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NAMI Luzerne/Wyoming County Honors Ruth and Bill Helgemo



The National Alliance of Mental Illness (NAMI) Luzerne/Wyoming Counties presented Ruth and Bill Helgemo, Dallas, with the Lester Verano Advocacy Award at a recent candlelight vigil. The award, presented by James Jordan, executive director, NAMI-PA, was given to the Helgemos for their volunteerism, leadership and advocacy in support of individuals and families affected by mental illness.

At the event, from left, first row: Jordan; Grace Helgemo; Bill and Ruth Helgemo; and Paul Radzavicz, director, NAMI Luzerne/Wyoming Counties. Second row: Glenda Race and Joseph Fedak.

Letter From Our President



Dear NAMI Supporters:

As 2013 comes to a close, I would like to wish all of our members a joyous and healthful holiday season. It was a year that was filled with many events. The Mental Health Proclamation, NAMI-PA Recovery Walk, NAMI Wilkes-Barre Candlelight Vigil, NAMI Connection Training, and of course, the inaugural Crisis Intervention Training classes. It is also the time of the year for membership renewal. In the next few weeks you will be receiving your 2014 renewal letter. As part of this year's membership campaign, we are asking each member to recruit one new member. Also, if you haven't been a member in a while, please rejoin us.

Best wishes,

Paul J. Radzavicz, President

NAMI Connection Training Reflection

By Glenda Race

NAMI Connection is a mental health recovery support program that provides “respect, understanding, encouragement, and hope.” For the past two years, Lisa Tricarico has led our Wilkes-Barre group. On September 28 and 29 Joe Fedak and Glenda Race from Wilkes-Barre, as well as Mary Pasquale, Charlotte J. Corrao, and Jerri Sydlo from Hazleton, were trained in NAMI Connection.

During the two days of training, Dr. Susan Vogel-Schibelia of Western Pennsylvania gave learners the tools needed, including principles of support and both one minute and two minute hourglasses.

The beauty of NAMI Connection is in both its structure and flexibility. After starting with a one or two minute person “temperature check,” the facilitators encourage group members to discuss and provide insight on situations regarding mental health.

Another aspect of Connection is the facilitators and members shared experiences. Now with two facilitators and the experiences and insights of other group members, NAMI Connection helps provide needed support.

NAMI Connection meets in Wilkes-Barre on the second Monday of each month following the NAMI business meeting. A meeting in Hazleton meets on the second and fourth Thursday of the month. Anyone living with mental illness is welcome to come and participate.

NAMI Peer-To-Peer Insights

By Joseph J. Fedak

On October 23, 2013, I became a certified mentor in NAMI’s Peer-to-Peer Education Program. The training was intense to say the least. I learned so much through the three full days. I met some fantastic people. I laughed. I cried. I gained knowledge and I gained wisdom. I learned about some of the mental illnesses that I did not have experience with and I made an awesome self-discovery. In the end, I have new tool to use to help others help themselves. I had the opportunity to grow in another phase of my recovery journey. The class focused on core values and course topics.

I do want to share one personal experience with you though. For the first time since experiencing my mental illness and journey to recovery, I listened to the story of a mother that has the family perspective on mental illness. I have put a tremendous amount of time and effort into my recovery, but, honestly, never thought too much about what my parents and brothers experienced through my journey. What an eye opening experience. I knew bits and pieces of their struggles, but assumed that if I worked on me they would heal instantly. I made many assumptions about how they dealt with the struggles of their son becoming mentally ill.

The Peer-to-Peer course is the third training I have completed since June. The knowledge and wisdom I am gaining is incredible. Thank you NAMI for all you do for Peers and Families.

Holiday Party

We are planning to have our holiday get together at our December 9 meeting. If you are planning to attend, please call the office at 570-371-3844. We need members to call so we can have an accurate count. Also, if you can make a donation of food or a monetary donation, let us know when you call.



Family to Family Classes: Spring 2014

NAMI-WB will be offering the NAMI Family to Family Education Program in the spring of 2014 for families and caregivers of individuals with severe mental illness. Family to Family is a 12 week course taught by trained family members who have lived with this experience. Each session is approximately 2 ½ hours. Topics to be discussed include:

- Current information about schizophrenia, major depression, bipolar disorder, (manic depression), panic disorder, obsessive – compulsive disorder.
- Borderline personality disorder, and co-occurring brain disorders and addictive disorders.
- Up-to-date information about medications, side effects, and strategies for medication adherence.
- Current research related to the biology of brain disorders and evidence-based treatments to promote recovery.
- Gaining empathy by understanding the subjective lived experience of a person with mental illness.
- Problem solving, listening and communication techniques

- Acquiring strategies for handling mental health crisis and relapse.
- Focusing on care for the caregiver: coping with worry, stress and emotional overload.
- Guidance on locating appropriate supports and services within the community.
- Information on advocacy initiatives designed to improve and expand mental health services.

NAMI is pleased to announce that the NAMI Family to Family Educational program has been added to the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) National Registry of Evidence-based Programs and Practices (NREPP)

“NAMI is proud to be included in the registry,” said NAMI Executive Director Michael Fitzpatrick.

“It is an affirmation of one of NAMI’s signature education programs, established over 20 years ago, which to date has already helped more than 300,000 family members of people living with mental illness.”

The NAMI Family to Family Education Program is a free

For more information concerning NAMI’s Family to Family program, call the NAMI Wilkes-Barre Office at (570)371-3844.



NAMI-PA Conference

By Paul Radzavicz, Pres
NAMI Wilkes-Barre

The NAMI-PA State conference was held on October 24-25 at the Holiday Inn Harrisburg East. The theme of this year’s conference was Support for Vulnerable Populations: Stigma is Alive and Actively Working in communities. The first day of the conference was dedicated to a Criminal Justice Symposium-Change the Culture: Meeting the Mission. Executive Deputy Secretary Shirley Moore-Smeal was the keynote speaker. Workshops on CIT Training, Alternatives to Incarceration, Healthy Prisons, Veterans in Prison and Innovative County Prison Programs were held.

On Friday the opening plenary was given by Barbara Ricci, Present NAMI Metro New York



Beating the Holiday Blues

Although Christmas, Hanukkah, Kwanzaa, and other holidays are expected to be a time of joy and family get-togethers, the gap between a person’s experience and the reality of the experience can be disappointing and painful. Time is a precious gift of which people today have little. To ensure that your holidays are pleasurable, it’s important to evaluate how you spend your time and have realistic expectations. What can a person do to beat the holiday blues?

Determine which activities and traditions are most important and bring you joy. It can be helpful to list the activities: Gift giving, sharing meals, sending holiday cards, decorating, entertaining, having religious services, etc. Engage in that have true meaning and perpetuate happiness. Consider forgoing those that are stress-inducing or do not bring happiness.

Create new traditions. If you have been recently widowed or divorced, holidays may cause stress and pain. Consider starting new traditions to replace the old ones.

City. Ms. Ricci shared the work and ideas behind the “I Will Listen” campaign. You can find out more about the “I Will Listen” campaign at www.naminycmetro.org.

At the luncheon Deputy Secretary Dennis Maron spoke and gave updates on the current happenings at OMHSAS.

The highlight of the conference was the appearance of Kevin Breel. Kevin is a 20 year old comedian and mental health activist. He presented a workshop titled the “Confessions of a Depressed Comic. At the evening dinner Kevin gave an inspirational talk to all in attendance. To find out more about this amazing young man, visit his website: www.kevinbreel.com.

Curb spending. The holidays also prompt people to spend more than they can afford. Make a holiday budget that includes the cost of extra meals, postage for mailing gifts, and tickets to special events. Look for ways to keep the spirit and cut the cost.

Share the burden. Ask family member and friends for help when preparing meals, buying gifts, or entertaining.

Take care of yourself, Eat right, exercise, and get enough sleep. Be careful not to indulge on high-sugar food at parties or consume too much alcohol.

Recognize signs of stress. When you begin to get frustrated, take a few deep breaths or take a break.

Practice patience. The holidays are not likely to change the attitudes of relatives and friends who may be critical from time to time. Acknowledge these behaviors and plan how you will respond to keep joy in your holiday.

Courtesy of The American Occupational Therapy Association Inc.

Voices

by
Rich Rugen

1. I hear voices every day
No matter what my loved ones say.
To me these voices are very real.
They tell me how to think and feel.

We have watched our daughter change
Become a person very strange.
The one we love is trapped within
A world which will not let us in.

2. I descend in a deep dark hole;
The blackness envelopes my very soul
I feel great sadness and need to flee
From those who want to care for me.

We have watched our father change
Become a person very strange.
The one we love is trapped within
A world which will not let us in.

3. At times I feel I can do great things;
I fly so high it's as though I have wings.
But when you fly too close to the Sun,
You crash to the earth, you life in ruin.

The one we love is trapped within
Become a person very strange.
A World which will not let us in.

We have watched our mother change

4. I have fought a long, hard war,
And seen things I could not imagine before.
The images stay and haunt my mind
I cannot bear them, and seek an end.

We have watched our brother change,
Become a person very strange.
The one we love is trapped within
A world which will not let us in.

5. Changes have come, beyond our command,
Visions and feelings which hold us in hand.

A Festival of Trees

By Glenda Race

Beginning December 8, the Luzerne County Courthouse Rotunda will be featuring a "Festival of Trees" This year NAMI Wilkes-Barre is participating with the theme "It's Time to Make a Difference."

The tree will be decorated with green and silver awareness ribbons, and clock faces with the words such as advocacy, support, understanding, and others.

At the top of the tree will be a four faced clock that reads: "It's time for..."

We hope this tree will serve as a reminder that now is the time for support, education, and advocacy.

Take time to visit this display during the holiday season.

The New Science of Mind

From Gray Matter by Eric R. Kandel

These days it is easy to get irritated with the exaggerated interpretations of brain imaging – for example that a single fMRI scan can reveal our innermost feelings – and with inflated claims about our understanding of the biological basis of our higher mental processes.

Such irritation has led to a number of thoughtful people to declare that we can never achieve a truly sophisticated understanding of the biological foundation of complex mental activity.

In fact, recent newspaper articles have argued that psychiatry is a “semi-science” whose practitioners cannot base their treatment of mental disorders on the same empirical as physicians who treat disorders of the body can. The problem for many people is that we cannot point to the underlying biological bases of most psychiatric disorders. In fact, we are nowhere near understanding them as well as we understand disorder

But this is starting to change. Consider the biology of depression. We are beginning to discern the outlines of a complex neural circuit that become disordered in depressive illness. Helen Mayberg, at Emory University and other scientists used brain-scanning techniques to identify several components of this circuit, two of which are particularly important.

One is area 25 (the subcallosal region) which mediates our unconscious and motor responses to emotional stress; the other is the right anterior insula, a region where self awareness and interpersonal experience come together.

These two regions connect to the hypothalamus, which plays a role in basic functions like sleep, appetite and libido, and to three other regions of the brain; the amygdale, which evaluates emotional salience; the hippocampus, which is concerned with memory; and the prefrontal cortex, which is the seat of executive function and self-esteem. All of these regions can be disturbed in depressive illnesses.

In a recent study of people with depression, Professor Mayberg gave each person one of two types of treatment: cognitive behavior therapy, a form of psychotherapy that trains people to view their feelings in more positive forms, or anti-depressant medication. She found that people who started with below-average baseline activity in the right anterior insula responded to cognitive behavior therapy, but not to the anti-depressant.

People with above average activity responded to the anti-depressant, but not to cognitive behavior therapy. Thus, Professor Mayberg found she could predict a depressed person’s response to specific treatments from the

baseline activity in the right anterior insula.

These results show us four very important things about the biology of mental disorders. First the neural circuits disturbed by psychiatric disorders are likely to be very complex.

Second, we can identify specific, measurable markers of a mental disorder, and those biomarkers can predict the outcome of two different treatments: psychotherapy and medication.

Third is a biological treatment, a brain therapy. It produces lasting, detectible physical changes in our brain, much as learning does.

And fourth, the effects of psychotherapy can be studied empirically. Aaron Beck, who pioneered the use of cognitive behavioral therapy long insisted that psychotherapy, long insisted that psychotherapy has an empirical basis that is a science.

Other forms of psychotherapy have been slower to move in this direction, in part because a number of psychotherapists believed that human behavior is too difficult to study in scientific terms.

Any discussion of the biological basis of psychiatric disorders must

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include genetics. And, indeed we are beginning to fit new pieces into the puzzle of how genetic mutations influence brain development.

Most mutations produce small differences in our genes, but scientists have recently discovered that some mutations give rise to structural differences in our chromosomes. Such differences are known as copy number variations.

People with copy number variations may be missing a small piece of DNA from a chromosome, or they may have an extra piece of the DNA.

Matthew State, at the University of California, San Francisco, has discovered a remarkable copy number variation involving chromosome 7. An extra copy of a particular increases the risk of autism, which is characterized by social isolation. Yet the loss of that same segment results in Williams syndrome, a disorder characterized by intense sociability.

The single segment of chromosome 7 contains about 25 of the 21,000 or so genes in our genome, yet an extra copy or a

missing copy had profound and radically different effects on social behavior.

The second finding is de novo point mutations, which arise spontaneously in the sperm of adult men. Sperm divide every 15 days. This continuous division and copying of DNA lead to errors and the rate of error increases significantly with age: a twenty-year old will have an average of 25 de novo point mutations in his sperm, whereas a 40 year old will have 65. These mutations are one reason older fathers are more likely to have children with autism and schizophrenia.

Our understanding of the biology of mental disorders has been slow in coming, but recent advances like these have shown us that mental disorders are biological in nature, that people are not responsible for having schizophrenia or depression, and that individual biology and genetics make significant contributions.

The result of such work is a new unified science of mind that uses the combined power of cognitive psychology and neuroscience to examine the great remaining

mysteries of the mind; how we think, feel and experience ourselves as conscious human being.

This new science of mind is based on the principle that our mind and our brain are inseparable. The brain is a complex biological organ possessing immense computational capability; it constructs our sensory experience, regulates our thoughts and emotions, and controls our actions.

It is responsible not only for relatively simple motor behaviors, like running and eating, but also for complex acts we consider quintessentially human, like thinking, speaking and creating works of art. Looked at from this perspective, our mind is a set of operations carried out by our brain.

The same principle of unity applies to mental disorders. In years to come, this increased understanding of the physical workings of our brain will provide us with important insight into brain disorders, whether psychiatric or neurological. But if we persevere, it will do even more: it will give us new insights into who we are as human beings.

Membership News

- Currently we notify membership by e-mail of upcoming meetings and events. If we do not have your current e-mail address, please forward it to us. Also if you do not have e-mail and would like to be contacted by phone please call the office at 570-371-3844, and we will add you to the call list.
- The **Monday November 25** and **December 23** Meetings are **Cancelled**. Enjoy the Holiday Season

The Wisdom of Acceptance

By Jerry Malugeon
surfcitypress.org

If one of the major problems of denial is that it delays and often prevents necessary treatment for the loved ones suffering the disabling symptoms of untreated mood disorders, the great benefit of acceptance is that it opens doors to such treatment. Systems management and eventual recovery from a brain illness is the goal, treatment is the vehicle used to reach that goal, and acceptance is the spark that provides the wisdom to identify, locate and utilize that treatment.

When a companion, family member or caregiver accepts a loved one's disorder for what it is, then positive possibilities open up:

- Through physicians, therapists, groups, lectures, classes, the Internet, books and other sources, companions can gain the knowledge and strength needed to cope with the challenges they meet while learning effective ways to assist a loved one in his or her recovery.
- Regardless of all previous negative energy the companion and others may have directed toward a loved one, possibly due to embarrassment, shame resentment, or perceived stigma, acceptance can help redirect that energy toward the illness and its eventual management.

With acceptance, openness and active participation, successful companions soon become aware that it is helpful, if not necessary, to establish personal guidelines as inner beacons that they always try and follow:

- “There is no place for blame in my loved one's recovery.”
- Doctors, therapists and other mental health professionals have various levels of competency and it is important for me to remain aware of the quality of treatment care my loved one is receiving and help make adjustments whenever necessary.
- “My loved one's symptoms can change at any time, and I expect that and will stay flexible; change does not have to be stressful.”
- Acceptance of their illness may not always be possible for my loved one, so it is always good for me to recognize and acknowledge the trust and courage they are showing when following their established treatment plan.”

Acceptance of a loved one's illness and treatment needs, followed by effective action, is a definite hallmark of all successful companions. For companions, family members and caregivers there is no success without acceptance.

Just as important, too, is a companion's acceptance of self care. There is no success without addressing that essential need, either.