Your Generosity Has Shown Through!

THANK YOU from the NAMI San Mateo County Board to all our generous NAMI donors for more than tripling the $30,000 matching gift from Sally and Mike Mayer for our Year End Appeal. You raised $107,478 to help support our growing programs and services.

Whether $1 or $10,000, you make a big difference in enabling us, including our hard-working staff and volunteers, to carry out our mission of mental health education, support and advocacy throughout the community.

We look forward to reporting back what your generosity has provided.

“If you want others to be happy, practice compassion. If you want to be happy, practice compassion.” - Dalai Lama

A Sibling’s Personal Story

I have been a part of my brother's struggle for recovery from schizophrenia for many years. The earliest of them were painful, ugly, and fear-filled for him and for everyone else in our small family.

There came a time when I was so afraid, not for us, but for him, that I decided to try to affect a sentencing outcome he faced. The following is a letter that I wrote to the Judge who would decide his fate.

Your Honor,

Please forgive the informality of this letter. I know very little about the correct manner in which to address the court.

I am writing on behalf of the Nobles family regarding the November 10th sentencing of Bradly Nobles. I am one of his two sisters, and in this letter I speak for Bradly's parents, sisters and two brothers-in-law.

It is important that you know that no one in our family approves of Bradly's criminal behavior, nor do we suggest that his behavior go unpunished. None of us believes that his behavior is excusable because he has a mental illness (schizophrenia), even though we know that this illness is particularly nightmarish. We do ask, however, that when you sentence him, you balance the need to punish with his need for an environment that is gentler than the traditional state prison or county jail. At this writing, Brad has been transferred twice in 21 days from the San Mateo County Jail to Chope Psychiatric Hospital. With 17 days remaining until his sentencing date, he will likely require at least two more such transfers. If he cannot psychologically 'survive' 38 days in the county jail, he's unlikely to be able to make it through a sentence of several months or a few years. We ask that your sentence consider his particular vulnerabilities.

Thank you for this opportunity to address you.

Kimberly Nobles

(Continued on page 2)
“I sought help from NAMI SMC precisely because my brother’s situation was so dire. I’ve been an active participant in their programs for many years and what I have given I have received several times over.”

It’s important for people living around mental illness to know that they are not alone. Sharing a story about your personal experience with mental health challenges—as an individual with a diagnosis, or as a family member or friend—can help with recovery. For more information, please call 650-638-0800 or email nami@namisannmateo.org.

Help break the stigma of silence surrounding mental illness.

Jan 22—General Meeting Review
By Kathy Stern

Cordilleras Health System Replacement Project Update. Presenter: Terry Wilcox-Rittgers, M.S., MFT

“The goal is to replace the current site which opened up in the early 1950’s as a TB Hospital with a state -of-the-art center of care for our County’s most vulnerable mentally ill residents. The new campus will be the center for client wellness, rehabilitation and recovery in a serene natural setting”

Melinda Henning, longtime NAMI member, former board member, and now housing activist, kicked off the year’s first general meeting by welcoming Terry Wilcox-Rittgers, MS, MFT, who presented an update on the Cordilleras Health System Replacement Project. Terry has been overseeing the design of the new facility, working from a clinical perspective, over the past several years. The vision and guiding principles evolved from input from clients as well as people around the state who have an investment in supportive housing. Former residents told them what worked and what didn’t.

Groundbreaking on the 20-acre county-owned land in Redwood City is projected for late-summer of 2020 and they expect to be up-and-running by the Fall of 2022. The concept of co-housing (a term used in some Scandinavian countries) is that of a smaller, homelike environment for seriously disabled people who have reached maximum benefit from inpatient treatment but are yet unable to live independently. Research has shown settings with more homelike elements can help soothe clients who have experienced trauma and recover more quickly and effectively.

The new campus will consist of 4 MHRC’s (Mental Health Rehabilitation Centers) that total 57 co-housing beds and 64 locked beds for a total of 121 beds. Each resident will have a double or single room, with access to a general living/socializing area, a dining room on each floor, meeting rooms, staff offices, meditation room and more. Electronic key card keeps residents on their own floor unless invited to another floor in each MHRC. A large unlocked “Campus Center” will have a commercial kitchen, gym, visitation room, art center, gift shop, conference rooms, primary care clinic and more. Residents will be able to bill Medicare for this care.

As access to County hospital beds is reduced the crucial need in our community is for lower levels of care following acute hospital treatment, often referred to as “Board & Care” or Supportive Housing”. Existing smaller facilities of this type are closing in recent years in part due to the highly competitive Silicon Valley housing market we live in. At the same time better treatments and medications have helped to shorten hospital stays. The San Mateo community has an opportunity here to get in on the ground floor to impact our mental health crisis and help our citizens live as productive citizens. People need a place to go upon their release from the hospital. They need a place to live when parents and family members die or can no longer house them. Individual citizens, families, schools, corporations, and volunteer organizations can be a big part of the solution.

In a Q&A period at the end of the meeting Louise Rogers - Chief of SMC Health System and Scott Gilman - Director of BHRS, helped us understand the anticipated cuts in the number of County beds for mental health patients and the need for NAMI, the County, and the entire community to work together to insure that timely and appropriate services will be ongoing for people who need them. It’s in all of our best interests.

Come to our next General Meeting on March 25 to learn more and find out how you can participate as the Cordilleras project moves forward. Volunteers will be needed every step of the way to develop a garden and grounds, set up and staff the front desk, gift shop, and art center and much more. There will be opportunities for family and peer mentors to work with residents and help them develop useful skills during their stay. Watch future NAMI San Mateo Newsletters for continued updates and volunteer opportunities. Contact the NAMI SMC office to become a Cordilleras Volunteer.

Personality Disorders: Personality is the way of thinking, feeling and behaving that makes a person different from other people. An individual’s personality is influenced by experiences, environment (surroundings, life situations) and inherited characteristics. A personality disorder is a way of thinking, feeling and behaving that deviates from the expectations of the culture, causes distress or problems functioning, and lasts over time.

Crisis Intervention Team (CIT) Update

CIT is going gangbusters in training peace officers and dispatchers in the concepts of de-escalation when dealing with persons with mental illness. Our next training of 40 peace officers will be from Monday, Feb 10th through Thursday, Feb 13th. I invite any NAMI family or consumer member to contact me regarding the program and possibly visiting one of the training sessions. It is truly wonderful to see the responding officers adopt more tools to keep our loved ones, and the police officers, as safe as possible.

Please contact the NAMI office and they will forward your inquiry to Emily Chandler, NAMI SMC CIT Facilitator.
GROUP THERAPY SERVICES AT BOARD AND CARE HOMES - Services launch at four homes
By Star Baird, LCSW, Collaborative Care Team

In early 2019, the idea of bringing group therapy directly to BHRS clients residing in board and care homes in San Mateo County became a reality.

Group therapy helps those who suffer from mental illness to cope with the symptoms they struggle with on a regular basis. Isolation, lack of energy and disorganized thinking are just some of those common challenges which make it very difficult for many BHRS clients to engage in treatment and maintain their housing.

With these concerns in mind, Clinical Services Manager Talisha Racy recruited BHRS clinicians from Adult Resource Management and Collaborative Care Teams to travel to board and care homes in San Mateo County and bring group therapy directly to BHRS clients.

Four clinicians - Zach Comtois, Kimberly Kang, Star Baird, and Akiko Lipton - began offering therapy groups at board and care homes located throughout San Mateo County.

- **Bruce Badilla’s Board and Care Home, Daly City**
  (6 clients). This group consists of male clients with co-occurring disorders and follows the evidence-based curriculum, Seeking Safety, which supports those who have a history of trauma and/or substance abuse and focuses on coping skills, grounding techniques and psychosocial education.

- **Mariah’s Board and Care, San Bruno**
  (3 clients). The home’s older adult clients receive group therapy services based on the Seeking Safety curriculum adapted to accommodate their needs and interests.

- **Portobello Board and Care, San Mateo**
  (8 clients). This therapy group follows the Illness Management Recovery curriculum, another evidence-based plan, emphasizing personal goal setting, relapse prevention, and ways to cope with stress and persistent symptoms.

- **Hillcrest Manor Board and Care, Redwood City**
  (8 clients). This 8-week group launched in July for the elderly in this facility and follows the Illness Management Recovery curriculum, along with various sensory activities to help engage with the participants.

  The clients have consistently expressed positive feedback to these groups. Participant John H. stated that the group “helps him with his thoughts and goes over interesting topics.”

  New resident Matthew W. says, “The group has been a good way to meet and get to know people here.”

  Board and Care operators, Perrine Salariosa, said, “This group has helped our clients communicate better in a positive way,” and Minerva Salariosa stated, “Our residents look forward to their group each week and look forward to having someone visit and connect with them.”

Program Expansion Planned

Several exciting developments are underway for this year. Besides continuing the existing therapy groups, we plan to increase the number of groups offered and expand the program to additional board and care homes throughout the County.

Report on San Mateo County Board of Supervisors January 28 Study Session on the Health System Budget

Thank you to all who turned out for the Board of Supervisors meeting on Jan 28! The room was overflowing, showing the strong community interest in our county Health Department services. More than 25 speakers gave public comment and our NAMI concerns, especially about the need for more supportive homes within the system of care, were highlighted, and all the Supervisors listened intently.

Louise Rogers - Chief of the San Mateo County Health System, gave a thoughtful and thorough presentation with recommendations for unfortunate cuts required to address an accumulated $57 million Health System budget gap, $4.7 million of which is attributed to the county hospital. SMC Supervisors Don Horsley and Carole Groom were appointed as an ad hoc committee to study the budget recommendations. The Board will meet again on March 10; decisions will be made in June.

We can continue to offer our perspectives to Supervisors Groom (cgroom@smcgov.org) and Horsley (dhorsley@smcgov.org). Let’s hold our vision for an ideal continuum of care that works for everyone, while we also acknowledge that at this challenging time, we must work together within unwelcome constraints.

**Myth or Fact**

**Myth:** There is no hope for people with mental health problems. Once a friend or family member develops mental health problems, he or she will never recover.

**Fact:** Studies show that people with mental health problems get better and many recover completely. Recovery refers to the process in which people are able to live, work, learn, and participate fully in their communities. There are more treatments, services, and community support systems than ever before, and they work.

Healing through Art

Visual arts, whether you’re engaging in them or just appreciating them, can bring enjoyment and encouragement, but expressing oneself through art can also have physical and mental health benefits. Art therapy, a type of psychotherapy, helps provide a way to express emotions and experiences not easily expressed in words.

It is not about the final product; it is about healing through the process of making art. Research has identified a range of physical and mental health benefits of art and art therapy.
Marin Sardy's brother Tom did not get that chance, nor did Sardy's mother — who could not hold time in her head, either. In the beautifully prismatic The Edge of Every Day: Sketches of Schizophrenia, Sardy writes of four generations in her family with mental illness, brilliant and creative people from her great-grandmother to her own mild present-day symptoms. "There is no single schizophrenia gene," she writes. (She has studied biology.) "Rather what we have inherited is a complex vulnerability in the form of a cocktail of mutations, hundreds or even thousands of rare alterations in genes that encode various brain proteins."

It is her brother Tom she follows most ardently, who is three years younger than she. She writes eloquently of a trip to Costa Rica, when she is 27 and he is 24 — of his approaching darkness, his feeling that he has wings, or can walk across water. He trains to swim across the Pacific by standing in the shower. Indeed, Tom will not leave his room in Costa Rica, his personality disappears before her eyes, and a decade later, Tom will be on the streets in Anchorage, their Alaskan home town, deeply mentally ill. Estranged for some years while she lives in New York, Sardy and her sister return to look for him, but when she finds him, saying Tom's name "like a rock in her mouth," the skinny, bearded man in odd lot clothes tells her, "the world looks at me and sees a bum. But I am not a bum. I am a saint, I am close to God." It will take writing this blazing memoir before Sardy can bring Tom back into her world and weave the story of mental health and loss. For more information about the author go to www.marinsardy.com

We are thrilled to announce the arrival of our new Peer PALS Advisor, Dr. Jennifer Harrison!

As our Advisor, Dr. Harrison will facilitate our monthly PAL trainings and provide on call support for our current matches. Dr. Harrison holds the distinction of being the only Board Certified, clinical psychologist and Board Certified, Registered Art Therapist in the entire country! In addition to this, Dr. Harrison has worked in a variety of settings including, hospitals, community mental health clinics, and school-based settings with children, families and individuals with complex presenting problems.

We look forward to Dr. Harrison’s innovative ideas for our trainings and welcome her to Peer PALS with gratitude and love!

⇒ Peer PALS was developed by NAMI Santa Clara County (SCC) and started by NAMI San Mateo in August 2017. This program matches PALS, or mentors, with peers who can use the support of someone who has "been there." Because PALS have the experience of mental illness in common with their peer, they are in a unique position to relate to and understand their peer’s experience.

WE HAVE AN URGENT NEED FOR PALS!

If you would like information on this paid position OR would like to request the support of a PAL, please contact Rocio at 650-638-0800 or peerpals@namisanmateo.org

See our Peer PALS Brochure at:

FDA Approves CAPLYTA®
(lumateperone) for the Treatment of Schizophrenia in Adults

Company: Intra-Cellular Therapies, Inc.
Approval Status: Dec 23, 2019

Intra-Cellular Therapies, Inc. announced that CAP-LYTA® (lumateperone) has been approved by the U.S. FDA for the treatment of schizophrenia in adults. Available in pharmacies March 2020.

More information can be found:
CenterWatch: centerwatch.com
Intra-Cellular Therapies: intracellulartherapies.com
To learn more about Caplyta: caplyta.com

* NAMI San Mateo is not advocating for or against this medication. We are providing this information only to make you aware that it has been approved by the FDA. Please contact your doctor directly to see if it is applicable to you.

How Many "Invisible People" Need Help?

To effectively advocate for increased services and more permanent supportive homes in our communities, we need to know how many local families are housing and supporting an adult child who cannot live independently without their help. We might think of these adult children as part of an "invisible" population (as they may not be recognized by health services or housing authorities) who may be at risk of homelessness when their family caretakers die.

The MHHAG (Mental Health Housing Advocacy Group) has designed a three question survey to get the needed numbers. So far, we have 61 responses. If you have not yet taken the survey, please do so today by using this link.
https://www.surveymonkey.com/r/3HL7XNF
NAMI Education Programs
Learn, Find Support, and Increase Understanding
To be added to the Wait List, call 650-638-0800
or email us at education@namisanmateo.org

PRE-REGISTRATION IS REQUIRED
Sign up for the evidence-based education class that fits your need. (also see Support Groups on page 7) Courses are FREE, comprehensive, and popular. Gain skills and understanding in an interactive, supportive environment.

- Basics—For parents and caregivers of children and adolescents with mental illness.
- Family to Family—For relatives of an adult family member with mental illness. Class meets once a week for 12 weeks.
- Peer to Peer—Better living skills for people with mental health issues taught by people with mental health issues.
- Provider—for Mental Health and AOD professionals, para-professionals and all others serving individuals with serious mental illnesses and their families. CMEs pending approval for qualified attendees.

Please contact us to set up an in-house program for your organization.

Mental Health Housing Advocacy Group
The Mental Health Housing Advocacy Group (MHHAG) is a group of parents and community professionals who are concerned that our adult children living with the effects of long-term mental illness may have no place to live and no one to help them when we pass away.

The group continues to advocate and research housing models that must be sustainable beyond the lifetime of the parents. We meet on Monday nights to strategize and share our findings for extremely affordable, permanent supportive housing in San Mateo County.

Mainstream Vouchers
The County is accepting applications now. These are long term housing subsidy vouchers, which can be renewed. Value is not a set value but tiered to an individual, dependent on their income and the value of the rent. The rent is capped at $1,941. Ideally the person pays 30% of their income, but the voucher could require person to pay up to 50%.

Agencies submit referrals for their clients. The agencies are responsible for locating the housing and must agree to provide the support that an individual needs.

- Referral agencies are: BHRS - Mariana Rocha is in charge (Behavioral Health and Recovery Services); MHA (Mental Health Association); GGRC (Golden Gate Regional Center); Health Plan for San Mateo
- Eligibility: Adults, ages 18 - 60 who are: Documented disability; Preferences given to currently at risk for homelessness and doesn't have resources to support oneself; At risk of institutionalization

We welcome others to join our working group. Please contact Carolyn Shepard by email at 3092048@aol.com or call 650-595-5635 to learn more or to be added to the email list.

We are grateful for donations...

...in Honor of
Philip Aiken from James & Linda Aiken
Jacob Hale from Alice Hale
David P. Harris from Evelyn Berk
Pat Hughes from Patricia Bordonaro
Kathryn DeWitt from John DeWitt
Patrick Hughes from Kelly Powers
Kathy Battat’s 60th Birthday from Randi & Jim Hutchinson
Sarah Intriere from Patricia L. Fishel
Cynthia and Robert Roth from Irene Trudell
Ginny Traub from John Coleman
Howard and Margaret Weiland from Timothy Weiland
Helene Zimmerman from Timothy Weiland

...with Gratitude to
First Impressions Printing Inc.
The Michael and Sally Mayer Family Foundation

...in Memory of
Adam from Lee & Margie Livingston
Florence from William Chin
William & Adrienne from Kathryn Bullock
Louis Buehmann from Carol & Richard Clarke
Jane Bush from Mary Knopf
Sandra Ann Castro from Paul Davis, Yvonne DiMatteo, Sandra M. Papenhausen
Anne Delano from Kevin, Mathew, and The DeLano Family
Dorothy Dugrenier from Ronald Dugrenier
Hannah Kesler from Vidya Seehachtman
Chris Fueloep-Miller from Ingrid Fueloep-Miller
Dr. Lizabeth Mainzer from Susan Brown
Maria Evelyn Marwan from Patrice Shluk
Ted Mitchell from Tracey Mitchell-Ardwan
Peter Rothaug from Paula Rothaug
Joshua Daniel Stang from Gary & Nancy Stang
Teresa Walker from William Walker

NAMI San Mateo County appreciates those who send donations that honor loved ones. Our sincere gratitude!

“Who looks outside, dreams; who looks inside, awakes.” — Carl Jung

To All Our Volunteers!
~ THANK YOU ~
We couldn’t do it without you!

Newsletter Mailing: Mary Beaudry, Jane Cummings, Jennifer Fuller, Russ Levikow, Patricia Michel, Silvana Garetz
Office Support: Mary Beaudry, Emily Chandler, Jane Cummings, Jennifer Fuller
General Meeting: Melinda Henning, Neil Hersh
...and to all of our Fantastic Support Group Leaders!

Please send any comments or suggestions you may have regarding this newsletter to: namismcnewsletter@gmail.com
MHSARC Meetings  Open to the public
(Mental Health & Substance Abuse Recovery Commission)

FULL COMMISSION MEETINGS
1st Wednesday, monthly: 3:30pm-5pm
Health Services Building, Room 100
225 W. 37th Ave. San Mateo
Time/locations vary, call 650-573-2544 or
smchealth.org/MHSARC

AGE-FOCUSED COMMITTEES
Call for location: 650 573-2544

Older Adult Committee:
1st Wednesday, monthly: 11am-12noon

Adult Committee Meeting:
3rd Wednesday, monthly: 10:30am-11:30am

Children and Youth Committee Meeting:
3rd Wednesday, monthly: 4pm-5pm

BHRS Family Contacts
Behavioral Health & Recovery Services
Claudia Saggese  Yolanda Ramirez
Dir. Consumer Affairs  Family Liaison
650-573-2673  650-573-2189

EVERY Monday of the month • 7:00-8:30pm
NAMI office, 1650 Borel Place, #130, San Mateo

Connection provides persons with mental health conditions a gathering of respect, understanding, encouragement and hope. The group is led by trained individuals who are experienced at living well with mental illness.

No registration is required. Just drop by; we look forward to meeting you. Contact 650-638-0800 or education@namisanmateo.org with any questions.

San Mateo County Mental Health Emergency Numbers

Police: 911
Tell the dispatcher you are calling regarding a person who has a mental illness. Request a CIT (Crisis Intervention Team) trained officer and/or someone who has experience in dealing with the mentally ill. For non-emergency situations, call your local police department.

HELPFUL: Tips to prepare yourself for a 911 call are available on the BHRS website. Download “Mental Health Emergency” at smchealth.org/MH911 or visit the blog: smcbhrsblog.org.

24 Hour Crisis Line & Support Help: 650-579-0350 / 800-784-2433
Calling the local number will get you someone in San Mateo County. Calling the 800 number will get you the first person available. This person may not be in San Mateo County.

Psych Emergency: San Mateo Medical Center: 650-573-2662
Mills Peninsula Hospital: 650-696-5915

FAST: 650-368-3178 | 650-371-7416 (pager)
Family Assertive Support Team - When your loved one is in emotional distress.

For additional non-emergency numbers relating to Mental Health issues, access namisanmateo.org.
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Membership / Donation Form

Donate, renew or join NAMI SMC also at namisanmateo.org

- Individual Member ($40)*
- Household Member ($60)*
- Open Door Member ($5)*

I would like to donate:
- $50
- $75
- $100
- $250

Other $ ________
In □ Honor of □ Memory of

- Renewal or □ New Membership

Amount Enclosed: $______

* A portion of your membership is sent to NAMI National and to NAMI California

- My Company has a Matching Gift Program: ____________________________ (company name)

Name ________________________________
Address ____________________________________________________________
City/State ______________ Zip ___________
Phone (_____) __________ E-mail ________________________________

Pay by:  □ Check  □ Visa  □ MC  Credit cards charged to billing address.
Credit Card# __________________ Expires _______ 3 Digit code ______
Amount $________ Signature ______________________________

How did you hear about NAMI?
I/we am/are □ Family □ Individual □ Friend □ MH Professional □ Business or Agency

Please check all that apply:

Your membership in NAMI San Mateo County is tax deductible to the extent allowed by law.
Our Tax ID number is 94-2650681.

Thank you for being a part of the NAMI SMC family!
In 1991, when I was 17 and living in Tel Aviv with my family, a loud siren woke me from a peaceful sleep. We knew what it meant. We also knew we had to do. I ran, shaking and crying, with my family to our safe room, where we bolted the door and sealed it for protection.

About three minutes later we felt and then heard huge blasts. Our house shook and rattled. I was terrified. I was sure this was a chemical attack, and that we would die. But it wasn’t a chemical attack. It was a conventional missile—and the first night of a war that required us to sleep for weeks in that safe room.

Eventually the war ended, and people returned to their routines. Most people seemed fine, moving on quickly. For me, “moving on” was harder and more complex. My experience landed me, although it took me many years to realize it, in the community of trauma survivors. Although some of us might seem to be managing just fine, none of us is here by choice. And the truth is that our reactions are a normal response to an abnormal situation.

Trauma takes things away from us—some of which can’t ever be returned. For some survivors, the losses are tangible, like people we loved or a body that once functioned perfectly. For others, the losses are intangible, like a sense of uncomplicated wholeness or pristine memories of beloved times and places.

Either way, coming to terms with irreversible loss is an essential part of trauma integration and recovery.

Today, I am a trauma therapist, working daily with survivors of debilitating trauma. Most of my clients suffer from complex and developmental trauma resulting from neglect, abuse or exposure to unusual stress in the early years of life.

Here are a few things I tell my clients, and myself, on a daily basis.

**Trauma Responses Are Unique**

While we all react in similar ways when we’re in immediate danger, our reactions after the threat is over differ greatly from one person to the next. Even people from the same family can have differing responses to the same event. Only you can define how a traumatic event affects you. Only you can define how it feels to be in your own body. No one else can know (or tell you) how it feels to be you.

**Trauma Lives On In The Body And Senses**

Trauma can impact all of our systems: physical (sleep, appetite, digestion), emotional (feelings of pain, anger, shame, guilt, survival guilt), mental (difficulty concentrating and retaining information), spiritual (meaning of life, God) and social (relationships with family, friends, strangers). In some ways, we’re like a sponge for stress and trauma. And like a sponge, we accumulate it until there is no space to accumulate any more.

On a neurological level, trauma creates what I call an “emergency highway” in the body. During trauma, sounds, sights, smells, thoughts, emotions and movements all blend together when our fight-or-flight-or-freeze response mechanism is triggered. We’re gifted with this primitive survival system to cope with crisis. We run faster and fight harder when it’s activated.

But once it’s created, this highway never goes away. Some people have a hard time getting off of it and stopping themselves from re-entering. Every time we smell, see, hear or taste something or feel something that reminds us of what happened to us, we’re back on the emergency highway again. Usually, we’re not even aware that our emergency responses have been triggered. We’ve been on this highway so often that it almost comes naturally.

**Trauma Stories Aren’t Always Helpful**

The urge to tell and re-tell our story after trauma is understandable. Years ago, therapists considered this helpful and encouraged extensive “debriefing.” But research has found that telling the traumatic story over and over is ineffective in bringing relief from symptoms and is even sometimes harmful. Every time we tell our story, we relive it, and the imprint on our brain and body becomes more permanent.

**Trauma Integration Requires Self-Care**

The pull to withdraw and rest is powerful for many survivors and should be honored. But some activity, even if it’s slow and gentle, helps reset and support your nervous system. Go for walks with someone with whom you feel safe. Give and get as many hugs as you can from your loved ones. Eat as cleanly as possible, and drink plenty of fluids, especially those that have restful associations (such as chamomile with honey or water with lemon or mint). Try to avoid violent or loud music, movies and video games. Reduce your intake of sugar and stimulating drinks as much as possible. You may feel that you need stimulants, but with your nervous system already on high alert, your goal should be to support it, not activate it.

**Trauma Survivors Are Resourceful**

The moment you experienced trauma, your survival system called upon unusual resources to help you survive. Most survivors are barely conscious of the resources that enabled them to still be here today. These resources are not always experienced as “good,” but they are helpful—such as the fear response that makes you alert when you cross a highway. These resources are always there, and they emerge powerfully in times of crisis, helping you stay alive.

The discovery of these resources after trauma—that therapists call posttraumatic growth—comes in its own good time, sooner for some and later for others. If you’re in the latter group, ask yourself the following: What personal resources have helped me hold on to life even when it’s most challenging? What gives me the energy to continue? The answer to these questions could enable you to eventually see resources you possess that you might have never recognized.

We all have resources due to the mere fact that we’re alive. When we don’t recognize our resources, it doesn’t mean that we lack them; it means that we lack self-compassion. We feel not good enough, ashamed, guilty or hung up on all the “shouldas/wouldas/couldas” that often follow trauma.

I have a lot of experience in the battle for self-compassion. It’s a hard practice to maintain, but for me and many of my clients, it’s the best resource for dealing with the pain of past events and fears of the future. In fact, I would argue that self compassion is key for trauma integration. When we’re kind to ourselves, our brain pathways “expand.” When we criticize ourselves, they “tighten.” So,
try telling yourself, “It’s okay to feel pain. I don’t like to feel sad/angry/lonely, but it’s okay to feel that way.” Acknowledging this helps your nervous system relax.

Remember: You are always doing the best you can at any given moment. Given a choice, you may have responded differently to events at the time of trauma. But your survival mechanisms took over and helped you do whatever it took to stay alive. And we’re glad you’re here.

Odelya Gertel Kraybill, Ph.D., LCPC has worked as a consultant and trauma therapist for the UN and NGOs around the world. A Fulbright scholar, she developed the Expressive Trauma Integration Approach: a multidisciplinary approach to trauma treatment. Odelya has conducted research in the Philippines, Lesotho and Israel, she has a private practice for trauma survivors in the DC Metropolitan area, she trains human service practitioners nationally and internationally, and she is an adjunct professor in George Washington University’s art therapy graduate program.

Her website is: https://www.eti.training/

Note: This article was originally published in the Winter 2018 issue of the NAMI Advocate.

NAMI Releases First Free Online Class for Parents of Children with Mental Illness Video

NAMI Basics OnDemand is an online version of the in-person NAMI Basics: a free, six-session education program for parents, caregivers and other family who provide care for youth aged 22 or younger who are experiencing mental health symptoms. Register at: https://basics.nami.org

Family-to-Family Teachers Needed

Due to a growing demand to participate in NAMI’s signature Family to Family program “offered 6 times per year in English and in Spanish 2 times per year.” We need more teachers! If you are a Family to Family graduate who would like to give back and teach classes - we need you!

Training is provided. Please contact the NAMI office at 650-638-0800 for details or email us at nami@namisanmateo.org

Volunteer Opportunities

We have a range of opportunities where having a volunteer to help us would make a significant difference.

Opportunities include answering the Warm Line, preparing materials for a class, staffing a resource table at a Health Fair, being the NAMI presence at vital local county meetings.

To volunteer, or for more information on volunteering, please call the office 650-638-0800, or email us nami@namisanmateo.com, and let us know what you’d like to do.

National Alliance on Mental Illness (NAMI) Honored with Resolution Commending 45 Years of Service in San Mateo County

 Supervisor Dave Pine presented a resolution honoring NAMI SMC on Dec 10th at the County Board meeting. He traced the history of what has become the most formidable grassroots mental health advocacy organization in the country. “It’s amazing to think what the world was like 45 years ago, and the way mental illnesses were viewed, and the way parents were blamed for the mental health challenges of their children.”

Eve Oliphant and Tony and Fran Hoffman – parents of adult children with diagnoses of schizophrenia - decided this had to change. With a small ad in the local paper, Mr. Pine said “they began this organization which became a force in San Mateo, in California, and then gave rise to branches all over the country and changed the way we look at mental illness.”

NAMI SMC helps families through support, education, and advocacy. Their programs serve all residents in San Mateo county, at no charge, regardless of income level or health insurance coverage. Executive Director Helene Zimmerman stressed that it was the family component that was started by NAMI, “because people didn’t think that family members could help with their loved one’s care.” But it has been proven that indeed it is the support of their loved ones that actually improves the health and welfare of the individual living with severe mental illness.”

Supervisor Warren Slocum acknowledged recent efforts by his staff to initiate a 40 hour training program on mental health for county employees. They plan to continue to periodically offer this well-received program.

In thanking the Board of Supervisors for their recognition, board member Carol Gosho pointed out that NAMI has a long history of working closely with all of the agencies in the county regarding mental health. She added, “We ask for your collaboration to fast track early intervention and equal access to meaningful mental health treatment in our county. That is our mission for the next five years.”

For more information, please call 650-638-0800 or email nami@namisanmateo.org or visit our website at www.namisanmateo.org
Our Wish List

Would you like to support a great cause? NAMI SMC needs your help! Below are a few items that we need to support some of our activities:

- Larger Office Space
- Laptop (gently used)
- Tent A-Frame Sign & Graphics
- Retractable Banner Stand & Graphics
- Acrylic Brochure Wall Display
- Storage Space

"If you believe it will work out, you’ll see opportunities. If you believe it won’t, you will see obstacles.” – Wayne Dyer

How Drug Dependence Impacts Decision Making

Tues, Feb 11, 2020, 11 am - 12 pm

Presented by: Christina Gremel, Ph.D.

Decision-making is disrupted in those suffering from drug-dependence. Dr. Gremel’s Lab uses rodent models to identify how drug-dependence changes brain areas involved in decision-making, with the goal of providing much-needed data on how to improve therapeutic treatment and restore appropriate self-control. She will discuss findings suggesting that goal-directed decision-making and the controlling neural circuits are disrupted in drug dependence, and touch on whether these deficits can be treated.

To register for this event go to: bbrfoundation.org/event/how-drug-dependence-impacts-decision-making

Find Affordable Housing With These Online Tools.

- http://smchousingsearch.org
- https://hotpads.com
- https://www.gosection8.com
- https://www.gosection8.com
- https://www.midpen-housing.org
- https://www.mercyhousing.org
- https://www.craigslist.org
- https://hiphousing.org
- https://bridgehousing.org

Freedom Song Performance from Beit T’Shuvah

Sun. March 15, 4:00 – 6:00pm

Peninsula Temple Shalom
1655 Sebastian Drive, Burlingame

Beit T’Shuvah is a residential addiction treatment center, congregation, and an educational institute where life is celebrated and every soul matters. Freedom Song is an acclaimed musical play built on the premise of your “estranged, drug-addicted sister showing up at Passover Seder – what could go wrong?”

For more info: rabbidelson@sholom.org

Poem from a person with schizophrenia

I am not my illness
I am not my label
I am not impossible
I am greater than my illness
I am medication compliant
I am in remission
I am employed
I am insured
I am happily married
I am creative
I am educated
I am intelligent
I am a taxpayer
I am active in your community
I am your neighbor
I am your friend
I am your co worker
I am compassionate
I am helpful toward others
I am peaceful
I am happy with what I have
I have support from a behavioral health team in San Mateo County
I have support from my family
I have support from NAMI
I have received care
I have moved on
Mental Illness no longer defines who I am
Mental Illness is no longer the center of who I am
Thank you, I am free

The author was given a mental illness diagnosis in 2002 and was told he would never be the same again. Through medication and therapy, he now leads a normal and quality life again.

- Our Wish List -

NAMI SMC is a non-profit 501 (c) 3 organization. All donations are tax deductible as allowed by law.

NAMI SMC is a non-profit 501 (c) 3 organization. All donations are tax deductible as allowed by law.
Common WARNING SIGNS of Mental Illness

Diagnosing mental illness isn’t a straightforward science. We can’t test for it the same way we can test blood sugar levels for diabetes. Each condition has its own set of unique symptoms, though symptoms often overlap. Common signs and/or symptoms can include:

- Feeling very sad or withdrawn for more than two weeks
- Trying to harm or end one’s life or making plans to do so
- Severe, out-of-control, risk-taking behavior that causes harm to self or others
- Sudden overwhelming fear for no reason, sometimes with a racing heart, physical discomfort or difficulty breathing
- Significant weight loss or gain
- Seeing, hearing or believing things that aren’t real*
- Excessive use of alcohol or drugs
- Drastic changes in mood, behavior, personality or sleeping habits
- Extreme difficulty concentrating or staying still
- Intense worries or fears that get in the way of daily activities

*Various communities and backgrounds might view this sign differently based on their beliefs and experiences. Some people within these communities and cultures may not interpret hearing voices as unusual.

WORRIED ABOUT YOURSELF OR SOMEONE YOU CARE ABOUT?

If you notice any of these symptoms, it’s important to ask questions

Try to understand what they’re experiencing and how their daily life is impacted

Making this connection is often the first step to getting treatment

50% of all lifetime mental illness begins by age 14

75% by age 24

KNOWLEDGE IS POWER

Talk with a health care professional
Learn more about mental illness
Take a mental health education class
Call the NAMI Helpline at 800-950-NAMI (6264)

Data from CDC, NIMH and other select sources. Find citations for this resource at nami.org/mhstats