NAMI PITTSBURGH/NORTH SUPPORT GROUP

NAMI Keystone PA/NAMI Southwestern PA

 **105 Braunlich Drive**

**Suite 200 McKnight Plaza (White Building on Hill)**

Pittsburgh, PA 15237

**(Turn at light by Dollar Tree)**

**Support Group Leader Assistants Candy & Pete Venezia (412) 361-8916**

 **Tom & Mary Lou Zemaitis (412) 492-9157**

## Treasurer Debbie Julian (412) 821-1691

**Phone Consultations Lolly Kayser (412) 818-4886**

## Newsletter Sharon M. Vogel (412) 821-2805

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**MAY 1, 2019**

**7:00PM – 9:00PM**

**SPEAKER: LINDA TASHBOOK**

Linda Tashbook is the Foreign, International, and Comparative Law Librarian at the University of Pittsburgh School of Law.  She is also the manager of the library’s Research Fellows program. Additionally, she serves as a member of the library’s general reference team, participates in numerous committees in the law school and on the University Senate’s Benefits and Welfare Committee, and teaches upper-level legal research classes.  In her private pro bono law practice she primarily works on poverty law, mental health law, and non-profit law. Linda will be speaking about how finding and keeping housing can be particularly challenging for people whose psychiatric symptoms interfere with transactions, including arrangements that involve living with family members. Throughout the program, she will explain the legal rights, limitations and opportunities that arise in these various situations. Her goal is to show family members how they can assert these rights, counter the limitations and take advantage of opportunities so that their consumer can have the most stable and comfortable housing.

**OUR DEEPEST SYMPATHY…..**

Michael Ference, husband of Debbie Ference of our NAMI office, passed away suddenly on April 17, 2019. Our deepest sympathy to Debbie and their children, Christopher and Lindsay. Michael always worked at the NAMIWalks. Our Support Group has made a contribution to NAMI in memory of Michael.

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**CBT for Psychosis: Approaches Families Can Use** *taken from NAMI Blog*

By David Kingdon, M.D. and Douglas Turkington, M.D. | Apr. 15, 2019

Cognitive Behavioral Therapy (CBT) is gradually becoming recognized and available as a psychological approach to mental health problems. But what exactly is it? Well, CBT works with thoughts (cognitions) and behaviors to help with mental health problems. It’s becoming increasingly famous, particularly for teaching people what they can do to improve depression and anxiety. But it’s also being used to help with symptoms of psychosis, such as hearing voices and paranoia.

Schizophrenia occurs in about 1% of the population, but psychosis is a bit more common. In the U.S., as many as 3 in 100 people will have an episode at some point in their lives; of that number, approximately 100,000 young people experience psychosis each year.

Psychosis has many causes. In any person with the symptoms of hearing voices or paranoia, you will find a number of different things coming together to cause and maintain the symptoms. Every individual is different, but here are a few common contributors:

• **Bereavement** is an important factor for some. If you lose a loved one, you may feel the presence of that person. You may see or hear them talking, smell a perfume or an aftershave, or you might feel a touch. These experiences are “hallucinations,” but they tend to only occur briefly and gradually become less common. They can be both comforting and confusing.

• Sometimes at the time of birth, due to a **prolonged labor** or forceps delivery, a baby can experience a lack of oxygen. This can make psychosis more likely to occur in adult life.

• **Migration** can be an important factor. For example, coming to the U.S. from a war zone like Syria can trigger psychosis. This is possibly because you feel as if your roots have been lost and because of the stresses that occurred before you left, in addition to the new stress you experience when you arrive in your new home.

• **Lack of sleep** is very powerful in driving psychosis. In studies where people were kept awake for prolonged periods, most started to hear voices and/or see things that were not there. Finally getting sleep led to recovery.

• **Trauma** can also be a cause of psychosis. Sadly, abuse in childhood, bullying and domestic violence can lead some to become and remain fearful and paranoid. These experiences are strongly associated with hallucinations related to the traumatic experience.

• Then there are **illegal drugs**. There are some very powerful drugs available—and cannabis has become
much more toxic in recent times. Similarly, cocaine and amphetamines can bring on psychotic episodes.

One or more of these issues can affect many people with serious mental illness. As psychiatrists and CBT therapists, we need to work out what they need in treatment. Does the person need work on bereavement? Do they need help to sleep better? Have they suffered a trauma that they haven’t been able to talk about? Are drugs a problem? It will usually be some combination of factors.

If you know somebody experiencing psychosis, think about what might have caused it. Once you know that, you might be able to help by listening and trying to understand—and by using some “CBT techniques” to help.

**Help Them Feel Heard and Supported**

We have found that simply being friendly to someone experiencing psychosis seems to have a positive effect—even when symptoms have been present for years. Listen to their concerns, however strange they may seem, and say something like:

“Okay, we are in this difficult situation now, but there was a time before this started when I remember you were feeling much happier and doing okay at school and work. Let’s remember the successes you have had. Let see how we can work out a way to get back on track again.”

That seems to be important to increase confidence and self-esteem. CBT is an approach that works toward jointly agreed upon goals. You decide the goal with your loved one; it won’t work if they don’t agree. You could try, “We will work on getting out for a walk today” or, if that’s too much, “Why not come in and watch TV with us for an hour or two?”

**Help Them Learn Their Triggers**

CBT approaches are used to try to understand and explain what triggers psychosis and what keeps it going—so ask questions. A person might say, “The Mafia is watching my house all day long through cameras.” Follow that up with reasonable questions like, “Can you see the cameras?” “Why do you think it is the Mafia doing this?” “Could something else be going on?”

If these discussions cause more distress, especially if they are leading to confrontation, it is certainly better to stop and talk about something else. There’s also a limit to how much talking helps, especially if it’s going around in circles, so you can always agree to disagree. But it’s never a good idea to agree with or completely dismiss delusional beliefs. If the person says the Mafia is watching the house, it doesn’t help to say, “That’s simply not true.” The approach is to listen, understand why they believe what they do and prompt with questions. The delusion might change, and more often, the conversation will simply improve the person’s mood and behavior because they’ll feel listened to, even if it’s clear you’re not convinced about their beliefs.

**Help Them Understand that Their Delusions Aren’t Reality**

We might also try to investigate their beliefs to see if we can find reasons for their paranoia. This may seem like reinforcing them, but it also allows the person to explain and then test out their own delusions. In CBT, there’s always some kind of homework, some simple task that you agree to work on for the next week. For psychosis, this might include keeping a diary of what’s happening outside the home and what the explanations might be. The aim is never to convince the person they’ve got it wrong, but to understand and think of other possible explanations or to simply reduce the distress and interference in their life caused by their beliefs.

**Help Them Cope**

CBT can also be useful for auditory hallucinations, like hearing voices. If they seem to be hearing something when nobody is speaking, ask, “Could you tell me more about what you’re hearing? Is it one voice, or is it several voices? Do you know who they are? What are they saying to you? Can you share that with me?” Being curious about their psychosis is good because when you have psychosis, you very often feel quite cut off from other people. We want to help a person feel less distressed and isolated. There are lots of good coping strategies available, but often people who hear voices use unhealthy coping strategies, like alcohol or illicit drugs.

It’s also important to score the severity of a symptom (e.g., on a 1-10 scale) with your loved one, as well as an “improvement score” after an achievement of a goal—for example, to see if the CBT technique is working. CBT techniques for psychosis go at a slow-but-steady pace because they’re a gentle approach to psychosis. But it’s crucial to also have access to expert help. With help from professionals and loved ones, some people get better quickly after their first episode, while some people get better later. This is the good news. People might feel depressed and defeated, stigmatized and hopeless, but recovery is
possible.

*David Kingdon, M.D. is a psychiatrist and professor from England who has published many research papers and books about psychosis and mental health services. Douglas Turkington, M.D. is a psychiatrist from Scotland who has developed a CBT training program for family members on how to help their relatives with psychosis.*
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**Experiencing Both Perspectives of EMDR: Provider and Patient** *taken from NAMI Blog*

By James Brister, M.D. | Apr. 22, 2019

When I was sixteen years old, I was an athlete and I loved football. If my coach told me I could run through a brick wall, I would try. I felt “invincible”—holding the world by the tail. Then it all changed in less than a second.

During a football game, I injured my knee. Not just a little, but when I hit the ground my foot was pointing backwards and bent up to my waist. I had to have surgery. The doctor told me I would never play football again, that I would be lucky if I could walk normally. He also said, I was lucky I didn’t die on the field. All my dreams and invincibility vanished.

Life went on, but I could no longer watch football games. If I spoke with someone else with a similar injury, I would have an odd reaction. The feeling is difficult to put into words, but my mind would go blank. Nausea would start. It felt like I had a painful hole in my chest. It was impossible for me to stay in the room during these conversations. I would run over anyone who tried to stop me from leaving. This was my response for years to come.

**Becoming a Psychiatrist**

At the age of 31, I was struggling at work and at home. One of my children asked why I looked so unhappy. That told me I needed to do something—so I sought help. My first psychiatrist helped me realize the toll my work was taking on me.

At the time, I was working as a general practitioner at a small rural hospital. There, one doctor did everything: ran the ICU, delivered babies and treated all medical problems that presented. One night, having a cup of coffee at two a.m. in the break area in the emergency room, I realized I had done all those things in the preceding two hours. I delivered one child, went to the ICU and ran a code on a man over 90 years old, and he didn’t survive. As soon as that was over, they called me to a second delivery. That night I decided I wanted to support quality of life—both my own and other people’s. I decided to switch my career to psychiatry.

While my first psychiatrist helped me with this change, among other issues, we didn’t touch on the sheer terror I faced of being exposed to any thought of football or knee injuries. I continued to avoid the subject entirely for the next twenty years.

**What is EMDR?**

A few years ago, I attended a training for a new therapy: Eye Movement Desensitization and Reprocessing (EMDR). I went to this training to learn a new skill as a psychiatrist, one that I knew nothing about.

To learn this new therapy, the students practiced on each other. When it was my turn to be the patient, my response to the instructor was noticeable. The mild traumatic memory I selected somehow jumped across the years to my knee injury. In my mind, it was like standing by a passing train. Each window had a different picture of my life and it went so fast that I couldn’t focus clearly on a single one. I’m sure my face showed what I was feeling because the instructor came and sat with me through the process.

EMDR involves many things, but the goal is dealing with emotional trauma. In most psychotherapies, there is a lot of talking. In this type, talking is limited. In this method, you don’t have to relive trauma. In fact, you don’t have to describe the traumatic event at all. You and the therapist design a code phrase or word, find an emotional safe place you can use if it gets too intense, and stop if you want.

After that one experience, I could watch football again and talk about knee injuries. There is no way I could have written this prior to that experience. That first session of EMDR started me on a transformative path. Since then, I have sought therapy including EMDR to continue this progress.

As a patient, I sit in one spot and keep my head still. My therapist asks me to focus on her hand and then moves it side to side. This draws both eyes back and forth, somehow allowing the brain to process the trauma and make it far more workable.

Every time I went, it helped me deal with my fears and anger, and allowed me far more control over my actions. My nightmares of fighting went away, my level of anger decreased and my compassion for others increased.

I cannot explain fully why it works, but it can be a real game changer. No one [therapy](https://www.nami.org/learn-more/treatment/psychotherapy%22%20%5Ct%20%22_blank) is best for every condition and for every person. But for the right issue, EMDR can be phenomenal.

As a psychiatrist, my focus is mostly on medical needs and the use of medicine to treat mental illness. However, I use EMDR when I feel it is the correct approach. For me, EMDR has been extremely effective both personally and professionally.

*James (Skip) is a board-certified psychiatrist at the VA Medical Center in Jackson, Miss. He is married to Teri Brister, NAMI’s Information and Support Director.*

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**The Power of Emotion Education** *taken from NAMI Blog*

By Hilary Jacobs Hendel, LCSW | Apr. 10, 2019

Most of us are taught that depression is a flaw in brain chemistry. But another important and hopeful way to understand depression is through understanding our emotions. Life experiences, especially adverse ones, can ignite many emotions in the brain. Research has shown that burying these emotions is one of the things that can lead to depression and many other symptoms of mental illness. These symptoms, particularly [suicide rates](https://www.cdc.gov/media/releases/2018/p0607-suicide-prevention.html%22%20%5Ct%20%22_blank) and [rates of major depression](https://www.nbcnews.com/health/health-news/major-depression-rise-among-everyone-new-data-shows-n873146%22%20%5Ct%20%22_blank) are rising in our society.

Emotion education holds a missing piece to reversing this trend. All people should receive a basic education in emotions and how the mind handles them, especially when it comes to stressful life events and traumas.

**Safely Releasing Traumatic Emotions**

Alexander, who had escaped a war-torn country, was depressed and suicidal when I first met him. He had thoughts of ending his life because of the seemingly inescapable pain he felt. Core emotions—like fear, anger, and sadness—are natural, biological responses to stressful events. Traumatic events, including the invisible traumas of childhood, may create such intense and complex emotions that a person can’t process them effectively. Instead, a person may push them off to the very back of their mind to maintain their sanity.

When emotions aren’t processed, it can throw the mind and body into a state of imbalance called dysregulation In our society, symptoms of dysregulation are frequently given various labels and diagnoses like depression, chronic anxiety, personality disorders and more. At the root, these diagnoses may share a common component: blocked and buried emotions that ultimately give way to the unbearable sense of being disconnected from one’s self.

I helped Alexander recover by teaching him about emotions, and then helping him safely release the terror, anger and sadness that had been trapped inside his body for many years. Releasing buried emotions helped his nervous system to regulate.

During one session, I had him name the emotion he was experiencing: terror. He was physically trembling. We sat together as Alex focused inward. I told him to stay with it and to have compassion towards himself. After several minutes, his body calmed and the trembling quieted.  The energy from the terror that had been trapped in his body, and which caused him unimaginable distress, was lessened.

**Processing Emotions Rather Than Avoiding Them**

Growing up in New York City in the 1970s, I thought experiencing emotions as sensations with energy was a “new age” unscientific idea. Turns out I was wrong. In anatomy class, I saw with my own eyes, that the vagus nerve connects the emotional brain with organs of the body, in order for the body to respond to emotional threats.  This connection is why and how emotions in the mind lead to ailments in the body, like stomach aches or back pain. But it wasn’t until 2004, when I was in trauma training that I learned how to help people recognize and release their emotions.

Alex’s depression began to lift as we liberated the underlying emotions. While the emotions from that time were too much for Alex to bear alone, with my help he could safely process them. With his nervous system regulated, the suicidal thoughts stopped.

In our society, no one teaches us what emotions are, let alone how to work with them safely and skillfully. We learn how to avoid our emotions using [defenses](https://www.hilaryjacobshendel.com/common-ways-to-avoid-emotions%22%20%5Ct%20%22_blank) such as [addictions](https://drgabormate.com/book/in-the-realm-of-hungry-ghosts/%22%20%5Ct%20%22_blank), over-working, under-eating, isolating ourselves, ruminating and so many others. Chronic reliance on defenses eventually leads to a sense of being disconnected and dissociated both from our authentic self and others. These symptoms are often labeled as “depression” because they present similarly. When I ask a client to put more words on the experience of being depressed, I hear phrases like, “I feel disconnected, deadened and hopeless.” They are describing what it can feel like to be cut off from one’s core emotions.

Learning about our emotions can help us understand them. It is the first step to making emotions less scary so we can learn to stop avoiding our most difficult emotions. Education undoes damaging myths, like “strong people don’t have emotions” or "only weak people suffer.”  When we understand emotions, our suffering changes from shameful to human. And when we learn to work with our emotions, becoming familiar with how they feel physically, we feel better. We stop being hampered and side-lined by the traumas and wounds we have experienced; and we unlock a healing potential to restore a deeply felt calm and connection to our self and others.

Hilary is author of the [award-winning](http://www.americanbookfest.com/health/psychologymental.html%22%20%5Ct%20%22_blank) book, [It’s Not Always Depression](https://www.amazon.com/Its-Not-Always-Depression-Authentic/dp/0399588140/ref%3Dsr_1_1?ie=UTF8&qid=1509676786&sr=8-1&keywords=It%E2%80%99s+not+it+always+depression" \t "_blank): Working the Change Triangle to Listen to the Body, Discover Core Emotions, and Connect to Your Authentic Self (Random House, Feb. 2018). She received her BA in biochemistry from Wesleyan University and an MSW from Fordham University. She is a certified psychoanalyst and AEDP psychotherapist and supervisor. She has published articles in The New York Times, Time, Oprah, and her blog is read worldwide.

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**STORIES THAT HEAL**

NAMI Keystone Pennsylvania is hosting *Stories That Heal* in collaboration with [**City**](https://default.salsalabs.org/T973cdd73-acd1-475e-9c73-23ea7936d932/b43d7d73-4279-4f7c-8a2a-8e18e42f2e07) [**of Asylum**](https://default.salsalabs.org/T712892b9-d962-4bfd-a645-9649e1324ff5/b43d7d73-4279-4f7c-8a2a-8e18e42f2e07). Events will take place at the **City of Asylum Bookstore located at 40 W. North Avenue, Pittsburgh, PA 15212**. This is a free event but registration is appreciated.

**Thursday, May 30, 2019 - Corrine Jasmin —**[***Tread***](https://default.salsalabs.org/Te57c6ea5-1e0e-4735-b3e4-3d1c44d20ce8/b43d7d73-4279-4f7c-8a2a-8e18e42f2e07)

Corrine Jasmin is a writer, artist, and filmmaker currently living in Pittsburgh. Her first book, [***Tread***](https://default.salsalabs.org/T8ea363cf-c71e-4695-a26e-f725be64267b/b43d7d73-4279-4f7c-8a2a-8e18e42f2e07), includes 49 poems that give readers insight into Corrine's life over the past three years. The poems are an honest behind-the-scenes look at how she navigated life while experiencing mental health issues.

**Thursday, June 27, 2019 - Kristie Knights —**[***Unsung Heroes: Deconstructing Suicide Through Stories of Triumph***](https://default.salsalabs.org/T24d6af83-1154-48b3-816e-d265de1d9d29/b43d7d73-4279-4f7c-8a2a-8e18e42f2e07)

Kristie Knights is a psychotherapist, podcaster, and founder of IRise Leadership Institute, a nonprofit that works to eradicate suicide one life at a time. In the book, [***Unsung Heroes: Deconstructing Suicide Through Stories of Triumph***](https://default.salsalabs.org/T2e92aab5-c7cd-4709-b36e-b4132e9be1be/b43d7d73-4279-4f7c-8a2a-8e18e42f2e07)*,*Kristie compiles stories from 35 writers from five countries. While each story differs in details, they all give readers raw insight at their experience with suicide, both thoughts and attempts.

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**2019 PENNSYLVANIA MENTAL HEALTH & WELLNESS CONFERENCE- *STRONGER TOGETHER***

**MAY 20 – 21, 2019 Monday & Tuesday**

HOLIDAY INN HARRISBURG - HERSHEY

604 Station Road

Grantville, PA 17028

On May 20-21 in Harrisburg, NAMI Keystone Pennsylvania, the Pennsylvania Mental Health Consumers' Association (PMHCA), and the Mental Health Association in Pennsylvania (MHAPA) are hosting their first-ever joint conference: the Pennsylvania Mental Health and Wellness Conference.

This special statewide two-day event is growing by the day, with sponsorship commitments from:

1. [**Beacon Health Options**](https://default.salsalabs.org/Td5fd4c81-cdd1-49a1-8163-ec5e29408feb/df2c6773-a481-4552-a3d0-c7c77ac43bd5)
2. [**PerformCare**](https://default.salsalabs.org/Tb2d5555a-f1a1-46b4-9506-6c2a67e8a222/df2c6773-a481-4552-a3d0-c7c77ac43bd5)
3. [**Friendship House**](https://default.salsalabs.org/T32eac05e-ab32-4b89-a893-4db8de1f84ea/df2c6773-a481-4552-a3d0-c7c77ac43bd5)
4. [**The Advocacy Alliance**](https://default.salsalabs.org/Tf9b2e896-1d73-44ec-afa2-96944a8e6cdb/df2c6773-a481-4552-a3d0-c7c77ac43bd5)

Plus, [**Capital Area Behavioral Health Collaborative, Inc**](https://default.salsalabs.org/T02b69329-db47-4ff9-8feb-575331a2a348/df2c6773-a481-4552-a3d0-c7c77ac43bd5). has signed up as a scholarship benefactor. Thank you all for your support!  We also have more than a dozen exhibitors lined up with space filling up fast -- and there are still opportunities to place an ad in the program booklet.

This unique conference is an opportunity for organizations and businesses to connect and network with hundreds of peers, family members, professionals, and advocates from all across Pennsylvania. To learn more, click on the links below or visit the [**Conference Webpage**](https://default.salsalabs.org/T2bdc5f18-6f22-4eef-90ea-8bdd3c66d5e9/df2c6773-a481-4552-a3d0-c7c77ac43bd5).

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**NAMI MEETINGS – 2019**

 June 5, 2019 October 2, 2019

 July 3, 2019 November 6, 2019

 August 7, 2019 December 4, 2019

 September 4, 2019

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