

## NAMI Butte County GENERAL MEETING

**SPEAKER:**  
Gerald E. Maguire, M.D.  
**PRESENTATION:**  
Medication Adherence

**DATE:** Thur. August 16<sup>th</sup>  
**TIME:** 6:30 p.m.  
**PLACE:** Butte County Library  
1108 Sherman Ave., Chico

**INFO? CALL** Cathy: 228-7100  
OR e-mail:  
[namibuttecosecretary@gmail.com](mailto:namibuttecosecretary@gmail.com)

*We are open to the public  
Everyone is welcome*

Meetings are held 3<sup>rd</sup> Thur. each month

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### BUTTE COUNTY BEHAVIORAL HEALTH BOARD

BUTTE COUNTY BEHAVIORAL  
HEALTH ADVISORY BOARD  
Wednesday - August 15, 2012  
Behavioral Health Dept.  
Administrative Support Division  
Conference Room  
109 Parmac Rd., Ste. 1,  
Chico, CA 95926  
3:00 p.m.  
The Butte County Behavioral Health  
Advisory Board is looking for volunteers  
to sit on the board. For information call  
891-2850

### SUPPORT GROUPS

**NAMI BUTTE COUNTY'S**  
Family & Friends Support Group  
**First Tuesday ea. Month 6:30pm**  
Conference Room  
109 Parmac, Suite 1, Chico  
Info: Nancy at 895-8933 or  
[nancy@nesm.com](mailto:nancy@nesm.com)

**BUTTE COUNTY**  
**Behavioral Health**  
Depression/Bipolar Support Group  
**Every Thursday: 2:30 p.m.**  
Dual Diagnosis  
**Every Friday: 11:00 a.m.**  
The Iversen Center  
109 Parmac, Suite 2A, Chico  
879-3311  
*(The Iversen Wellness & Recovery  
Center and Med Clinic offers a  
wide variety of activities. Pick up  
their calendar at 109 Parmac, Ste.  
2 or call 879-3311. The Med Clinic  
Phone Line is 879-3974)*

**DEPRESSION BIPOLAR**  
**SUPPORT ALLIANCE**  
**Every Tuesday: 6pm to 8pm**  
First Christian Church  
295 E. Washington, Rm. 6, Chico  
For more information,  
Call Ken (530) 566-4380

**PARADISE: The Wellness and  
Recovery Center (WRC)**  
This center is open to all community  
members.  
**The Hub**  
805 Cedar Street, Paradise, CA 95969  
(530) 877-5845  
Monday-Friday 8 am - 5 pm

**Oroville Drop-in Center**  
18 County Center Drive, Oroville  
(530) 538-7705 Open Monday through  
Friday 11:00 a.m. to 4:00 p.m

### WEBINAR

## WEBINAR: ADDRESSING CO- OCCURRING DISORDERS IN ADULT COURT-BASED PROGRAMS

*Hosted by Criminal Justice Mental Health  
Consensus Project*

**Date:** Thursday, August 16th, 2012  
**Time:** 2:00 - 3:30 p.m. EDT

This webinar will provide an overview of how court-based programs (e.g., problem-solving courts) can effectively address the needs of participants with both mental health and substance use disorders.

Roger Peters, PhD, one of the nation's leading experts on this issue, will highlight what court-based programs can do to ensure the success of participants with co-occurring disorders, including refining eligibility considerations, implementing screening and assessment, connecting participants with evidence-based treatment, and making enhancements to treatment and supervision strategies. The webinar will conclude with a Q & A session, giving webinar attendees the opportunity to submit questions for Dr. Peters.

To register for this webinar, click [here](#).

[www.consensusproject.org](http://www.consensusproject.org)

## **RICK REYNOLDS**

Rick Reynolds is retiring on August 14<sup>th</sup> from Butte County Behavioral Health. A well respected member of the behavioral health community he has spent over 20 years helping to have a client based / recovery model organization. In 1991 he was hired as a case manager at the "ROOF" Program.

*(The ROOF Program is an intensive case management team, which assists individuals with mental illnesses living in Chico and the surrounding area to maximize their quality of life. This is where clients have been given the opportunity to learn life skills.)*

His thoughtful engagement, insights, and skills in stakeholder management and ultimately his implementation skills have been exemplary. One of his many accomplishments was obtaining and implementing AB 2034 funding as a result of his and Linda Huffman's work in creating the "SEARCH" team pilot program.

**SEARCH** (*Support, Employment, Assistance, Recovery, Consumer Housing provides intensive services to individuals who are homeless or at risk of homelessness due to a severe and persistent mental illness. In addition to receiving mental health services, individuals are linked to the Housing Authority of Butte County, Department of Rehabilitation (DOR), Veterans Services, Legal Aid, Social*

*Security Administration, and other needed services. Utilizing the Recovery Model philosophy, services include psychiatric support, medication management, employment services and referral, educational support, housing support, representative payee assistance, benefits counseling as well as medical and legal services referral. Services are tailored to meet each individual's recovery needs.)*

Currently the Program Manager of BCDBH Chico Adult Services Rick is very proud of the strides that have been made with housing and employment for clients.

Some of these include the supportive housing in collaborative partnership with CAMINAR ("Avinda Apartments, and its "Sensible Cyclery" business); the cooperation between Behavioral Health and the local Department of Rehabilitation, whose main concern is helping the disabled obtain permanent employment; to the hiring of clients within the department!

**Rick Reynolds has made a difference.  
Best Wishes and Thank You Rick!**

## **MHSA REPORT**

On Thursday, July 19<sup>th</sup>, NAMI Butte County President Cathy Gurney presented Anne Robin, MFT, Director of the Butte County Department of Behavioral Health a detailed report assembled by the National Alliance on Mental Illness, California (NAMI

California) that details programs funded by the \$7 billion dollars generated by Prop 63, the "millionaire's tax," including the 50 programs that have been implemented in our area.

The extensive report, titled MHSA County Programs 2012: Services Promoting Recovery and Reducing Homelessness, Hospitalization and Incarceration, is a compilation of all the programs (1,600 state-wide) funded by the Mental Health Services Act (MHSA), with funding from Prop 63.

There are an estimated two million Californians in need of mental health services. One in 12 adults lives with a mental illness and one in ten children live with a serious emotional disturbance causing significant impairment. Programs funded by the MHSA include wellness centers, crisis intervention teams, community college pathways, early childhood counseling, parenting skills, treatment for depression, suicide prevention and transitional programs for those who are homeless.

In Butte County, an estimated 18,356 people live with a mental health challenge (including over 4,500 children)—that's enough to fill up University Stadium one and a half times or 6x the capacity of Laxson Auditorium.

The full report that lists all programs in Butte County and other counties throughout the state is available at [www.namicalifornia.org](http://www.namicalifornia.org).

"In one way or another, virtually all California families are touched by mental illness," said Senate President pro Tempore Darrell Steinberg. "This report validates the vision of California voters who approved Proposition 63, understanding the necessity for more effective programs to help people turn around their lives."

## PTSD

*Memory Consolidation and Reconsolidation: Cortisone after trauma could prevent PTSD*

Memories are created in a series of phases in which different neurobiological mechanisms are required. In order for short-term memories to be placed in long-term storage, new protein synthesis is required. **If protein synthesis is inhibited during a window about 2-4 hours after the short-term memory was encoded, consolidation into long-term memory does not occur.** In addition to the initial phase of memory consolidation, a second phase of memory reconsolidation is now recognized. During this phase, memory is again alterable.

The alterability of memories has implications for some types of post-traumatic stress disorder (PTSD), in which emotional memories repeatedly intrude into consciousness. Pharmacological intervention during the period of memory reconsolidation may be able to reduce the impact of traumatic memories.

One example of an attempt to alter memory consolidation or reconsolidation after trauma has been reported by researcher Ariel Shalev and colleagues. **These researchers found that administration of a high dose of intravenous cortisone (100 to 240mg) immediately following an extreme trauma was able to decrease the incidence of PTSD.** One month after a traumatic event, the incidence of PTSD was 60% in those who received placebo, compared to only 16% in those who received the intravenous cortisone [www.bipolarnews.org](http://www.bipolarnews.org)

## STORY

### **JMHCP Success Story: Woman Credits Mental Health/Law Enforcement Collaborative with Saving Her Life**

*This story is about a woman enrolled in the Mental Health Outreach Program in Durham, NC. This program was the recipient of a 2010 JMHP Planning and Implementation grant. All names and other individually identifying details have been changed to preserve confidentiality.*

Marion, 60, had been living in her car in the parking lot of an abandoned theater for five years by the time the Durham Police Department found help for her. When she arrived at police headquarters, she was highly agitated and demonstrating signs and symptoms of trauma-induced paranoia and psychosis. She demanded to speak with the chief, insisting that the police department had conspired to keep her from her children and grandchildren, from whom she'd been estranged for several years. The chief spoke to Marion and referred her to the department's Mental Health Outreach Program (MHOP)—a unit that pairs a mental health clinician with police officers for situations such as hers.

The MHOP team would become a regular fixture in Marion's life. At first she refused to acknowledge that she may have a mental illness, but over a series of encounters, MHOP team members built a basis of trust and successfully encouraged her to visit the Durham Center, the city's primary mental health agency. There she agreed to receive

a comprehensive care review, in which mental health clinicians, housing, employment, benefits, and education service providers considered her circumstances and developed an individualized case plan for her.

The team at the Durham Center connected her to Housing for New Hope, a local nonprofit, funded by the Health and Human Services' Projects for Assistance in Transition from Homelessness (PATH) program. Housing for New Hope helped her apply for rental subsidies and found her a housing unit and now she is in a stable housing situation for the first time in five years. With a roof over her head, Marion then began to work on addressing her untreated trauma, which her doctors determined was the catalyst to her homelessness and mental health issues.

Marion has since reconnected with her children and grandchildren. While speaking at the police department's recent Annual Crisis Intervention Awards banquet, Marion honored the MHOP team. "Thank you for saving my life," she said. "Without you, I wouldn't be here today."

To download a PDF of this Success Story, click [here](#).

**Grant Program:** Justice and Mental Health Collaboration  
**Grantee Type:** Planning and Implementation  
**State:** North Carolina  
**Grantee:** Durham Police Department  
**Program Name:** Mental Health Outreach Program

[www.consensusproject.org](http://www.consensusproject.org)

## MOVIES - SCHIZOPHRENIA

### STUDY: What Movies Make of Schizophrenia

(July 30, 2012) Stigma and its causes are a constant concern for all of us who live and work with severe mental illness, which is what makes Dr.

Patricia R. Owen's study of schizophrenia in the movies so interesting.

Published in the July issue of *Psychiatric Services*, "Portrayals of schizophrenia by entertainment media: A content analysis of contemporary movies" reviewed English-language commercial movies featuring at least one character with schizophrenia and released to theaters between 1990 and 2000.

A total of 42 characters from 41 movies were identified and analyzed, after which Owen concluded. "Misinformation and negative portrayals ... are common."

Among the findings:

\* Characters with schizophrenia were overwhelmingly male and Caucasian, even though males have only a slightly higher incidence rate of the disease than females, and African Americans have significantly higher rates than Caucasians.

\* A vast majority of the characters were dangerous or violent (83%) – far more than the small percentage of those with schizophrenia who actually commit violent acts – and

nearly one-third were homicidal; the "homicidal maniac" stereotype was found to be "prevalent."

\* A substantial majority were self-harming (69%), and 24% committed suicide, even though suicide rates among individuals with schizophrenia are estimated to range from 10-16%.

\* The "myth that love can cure schizophrenia" was found in nearly one-quarter of the movies that were studied (24%); over half showed the use of medications as a treatment.

\* A majority of characters displayed positive symptoms, even though they are less common than negative symptoms. Bizarre delusions (67%), auditory hallucinations (62%), visual hallucinations (52%) and disorganized thought or speech (21%) were all depicted, while the most commonly shown negative symptom (flat affect) appeared in only eight characters (19%).

\* Some characters were depicted having "unusual experiences with otherworldly phenomena ... (which) may represent a newly identified stereotype in contemporary movies – 'schizophrenia as possessed.'"

"To those who struggle with severe mental illness, the pejorative stereotypes found in movies about schizophrenia have detrimental consequences," the author concluded. "(C)learly there is a need to provide accurate information about

mental illness to counter the negative messages found in mass media."  
[www.treatmentadvocacycenter.org](http://www.treatmentadvocacycenter.org)

## THERAPY DOGS

### Dogs: A medicine for mental health problems?

#### Demand for therapy dogs increasing as veterans return from war

By Elizabeth Landau CNN

POSTED: 05:11 AM MDT Aug 01, 2012 UPDATED: 10:36 PM MDT Aug 01, 2012



Jennifer Smith/SXC

(CNN) -His name is Valor. He's half Labrador retriever, half Great Dane, and goes everywhere with Sgt. Charles Hernandez. But Valor is more than a pet -- Hernandez considers the dog a personal physician.

When Hernandez was having seizures, Valor would nibble on the side of Hernandez's leg before the veteran realized anything was wrong. And the dog pulls him away from conflicts and jumps on him during anxiety attacks to calm him down. In combination with medications, Hernandez says the dog has helped his symptoms of post-traumatic stress disorder.

"I'm alive again," says Hernandez, 49, of the Bronx, New York, now retired from the U.S. National Guard. "What keeps me going is my dog."

A growing number of Americans are getting dogs for mental health needs, experts say. In the case of psychiatric service animals, such as Valor, they are trained specifically to help people with mental illnesses, in much the way seeing-eye dogs are taught to help to blind people. PTSD in returning veterans is a major reason for the increasing demand for these dogs, said John Ensminger, a New York attorney and author of "Service and Therapy Dogs in American Society."

Unlike guide dogs for people with more obvious physical disabilities, there's a lot of gray area regarding who gets to have a dog accompany them to places -- from restaurants to stores to airplanes -- where animals are usually not allowed.

### **Why people get psychiatric service dogs**

There's pretty good evidence that in some people, interacting with pets produces biochemical changes in the brain, says Hal Herzog, professor of psychology at Western Carolina University. "In a way, we could all use a psychiatric service or therapy dog because of the incredible amount of stress that we're all under," says psychiatrist Dr. Carole Lieberman, author of "Coping With Terrorism: Dreams Interrupted."

Caring for a pet helps people become less frightened, more self-sufficient and secure. It takes the attention off their own fears, she said. Through owning a pet, you can "prove to yourself that you can take care of another living creature," she said. It "reassures you that you can take care of yourself."

Several categories of dogs that provide care to people with mental health issues have arisen, as the organization Heeling Allies describes:

The first is psychiatric service dogs, which is where Valor falls. These are individually, intensely trained dogs for people with mental disabilities. The Psychiatric Service Dog Society has extensive information about these dogs and how to get a dog trained. Heeling Allies calls them "mental health service dogs" because of the stigma associated with the term "psychiatric."

Then there are emotional support dogs, which provide comfort and motivation to people with disabilities. They may be taken on planes and live in housing situations where animals are not usually allowed, with proper documentation.

Finally, there are therapy dogs, which help a large group of people. For instance, Ensminger's dog Chloe is a therapy dog, and he voluntarily takes her to hospitals to comfort patients. One of Lieberman's recent patients, for whom the psychiatrist wrote a letter to help a dog get certified, was a woman whose husband has a serious, progressive medical disorder, and she felt stretched to the limit taking care of him.

Her standard poodle "provided the emotional support when she was out of the house without her husband, that her husband used to provide," Lieberman said.

Another patient, also female, is undergoing stress because her

home was put in foreclosure. She's also involved in a lawsuit and a countersuit regarding the potential loss of her multimillion-dollar property, Lieberman said. The woman has to travel a lot because her children live across the country, and her mental state is such that sometimes she can't get out of bed. In this case, Lieberman compares the therapy dog to a baby blanket: evoking feelings of warmth and being taken care of. "It reminds her of when things were less traumatic," she said. "It's a tie to the past."

Hernandez joined the National Guard in 1996 and was one of the first responders at ground zero on September 11, 2001. He was deployed to Iraq from 2004 to 2006. While in Iraq, Hernandez suffered a spinal cord injury that limited his ability to walk and a traumatic brain injury. Inside, he had changed, too. He became violent and agitated. And he had nightmares, uncomfortable thoughts and dreams.

"Not all wounds are visible," he said. "That's how I explain it to people." Hernandez received a service dog in 2010 through Project HEAL, part of ECAD, an organization that trains and breeds assistance dogs. Project HEAL sets up veterans with PTSD with service dogs. Hernandez still volunteers with Project HEAL. "He knows if something is wrong, and I can't figure it out," Hernandez said of Valor. "The dog has the extra Spider-Man sense." Hernandez still takes medication for PTSD.

Paul Aragon, a 29-year-old retired veteran, also has PTSD, but his only treatment is his service dog. Aragon got his service dog, Zoey,

in October after his medication stopped working. Zoey "keeps me calm," he says. Aragon, who studies motorcycle mechanics at Universal Technical Institute in Orlando, takes Zoey everywhere: dinner, movies, plane trips, even sometimes to school.

But not everyone recognizes the dogs as legitimate. Hernandez and Aragon have had incidents where people have questioned their bringing a dog into a public place. Hernandez even filed a lawsuit last year, alleging that he was kicked out of a fast-food restaurant

because of his dog. It was later settled out of court.

For more information about this newsletter and to submit articles please contact:  
Colleen Phipps, Newsletter Editor 530-894-8551 / [cmphipps@csuchico.edu](mailto:cmphipps@csuchico.edu)



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General: \$35.00  Open Door (membership for people of limited means): \$3.00  Newsletter Only: \$15.00

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Mail to: NAMI Butte County, P.O. BOX 1364 Chico, CA 95927

*As a Butte County member you become part of NAMI at the national, state, and local levels.*

Illness of Concern: \_\_\_\_\_

**Optional -Relationship to consumer:**  PA (parent of adult)  PC (parent of child)  AC (adult child)

C (consumer)  F (friend)  P (professional)  S (sibling)  M (spouse)

**Optional-Ethnicity:**  A (Asian/Pacific Islander)  AA (African American)  H (Hispanic/Latino)

NA (Native American)  W (White/Caucasian)  O (Other)

**Optional-Decade of Birth:**  1920  1930  1940  1950  1960  1970  1980  1990

05/01/12

**NAMIBUTTE NEWSLETTER**  
333 W. 12<sup>TH</sup> AVE.  
CHICO, CA 95926