



# NEWSLETTER

SPRING 2019

NATIONAL ALLIANCE ON MENTAL ILLNESS OF MASSACHUSETTS, INC. | CAMBRIDGE-MIDDLESEX AFFILIATE

EDUCATION • SUPPORT • ADVOCACY



## EDUCATION PROGRAM

### SPEAKING OF SCIENCE 2019



#### Cannabis and Mental Health: What You Should Know

Anne Eden Evins, MD  
Massachusetts General Hospital

TUESDAY, JUNE 4, 2019 / 7-8:30 PM

Dr. Evins is the founding director of the Center for Addiction Medicine at MGH and Cox Family Professor in Addiction Medicine at the Harvard Medical School. Her research interests, currently supported by major grants from the National Institutes of Drug Abuse, include pharmacotherapy for nicotine dependence, negative symptoms of schizophrenia, co-occurring psychiatric and substance use disorders, and cognitive dysfunction in schizophrenia.

Macht Auditorium Cambridge Hospital,  
1493 Cambridge St., Cambridge  
(Pre-paid vouchers available for garage parking)

## UPCOMING EVENTS

> **ADVOCACY DAY** <  
MONDAY, APRIL 8, 2019  
State House

> **NAMI WALK** <  
SATURDAY, MAY 11, 2019, 11 AM  
Artesani Park, Brighton  
Register for NAMI-CM Team at  
[www.namiwalks.org/team/NAMI-CAMBRIDGE](http://www.namiwalks.org/team/NAMI-CAMBRIDGE)

> **ART OF HEALING GALA** <  
Cambridge Health Alliance  
THURSDAY, JUNE 13, 2019, 6 PM  
Charles Hotel  
Honoring Mary Otto, former health care/social issues reporter, *Washington Post*, with a focus on social equity in health care.



SAT.  
MAY 11,  
2019

...To stamp out stigma and increase awareness of mental health



@ [www.namiwalks.org/team/NAMI-CAMBRIDGE](http://www.namiwalks.org/team/NAMI-CAMBRIDGE)

Walk with us for ...

RECOVERY • EDUCATION • SUPPORT • ADVOCACY

... and bring a friend!

# RESOURCES

## SUPPORT AND EDUCATION

### Cambridge Family Support Groups (FSG)

Free and confidential drop-in support groups are open to caregiving family and friends of people with mental illness every first and third Monday, 7:30-9:00 pm, at Cambridge Hospital, 1493 Cambridge St., Cambridge. For information, email [rae@nami-cambridgemiddlesex.org](mailto:rae@nami-cambridgemiddlesex.org) or visit [nami-cambridgemiddlesex.org](http://nami-cambridgemiddlesex.org).

### Area Support Groups

**ACTON** Susan McDougall, [mcdougalletal@aol.com](mailto:mcdougalletal@aol.com) or 978-263-8830

**BEDFORD** 781-982-3318.

**DORCHESTER** Monica 857-342-2796 or [Mpomare28@gmail.com](mailto:Mpomare28@gmail.com)

**STOW** Trish Woods 978-897-2962

**WAKEFIELD** 781-438-1851 or 978-658-3567

or email: [Dianeh23@yahoo.com](mailto:Dianeh23@yahoo.com)

**CARING FOR THE SOUL** Cambridge Info: [bosejo222@yahoo.com](mailto:bosejo222@yahoo.com).

### Free Peer-to-Peer Classes - Cambridge

Contact [jmaguire@namimass.org](mailto:jmaguire@namimass.org) for schedule/registration.

### NAMI Connections

Support group for peers/consumers Wednesdays and Fridays 10:30-Noon Cambridge/Somerville RLC, 35 Medford St., Ste. 111, First Floor, Somerville Contact Janel at 617-863-5388 or [tanj@vinfen.org](mailto:tanj@vinfen.org)

## IMPORTANT PHONE NUMBERS

**NAMI Cambridge-Middlesex** . . . . . 617-984-0527

*Recorded information about education meetings, family support groups, and membership. You can leave a message.*

**NAMI Mass COMPASS**

*for help navigating the mental health system in Massachusetts: 9 am-5 pm, Mon-Fri. . . . . 617-704-NAMI (6264)*

**NAMI MASS Office** (9am-5pm, M-F) . . . 617-580-8541

*The Schraffi's Center, 529 Main St., Ste. 1M17 Boston, MA 02129*

**Psychiatric Emergencies**

*Call 911 for immediate medical help.*

**CHA Cambridge Hospital** . . . . . 617-665-1560

*The Psychiatric Emergency Service (PES) of the Cambridge Health Alliance (CHA) is located in the Emergency Department at Cambridge Hospital, 1493 Cambridge St., Cambridge. Psychiatrists and clinical social workers are on duty 24 hours a day.*

**BEST Team (Boston Emergency Service Team) 800-981-4357**

*Primary emergency service team that serves Boston, Cambridge, and Somerville. In-person behavioral health crisis assessment, intervention, and stabilization service in the community or at their two centers, 24 hours a day for individuals of all ages covered by MassHealth (Medicaid) plans, Medicare, and the uninsured.*

**Emergency Psychiatric Services for other communities** . . . . . 877-382-1609

**SUICIDE PREVENTION**

**Samaritans of Massachusetts**

*24-hr. emotional distress line 1-800-273-TALK*

*24 hour crisis intervention/hotline 1-877-870-HOPE*

*Teen Line (statewide) 1-800-252-8336*

*24 hour Helpline 1-617-247-0220*

**SUBSTANCE ABUSE HELP**

**Mass Substance Abuse HELPLINE 1-800-327-5050**

*Free, confidential information and referrals*

**Cambridge Support Group for Family and Friends**

*Mondays, 7-8:30 pm, Spaulding Hospital. Free parking.*

<http://www.bphc.org/whatwedo/Recovery-Services/paaths-connect-to-services/Pages/paaths.aspx>

**OTHER RESOURCES**

*NAMI National Legal Center ([namimass.org](http://namimass.org) under "Resources" includes "Road Map through the Massachusetts Criminal Justice System for Persons with Mental Illness and Their Family.")*

## MEMBERSHIP

*Your membership helps strengthen the voice of NAMI, nationally and locally, for the millions of Americans living with serious mental illness. Please join today. NAMI-Cambridge/Middlesex offers free support groups and education programs for family members and friends of the mentally ill.*

**MEMBERS—Watch for renewal date on the mailing label of your newsletter—envelope enclosed.**

### Join NAMI Cambridge-Middlesex:

*Please print clearly and mail to the address below with your check or visit [www.nami.org](http://www.nami.org) to join online*

NAME

STREET

CITY

STATE

ZIP

TELEPHONE NUMBER

EMAIL ADDRESS

*(Enter your address, if you want to receive occasional affiliate updates by email.)*

I would like to become a NAMI-CM member. Please send \$40 for Individual Membership or \$60 for the new Household Membership (covers all individuals in your home) (or \$5 for Open Door Membership).

I want the Cambridge-Middlesex NAMI newsletter only, since I am already a member of another affiliate. Please send \$10.

*Make checks payable to: NAMI-CM Mail to: NAMI-CM, 174 APPLETON ST., CAMBRIDGE, MA 02138*

*This is not an office, but a mailing address only. NAMI-CM is a volunteer organization; we do not maintain an office.*

**VISIT OUR WEBSITE**

[WWW.NAMI-CAMBRIDGEMIDDLESEX.ORG](http://WWW.NAMI-CAMBRIDGEMIDDLESEX.ORG)



This Newsletter is published quarterly by the National Alliance on Mental Illness—Cambridge-Middlesex Affiliate for its members and others interested in our education, support, and advocacy work on behalf of the mentally ill. You can find back issues at [www.nami-cambridgemiddlesex.org](http://www.nami-cambridgemiddlesex.org).

## NAMI-CM Members Meet with Massachusetts State Senator Sal DiDomenico

A group from NAMI-CM met recently with Senator Sal DiDomenico and his chief of Staff, Christie Young at the State House. After listening to their personal stories and requests, he committed to making the mental health initiatives discussed a top priority in this legislative session. "I'm going to make this my mission," he declared.

Rae reports the senator encourages NAMI members across the state to:

- Meet with their senators, ideally at the start of the legislative session. As you know, there's a trick (and hence training needed) to telling one's story in a brief, focused way that's linked to a specific "ask," which Elizabeth, Sharon, and Jean did brilliantly. Meetings with a senator's staff can be as effective as talking with the actual senator, as staff members have a senator's ear.

- Meet with committee chairs about the bills that are highest priority to NAMI, such as the Department of Mental Health budget (House Ways and Means Committee) and jail diversion bills (Joint Committee on Mental Health, Substance Abuse, and Recovery).



Left to right: Advocacy Chairman Rae Simpson, Jean Foster, Senator Sal DiDomenico, Elizabeth Fong, Sharon DeVos, and Christie Young, the Senator's chief of staff.

- Collaborate with the National Association of Social Workers, Massachusetts chapter (<http://www.naswma.org/>), which does effective work in areas that resonate with ours, such as the ESP-private insurance bill.

- Consider supporting measures to increase state revenues, since that ultimately would help to move our agenda forward. The Senator cited in particular the fair share amendment, which he says has a lot of support now in the senate but not the house. — <https://www.wbur.org/news/2018/06/18/millionaires-tax-rejected-sjc>

**DON'T MISS  
ADVOCACY DAY  
APRIL 8**



## Present Moment: Mindfulness Practice and Science

FEBRUARY 6, 2019 What is mindfulness and how does it help those of us dealing with mental illness reduce stress? It is paying attention in a particular way, focusing on the present rather than the future or the past, Dr. Meg Chang explained at our February meeting. Mindfulness requires intentionality and an absence of value judgment.

Mindfulness can be a good intervention for the many causes of stress in our lives. This is because mindfulness helps one build resilience. Resiliency is the capacity to address difficulties before they become overwhelming and traumatic. Resilience helps individuals develop the ability to explore and learn from difficulties, to find a "home base" or reorient attention. It keeps us from getting stuck in negative patterns of thought and feeling. As the saying goes, "You don't have to believe everything you think." Suggested books on using mindfulness to treat depression include:

*Mindfulness-Based Cognitive Therapy for Depression: A New Approach to Preventing Relapse*, by Zindel V. Segal, J. Mark G. Williams, and John D. Teasdale

*The Mindful Way through Depression: Freeing Yourself from Chronic Unhappiness*, by Mark Williams, John Teasdale, Zindel V. Segal, Jon Kabat-Zinn

*The Mindful Way Workbook: An 8-Week Program to Free Yourself from Depression and Emotional Distress*, by John Teasdale, Mark Williams, Zindel V. Segal, foreword by Jon Kabat-Zinn

## Find Your Legislator

<http://www.wheredoivotema.com/bal/MyElectionInfo.aspx>

### SENATE

**Sal N. DiDomenico**

**DISTRICT:** Middlesex and Suffolk State House Room 208 Boston, MA 02133 Phone: 617-722-1650 Fax: 617-722-1323 Email: [Sal.DiDomenico@masenate.gov](mailto:Sal.DiDomenico@masenate.gov)

**Patricia D. Jehlen**

**DISTRICT:** Second Middlesex State House Room 424 Boston, MA 02133 Phone: 617-722-1578 Fax: 617-722-1117 Email: [Patricia.Jehlen@masenate.gov](mailto:Patricia.Jehlen@masenate.gov)

**Joseph Boncore**

**DISTRICT:** First Suffolk and Middlesex State House Room 109D Boston, MA 02133 Phone: 617-722-1634 Email: [Joseph.Boncore@masenate.gov](mailto:Joseph.Boncore@masenate.gov)

### HOUSE

**David M. Rogers**

**DISTRICT:** 24th Middlesex State House Room 472 Boston, MA 02133 Phone: 617-722-2013 Fax: 617-626-0275 Email: [Dave.Rogers@mahouse.gov](mailto:Dave.Rogers@mahouse.gov)

**Marjorie C. Decker**

**DISTRICT:** 25th Middlesex State House Room 155 Boston, MA 02133 Phone: 617-722-2692 Fax: 617-626-0337 Email: [Marjorie.Decker@mahouse.gov](mailto:Marjorie.Decker@mahouse.gov)

**Jonathan Hecht**

**DISTRICT:** 29th Middlesex State House Room 22 Boston, MA 02133 Phone: 617-722-2140 Fax: 617-626-0199 Email: [Jonathan.Hecht@mahouse.gov](mailto:Jonathan.Hecht@mahouse.gov)

**Mike Connolly**

**DISTRICT:** 26th Middlesex State House Room 437 Boston, MA 02133 Phone: 617-722-2425 Email: [Mike.Connolly@mahouse.gov](mailto:Mike.Connolly@mahouse.gov)

**Jay Livingstone**

**DISTRICT:** 8th Suffolk State House Room 136 Boston, MA 02133 Phone: 617-722-2396 Email: [Jay.Livingstone@mahouse.gov](mailto:Jay.Livingstone@mahouse.gov)

**Sean Garballey**

Arlington State House Room 540 Boston, MA 02133 Phone: 617-722-2090 Fax: 617-722-2848 Email: [Sean.Garballey@mahouse.gov](mailto:Sean.Garballey@mahouse.gov)

**Jay R. Kaufman**

Lexington State House Room 34 Boston, MA 02133 Phone: 617-722-2320 Fax: 617-722-2415 Email: [Jay.Kaufman@mahouse.gov](mailto:Jay.Kaufman@mahouse.gov)

**Secretary of the Commonwealth Elections Division, McCormack Building One Ashburton Place, Room 1705 Boston, MA 02108 Toll-Free: 1-800-462-VOTE (8683) 617-727-2828 Fax: 617-742-3238 Email: [elections@sec.state.ma.us](mailto:elections@sec.state.ma.us)**

**Call 1-800-462-8683 or 617-727-2828 or email [elections@sec.state.ma.us](mailto:elections@sec.state.ma.us), if your town or legislators are not listed here.**

# Let's Be Clear

## Communicating More Effectively with People Who Have Mental Illness

JANUARY 9, 1919 There's no "magic recipe" for communication, no one way that is right or wrong, according to Dr. Cori Cather, Associate Professor of Psychology at Harvard Medical School and Director, Center of Excellence in Psychosocial and Systemic Research, MGH Department of Psychiatry. Nonetheless, Dr. Cather brought her magic once again to a capacity crowd anxious to hear her wisdom on the best ways to communicate with loved ones struggling with mental illness. We share it here:

**WHEN SPENDING TIME TOGETHER**, start with small, routine activities, things this person already does, such as walking the dog, eating a meal, or watching a particular television show. New and unusual activities can cause your family member more stress.

**PAY ATTENTION.** If your family member suggests something, try to accept the invitation. It's something s/he wants to do, and to do with you. Even if it's not your favorite activity, the fact that s/he initiated is important.

**COMMUNICATION IN GENERAL** Remember to avoid statements or requests that are loud, rushed, complicated, patronizing, or critical.

**TRY NOT TO** interrogate, talk without listening, undermine the positive, give unsolicited advice, or say anything that could be embarrassing, especially in front of others.

**TRY TO** be positive, generous, and warm. Be humble and calm. Listen as much as you talk, and use "I" statements. Focus on behavior, not personality. Be specific. Get to the point.

### COMMUNICATE ABOUT THE PAST, PRESENT, AND FUTURE

**Do:** Share inside jokes and positive memories; appreciate what's right in front of you; let your loved one talk about hopes and dreams.

**Don't:** Dwell on things that embarrass or traumatize; focus on comparing the present to what it was like before the person's mental health changes; or wish for a future for someone else.

### TALKING ABOUT THE HARD STUFF

**The Diagnosis:** Labels may bother your loved one and are not important. Stay focused instead on what you and your loved one can agree on, regarding approaches that have been helpful so far.



Cori Cather (3rd right) shared her wisdom with NAMI-CM Board Members (l-r) Sharon DeVos, Jane Martin, Jim Kobler, and 100 other audience members.

**Delusions or Hallucinations:** Don't insist that what your loved one sees or hears isn't "real"; it's real to them. Instead, lead with empathy and curiosity; find out if there's anything the two of you can do that might make your loved one feel safer.

**Substance abuse:** Express concerns close in time to when this occurs, rather than dwelling on a pattern.

**Medication:** Listen to the person's concerns. Encourage communication with providers and engage in problem-solving such as "How about we take a walk together to see if we can both get more energy."

**Wish for more independence:** Find the positive here. Use goal-setting to think what steps might lead to a higher level of independence.

**Demoralization:** Use a personal yardstick to highlight the person's progress. This might present an opportunity to address things that could be getting in the way, such as substance abuse or going off medication.

### HANDLING A CRISIS

**Try to de-escalate** by staying calm; watching your body language and giving physical space; setting limits in a firm, strong voice; being decisive and calling for help if you feel unsafe.

### SUMMARY

Communicating with a loved one with mental illness can be extremely stressful. That stress can lead you to thinking patterns that are not useful. Try to avoid taking things personally (for example, thinking or saying "you're doing this to hurt me"); exaggerating: (believing "it's never going to get better"); and using a mental filter so you don't see anything positive ("You only think about yourself").

Practice new ways of spending time together and of communication; practice mindfulness and self-compassion; be patient with yourself and your loved one; and balance talking about the good things and working on things you'd like to see change.

**Read more from Dr. Cather on our website:**  
**On the Benefits of Practicing Mindfulness and Self-Compassion (nami-cambridgemiddlesex.org)**



## OPEN DIALOGUE

### A FAMILY APPROACH TO CARE FOR EARLY EPISODE PSYCHOSIS

MARCH 5, 2019 "The family is critically important; they are seen as part of the solution, not part of the problem in Open Dialogue," Dr. Christopher Gordon explained at this March program. "People are seen in the home, on their own turf," he explained. NAMI-Cambridge/Middlesex families welcomed these words from Dr. Gordon. He and his team of therapists from Advocates, headquartered in Framingham, undertook something of a revolution in psychiatric care eight years ago when they started using the Open Dialogue approach to better help persons and their families feel heard, respected, and validated in the treatment process.

### What is this "Open Dialogue" that is generating such enthusiasm?

Open Dialogue, is a "Dialogic Practice" which grew out of deinstitutionalization of mental health patients in Finland in 1984. The Finnish program has reported an 80 percent success rate with only half of participants using antipsychotics, and only 20 percent continually. Dr. Gordon and his colleagues have developed the first adaptation of Open Dialogue in the US.

"This was a life-changing talk for me."

A Dialogic Practice, as defined by the US-based Institute of Dialogic Practice is "an innovative approach to psychotherapy that emphasizes listening carefully to what people say so that they feel heard, respected, and validated. This conversation, or dialogue, is not "about" the person, but is instead a way of "being with" the person and living through the situation together. (www.dialogicpractice.net)

### Core Principles of Open Dialogue

- 1 Capture the moment of crisis and see it as an opportunity by providing immediate help to the person at the center of concern (the word "patient" is not used).
- 2 Use a social network perspective. Gather the important people together by including family members and other support systems.
- 3 Hold meetings in the home, when possible. Have flexibility about the frequency and duration of the meetings. Phone meetings can be used at times. Adjust to the needs of the moment. Collaborate with the person and family about what might help, what might hurt, and what to do. Meetings are as much about planning as treatment.
- 4 There are always two clinicians who will partner with the person at the center of concern and see him/her through the journey. They

"We have had four sessions and already our family has benefitted enormously."

help the family access resources and support. They will also be responsible for hospitalization, if needed. But, there is no hierarchy and that would be a decision discussed together.

5 Treatment team provides psychological continuity, finding a common language and reducing the fragmentation of the traditional mental health care system.

6 Cultivate a "tolerance of uncertainty" while tamping down urgency, to create a sense of safety and facilitate solutions arising organically. (Dr. Gordon calls this "slowing things down.")

7 Maintain professional transparency. Clinicians make no decisions and hold no discussions about the family or person except in their presence. They turn to each other and "reflect" on their impressions, ideas, worries, and event disagreements in front of the family. "Dialogism" elicits different voices; everyone in the room is heard.

8 (Unofficial 8th Principles: Use "gentle psychopharmacology" to help the patient reach a satisfactory life at the lowest possible dose for the least amount of time.

### Open Dialogue at Advocates

Dr. Gordon, a psychiatrist, learned about Open Dialogue from a well-informed patient. Clinicians Chiara Scully, LICSW, and Kellan McNally, LICSW, learned of it as they were finishing social work school and looking for better treatment options than they had been exposed to. Kellan mentioned that a professor taught that "the only thing a LICSW can do for a psychotic patient is to get the patient to a psychiatrist right away," ostensibly for heavy-duty medication. He knew this could not be right.

"Open Dialogue provides an integrated system, not fragmented like so much of the US system," Dr. Gordon says of the Open Dialogue approach. A diagnosis, what Dr. Gordon often considers "pernicious certainty," can be helpful, but can also stifle dialogue, he believes. "Radical humility is much better," he says confidently. "A tolerance of uncertainty allows healing to take place.

"In the US, training pushes first for diagnosis and medication. In Open Dialogue clinicians have expertise, but are not viewed as experts. It is a crisis model, not a disease model," he explains. "We emphasize stories over symptoms. Crises resolve. People in crisis need support. In Finland the goal of the Open Dialogue process is to restore *the grip on life.*"

"You can just feel that the clinicians have so much love and respect for their clients."

**NAMI-CAMBRIDGE/MIDDLESEX**  
**174 Appleton Street**  
**Cambridge, MA 02138**

## **In this issue**

<b>Save the Date</b> .....	<b>p.1</b>
<b>Resources</b> .....	<b>p.2</b>
<b>NAMI-CM News</b> .....	<b>p.3</b>
<b>Let's Be Clear</b> .....	<b>p.4</b>
<b>Open Dialogue</b> .....	<b>p.5</b>

### **EDUCATION PROGRAM**

# **SPEAKING OF SCIENCE 2019**

**TUESDAY, JUNE 4, 2019**

**7-8:30 PM**

**Macht Auditorium  
Cambridge Hospital,  
1493 Cambridge Street  
Cambridge**

*(Pre-paid vouchers available  
for garage parking)*



## **Cannabis and Mental Health: What You Should Know**

**Anne Eden Evins, MD**  
**Massachusetts General Hospital**

Dr. Evins is the founding director of the Center for Addiction Medicine at MGH and Cox Family Professor in Addiction Medicine at the Harvard Medical School. Her research interests, currently supported by major grants from the National Institutes of Drug Abuse, include pharmacotherapy for nicotine dependence, negative symptoms of schizophrenia, co-occurring psychiatric and substance use disorders, and cognitive dysfunction in schizophrenia.