NAMI Lubbock

An Affiliate of the National Alliance on Mental Illness & NAMI Texas

A Grassroots Coalition of Families, Friends, and People Living with Mental Illness

P.O. Box 6854, Lubbock, TX 79493-6854 (806) 783-9268 http://namilubbock.nami.org

November/December 2005 **Volume 18, Issue 10**

Thank you, Thank you, Thank you

As the year begins to draw to a close, I reflect back over what NAMI has accomplished this year and how we can do better next year. Shortly after our elections last month, the current board and the incoming board members met together. I was quite pleased at the positive attitudes I saw and think that the new board will pull together quickly and provide the leadership we need for our affiliate.

Let me take this opportunity to thank those folks who have served NAMI Lubbock for the past 2 or more years either as a board member or an officer. We have four members ending their board service to NAMI Lubbock and I wish to thank them first. Frances Smith – Frances, as secretary, you recorded all the minutes for board meetings and somehow you managed to keep us current on what we did at the last meeting so we didn't repeat ourselves over and over. Thank you for your service. Daphna Simpson – Daphna as treasurer you made sure we met our financial obligations and provided knowledge about the tax regulations we needed. Your quick work, on the spur of the moment, got our Federal ID number re-established and you were the only one among us that knew how to make that happen so quickly. I am sorry to see you move away, but I understand this is what is best for your family. Thank you for your service. Waltraut Zieher and Mark Smart – thank you both for your time and effort on behalf of NAMI Lubbock. You have made a difference for us.

Moving up in responsibility is Erin Graham as the new secretary and Nell Humphrey as the new treasurer. I appreciate the two of you stepping up and am looking forward to working with you both. Joining the board will be Sheryl Bybee and Harriet Roark. Janet Harvey was elected to the board but has already had to resign due to a possible conflict of interest, but she will still be around to provide guidance and advice as needed. I will appoint her replacement shortly.

I also want to thank DeAnna Gibson for all her efforts in producing this newsletter. It is a true labor of love. I also want to thank Bruce Roark for being my vice-president and Andy Gibson for serving on the board as well as being the consumer network director. Last, but not least, thanks go to Andy and Erin for keeping the website updated and current. Thanks for that presence in the information age.

Come to the Christmas party next month (see page 2) and meet all these hard workers yourself. Maybe you will find something you can do to make a difference concerning mental illness on the South Plains.

Merry Christmas and Happy New Year in 2006. I believe there are going to be some neat things happening in the first part of next year that will make us even stronger than before.

David

This month's meeting will be on **Tuesday, November 22nd. Donna Erwin,** with **Bristol-Myers Squibb,** will present our program, **"Medicare Modernization Act and Implications for Mental Health."** She will also cover the general rules of the Medicare Rx program for retirees.

6:30p.m. - Support groups - ***NAMI C.A.R.E.*** (consumers)
- ***With Hope in Mind*** (family members and friends)

7:15p.m. - Program ***(<u>All monthly programs are open to the public.</u>)***

8:00p.m. - Announcements

<u>LOCATION</u>: Oakwood Baptist Church, 6002 Ave. U (60th and Ave. U)
Due to the construction, please enter the church on the <u>west</u> side. Look for the "NAMI Lubbock" sign.

<u>Reminder</u>: The monthly meetings of NAMI Lubbock are on the <u>fourth</u> Tuesday of the month, which is <u>not</u> necessarily the <u>last</u> Tuesday of the month.

Thank you...

As we enter this season of thanksgiving, there are some organizations and individuals that NAMI Lubbock is very thankful for:

Oakwood Baptist Church, who graciously provides a place for all our monthly meetings, education classes, and support groups;

Lubbock Regional Mental Health Mental Retardation Center, who provides the printing and mailing of all our NAMI Lubbock newsletters, as well as some other printing needs, and also gave financial assistance for traveling expenses to the NAMI National convention in June and the NAMI Texas conference in October; and

All the education **teachers,** support group **facilitators,** and the outgoing and incoming members of the **NAMI Lubbock Board of Directors,** who strive to put NAMI's purpose into action in the Lubbock area…

support, education,* and *advocacy.

You're Invited...

What: NAMI Lubbock Christmas Party
When: Tuesday, December 20th, at 7:00p.m.
Where: The Gibson's home (798-7931)
4203 87th Street (one block east of Quaker)
Bring: Snack or dessert "finger food"
An inexpensive wrapped Christmas gift for a fun gift exchange

Please note: There will not be a December monthly meeting. Support groups will meet throughout the Christmas holidays except on December 20th, the evening of the Christmas party.

Weekly Support Groups

Family Support Group

With Hope in Mind is provided for family members and friends of people living with mental illness.

Facilitators: Phyllis Pusser and Bruce Roark — Oakwood Baptist Church
Tuesday evenings, 6:30 – 8:00p.m. — 60th and Ave. U
For more information, call 793-8576 or 797-2579.

Note: On the fourth Tuesday of the month, *WHIM* will meet in conjunction with the NAMI Lubbock meeting (see page 1).

Consumer Support Group

NAMI C.A.R.E. is provided for individuals with a serious mental illness diagnosis or a related disorder.

Facilitator: Andy Gibson — Oakwood Baptist Church
Tuesday evenings, 6:30 – 8:00p.m. — 60th and Ave. U
For more information, call 783-9268.

Note: On the fourth Tuesday of the month, *NC* will meet in conjunction with the NAMI Lubbock meeting (see page 1).

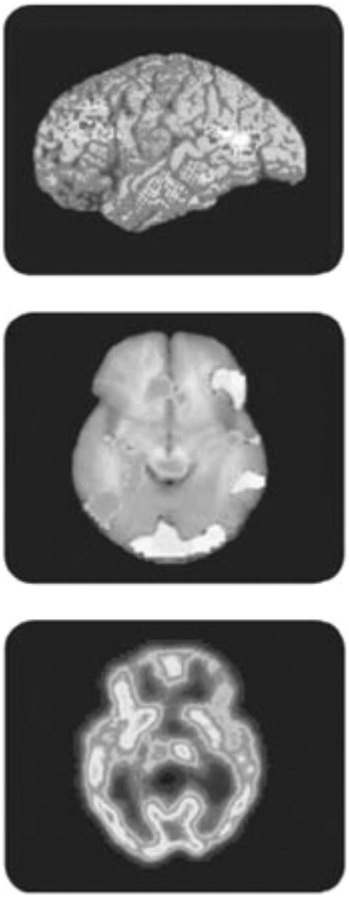
Can Brain Scans See Depression?

By Benedict Carey / Published October 18,2005

They seem almost alive: snapshots of the living human brain.

Not long ago, scientists predicted that these images, produced by sophisticated brain-scanning techniques, would help cut through the mystery of mental illness, revealing clear brain abnormalities and allowing doctors to better diagnose and treat a wide variety of disorders. And nearly every week, it seems, imaging researchers announce another finding, a potential key to understanding depression, attention deficit disorder, anxiety.

Yet for a variety of reasons, the hopes and claims for brain imaging in psychiatry have far outpaced the science, experts say.



PROMISING, NOT YET PRACTICAL

Researchers have scanned the brains of patients with illnesses including depression, schizophrenia and attention deficit disorder, hoping to find patterns. But so far, scanning has not yielded reliable ways to diagnose or treat disorders.

(From top: WDCN/University College London; courtesy of Bernard and Sally Shaywitz; courtesy of Dr. Mayberg.)

After almost 30 years, researchers have not developed any standardized tool for diagnosing or treating psychiatric disorders based on imaging studies.

Several promising lines of research are under way. But imaging technology has not lived up to the hopes invested in it in the 1990' s labeled the "Decade of the Brain" by the American Psychiatric Association - when many scientists believed that brain scans would turn on the lights in what had been a locked black box.

Now, with imaging studies being published at a rate of more than 500 a year, and coercial imaging clinics opening in some parts of the country, some experts say that the technology has been oversold as a psychiatric tool. Other researchers remain optimistic, but they wonder what the data add up to, and whether it is time for the field to rethink its approach and its expectations.

"I have been waiting for my work in the lab to affect my job on the weekend, when I practice as a child psychiatrist," said Dr. Jay Giedd, chief of brain imaging in the child psychiatry branch at the National Institute of Mental Health, who has done M.R.I. scans in children Monday through Friday for 14 years. "It hasn' t happened. In this field, every year you hear, ' Oh, it' s more complicated than we thought.' Well, you hear that for 10 years, and you start to see a pattern."

Psychiatrists still consider imaging technologies like M.R.I., for magnetic resonance imaging, and PET, for positron emission topography, to be crucial research tools. And the scanning technologies are invaluable as a way to detect physical problems like head trauma, seizure activity or tumors. Moreover, the experts point out, progress in psychiatry is by its nature painstakingly slow, and decades of groundwork typically precede any real advances.

But there is a growing sense that brain scan research is still years away from providing psychiatry with anything like the kind of clear tests for mental illness that were hoped for.

"I think that, with some notable exceptions, the community of scientists was excessively optimistic about how quickly imaging would have an impact on psychiatry," said Dr. Steven Hyman, a professor of neurobiology at Harvard and the former director of the National Institute of Mental Health. "In their enthusiasm, people forgot that the human brain is the most complex object in the history of human inquiry, and it' s not at all easy to see what' s going wrong."

For one thing, brains are as variable as personalities.

In a range of studies, researchers have found that people with schizophrenia suffer a progressive loss of their brain cells: a 20-year-old who develops the disorder, for example, might lose 5 percent to 10 percent of overall brain volume over the next decade, studies suggest.

Ten percent is a lot, and losses of volume in the frontal lobes are associated with measurable impairment in schizophrenia, psychiatrists have found. But brain volume varies by at least 10 percent from person to person, so volume scans of patients by themselves cannot tell who is sick, the experts say.

Studies using brain scans to measure levels of brain activity often suffer from the same problem: what looks like a "hot spot" of activity change in one person' s brain may be a normal change in someone else' s.

"The differences observed are not in and of themselves outside the range of variation seen in the normal population," said Dr. Jeffrey Lieberman, chairman of the psychiatry department at Columbia University Medical Center and director of the New York State Psychiatric Institute.

To make matters even more complicated, many findings are disputed. In people with severe depression, for instance, researchers have found apparent shrinkage of a part of the temporal lobe called the hippocampus, which is critical for memory. But other investigators have not been able to replicate this finding, and people with injuries to the hippocampus typically suffer amnesia, not depression, psychiatrists say.

For problems like attention-deficit disorder and bipolar disorder, the experts say, psychiatrists have much less research on which to base their theories.

Most fundamentally, imaging research has not answered

the underlying question that the technology itself has raised: which comes first, the disease or the apparent difference in brain structure or function that is being observed?

For a definitive answer, researchers would need to follow thousands of people from childhood through adulthood, taking brain scans regularly, and matching them with scans from peers who did not develop a disorder, experts say. Given the expense and difficulty, such a study may never be done, Dr. Hyman said.

One investigator has used imaging research to fashion a small, experimental psychiatric treatment.

In a series of studies of people with severe depression, Dr. Helen Mayberg, a professor of psychiatry at Emory University in Atlanta, found a baffling pattern of activity.

Marty Katz for The New York Times
Dr. Jay Giedd has done scans for years. He is waiting for more progress.

Using PET scanning technology, Dr. Mayberg found sharp dips and spikes of activity in about a half-dozen areas of these patients' brains as their moods improved while they were taking either antidepressant drugs or placebos.

The changes were similar in all patients, but it was difficult to tell how the scattering of the dips and spikes were related.

By analyzing the peaks and valleys on the scans as part of a circuit - networked together, like a string of Christmas lights - Dr. Mayberg found that one spot in particular seemed to modulate the entire system, like a transformer or a dimmer.

She confirmed the importance of this spot, called Brodmann area 25, by scanning the brains of mentally healthy people while they remembered painful episodes from their lives: while sad they, too, showed increased activity in this area.

In March, Dr. Mayberg and a team based at the Rotman Research Institute in Toronto reported on six patients who had had electrodes implanted in their brains next to Brodmann area 25.

All had been severely depressed for at least a year, and they had responded poorly to available therapies. The implanted electrodes, often used to treat Parkinson's disease, produce a current that slows neural activity, for reasons scientists do not yet understand.

So far, the researchers reported in the journal Neuron, four of the six people have shown significant and lasting recovery; all four are still on antidepressant drugs but at reduced doses. And all four have returned to work or their usual routines, Dr. Mayberg said.

The widely reported experiment has generated more than 300 requests from people to be considered for the operation, she added.

"It's very important to understand that this is experimental, and the next step is to replicate what we did, with a placebo, and that could send us right back to the drawing board," Dr. Mayberg said in an interview.

The findings so far are encouraging, she said, "but the idea that this is something for every severely depressed patient - well, shame on us if we suggest that. The brain is a very big place and we had better have a very good idea of what we're doing before holding this out as a treatment."

Many people would rather not wait for the science of imaging to mature, however. At clinics in California, Washington, Illinois, Texas and elsewhere, doctors offer brain scans to people with a variety of conditions, from attention-deficit hyperactivity disorder, often called A.D.H.D., to depression and aggressive behavior.

Dr. Daniel Amen, an adult and child psychiatrist based in Newport Beach, Calif., said he performed 28,000 scans on adults and children over the past 14 years, using a technique called Spect, or single photon emission computed tomography.

In an interview, Dr. Amen said that it was unconscionable that the profession of psychiatry was not making more use of brain scans. "Here we are, giving five or six different medications to children without even looking at the organ we're changing," he said.

He said the scans had helped him to distinguish between children with attention deficit problems who respond well to stimulants like Ritalin and those who do poorly on the drugs. In a series of books and medical articles, Dr. Amen argued that the images helped convince people that the behavior problems had a biological basis and needed treatment, with drugs or other therapies.

"They increase compliance with treatment and decrease the shame and guilt" associated with the disorders, he said.

At the Brainwaves Neuroimaging Clinic in Houston, doctors use the scans to diagnose and choose treatment for a range of psychiatric problems, according to a clinic spokeswoman. And a variety of doctors advertise the imaging services, particularly for attention-deficit disorder, on the Internet. But the experts who study imaging and psychiatry say there is no evidence that a brain scan, which can cost more than $1,000, adds significantly to standard individual psychiatric exams.

"The thing for people to understand is that right now, the only thing imaging can tell you is whether you have a brain tumor," or some other neurological damage, said Paul Root Wolpe, a professor of psychiatry and sociology at the University of Pennsylvania's Center for Bioethics.

He added, "This imaging technology is so far from prime time that to spend thousands of dollars on it doesn't make any sense."

The big payoff from imaging technology, some experts say, may come as researchers combine the scans with other techniques, like genetic or biochemical tests. By radioactively marking specific receptors in the brain, for example, researchers are using brain scans to measure how brain chemicals known to affect mood, like dopamine, behave in people with schizophrenia, compared with mentally healthy peers.

Imaging researchers are also studying depression-related circuits to see how they may arise from genetic variations known to put people at risk for depression.

And as always, the technology itself is improving: a new generation of M.R.I. scanners, with double the resolution power of the current machines, is becoming more widely available, Dr. Lieberman said.

"With increased resolution, we'll be able to do more sensitive and more precise work, and I would not be surprised if anatomy alone based on volume will be a diagnostic feature," he said. "We have gained an enormous amount of

knowledge from thousands of imaging studies, we are on the threshold of applying that knowledge, and now it' s a matter of getting over the threshold."

But for now, neither he nor anyone else can say when that will happen.

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Revisiting Trauma Needs Trust, Security, Kinship

By Menninger Clinic staff

Trauma patients want to rid their minds of painful memories, but forgetting may not be the goal.

Menninger regularly admits trauma patients who have been in treatment elsewhere, yet continue to search for relief from the agonizingly adverse effects of stress- and anxiety-related illnesses. Patients may have had experiences that involve rape, assault, terrorism, war, emotional or physical abuse or they have been victimized by catastrophic natural events such as tornadoes, hurricanes or floods. But trauma can have less conspicuous origins. In some cases, an individual's traumatic reaction is delayed and is brought about by an event that might not seem to be a jarring or sudden emotional shock, stressors associated with aging, for example.

Our reaction to stress depends a great deal on upbringing, genes, lifestyle and how these factors have influenced our levels of resilience.

A single experience involving trauma is difficult in and of itself, but when we have been emotionally victimized by a series of traumas over a period of time, one more experience may be sufficient to leave us suffering the adverse effects of a stress-related mental disorder.

"We all have our limits and our limits vary," said Lisa Lewis, Ph.D., Menninger's director of psychology.

A brain that remembers

The effects of trauma pose difficult challenges. A significant life event, surviving a crash, for instance, may evoke damaging emotions that lead to a clinical illness, which is especially possible if one trauma is preceded by others, even over the course of a long life.

Think about how the brain often responds to old songs that evoke familiar emotions. We may not have heard the song for many years, yet the moment we do, we recall our initial feelings as our minds revert to those memories when the song made its first impression. So it is with experiencing the effects of trauma.

Consider aging military veterans who experienced World War II up close. By the time these veterans have reached their 70s, 80s or 90s, many of their friends have died and they are themselves vulnerable as they feel the weight of their own mortality.

"For these combat veterans the aging experience is close enough to resembling the battlefield that some are developing posttraumatic stress disorder (PTSD) late in life," Dr. Lewis said.

PTSD is only one of the trauma-related disorders that evoke a host of psychological symptoms that may include nightmares and flashbacks in which victims relive their initial experience. Often, patients with PTSD will endure sleeplessness and have a general feeling of estrangement, all of which converge to impair their daily lives.

Trying to forget

Trauma victims often have exaggerated fears. And they can be resentful and angry about their experiences. They wonder, "Why me, why was I raped?" Or, "Why did I have to go to war and see and participate in terrible things?"

And what these patients generally want most from treatment is to erase the memory of trauma that keeps playing over and over in their heads. They want the trauma gone. Yet, since trauma etches itself into the fiber of memory, forgetting is virtually impossible.

Senior Menninger psychologist Jon Allen, Ph.D. likens the quest of forgetting to a pink elephant. Tell a group of people not to think about the pink elephant and it's assured that each member will not think about anything else. In any case, forgetting is not really the key to recover.

Trauma survivors naturally want to rid themselves of the frightful memories of a life-threatening event. Since that goal is essentially unrealistic, the goal then is to contain the memories as a method of coping with them.

"Of course, while avoidance is a natural wish of the traumatized person it's really being able to cope with the memories in mind that is the goal," said Dr. Allen, author of *Coping with Trauma, Hope Through Understanding* (second edition).

Treatments

Menninger clinicians reflect positive results from treating trauma using a range of individual and group therapies in which patients confront their frightening experiences and relive them in safety and security and under the influence of controlled therapeutic conditions. These carefully designed approaches, often with the addition of antidepressants and other medications, can relive the symptoms brought about by trauma.

So how do patients recover from trauma without suffering further damage when confronting the experiences that provoked the trauma in the first place?

In *Restoring Hope and Trust: An Illustrated Guide to Mastering Trauma,* three Menninger-trained clinicians have written a handbook that educates patients about the importance of trust. Written by social worker Kay Kelly, MSW, LSCSW, and Menninger psychologists Drs. Lewis and Allen, the book suggests that persons who suffer trauma do need to process their experiences. But several components must be in place for effective treatment.

- Patients must feel safe, that is, their daily environment must be reasonable secure and safe. For example, abused women and children cannot continually return to the same abusive atmosphere.
- Trauma patients need to learn strategies that enable them to control their anxieties that stem from the emotional disruptions caused by trauma. Deep breathing, taking walks, working out, reading, cooking and interacting with pets – all of these hold the possibility of restoring a sense of self-control.
- Patients can help themselves by establishing relationships

at various levels. They need to build a network of support among others, relationships that are critical to restoring an individual's grounding in a community and anchors them in a benign present, making it less likely they will fall back into the terrifying past.

- The three preceding factors are the groundwork necessary to proceed with the last element, the actual processing of the trauma. The idea is to enable patients the ability to move the trauma to another level, to change the shape of it and take its power away.
  'By being securely anchored i n the present, you can think more clearly and rationally about what the trauma means than you were able to do at the time of its occurrence," Dr. Lewis said.
  This process of making sense of what happened also entails reworking the meanings that have become embedded in the trauma. So rather than thinking, 'I am to blame,' or 'no one can be trusted,' beliefs can be changed to ones that are more accurate and flexible.

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A HUGE Thank You…

…goes to the following sponsors of the NAMIWalks Donor Appreciation Dinner held September 27, 2005:

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SHARP'S FLOWERS

Family Photo of Lubbock

Wiley's Bar-B-Q

A true friend knows your weaknesses but shows you your strengths; feels your fears but fortifies your faith; sees your anxieties but frees your spirit; recognizes your disabilities but emphasizes your possibilities.

William Arthur Ward

Schizophrenic Anonymous

Schizophrenics Anonymous of Lubbock is an affiliate of the national Schizophrenia Foundation. It is a local self-help support group for persons with schizophrenia or related disorders. Attendance is free and groups are run by voluntary leadership.

This group meets each month on the
second Thursday at 7:00p.m
fourth Thursday at 3:00p.m.

The meetings are held at Lubbock Regional MHMR Center at 1502 10th Street (10th and Ave. O).

For more information, call Mark at 748-1896.

How to Simplify Your Holidays from a "Therapist"…

- If you are already feeling down about something, you should be aware that the holidays are probably going to make it a little worse. Know that the holidays will pass quickly and you' ll go back to coping with that sadness as you have before.
- Use relaxation techniques to stay calm. Slow, deep breathing will keep your stress responses to a minimum. Take little relaxation breaks frequently.
- Do your best to focus on the positive. Have fun! (' Tis the season to be jolly, after all!)
- If you give yourself enough time, and I know there' s never enough time, you will do better than if you try to do it all at the last minute. (This one has taken many of us years to get down to a science).
- Let it be okay to <u>not do it all</u>. Lower your expectations of yourself and of others. Delegate and ask for help. Decide to do less.
- Decide to spend less.
- Make time to exercise (take a walk, ride your bike, or just stretch) during your day.
- Remind yourself that no one is going to look to see if your baseboards are clean. Cut down on the number of things you have to clean before you have company! (And if someone notices your baseboards, remind yourself not to sweat the small stuff … remember that most of it really is small stuff!) And do have a happy, festive holiday season.

O O O O O O O O O

NAMI Lubbock and the Lubbock Legends would like to thank all of their contributors for the 2005 NAMI Texas ***NAMIWalks for the Mind of America*** Event. Because of your generosity, the Lubbock Legends and NAMI Lubbock ranked 1st in team fundraising and 2nd in affiliate fundraising in the state of Texas with a total amount of $6,795 (and counting)! Of that amount, NAMI Lubbock will get to keep over $6,100! Thanks again to following contributors:

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Brain Disorders . . .

·Often strike people during their most productive years.
·Are not caused by weak character or poor parenting.
·Can be managed with support, education, and proper medical treatment.

Schizophrenia:

Symptoms may include hallucinations and delusions, poor judgment and reasoning, disconnected and confusing speech.

Open Your Mind

Depression:

Loss of interest in daily activities, suicidal thoughts or tendencies, lose of appetite, despondency.

Bipolar Disorder:

Great energy and enthusiasm, grandiose ideas with poor judgment, impulsive behavior, rapid switch to severe depression.

Mental Illnesses are Brain Disorders

Anxiety Disorders:

A variety of disorders including Obsessive-Compulsive Disorder and Agoraphobia.
A pattern of inappropriate stress responses which rob capacity to take in new information, plan appropriate response and carry out complex activities.

NAMI Lubbock Membership

_____ Individual/Family Membership $20 _____ Benefactor $50+ _____ New Member

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Permission to publish name as member? Yes No

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- I have a sibling with a mental illness.
- I have a spouse with a mental illness.
- I have a parent with a mental illness.
- I have a friend with a mental illness.
- I am a professional care provider.

Mental Illnesses I am interested in:

- Bipolar Disorder
- Depression
- Schizophrenia or Schizoaffective
- OCD and/or Anxiety Disorders
- Other _____