

CORNUCOPIA

**A place to lead A place to learn
A place to believe in ourselves**



June 2005, Vol. 10, No 6

Mental Health Patients Restore Confidence With Their Hands

70 Percent Of Program Participants Go On To Hold Steady Jobs Rhonda Mann *TheBostonChannel* May 6

ACTON, Mass. — For 30 minutes, Nancy Guppy of Acton recently carefully worked on an old chair, determined to make it look beautiful again.

“It’s been a reminder to me that, ‘Gee, I really am good with my hands,’” she said.

The former nurse had been out of work for 10 years battling depression. In August, she went to the Restoration Project, where she is paid to learn how to refinish furniture.

“I lost my confidence about going back to work, and wondered, ‘Can I remember things? Can I learn new things?’ I came out and started here and it’s been very helpful,” said Guppy.

The Restoration Project is a nonprofit rehabilitation program for the mentally ill. Eloise Newell founded the program 12 years ago after her son developed schizophrenia in college and had trouble finding a job that was manageable, yet challenging.

“Working with your hands, there is just something about it that helps you to let your thoughts go through your head, learn how to cope with them, think about what it is that you want to do, talk with others in the shop casually about what concerns you,” said Newell.

The Restoration Project has crafted a high success rate. Nearly 70 percent of the people who go through the program go on to hold a steady job — compared to just 10 percent of those with mental illness in the general population.

“We’ve had people go into health care, into counseling, law and accounting and film, and whatever it is that interests them,” said Newell.

Bill Dewey is a permanent employee at the program. He started seven years ago after being diagnosed with bipolar disorder.

“It gave me a chance to see other people with the same disease I had,” he said.

Members of the community provide the furniture and pay for the work to be done.

Proposed Wet Shelter

Madison Warming Center Campaign www.madwarmingcenter.org

A wet shelter would be a place where social welfare professionals could build long term therapeutic relationships with homeless people in order to help them achieve sobriety and move into stable housing. The requested \$325,000 would not only be money spent humanely it would also be money spent wisely as city and county dollars currently spent on ticketing, courts, and detox would no longer be needed as more of the homeless move from the streets to independence.

This shelter would be designed for intoxicated homeless persons (including those suffering from serious mental illness) who are unable/unwilling to comply with the requirements of the existing shelter programs currently operating in Madison.

The shelter would operate 24 hours a day, every day of the year. The wet shelter would not have a time limit, thereby allowing guests to stay as long as necessary or desired.

With three shifts per day on weekdays and weekends, the shelter will need a total of 12 staff members working a combination of part-time and full-time shifts. Part of the role of such a shelter would be

to gain trust and develop relationships with the ultimate objective of changing the individual’s behavior so that they no longer need the shelter.

We would recommend that alcohol and drug use be prohibited on-site. In addition, the shelter would have to have a policy prohibiting violent and threatening behavior toward other guests or staff. Unlike the current Drop-In Shelter, however, intoxication would not bar admittance. It should be emphasized that, even with these minimum rules, there will be individuals banned from using this shelter.

Services Provided

Sleeping space for 15 to 20 people, lounge, shower and bathing facilities, laundry, phone service, bus passes, 24-hour staff coverage.

Location

Centrally located on Madison Isthmus, residential facility, on Metro bus line.

Estimated Annual Operating Expenses

Rent, utilities	\$ 48,000
Staff expenses	\$250,000
Phone, insurance, supplies	\$12,000
Maint., janitorial, repairs	\$15,300
Total Estimated Expenses	\$325,000

Major funding provided by:

United Way

United Way of Dane County



Grassroots Empowerment Project



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Newsletter

Karen Milstein

GC Smith

MEMBERSHIP

Membership is open to past or present mental health consumers, family members, allies and supporters. Membership entitles you to participate in all activities for the current year (Jan 1- Dec 31) and entitles you to the newsletter. *Computer lessons are only open to consumers.* Participants in Cornucopia agree to help create a safe, friendly drug and alcohol free environment.

DATE: _____

Yes, I want to be a member of Cornucopia

- Enclosed please find my membership fee of \$20.00
- Enclosed please find my membership fee of \$10.00 to be paid over two months for a total of \$20.00

OR: I want to subscribe to your newsletter.

- Low income \$6.00
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Yes, I/we support your mission and would like to make a donation to your organization. I/we wish you the best in achieving your goals of providing a place for people's creativity and self-realization.

- Friend \$25
- Donor \$50
- Sponsor \$100

Name(s) _____

Address _____

City, State, Zip _____

Phone _____

If you're new, how did you hear about us? _____

Please make checks payable to Cornucopia Inc
Detach and mail this form to **Cornucopia Inc**
306 N Brooks St, Madison WI 53715-1002
Cornucopia reserves the right to administrate membership.

Mental Health/AODA managed care in Dane County Health Plan for Community Living

Dane County will soon be administering mental health/AODA & medical services for SSI recipients age 18 and older. This system is also an option for dual-eligible people; that is, eligible for Medicare and also for Medicaid if low-income.

The start date for enrollment was first announced as July 1st, but that has moved to autumn, date to be determined. In fall of this year an independent broker will begin to mail letters to SSI recipients, announcing they are enrolled in county managed care. The letter will include *options for disenrollment*, if this new system does not meet the person's needs.

In Dane County there are no competing HMOs. Community Living Alliance will be the medical administrator, and will subcontract with the Mental Health Center to administer mental health and addiction recovery services. They will aim for no change in each person's current providers of care. CLA will work to bring providers into the pool. If some opt out, their clients may stay with the county plan or disenroll after sixty days. Disenrollment will be allowed again at four and eight months after the start date.

The county plan attempts to provide seamless and integrated medical, mental health and AODA services. Some consumers already have this integration with their current providers. Others are receiving disjointed care and would want to try the new plan for a year.

CLA and Madison Dental Associates are working on a contract for dental services as a benefit of the new plan. The managed care system will be able to get dental care where individual consumers could not, by offering a deal to dental providers: the clients will be supported by case management and care coordination, and guaranteed paid. 24-hour 7-day emergency services will be included.

Current waiting lists for services will continue, but people receiving SSI can leave those lists and receive timely services through Community Living Alliance. This plan will include the Community Support Programs (CSPs). It has been tried in other communities and is expected to be the first case where it works, in Dane County. The Mental Health If it is successful, it may become a model for the rest of the state and other states.

The capitated basis (average cost per person) of managed care will allow the county plan to bring in all kinds of treatments, not just those now recognized by Medicaid. In the fee-for-service system, some services have been considered nontraditional or require excessive MA authorization. If a service is demonstrated to help a subscriber with their treatment goals, it can be covered within the cost of the MA rate ceiling.

Everyone in the plan will have a Community Living Alliance care coordinator, to make initial assessment of needs. Some will also have case managers. Referral will be done through a screen by CLA, then fine tuning of enrollees by the Mental Health Center. Their shared database will include emergency room service.

Notes by GC Smith from a May 19 public meeting with William Greer, Executive Director of the Mental Health Center of Dane County. (Statements written here are not official.)

ACTIVITIES & NEWS BITS

Computer Classes!

We have a volunteer computer tutor, David Poon, for the summer who will be here on Wednesdays and Thursdays from 10:00 - 12:00 am. He can help you with email, Internet, scanning, word processing, Photoshop and any other questions you have. So drop by! We're excited to have a regular computer drop-in hour.



Thank you to artist Scott Tremel for establishing a superb Friday morning oil painting group. His group is so wonderful that the students show up to paint an hour before class starts! Scott has volunteered his time for about nine months and has made oil painting a great opportunity every Friday 11:00-1:00 (10:00 if you're an early bird!). Stop by! Thanks, Scott!

Make A Note in Your Calendar:

No Clay class June 7th or 14th

Thanks --Ali

Summit Credit Union logo consisting of a grid of small squares forming the letters 'S', 'C', 'U'.

This newsletter is published with generous support from



Art Show

Please get your art for the Library show ready now. Have the art matted and framed. If you need help, I can help you with it.

Art will be put up on July 1st at the downtown Madison Public Library. Reception will be July 9th (Sat) 1:00-3:00.

Thank you.

Dawn L. Gifford, Art Chair



faces by Jack Daw



Call for Artists

The Knapp House invites submissions through July 1 for rotating exhibitions. Send 10 slides in SASE: Knapp House Art 130 E Gilman St Madison WI 53703 Questions: knaphouseart@yahoo.com or 213-6468.

Thanks to Scott Lynch for a minicampaign that has raised \$600 so far for Cornucopia.

Mission

Cornucopia is an arts and wellness center run for and by people with mental health issues and their allies. Through fellowship, we celebrate creativity and diversity. We promote growth and dignity by helping members develop strengths and talents which build personal and community life skills.

Join us!

Our clay program is sponsored by:



Events near & far

If you want to attend an event but can't afford it, call the number listed and ask about scholarships.

Celebrate Recovery (Christian) small groups
Tues 7:30pm, Mt Horeb Risen Savior Cafe 608-575-2681
Depression & Bipolar Support Alliance support.

Laura 241-5788 / Mindy 233-0303 / dbsa@email.com

Eating disorders support group

Mon 7:15-8:30 Covenant Presb. 274-5115

Eating Disorder Recovery Group Support group for those in active recovery, facilitated by a registered nurse in recovery, 6:30-8 pm Thursdays, St. Marys Hospital (see sign near elevator for room) 831-7592.

Eating Disorders Friends & Family Support Group

For those who have a loved one with an eating disorder
6:30pm Thursdays, Rm. 1101, St. Marys Hosp. 276-7765

Interfaith Depression & Bipolar Support

Thursdays 7-9:00 pm

Christ Lutheran Church, Stoughton Gary 873-1938

LifeRing Secular Recovery

from alcohol or drugs Thur 8pm / Sun 9am

Wil-Mar Neighborhood Ctr 608-220-7045

Madison Hearing Voices Group Thursdays 2:00

Mental Health Center Rm. 14. SOAR 608-446-0104 or
progressiverecovery@hotmail.com.

Mental Health Support Group

Mondays 6pm MH Center Rm. 238, 249-5230

Tuesdays 7pm Wil-Mar Center, 256-6697

Mild Brain Injury network

Every 3rd Thurs 7-9pm at Meriter-Park, Madison
Community Health Education Ctr Atrium 238-3571

New Directions peer support for separation
or loss of relationship. Thur 7-9 St Dennis 245-0829

Rainbow Connection Social group for LGBTQ people who
have experienced some form of mental illness, 1-3 pm 1st &
3rd Fridays of the month. 255-8582.

Self-Management & Recovery Training

Abstain from addictive behavior

Wed 7-9:00pm Wil-Mar Center 608-238-5176 ext.365

Survivors of Suicide of Dane County Support Group

2nd and 4th Tuesday 7-9 pm 280-2700.

NAMI Dane County Support Groups

Peer led, open to all. 249-7188 www.namidancounty.org
United Way building, 2059 Atwood, Madison

Adult Children & Siblings Tues June 7 6:30

Significant Others Tue June 21 7:00-9:00

Parents Mon June 6 & 21 7:00-8:30

Parents of Young Adults Mon June 13 7:00-8:30

Meets at Amcore Bank, Mt Horeb

Schizophrenia Sat June 4 & 18 1:00

Depression/Bipolar Sundays 6:30-8:00

Four Agency Cooperative Effort (FACE) offers
support groups for Dane County residents:

Depression, fear, anger, aggression, ADD, women, men,
loss, abuse, survivors, trans-parenting, body image &
more. En Ingles y Espanol. 256-2358.

National Suicide Prevention Lifeline

1-800-273-TALK www.SuicidePreventionLifeline.org

*Callers receive suicide prevention counseling from trained
staff at the closest certified crisis center in the network.*

Wisc Pub Psych Net Mental Health Teleconference Thurs-
days 11:00 to noon Call 608-316-0022, code 1099

June 2 (Invited) Anthony Braus, M.D.

June 16 10th Anniversary Program Ronald Diamond, M.D.

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National Association for Rights Protection & Advocacy
23rd Annual Rights Conference

Reclaiming Freedom: A Call To Action

NARPA 2005 Conference Thur-Sun **Nov 17-20**

East Hartford CT 860-528-9703

Pamela Trammell/Ann Marshall 334 491 6277, narpa@aol.com

NARPA, POB 40585, Tuscaloosa AL 35404

Registration \$290 Before Aug. 1

*Tell them you saw the notice here. Let us know if you attend anything listed here.
This helps us know the efficacy of our events page and encourages groups to list events here.*

William Lawson: Blacks historically misdiagnosed for mental illnesses

By Latifa Boyce

Minnesota Spokesman-Recorder Apr 27

It was during the late 1970s, while he was a medical student in Chicago, when William Lawson, M.D., Ph.D., began reading everything he could find on African Americans and mental illnesses, which was not much at the time. From an article written by Carl Bell, M.D. (1980), Dr. Lawson learned that doctors were diagnosing Blacks with schizophrenia, when, in fact, they had other disorders, like depression, bipolar disorder and post-traumatic stress disorder.

Studies dating back to the 1970s showed psychiatrists were over-diagnosing Blacks with schizophrenia, compared to Whites, and under-diagnosing their depression and related mood disorders. However, when clear, objective criteria were used to diagnose patients, studies showed African Americans actually have rates of schizophrenia similar to those of White patients.

“Providers have discriminatory beliefs, and quite frankly, were racist,” said Dr. Lawson. Doctors ignored mood

symptoms and over-exaggerated psychotic-like symptoms because of their biases towards Blacks, he said. Diagnosing Black males with schizophrenia was one way to institutionalize and alienate them from society. Telling medical students that ten percent of African American men have schizophrenia was one way to perpetuate racist beliefs.

Other doctors were misinterpreting hallucinations described by Black patients with depression, alcohol and drug abuse or post-traumatic stress disorder, as schizophrenia, Dr. Lawson said.

“It’s a cultural issue,” said Dr. Lawson. “Blacks are not willing to express sad feelings. But they have all the other symptoms of depression.” Also, there is a stigma associated with mental illness in the Black community that prevents them from talking about mental illnesses and seeking treatment, he said.

“Improving the diagnostic system wouldn’t solve the problems we had in the ‘70s, and it won’t solve them today,” said Dr. Lawson. “We’ll have the same problems regardless.”

Blacks have less access to new treatments than Whites, he said. Most of them are not getting any treatment for mental illnesses.

“It’s a power issue, and the African American community is a powerless community,” he said. “Blacks with mental illnesses have two hurdles to overcome to make themselves heard.” Community advocates are needed to fight on their behalf, he said.

Part of the problem is that there are too few African American mental health providers for patients to go to. Two percent of mental health providers, and four percent of social workers are African American, he said. Black providers may be able to better understand culturally related cues or signs that Black patients try to communicate or hide, cues that White providers may overlook or misinterpret.

Dr. Lawson is a professor and Chair of Psychiatry at Howard University. He is a former president of the Black Psychiatrists of America, an organization representing over 1,500 African American psychiatrists in the United States.

Depression and Pain Often Seen Together, May Work Independently

By Miranda Hitti

WebMD May 5

Depression often accompanies chronic pain, but the two conditions may best be treated separately, a study in May’s *Arthritis & Rheumatism* shows.

The study centered on people with fibromyalgia — a syndrome characterized by a history of chronic, widespread pain and tenderness to touch. Many of these patients also may suffer from depression.

“There is an incorrect impression among many doctors that if you treat a patient’s depression, it will make their pain better. Not so,” says researcher Daniel J. Clauw, MD, a rheumatology professor at the University of Michigan the findings show that brain regions activated by pain are different from those activated by depression.

Finding From Fibromyalgia Study

Clauw’s study tracked depression and pain in 33 women and 20 men diagnosed

with fibromyalgia and 42 people who did not have fibromyalgia.

Researchers scanned participants’ brain activity in regions that process pain sensation.

The findings showed that the existence or level of depression in people with fibromyalgia did not [alter] pain sensation. The pain was only weakly associated with depression.

However, depression was associated with the level of activity in brain regions that process the emotional aspects of pain.

Clauw and colleagues say their results are consistent with the findings of a number of other studies.

Pain-Depression Pattern

“We have seen that if you give antidepressants to the average patient with fibromyalgia, they’ll come back a couple of months later and say, ‘My pain isn’t any better, but I don’t feel so sad about it,’” says Clauw in the news release.

SOURCES:

Giesecke, T. *Arthritis & Rheumatism*, May 2005.
News release, University of Michigan. National Institute of Mental Health, “Depression.”



Member Works

BABY STEPS INTO THE WATER

This is my year to overcome my fear
baby steps
of drowning in water – aquaphobia
more baby steps
reminding myself of other fears I’ve conquered;
repeating, “If other people can do this, so can I.”

I walk around the deep end of the pool
baby steps
breath shallow, my head light with vertigo
more baby steps
and desensitize myself in the shallow end
to being splashed, bumped into, and falling over.

I wear goggles so when I dunk my head I can see
baby steps
the bubbles I practice blowing through my mouth
more baby steps
trying not to choke, panic, on the chlorinated water
I mistakenly inhale through my flared nostrils.

I tie a flotation device meant for kindergarten kids
baby steps
around my waist and trepidiously creep
more baby steps
to the 4.5 foot depth mark,
breathing slowly to calm the flutter in my chest.

I hold tight onto a plastic waterboard
baby steps
the swim instructor holding onto the other end
more baby steps
leading me into the deep end and back, giving
words of encouragement to soothe my beating heart.

Soon I shall leap head first into 10 feet deep water
baby steps
and swim solo, front crawl or breast stroke,
more baby steps,
wearing no flotation devices, arms paddling strongly,
confident that I’ve overcome yet another major fear.

Thank You

Thank you, dear Father,
For so many things—
For sunrises and sunsets,
For the early mountain dew.
For the momma deer and her young ones
I saw almost every morning.
And the chance to
Watch them mature as the months went by.
For skies so blue and clear.
For rainbows across the skies.
For rivers flowing,
Winding through out the mountains.
For green grass and tall, old, trees.
For hot chocolate on a cold winter’s night.
For friends around the fireplace—
The laughter we’d shared.
The drive across country:
The land we saw and folks we met.
For being around the campfire:
For it’s warmth and the colors.
For babies’ smiles.
For wild flowers.
The privilege to have been born in USA.
For so, so many things, left unmentioned.
But most of all, for your Son.
Thank you!

— Linda Marking



Just cuz he's drunk he's different than us? When he wanted to board and needed a sec, the driver says "yeah that's an awfully long sec." Would that sec have been so awfully long for any other person? And then the guy with the peace sign on his backpack said, "I think the guy's drunk." But can't he have a chance, too? Sure, he stinks, but when did he lose his chance? So he's on the bus and now he's the center of attention. No one wants to sit next to him and all his gear. Mr. Peace is scouring him up and down. So'm I, but making sure he gets out safely. Then he gets on the cell phone thing, the kind that hangs from your ear and he rings up a friend I'm guessing, you sort of wonder who are his friends his eyes all slanted half shut barely open. He mumbles into the phone how the other folk in the bus are all stilted and he must talk softly keep it quiet. We keep on driving and the earphone drops from his ear. I guess their conversation ended. I drift off in my own thoughts. Suddenly I'm startled. The drunk man has fallen forward and I wonder what is going to happen to him no one comes to the aid of a drunk man me either. Where will he get off does he even know where he is does it matter? Mr. Peace gets up. What is peace composed of? Your love for your fellow man? Mr. Peace gets off, a flashlight and wrench hanging from his belt. I guess he's a janitor somewhere, a nice guy, an average guy. Enough people get off with Mr. Peace that my fellow drunk citizen is roused enough to decide that this stop is good enough as any.

"Bus driver! I'm getting off here!"

"The door's open!"

So he'll be gone. Then the damndest. The drunk falls flat on his face on the February cement before the onlooking passengers. The bus pulls off and drives on. Did the bus driver see my hands go up? My mouth fall open? Finally he opens his cell phone and calls somewhere, as we pull away from something that happened to someone who isn't.

— Karen Milstein

Untitled

The music makes my little ones dance in my head.
Between my shallow functioning; first they would
skip and frolic, then they would slow down.
Now we are drifting down a slow, shallow riverbed.
My functioning is shallow today; slipping in and out.
Sweet violin plays softly while I relax. We are traveling
on a giant leaf with the edges curled up. The music is translucent.
There are dragonflies the size of birds, their wings catch the sunlight.
as they flitter about the rivers edge. There is a canopy of treetops.
Where the birds perch to make their own music. From these treetops
I see musical notes, a treble cleft and more music. The bird and violin
speak to me, hushing my concerns. We float past cattails and bearded Iris,
past fallen branches that barely pierce the rivers surface. Around open
meadows of grassy greens that are well manicured by cows from their
pastureland. Their large size does not concern me since they only want to
taste the water that carries me further and deeper into my subconscious.
As the leaf flows around a shallow curve we are swept up onto the rivers
edge. Here there are woodland flowers, anemones, like a carpet of pinks,
purples and white. The whites are trilliums, and there are lady slippers,
and occasionally a jack in the pulpit. The flowers are all the size of
butterflies, their fragrance is intoxicating. I crawl from the curled leaf into
the bed of soft petals. My breathing is very shallow now and I am quite
comfortable.

What? At the count of ten I can What? Awaken, and feel refreshed. Okay.
I am given the option to stay, and I do. I choose to stay in the comfort of the
Woodland flowers. I will stay as long as I like in this shallow state of being.

— Guided Imagery by Donna Holzem 03/09/2005

Surreptitious administration of medications

The disadvantages may outweigh any benefits.

Aaron Levin
Psychiatric News May 20

Physicians and caregivers might consider covert administration of drugs to avoid delays in treatment. Such delays could increase self-destructive behavior, or prolong the patient's suffering. On the other hand, covertly medicated patients may lose insight into the relationship between nonadherence and relapse.

Ethically, surreptitious administration can be seen as a breach of trust by the doctor or by family members who administer the drugs. Patients may become angry and refuse treatment after learning that their trust was betrayed. The practice may feed patients' sense of unreality or paranoia. They may reject further treatment if they feel that the diagnoses are unfounded or that they have gotten better on their own. Given its secrecy, covert administration of medication is frequently undocumented, which could lead to serious interactions with other, openly prescribed drugs. Side effects may be more upsetting and harder to manage.

Administering drugs without a patient's consent also crosses legal boundaries. Clinicians must continually weigh the patient's competence to understand and consent. Even if medication is given surreptitiously in an emergency, patients should be involved in future treatment decisions once they are capable of doing so.

"The practice of surreptitious

prescribing to so-called noncompliant patients is coercive and forced treatment at its most sinister," wrote Laurie Ahern, of Mental and Disability Rights International, and Laura Van Tosh, of Western State Hospital in Tacoma, Wash..

"Surreptitious prescribing violates every tenet of the doctor-patient relationship and is the antithesis of recovery." Force and trickery only reinforce the sense of loss of control that mental patients often feel, said Ahern in an interview. Patients' prior experience with a drug's side effects or its interference with daily living may give them good reason to avoid medication, she said.

"Even for incompetent patients," said Paul Appelbaum, M.D., American Psychiatric Association, "covertly administering medications may encourage a loss of respect for that individual patient and for all patients, so that deception becomes easier."

He recommends other actions like a guardianship hearing in the courts for an incompetent patient, where evidence is weighed and a substitute decision maker can be appointed if needed.

"Patients can then be confronted with the reality that they have been judged incompetent and offered the choice of injected or oral medications," he said. "They will usually choose oral medication and may feel coerced, but not deceived." 🐾



By JP Settles, *The Lantern* May 11

People see more positive change in their behavior when they view memories from a third-person perspective, a study says.

The study sought to find out how an individual's view of personal change differed when they took a third-person perspective as opposed to a first-person perspective of memories, said Thomas Gilovich, a participating researcher and a professor of psychology at Cornell University. The study was conducted by Lisa Libby, Ohio State researcher and assistant professor of psychology, and researchers from Cornell and Yale universities, he said.

The problem with a first-person view is that it is too personal, Gilovich said. People get too involved with the memory and almost re-live it, he said.

When they view the memory through a third-person perspective they get a more distanced and less biased view, Gilovich said.

The results of this study make sense to David Citino, OSU professor of creative writing.

A choice to use a third-person perspective in a story allows a writer to see the characters more clearly, Citino said. Writers who use the first-person perspective tend to get emotionally involved with

RESEARCH Opportunity for participation

Development of a Psycho-Educational Intervention to Foster Competence to Cope with Stigma & Discrimination

Project Director: Zlatka Russinova, Ph.D.
www.bu.edu/cpr/stigmasurvey

The Center for Psychiatric Rehabilitation at Boston University is conducting a study to develop and test a peer-run psycho-educational intervention titled "Stigma Coping Competence Program." The purpose is to increase the capacity of people in recovery to cope with the stigma and discrimination associated with mental illness. Descriptions of stigmatizing experiences people have encountered in social situations (neighborhood, workplace, school, health settings, etc.) and of the ways they dealt with such experiences will help us develop training materials for this new intervention

Although there is agreement that stigma is one of the major factors affecting the recovery of people with psychiatric conditions, we still know very little about the variety of more subtle ways people encounter stigma in their everyday lives. Your personal experiences will help us also identify strategies to cope with stigma that empower people in recovery and enhance their sense of personhood and dignity.

It should take approximately 15 to 30 minutes to complete this anonymous survey. Contact us directly by email (zlatka@bu.edu) or call us collect at 617/353-3549.

their characters, clouding their judgment, he said.

"It is so easy to get wrapped up in the 'I,'" Citino said. Citino said he sees how this could transfer to people's self images. Memories are stories people tell themselves to understand the world, he said.







When people take a first-person perspective on their memories, they lack the distance to make clear decisions about themselves, he said.

"On the inside, you're always arguing with yourself, 'I see change, but do I really?'" Citino said. 🐾

June 2005

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

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HOURS :	10-3:30	10-3	10-8	10-3	10-3	11-12:30
			1 Wellness/ Open Night <i>Karen H. 6:00</i>	2 Art committee <i>matt & frame</i> 11:00 Songs <i>with Jukebox Jon</i> 1:00 - 2:30	3 Oil Painting <i>with Scott</i> 11:00-1:00	4 Art Workshop <i>with Kerry</i> 11:00-12:30
5	6  <i>new moon</i> Games <i>Rich 12:30</i> Arts & Crafts <i>with Mary</i> 1:30-3:00	7 	8 Wellness/ Open Night <i>Karen H. 6:00</i>	9 Art committee <i>matt & frame</i> 11:00 Songs <i>with Jukebox Jon</i> 1:00 - 2:30	10 Oil Painting <i>with Scott</i> 11:00-1:00	11 Art Workshop <i>with Kerry</i> 11:00-12:30
12	13 Games <i>Rich 12:30</i> Arts & Crafts <i>with Mary</i> 1:30-3:00	14 	15 Wellness/ Open Night <i>Karen H. 6:00</i>	16 Art committee <i>matt & frame</i> 11:00 Songs <i>with Jon</i> 1:00 - 2:30	17 Oil Painting <i>with Scott</i> 11:00-1:00	18 Art Workshop <i>with Kerry</i> 11:00-12:30
19	20 Games <i>Rich 12:30</i> Arts & Crafts <i>with Mary</i> 1:30-3:00	21 Clay with Ali 10:00-12:00 	22  <i>full moon</i> Wellness/ Open Night <i>Karen H. 6:00</i>	23 Art committee <i>matt & frame</i> 11:00 Songs <i>with Jon</i> 1:00 - 2:30	24 Oil Painting <i>with Scott</i> 11:00-1:00	25 Art Workshop <i>with Kerry</i> 11:00-12:30
26	27 Games 12:30 <i>Rich</i> Arts & Crafts <i>Mary 1:30</i> 	28 Clay with Ali 10:00-12:00	29 Wellness/ Open Night <i>Karen H. 6:00</i>	30 Art committee <i>matt & frame</i> 11:00 Songs <i>with Jon</i> 1:00 - 2:30		

Cornucopia is located at 306 N Brooks Street in Madison.

Events on this calendar may change. If you haven't attended a particular group recently, call to confirm day & time.

The annual
Cornucopia
summer exhibition
will be at the
downtown Madison
Public Library
211 E Mifflin St.
for all of July.
Reception
July 9 1:00-3:00



This mural
was created
in April by
the
Wednesday
open studio
group at
Cornucopia.

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