of SPRITES is to provide support to individuals whose lives have been altered by the loss of a loved one to suicide (a support group meets at NAMI Southwestern Pennsylvania), and to instill a spirit of compassionate involvement with integrity, perseverance, determination and knowledge through courtesy, respect and leadership. SPRITES is also committed to reducing the stigma associated with suicide through supporting education of the general public about brain illnesses. (Visit www.spritesfoundation.org for more information.)

When did you become involved with NAMI Southwestern Pennsylvania?

I knew about NAMI Southwestern Pennsylvania for quite a while before I became actively connected to the organization in 2008 for the first NAMI Walk. I had already participated in a walk for suicide survivors, and I know what a powerful message these types of events deliver, both to participants and to the community that is watching. I was motivated to support NAMI Southwestern Pennsylvania in their efforts to give people hope and to provide education to eradicate stigma through the NAMI Walk.

How did your local advocacy efforts expand across the United States and beyond?

In 2010, NAMI Southwestern Pennsylvania connected me with producer David Solomon at WQED who was interested in developing a documentary about parents who have lost a child to suicide. Losing Lambert: A Journey Through Survival & Hope recognizes parents’ struggle with blame, grief and loss, and it strives to eliminate the stigma of suicide by focusing on a survivors’ meeting where parents talk openly and honestly about the loss of their child. It also provides hope for future teenagers and their families. People from across the country are watching the documentary online, and it is giving them hope. (Losing Lambert has been recognized with a number of national awards. View this documentary by visiting www.wqed.org and searching Losing Lambert.)

Why is hope so important to you?

If you don't have hope, you can't survive. NAMI Southwestern Pennsylvania gives people hope for the future and provides much needed comfort, compassion and resources to encourage healing. My personal goal is to give people hope, so I'm honored to be a NAMI volunteer.
We are pleased to announce the addition of NAMI Basics to NAMI Southwestern Pennsylvania's Signature Education Programs. NAMI Basics is designed for parents and caregivers of children and adolescents living with mental illness. The course is taught by trained teachers who are the parents of children that developed the symptoms of mental illness prior to the age of 13.

The course consists of six classes, lasting two and half hours each. All instruction materials are FREE to participants.

The goals of NAMI Basics are:

- To give the parent/caregiver the basic information necessary to take the best care possible of their child, their family and themselves.
- To help the parent/caregiver cope with the impact that mental illness has on the child and the entire family.
- To provide tools for the parent/caregiver to use after completing the course that will assist in making the best decisions possible for the care of the child.

The course includes current information about mental illnesses; insights into understanding the lived experience of the child diagnosed with the mental illness; current research related to the biology of mental illness and the evidence-based, most effective treatment strategies available; specific skill building classes to learn problem-solving, listening and communication skills; and dealing with the school system, among other topics.

The class will be held at the Monroeville United Methodist Church each Thursday evening beginning March 3 to April 7 from 6 p.m. to 8:30 p.m. NAMI Southwestern Pennsylvania Associate Director Debbie Ference and NAMI Volunteer Denise Michaels will be teaching the class.

SPACE IS LIMITED. If you are interested in signing up for the class, please call the NAMI office at 412-366-3788 or email dference@namiswpa.org.
This December, NAMI Southwestern Pennsylvania and Westmoreland County Behavioral Health and Developmental Services provided individuals the opportunity to become involved in the NAMI Signature Recovery Presentation Program, *In Our Own Voice: Living with Mental Illness (IOOV)*. Despite the snowy conditions and freezing temps outside, seventeen individuals participated in a two day, 16 hour IOOV presenter training held at Westmoreland Casemanagement and Services, Inc. in Greensburg.

*In Our Own Voice* is a unique recovery education presentation. The presentation offers audiences hope and provides them with an insight into the recovery that is possible for people living with mental illness. The 90 minute presentation covers the issues that individuals frequently face while living with mental illness through topics such as Dark Days, Acceptance, Treatment, Coping Strategies, and Successes, Hopes and Dreams. The program often serves a dual purpose as it can be a transformative experience for presenters as they explore feelings and are empowered by a sense of self awareness when they give voice to their struggles and successes.

The two day training had participants learning how to organize the details of their personal stories, preparing for audience inquiries and tailoring their presentations to a variety of groups. IOOV presentations are appropriate for many different audiences including religious and community groups, mental health consumers and providers and educational settings.

Trainers Laura Thomas (NAMI Southwestern Pennsylvania) and Dana Nale (NAMI PA) lended support and insight to the group through their own personal experiences as presenters. The individuals from Westmoreland county who completed the IOOV training are: Janice Barkley, Timothy Black, Bobbie Blake, Robin Dillon, Darla Goff, Amy Harr, Emily Harr, John Herrmann, Twama Jessie, Verne Klingerman, Yvonne Kosker, Heather Middleton, Elizabeth Morris, Deborah Myers, John Strayer, Valerie Stone and Crystal Ware. Congratulations to each of them and best wishes as they begin to give presentations throughout Westmoreland county.

For more information on *In Our Voice* or to schedule a presentation for your group or organization, please contact NAMI Southwestern Pennsylvania at (412) 366-3788 or email at info@namiswpa.org.

Below are a few of the newly trained IOOV presenters that completed the training held in Westmoreland County. They are pictured with trainers Laura Thomas and Dana Nale.
NAMI Support Groups

Allegheny County
NAMI Pittsburgh South, Mt. Lebanon
Contact: Eileen Lovell (412) 401-4015

NAMI Pittsburgh North, Ross Twp., Contact: (Day) Dick/Sarah Focke (412) 367-3062 or (Eve) Pete/Candy Venezia (412) 361-8916

NAMI Pittsburgh East-FAMILIAS, Churchill
Contact: Anne Handler (412) 421-3656

NAMI Spouse Support Group, Churchill
Contact: Mim Schwartz (412) 731-4855

NAMI Sewickley Family Connections Support Group, Sewickley Contact: James Boaks (412) 749-7888

NAMI McKeesport, Contact: Patrice Hlad (412) 326-5374

NAMI Western PA Borderline/Personality Disorders Family Support Group, North Hills
Contact: Rose Schmitt (412) 487-2036

Minority Families of the Mentally Ill, Oakland
Contact: Wilma Sirmons (412) 327-4890

NAMI W.P.I.C. Family Support Group, Oakland
Contact: Merle Morgenstern (412) 246-5851

Beaver County
NAMI Beaver County, Rochester
Contact: Diane Watson (724) 774-7571

NAMI-C.A.R.E. (Consumers Advocating Recovery through Empowerment), Beaver, Contact: (724) 775-9152

Butler County
NAMI PA Butler County, Butler
Contact: Butler NAMI Office (724) 431-0069 or Sandy Goetze (724) 452-4279

Fayette County
NAMI Fayette County, Uniontown
Contact: Carmella Hardy (724) 277-8173

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