



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

September 2006, Vol. 10, No. 9

Cultural Beliefs Can Aid Treatment

Joan Arehart-Treichel
Psychiatric News July 7

Several examples of using cultural beliefs to enhance treatment are relaxing boundaries, getting the family involved, and enlisting help of native healers.

In a symposium at APA's 2006 annual meeting in Toronto in May, speakers presented some valuable insights gleaned either from their personal experiences or from studies that they had conducted. For example:

Keeping appointments. Patients from a Hispanic background may arrive early or late for appointments, because Hispanics sometimes have a different conception of time than many non-Hispanic Americans.

Depression. When depressed Chinese-American patients visit clinicians, they tend to talk about physical symptoms, not their depression, you ask them directly whether they are sad, they will acknowledge it.

Culture-bound syndromes. Indian men sometimes believe that they are losing semen in urine, but actually they are anxious and depressed, Hispanic patients sometimes experience an "attack of nerves". It is similar to a panic attack, but often involves fainting or shouting. Some two-thirds of individuals who experience this syndrome are anxious or depressed, studies have shown.

Psychotic symptoms. Psychotic
(continued on p. 5, see "cultural")

Major funding provided by:



United Way
of Dane County



Grassroots
Empowerment
Project

A Primer on the Whys and Wherefores of PTSD

Counterpunch July 24

Marc Levy

Whatever You Did in War Will Always Be With You

VA Shrink: Were you in Vietnam? Vietnam Vet: Yes.

VA Shrink: When were you there? Vietnam vet: Last night.

There are days, weeks nothing happens, then terror, instant and deep, then relief, like paradise, since the killing is done and we have buried away the wounded and dead. Until it starts all over again.

That was thirty-seven years ago. Or was it last night? A day, a year, twenty years home from war you may begin to act strange. The shrinks, social workers, group therapists, clinical researchers, each has a different take on what causes PTSD. Who cares? Just stop the pain. Just stop it. But where does that pain come from?

Here is what I know: what you learn in combat you do not easily forget. You live like an animal. You learn to like killing. Learn to fear and hate the enemy. Hate civilians. Can't trust the bastards. You hate taking prisoners. You'd rather kill them. Because the enemy wants to kill you, your pals, your Lieutenant, the whole damn platoon.

After a time, to a supernatural degree you learn to live with terror, rage, struck down sorrow, blocked out guilt or dumb-struck grief. Yes, the supernatural threat of catastrophe and the ways to survive it become preternaturally normal, second nature, a fully formed part of you.

The symptoms of PTSD, in plain bloody English, are as follows:

Flashbacks: seeing and feeling a combat event as if it were happening right now.

Hypervigilance: being always on guard, always looking for where the next shot, next grenade, next rocket, ambush or IED will come next.

Survivor guilt: feeling bad, feeling real shitty for having survived, where others in the

platoon or squad didn't.

Moral Guilt: wrestling with actions one did or did not take on one or more than one occasions.

Startle Reflex: dropping, flinching, turning fast at a sudden noise or unexpected touch.

Suicidal Ideation: thinking of killing oneself.

Homicidal Ideation: thinking of killing people. Friends or complete strangers.

Homicidal Rage: anger way out of proportion to an everyday event. It comes quick, down and dirty.

Sadness, depression, anxiety, crying spells.

Staring into space, saying nothing.

Nightmares: violent dreams related to combat. Sometimes it's the same dream.

Some vets make strange noises. Thrash in bed. Wake up scared, or sweaty.

Ritual Behavior: at night checking the lights, locking the doors, maybe keeping a weapon at hand.

Alienation: a vet feels as if no one understands him, doesn't fit in, feels as if he or she should have never returned.

Panic Attacks: for a short time the combat vet becomes suddenly and intensely afraid.

He or she sweats breathe hard, has a pounding heart, might get dizzy, choke.

Social Isolation: staying alone for long periods of time. Or in public saying very little. To the point of being noticeably very quiet.

Drug and alcohol abuse: whatever works to dull the pain glowing inside one's head.

Fear of Emotional Intimacy: combats often won't let anyone get close to them. If someone gets too close, the vet backs off or pushes them away.

Employment: a lot of vets can't keep a job. Every couple of months quit or get fired.

Psychic Numbing: not have the ability to feel emotions. Vets talk about feeling hollow, blank, empty.

Denial: Problems? What problem? I don't have a fuckin' problem.

High Risk Behavior: doing daredevil stuff
(continued on p. 5, see "ptsd")



Cornucopia Board of Directors

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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 *Dues and subscriptions are not deductible as Charitable Contributions for Income Tax Purposes.*
- Regular \$10.00 *deductible as Charitable Contributions for Income Tax Purposes.*

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.

Donations are tax-deductible.

- 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.

A bird doesn't sing because it has an answer, it sings because it has a song.

— Lou Holtz

New Resource Center on Psychiatric Advance Directives

July 17, 2006—The Department of Psychiatry, Duke University Medical Center and the Bazelon Center for Mental Health Law are proud to launch the National Resource Center on Psychiatric Advance Directives (NRC-PAD), at www.nrc-pad.org.

The NRC-PAD offers mental health consumers, family members, clinicians and policymakers timely information about PADs, including:

- Introduction to PADs
- Forms to complete PADs
- Links to state statutes
- Educational webcasts
- Discussion forums
- Frequently-Asked-Questions
- Past and up-to-date research

The NRC-PAD will be a key gathering place for stakeholders to learn about psychiatric advance directives and how to complete these legal documents. The NRC-PAD aims to assist in implementing laws that support patient self-determination and high-quality mental health care.

Twenty-two states have created specific forms for PADs, available through the NRC-PAD. The resource center also links to healthcare directive forms for the remaining states, or consumers can use the Bazelon Center's template for a PAD at www.bazelon.org/issues/advancedirectives.

-*Wisconsin has a Living Will statute*, and a Power of Attorney for Health Care statute, which can be found on the state legislature website

-Although Wisconsin does not currently have a specific statute for a psychiatric advance directive, you can learn more about general advance directives for health care in Wisconsin at the Caring Connections website.



Links to these resources can be found at www.nrc-pad.org.

This newsletter is published with generous support from

Summit Credit Union

ACTIVITIES & NEWS BITS

Hello Everyone!

My name is Dana Romano. I am taking over Ali's Open Studio on Tuesday 10am-noon while she is on maternity leave.

I am a graduate of studio art from the school of the Art Institute of Chicago who has worked in clay, wire, plaster, wax and printing.

I am hoping in this open studio that we can explore new ways to create your art.

I look forward to meeting those of you I haven't met yet and seeing again those I have.

Please join me on Tuesday. Let's have fun.

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□□□□ □□□□ 12 & 26 □□ 1:00
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Sign up ahead of time in the office!

Monday Class:

In my class this month we will be looking at the elements of abstract and maybe we could take a peek at minimalism as well. The rest of the time we can do as we please.

Mary Nelson

Join Us for Wednesday night Wellness Group! Hope to see you there!

September 6th: Mood Disorders

September 13th: Thought Disorders

September 20th: Personality Disorders

September 27th: Psychiatric Medications

Wednesdays 6:00 to about 7:30 or 8

Karen Herro, BSN, RN

*Rich's Games Group: Scrabble, Yahtzee, many others...
Come join Rich Christoph and others, Mondays at 12:30.
Eat lunch first at Porchlight from noon to 12:40 for \$1.
Then come join the fun!*

Come visit the

Tuesday informal experimental class

with Dawn.

Join us to learn new skills and techniques of watercolor. We are exploring how to put texture into our watercolor paintings. Each week I will demonstrate a different way to use your paints. Also, if you need time to finish a project already started, you can do it in my class. Friendly and upbeat fun!

Kerry's Thursday class:

This month we are venturing into portraits. Feel free to bring in photos of yourself or those important to you. No need to copy the picture exactly though. We can get symbolic or abstract, if you like. Even "age" yourself by a few decades. Come in for demonstrations on realism in portraits, as well as symbolic or abstract portraits.

*MADISON VOICES GROUP: meeting at
Cornucopia TUESDAYS 4:00-6:00 in the
GALLERY. This is a self run VOICES
GROUP that also meets at the Mental Health
Center of Dane County THURSDAYS 2:00-
3:00 room 14 (DOWNSTAIRS). Questions?
Call Jenny at 446-0104.*

Our clay
program is
supported by:



Events near & far

Tell them you saw the notice here. Let us know if a listing is incorrect. Call us at the Cornucopia office, 608-257-7489 Thank you for your feedback!

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

Mad Town Secular Recovery
from alcohol or drugs Thur 8pm / Sun 9am
Wil-Mar Neighborhood Ctr 608-220-7045

Madison Hearing Voices Group Tuesdays 4:00
Cornucopia Gallery Rm./Thursdays 2:00
Mental Health Center Rm. 14. SOAR 608-446-0104 or
progressiverecovery@hotmail.com.

Recovery, Inc.
Self-help group for persons dealing with anxiety &
depression. Mondays 6pm Kennedy Building Rm. 238,
Steve 249-5230

Mild Brain Injury network
Every 3rd Thurs 6:30-8pm 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.namidanecounty.org
United Way building, 2059 Atwood, Madison

Significant Others Tue Sept 19 7:00-9:00

Parents Mon Sept 4, 18 7:00-8:30

Schizophrenia Sat 9, 23 1:00

Depression/Bipolar 6:30-8:30 Sun Sept 3, 10, 17, 24.

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

New Directions Information Center Consumer-run information center to facilitate community partnerships and provide quality choices for those seeking information about mental health/substance abuse services. **280-2674**

Victory over Stigma
Yahara House Celebration
Thur Sep 14 4:30-6:30

802 E Gorham St, Madison

Wisc Pub Psych Net Mental Health Teleconference
Thursdays 11:00 to noon Call 608-316-0022, code 1099
Sept 21 PTSD and Adult Trauma Sue Moran, LPC, CADCIII, RCS, Mental Health Center of Dane County

2006 Alternatives Conference
"Blazing the Trail to Recovery through Transformation"
Recovery, self-help, and empowerment

Oct 25-29
Marriott Portland Oregon Downtown Waterfront
1-800-776-1286

www.alternatives2006.org

National Association for Rights Protection & Advocacy (NARPA) 2006 Annual Rights Conference Nov 15-18 Tremont Plaza Hotel, Baltimore, MD, www.narpa.org.

MOST: Mobile Outreach to Seniors Team seeks to promote older persons' social, emotional and physical well being thereby enabling them to live more independent, satisfying lives in a setting of their choice. MOST is staffed by trained, experienced clinicians who are sensitive to the concerns of older people (55 or older). 8am-5pm 280-2480 Pat Anderson

Job Seekers' Network
Free job search info & support
9:00-11:00 Mondays
Dane County Job Center
1819 Aberg Av, Rm 6, Madison
608-242-4886

Four Agency Cooperative Effort (FACE) offers **group therapy** for Dane County residents:
Depression, fear, anger, aggression, ADD, women, men, loss, abuse, survivors, trans-parenting, body image, addiction & more. En Ingles y Espanol. 256-2358.

National Anti-Stigma Campaign (NASC) regional meeting
Tue Sep 26 Chicago Navy Pier
rsvpCHICAGO@vancomm.com
<http://mentalhealth.samhsa.gov/consumersurvivor>
SAMHSA CMHS Consumer Affairs 240-267-1330

Computer Training
Free basic sessions
10:00-noon Thursdays
Hawthorne Library, Madison
RSVP 608-246-4548

UW Job Center Listings
www.jobcenter.wisc.edu
Database updated daily
608-262-5627 / 262-6313
432 N Murray St
Madison 53706-1496

(“cultural”, continued from p.1)

symptoms expressed by Hispanic patients may differ from those often seen in Americans patients of other ethnic backgrounds, auditory hallucinations may consist of hearing a knocking at the door, a doorbell ringing, or children’s voices calling one’s name. visual hallucinations might consist of “black” thoughts flying across one’s vision.

Involving the family. With patients from India, it is crucial to involve family members in treatment because family in their culture is very important. The same is the case with Hispanic patients.

Relaxing boundaries. Many Hispanic patients expect clinicians to divulge a lot of personal information about themselves, which American psychiatrists usually do not do, said Mischoulon.

Countering fatalistic beliefs. When Hispanic patients resist treatment because they hold fatalistic beliefs such as “the good Lord willing” or “Que sera, sera” (what will be, will be), one psychiatrist might admonish them to “do the necessary leg-work to help God.”

Enlisting native healers. For some Hispanic patients, for example, it may help to enlist the assistance of traditional healers. Patients may respect the psychiatrist for being open to their ways.

(“ptsd”, continued from p.1)

to re-live the rush of combat.

These symptoms are normal responses to extraordinary events outside the range of normal human experience. Most civilians are clueless about combat and its aftermath.

Some types of treatment:

The talking cure: a vet talks to a therapist who is skilled in treating war stress and is not a paid bullshitter. **Group therapy:** seven to ten vets meet once a week for an hour or two. A good group leader is essential. That person knows when to talk, when to listen, how to keep the vets focused. Otherwise group therapy can get lame fast. **EMDR:** a form of hypnosis in which the vet is fully awake. Exercise.

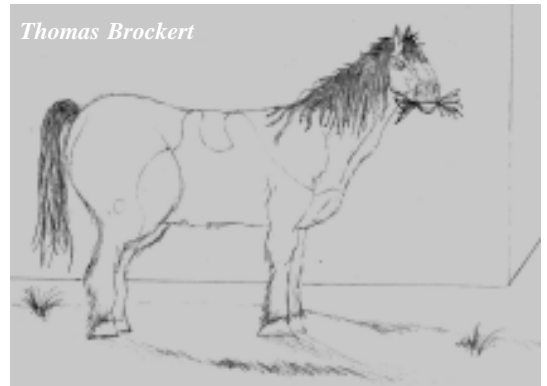
Meditation. Meds. A friend who will just listen. An artistic endeavor. One other thing. This is real important: a lot of vets fear talking about war. They fear losing control. Breaking down. Crying. My advice to those who have seen combat: face yourself. Chances are good you will learn to live less in the past, more in the present, but you will never be the same. WW II, Korea, Panama, Vietnam, Iraq, Afghanistan, Central America, wherever you were, whatever you did in war will always be with you. Always.

Marc Levy served with Delta Company 1/7 First Cavalry as an infantry medic in Vietnam and Cambodia in 1970.

He can be reached at landmarc@mindspring.com



Nadine Wright



Thomas Brockert



Chris Randall



photo by Mary Nelson

Artwork, Photos and Sketches from members this month...

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1-800-SUICIDE Hotline Change

The nation's largest suicide hotline, 1-800-SUICIDE, is scheduled to go out of service this Saturday, August 12, 2006. There are currently negotiations in progress that may prevent this. However, in the event that these negotiations are not successful, NAMI is issuing this alert to raise public awareness of the alternative for those in need of help.

The alternative number for those in crisis is 1-800-273-TALK. This number will put callers in touch with the federally-funded National Suicide Prevention Lifeline, a service that has been in operation since January, 2005. It functions as a central switchboard to immediately connect callers to virtually the same network of certified, local crisis centers accessed by 1-800-SUICIDE. So callers can receive counseling or emergency services, if needed, close to home.

All calls to the 1-800-273-TALK Lifeline are private and confidential. Confidentiality of personal information and of personal disclosures during calls is a high priority for the parties involved in operating the Lifeline.

The federal Substance Abuse and Mental Health Services Administration (SAMHSA) is working with the National Suicide Prevention Lifeline and the entire suicide prevention community to ensure that every call for help during a suicide crisis is answered.

NAMI urges you to help distribute this alert in your community. Together, we can ensure that every call for help is answered.

Thank you, Michael J. Fitzpatrick, MSW
NAMI Executive Director

Self-harm websites:

- www.healingselfinjury.org
- www.sidran.org
- www.annafoundation.org
- www.mentalhealth.samhsa.gov/cmhs
- www.womenandtrauma/wcdvs.asp
- www.self-injury.net/doyousi



Treatment Relationship in Peer Case Management

D Sells, L Davidson, C Jewell, P Falzer, & M Rowe. *Psychiatr Serv* August 2006

This study compared the quality of treatment relationships and engagement in peer-based and regular case management. It also assessed the value of positive relationship qualities in predicting motivation for and use of community-based services for persons with severe mental illness.

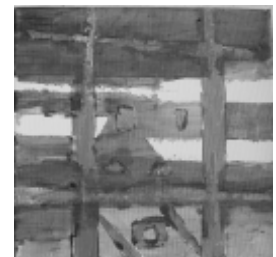
Methods: One hundred thirty-seven adults with severe mental illness participated.

Results: Participants perceived higher positive regard, understanding, and acceptance from peer providers rather than from regular providers at six months. Six-month positive regard and understanding positively predicted 12-month treatment motivation for psychiatric, alcohol, and drug use problems and attendance at Alcoholics and Narcotics Anonymous meetings.

Conclusions: Early in treatment, peer providers may possess distinctive skills in communicating positive regard, understanding, and acceptance to clients and a facility for increasing treatment participation among the most disengaged, leading to greater motivation for further treatment and use of peer-based community services. Findings strongly suggest that peer providers serve a valued role in quickly forging therapeutic connections with persons typically considered to be among the most alienated from the health care service system.



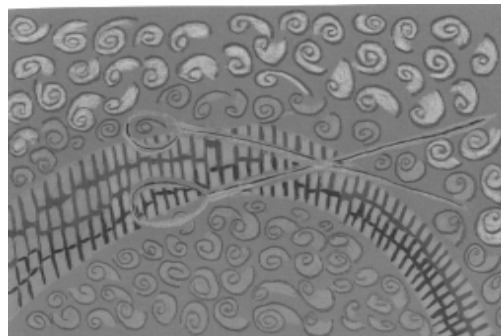
Cora Koeller



Mike Rorvedt



Our intrepid Program Director turns eleven






unknown artist (if it's yours, tell us!)

And more....

September 2006

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

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HOURS :	10-3:30	10-3	10-8	10-3	10-3	CLOSED
					1 Self-Exploration through Art with Vickie 1:00-2:30	2
3	4 Games Rich 12:30 Arts & Crafts with Mary 1:30-3:00	5 Clay with Dana 10:00-12:00 Informal Experimental Dawn 1:00-2:30 VOICES GROUP 4-6 Gallery	6 Wellness/ Open Night Karen H. 6:00 <u>Mood Disorders</u>	7 Songs with Jon 1:00 - 2:15 Art Workshop with Kerry 2:30-4:00  full moon	8 Self-Exploration through Art with Vickie 1:00-2:30	9
10	11 Games Rich 12:30 Arts & Crafts with Mary 1:30-3:00	12 Clay 10:00  Massage with Thomas 1:00-3:00 Voices Group 4-6 Gallery	13 Wellness/ Open Night Karen H. 6:00 <u>Thought Disorders</u>	14 Songs with Jon 1:00 - 2:15 Art Workshop with Kerry 2:30-4:00	15 Self-Exploration through Art with Vickie 1:00-2:30	16
17	18 Games Rich 12:30 Arts & Crafts with Mary 1:30-3:00	19 Clay with Dana 10:00-12:00 Informal Experimental w/Dawn 1:00-2:30 Voices Group 4-6 Gallery	20 Wellness/ Open Night Karen H. 6:00 <u>Personality Disorders</u>	21 Songs with Jon 1:00 - 2:15 Art Workshop with Kerry 2:30-4:00	22 Self-Exploration through Art with Vickie 1:00-2:30 FALL EQUINOX  new moon	23
24	25 Games 12:30 Arts & Crafts with Mary 1:30-3:00 BOD meeting 5:30-7:00	26 Clay 10:00-12:00 Informal Experimental 1:00-2:30 Massage 1:00-3:00 VOICES GROUP 4-6 Gallery	27 Wellness/ Open Night Karen H. 6:00 <u>Psychiatric Medications</u> <u>Medications</u>	28 Songs with Jon 1:00 - 2:15 Art Workshop with Kerry 2:30-4:00	29 Self-Exploration through Art with Vickie 1:00-2:30	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.

Monday: Games 12:30 Arts & Crafts 1:30-3:00

Tuesday: Clay 10:00-12:00 Informal Experimental 1:00-2:30

Massage 1:00-3:00 Voices 4-6

Wednesday: Wellness 6:00-8:00

Thursday: Songs 1:00-2:15 Art Workshop 2:30-4:00

Fraturdays: Self-Exploration through Art with Vickie 1:30-3:00

September 1, 8, 15, 22, 29

Explore and celebrate different aspects of your unique individuality through a series of enjoyable and thought-provoking art exercises. Re-discover your personal strengths and resources for building self-esteem and self-motivation, setting and achieving goals, coping with difficult issues, facilitating changes and personal fulfillment.

Featuring art projects based on self-exploration through the symbolism of nature, children's stories, empowering quotations, the concept of the "social mask" and more. For non-artists and artists alike, Vickie's Self-Exploration through Art workshops focus on the process (not the product) of making art for fun and self-discovery.

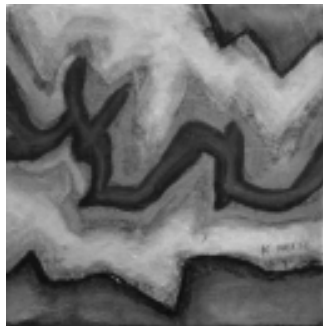
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