NEWS & KNOWLEDGE... NEWS YOU CAN USE.... OCTOBER, 2024



HAPPY HALLOWEEN!



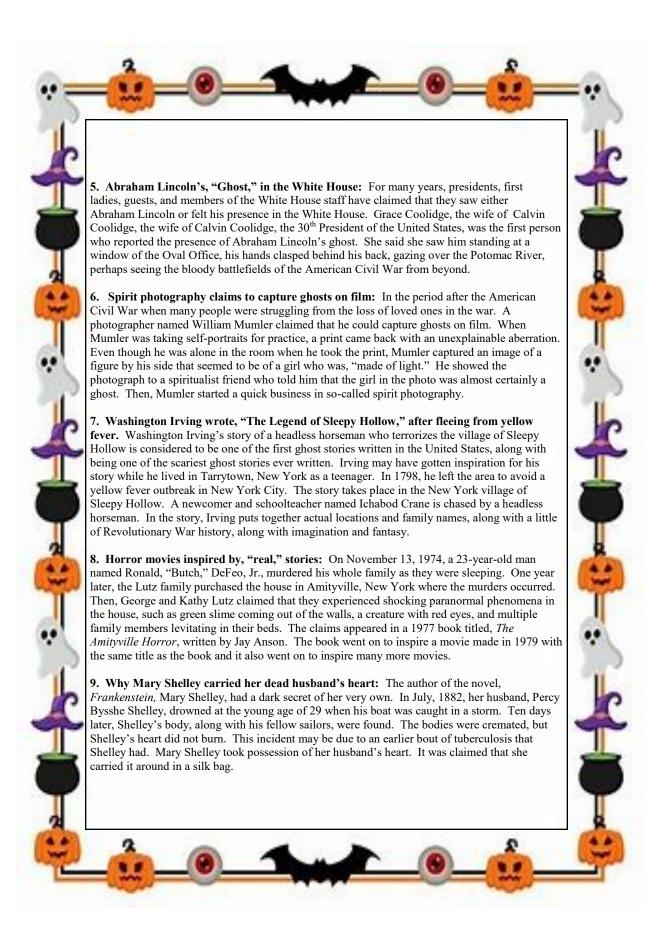


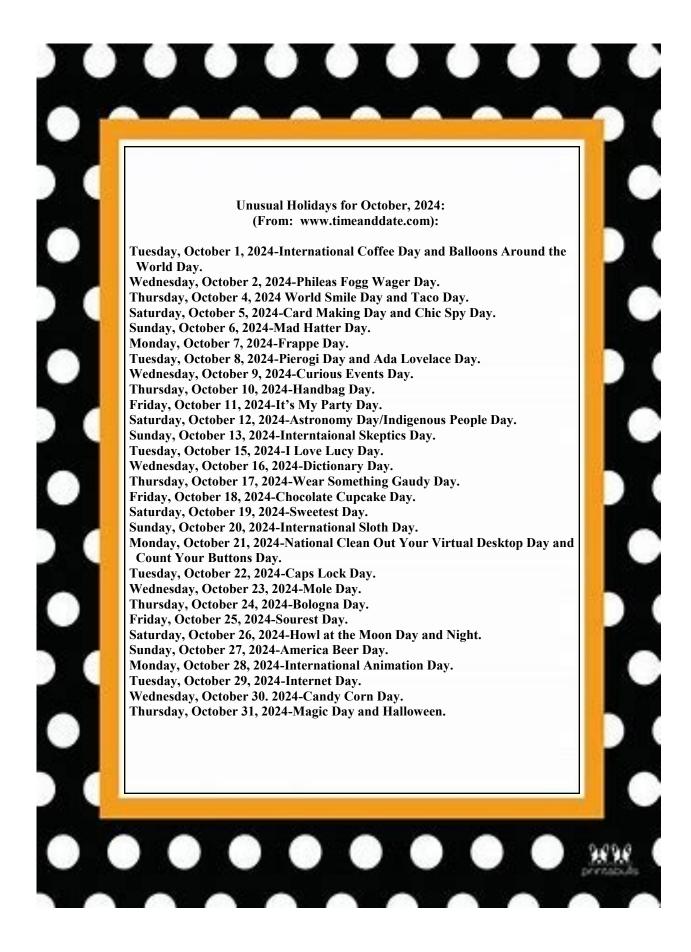
HAPPY FALL!











Personal Accounts-My Recovery: A Long, Winding Yellow Brick Road (By: Mark Glickman, *Psychiatric Services*, December, 2012, Volume 63, Number 12):

I want people to know that recovery from mental illness is not possible, but it is happening all the time. Of course when I started my own journey on the rocky road of illness, I was sure that severe psychiatric illness was hopeless and that once it took hold, I would disappear forever down a rabbit hole of despair. I was a happy child. Left to my own devices, I was in heaven. I could spend what seemed like hours staring at a reproduction of a Japanese painting, imagining ways in which it could come to life. Unlike other children who feared the dark or being alone, I sought the solitude of my father's closet and would retreat there into my imagination. At some point, though, the refuge I had always found inside myself began to fail. Around age 18, I started to feel a frightening alienation from myself and my own feelings. I experienced a gnawing sensation of emptiness that could be filled only briefly. When I was 19, a crisis precipitated by a psychotic episode induced by experimentation with drugs resulted in an emergency hospitalization and my finally coming into treatment with a psychiatrist. I responded to the therapy and the medication I was given. I was able to complete college, make and keep new friends, and thrive again. The torrents of confusion, emptiness, and self-destructive behavior receded. Unfortunately though, once out of the safe harbor of college, I floundered. I could get jobs, but couldn't keep them. If I dropped even the smallest, most harmless scrap of paper, I imagined that it could somehow harm someone else, and I would go out of my way to back and find it. If I drove a car, I imagined I had hit a pedestrian. I became more focused on my food intake, my heart rate, my exercise, my medication-and why I shouldn't take it. At times, I just would cry-easily and very hard. But more than that, the essential emptiness-that I was nothing and worthless-was engulfing me. Going off my medication made things exponentially worse. I was walking a tightrope where my thoughts and feelings were spiraling out of control and I had no safety net. My high wire act of staying up in the air, despite my downward spiral, came to an abrupt end. Within days of stopping my medication, I went into a complete and total breakdown. I realized, with the total comprehension and shock of facing something life threatening, that I had gone over the edge and that my life had changed forever. I was hospitalized. I had fallen very hard and very fast into a terrible state for which no medication or therapy really helped. After two months, I was discharged as, "stabilized." However, "stable," for me seemed to mean a walking state of disability. I could get from one place to another, but that was it. I was agitated, depressed, and unable to focus on anything at all productive, with raw feelings of anger and rage. The discharge plan from the hospital was to go to Fountain House in New York City. Fountain House was founded as a self-help group in 1946 and, then, was expanded into a comprehensive program of psychiatric recovery in the mid-1950s by a social worker named John Beard. He pioneered transitional employment and fortified the culture of membership that was already established there. By the time I arrived in 1973, Fountain House was already a large, thriving program of psychiatric recovery for people with severe mental illness. The hub of the program, called a clubhouse because of the emphasis on membership as opposed to patient-hood, was a beautiful five-story Georgian style building. Recovery in the clubhouse was based on voluntary participation in the work of the clubhouse and reintegration in the community through an ecosystem of opportunities, including transitional employment, housing, and assistance with government benefits applications and management and linkage to essential services such as psychiatric and medical care. The program focused on the talents and skills of the members instead of on their illness. When I first arrived at Fountain House, however, all I could do was sit in a corner and watch the comings and goings. My symptoms were only somewhat less painful, and my ability to function was still severely impaired. I couldn't really do more than simply travel back and forth to the clubhouse. The one thing that changed was that I began to make friends with some of the other members.

Several, in particular, became the source of a new social network for me. I would stop by Fountain House to socialize with them, but I didn't do much else there. After some time had passed, I was approached by several staff members who asked me if I wanted to do a transitional employment placement at Macy's Department Store. It was, as all transitional employment placements, were entry level, part-time, and temporary. My initial reaction was to say no, but I didn't want to disappoint the staff workers, whom I liked, so said yes. The job was humbling, but also the experience of just working again and getting paid for it, felt good. After Macy's, I tried a few other jobs as well as living situations, which unfortunately didn't work out. During this period, my symptoms gradually worsened again, and I slipped into another downward spiral, frighteningly similar to my first breakdown. I was hospitalized again, and, this time, I was confronted by the reality that five years had gone by and I felt just as bad. By the age of about 30, I had seen my childhood friends move on with their lives and careers. Not feeling that I was making any progress in the hospital and that I was hopeless, I decided that suicide was the way to end my pain and despair. Although I was on a locked ward, I managed to slip out the front door of the hospital and proceed with my plan. I waited on the curb until a big city bus came along, and, then, I ran right in front of it. I instinctively covered my head with my arms. Nothing happened. I opened my eyes, and the bus was a few feet away, having managed to stop right in front of me. My suicidal urge was spent. I walked meekly back into the hospital and told the staff what I had done. A change in medication was made. From that moment on, I improved and continued to improve. I had hit rock bottom and bounced. Between the shock of my coming close to taking my own life and the change of medication, a propitious cycle began. I began to see the clubhouse with new eyes. I began to see the work that took place there; even the most seemingly mundane things, like cleaning, cooking, or typing up newsletters, were part of a, "gymnasium for function." I made the link in my mind between physical rehabilitation and psychiatric rehabilitation, or recovery. I saw that, just as physical rehabilitation begins with light weights and simple, gentle stretching, so psychiatric rehabilitation and recovery begin with easy-to-accomplish tasks, both in the clubhouse, and, then, in the community, through paid jobs in transitional employment. And just as physical rehabilitation has prosthetic devices for people who have lost limbs, psychiatric recovery offers invisible prosthetics. These include the many opportunities in the clubhouse, as well as those that extend deep into the larger community through employment, housing, and educational opportunities. Some of these supports are to be found in the synergy created by the respect and interdependence that develop between members and staff around accomplishing the work of the clubhouse. Once I saw Fountain House through the lens of this understanding, everything changed exponentially for me. I realized that there was no limit to how much I could strengthen myself through assuming leadership in the clubhouse. By design, clubhouses keep the number of staff very limited, thus maximizing the need for the members to pitch in. So within that vacuum of leadership, I, like any other member, was free to grow and exert my growing confidence and ability. After several successful clubhouse transitional employment jobs, I found my own job in retail and, then, retail management. After that, I leveraged my experience and confidence to go back to graduate school when I was 40 years old, to study broadcast journalism. I was able to work in the field for several years and finally left and made a documentary about the Fountain House program. I also eventually co-authored, with Mary Flannery, the first book about the clubhouse called, Fountain House: Portraits of Lives Reclaimed from Mental Illness. I see my development through the clubhouse paralleling that of Dorothy in The Wizard of Oz, where she and her companions have to find a heart, which is the ability to trust again; courage, the ability to try new things again; and a brain, the ability to reach one's full potential. So I have ultimately come to view the experience of having a severe mental illness as one that requires, in a certain sense, growing up all over again. I believed that what happened to me as a result of my breakdown resulted in a rolling back of my developmental clock. I had to regain my confidence, my courage, and my basic sense of competency. Having experienced this process and feeling in no way unique, I believe that clubhouses offer an ideal environment to fulfill one's potential.

International Standards for Clubhouse Programs: (From: www.clubhouse-intl.org):

EMPLOYMENT:

21. The Clubhouse enables its members to return to paid work through Transitional Employment, Supported Employment and Independent Employment; therefore, the Clubhouse does not provide employment to members through in-house businesses, segregated Clubhouse enterprises or sheltered workshops.

Transitional Employment:

- 22. The Clubhouse offers its own Transitional Employment, which provides as a right of membership, opportunities for members to work on job placements in the labor market. As a defining characteristic of a Clubhouse Transitional program, the Clubhouse guarantees coverage on all placements during member absences. In addition, the Transitional Employment program meets the following basic criteria:
- a. The desire to work is the single most important factor determining placement opportunity.
- b. Placement opportunities will continue to be available, regardless of the level of success in previous placements.
- c. Members work at the employer's place of business.
- d. Members are paid the prevailing wage rate, but at least minimum wage, directly by the employer.
- e. Transitional Employment placements are drawn from a wide variety of job opportunities.
- f. Transitional Employment placements are part-time and time-limited, generally 12 to 20 hours per week and from six to nine months in duration.
- g. Selection and training of members on Transitional Employment is the responsibility of the Clubhouse, not the employer.
- h. Clubhouse members and staff prepare reports on TE placements for all appropriate agencies dealing with members' benefits.
- Transitional Employment placements are managed by Clubhouse staff and members and not by TE specialists.
- j. There are no TE placements within the Clubhouse. Transitional Employment placements at an auspice agency must be off site from the Clubhouse and meet all of the above criteria.

Supported and Independent Employment:

- 23. The Clubhouse offers its own Supported and Independent Employment Programs to assist members to secure, sustain, and better their employment. As a defining characteristic of Clubhouse Supported Employment, the Clubhouse maintains a relationship with the working member and the employer. Members and staff determine the type, frequency and location of desired supports.
- 24. Members who are working independently continue to have available all Clubhouse supports and opportunities, as well as participation in evening and weekend programs.

October is Domestic Violence Month. Here is an article that describes various forms of domestic violence and tips on ways to deal with domestic violence, including leaving the violent relationship

What Does Abuse Look Like? Six Types of Domestic Violence: (From: https://www/healthline.com, medically reviewed by Bethany Juby, PsyD and written by Sian Ferguson on August 10, 2023):

Domestic violence can appear in any form such as digital or online abuse, financial abuse, physical abuse, sexual abuse, mental abuse, and/or emotional abuse. When people think about domestic abuse, they tend to think only of a person physically abusing a romantic partner. While domestic violence occurs among intimate partners, it can take on many forms. Domestic violence includes any type of violence that can occur inside of a household. People can abuse their children, parents, siblings, other relatives, and roommates. In the United States, domestic violence affects approximately 10 million people in a year. About 1 in 3 women and 1 in 10 men encounter domestic violence. One review has shown that transgender people are 1.7 times more likely to experience intimate partner abuse than cisgender people. Abuse occurs in many forms and people find it difficult to identify abuse while they are experiencing it. If you suspect that you are being abused, trust your gut feelings. All people deserve to be treated with kindness and respect. Here are six types of domestic violence as listed below:

- 1. Digital or online abuse that includes monitoring and so-called revenge, "porn": Digital or online abuse is a form of domestic violence that occurs over the internet or through digital devices. It encompasses actions such as excessive monitoring, online harassment and cyber bullying. For example, an abuser may ask their partners or their children for their social media accounts' passwords in order to control their online behavior. Another form of digital domestic abuse is distributing sexually explicit photographs or videos of someone online without the consent of the subject(s) involved. This abuse is also known as, "revenge porn," even though it is not actually porn. The purpose of this form of abuse is to humiliate or manipulate the person involved.
- 2. Financial or economic abuse: Financial abuse is a type of domestic violence where the abuser attempts to control their victim's ability to get, use, and maintain economic resources by stopping their victim from making and using their own money. As a result, victims become financially dependent on their abuser and they are left with limited choices. For example, one person may insist on controlling all household finances, denying the other person access to their own bank accounts or financial information. The abuser may also keep a partner or family member from working, restricting their financial freedom and makes them depend financially on the abuser. The abuser may also take their victim's money or bank cards and keep the victim from using their own money. Financial abuse can also include taking out credit cards without the other person's consent or creating a large amount of debt without the other person's consent, undermining the victim's financial stability.
- 3. Emotional and verbal abuse, including belittling, insults, and manipulation: Emotional and verbal abuse includes behaviors that belittle, put down, or manipulate another person emotionally. Verbal abuse can include a constant stream of negative comments that ruins a person's self-esteem. The abuser may use derogatory language, insult, or criticize the victim frequently. The abuser can also use another person's vulnerabilities against them, manipulate the other person to get control of them (the other person), and can make regular threats to leave the other person or threaten harm to themselves to make the other person feel fearful or guilty. Emotional abuse is often verbal, but isn't only verbal. An abuser can use threatening body language or disgusted facial expressions to degrade their target.
- 4. Psychological or metal abuse, including intimidation, isolation, and stalking: Psychological abuse is often subtle, but it profoundly affects the victim. The abuser makes systemic attempts to make the victim feel fearful or to manipulate the victim's thoughts and actions. The abuser may make threats or display violent behaviors. They can also isolate the victim by limiting their access to friends and family. Psychological abuse can also include stalking, where the abuser invades the victim's personal space or privacy persistently. Psychological abuse can also include gaslighting, which is a form of emotional abuse, where the abuser makes the victim question their own beliefs, sanity, and perception of realty. A gaslighter can also make you feel overly sensitive, irrational, or delusional on purpose to control you.

- 5. Physical abuse, including withholding resources needed to maintain your overall health: Physical abuse is any intentional act that results in injury or trauma to another person's body. An abuser can use bodily force to hurt you such as hitting, slapping, choking. or pinching. They may throw objects at you or burn you with a cigarette. Physical abuse also includes situations where the abuser denies the victim access to necessary medical care or withholds food, medication, or other essential resource. For example, if a victim needs to use a mobility device such as a wheelchair, the abuser can get of the wheelchair on purpose or put in an area inaccessible to the victim.
- 6. Sexual coercion or abuse: Sexual coercion or abuse includes any act where the abuser pressures or coerces the victim to perform sexual acts without the consent of the victim. This type of abuse can also be called rape or sexual abuse. The abuser can use pressure, guilt, or force to make the victim participate in sexual acts that the victim does not want to do. For example, the abuser can pressure the victim into performing unwanted sexual acts by telling the victim that it is their marital duty to perform those acts. The abuser can also threaten to cheat on the victim if the victim does not do certain sexual acts. Sexual abuse also includes the abuser persistently pursuing sexual activity when the victim is not clearly interested or give substances to the victim to make them more vulnerable to unwanted sexual advances. Another form of sexual abuse also consists of making the victim watch sexual acts without their consent.

If you believe that you are experiencing domestic violence in your home as either as a victim or a witness, trust your instincts. Abuse is **NEVER** the fault of the victim! You deserve to live in a safe place without any violence! If you fear physical abuse, get to a safe place like a friend's home, a hospital or a domestic violence shelter. Please consider calling 911 or local emergency services. Leaving a violent family member or a violent partner may seem daunting, since abusers manipulate their victims into believing that they do not deserve a better life situation and/ or making victims believe that they cannot live without the abuser. However, you can leave an abusive home and go on to recover from domestic violence. Here are three tips to help you in escaping from an abusive situation as follows:

- 1. Don't try to fix your abuser. Whether an abuser can change or not is debatable. Even if your abuser shows remorse for their actions, you should not wait for them for them to get better, which they may not. You do not need to endanger yourself as the abuser works on their behavior. There is a possibility that your abuser will not get better, so don't expect them to change for you-They need to change for themselves!
- 2. Build a support network. Talk to supportive friends who will keep you discussions confidential. You may want to join a support group and/or work with a therapist.
- 3. Create a plan for you to leave safely. This plan can include finding a shelter or a friend's place, making sure that your children and/or pets are safe, and keeping important documents like birth certificates or passports in a safe place. You can also contact abuse hotlines, support groups, and domestic violence to help you in creating a safety plan for you, your family, and your pets.







If you need help in stopping smoking, you can contact the QuitlineNC Program (Website address: https://quitlinenc.dph.ncdhhs.gov). QuitlineNC helps smokers by providing free smoking cessation services to smokers from commercial tobacco use. The OuitlineNC website defines commercial tobacco as any tobacco products offered for sale, excluding sacred and traditional ceremonies by many American Indian tribes and communities. You can go to the website address as listed above to enroll online or text, "Ready," to 34191. You can also call 1-800-QUIT-NOW(1-800-784-8669). To help teenagers with vaping, you can text, "VAPERFREENC," to 873373. Support from QuitlineNC is available 24 hours, 7 days a week. The service is free and it is nonjudgmental.

PARTNERS CRISIS LINE: If you are experiencing a non-medical mental health emergency, you can call the Partners Crisis Line at 1-833-353-2093. They are available 7 days a week and 24 hours per day. If you are experiencing a medical emergency, please call 911 or go to your local emergency room. Also, Catawba Valley Healthcare has crisis support and mobile crisis response services available 24 hours, 7 days a week. The Catawba Valley Health crisis support/mobile crisis response services number is (828) 695-2511.

Until you are happy with who you are, you will never be happy with what you have.