

Community Counseling of Bristol County's **Mission in Motion**

Cover:
Lobbying for
Improved Mental
Health Care

Page 2:

Human Resources
Welcomes New Staff

Page 3:

Night of Illusion IV

Page 4:

CCBC 15th Annual
Client Art Show

CBFS Competency
Fair

Page 5:

CCBC Celebrates the
Community Mental
Health Act (CMHA)

Pages 6-7:

CMHA Photo Gallery

Page 8:

The Massachusetts
Child Trauma Project

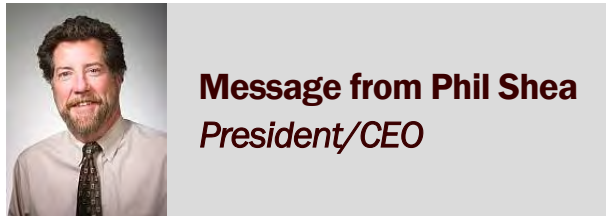
CCBC's Annual
Toy Drive

Page 9:

CPI: Pathway to
Prevention - Coping
After the Crisis

Pages 10-11:

How Shootings
Stigmatize People
Living with
Mental Illness



**Message from Phil Shea
President/CEO**

Lobbying for Improved Mental Health Care

Phil Shea recently met with Senator Elizabeth Warren, Senator Edward Markey and Congressman Joseph Kennedy in Washington D.C. as part of the annual **"Hill Day"** sponsored by the National Council for Community Behavioral Health Care. The event drew over 600 members to Washington in support of a number of pieces of legislation. Phil and other members from Massachusetts advocated for congressional support for two legislative priorities.

The first is the **"Excellence in Mental Health Act."** The proposed legislation would create a specific set of requirements in order to qualify as a **"Certified Behavioral Health Care Center."** Requirements would include a range of behavioral health care services and incorporating evidence based practices into service delivery. At present there is little in the way of federal definition of a Community Behavioral Health Care Center and this makes it difficult to direct various types of federal support to us. Hospitals and community health centers serve vulnerable populations and have garnered considerable federal financial support.



Hill Day 2013

This designation would create a comparable designation which would put behavioral health care on a more even footing with other segments of the health care industry. We are pleased that Senators Elizabeth Warren and Edward Markey and Congressman Kennedy have all signed on as sponsors of the legislation.

The second piece of legislation would correct an omission in existing law. The **"Hi Tech Act"** failed to include mental health facilities in the Act, which provides financial support to hospitals, health centers, and group practices to assist them in developing electronic health records. This is particularly concerning for a couple of reasons. First, under Medicare law all health care providers must adopt an electronic health record by 2015. Second, without an electronic health record, behavioral providers would be unable to communicate with other health care providers and thereby would be less well equipped to effectively coordinate care with other health care providers. This would further isolate behavioral health care from the large health care delivery system.



**Phil Shea and
Senator Elizabeth Warren**

Human Resources

Welcome to New Staff!

CCBC would like to acknowledge and welcome our new hires for August through November.

JULY

Stephane Abelard, CSP
James DeBlois, T-PACT
Robert Maroney, ACBFS
Iris Rivera, CSA
Kristin Romaine, CSP

AUGUST

Cindy Baker, ACBFS
Alexandra Belenger, CSP
Joshua Bonanca, CSP
Derek Boutin, ACBFS
Eric Converse, CSP
Allen Milord, CSP
Carlos Monroig, ACBFS
Hector Morales, ACBFS
Abdulai Muritala, ACBFS
Edwin Seda, ACBFS
Michael Angelo Williams, ACBFS

SEPTEMBER

Kathleen Barriere, CSA
Alexandra Chabot, AOP
Christine Germanotta, ACBFS
Emily Hills, CSP
Jasmine Jean, CSP
Natascha Jules-Didie, AOP
David Kessler, COP
John Maguire, AOP
Eleanya Oji, ACBFS
Patrick Russell, Bridge House
Anthony Soto, ACBFS
Ruth Walkden, Bridge House
Sherry Williams, ACBFS

OCTOBER

Chelsea Sousa, CSP
Christopher Raposo, CSP
Kimberly Venture, CSP
Richard Rheaume II, CSP
Stephanie Murray-Batt, CSP
Susan Casey, CSA
Serena Cardosa, B-PACT
Joleen Payeur-Olsen, Elder
Angela Milne, TCBFS
Joacir Monteiro, TCBFS

NOVEMBER

Hope Benjamin, IHT
Crystal Tavares, IHT
Lindsay Nunley, ACBFS
Daniel Griffin, CSP
Danielle Levesque, CSP
Caitlin McAlister, CSP
Aimee McDermott, CSP
Meghan Sullivan, CSP
Gabrielle Dworkin, COP
Catherine Kelley, T-PACT

Staff Achievements

On November 29, 2013 Attleboro CBFS Peer Specialist **Michael DePina** became a Certified Peer Specialist. Congratulations Michael!



Night of Illusion IV

By Becky Roberts, Newsletter Editor



On October 5th, CCBC's Consumer Advisory Board (CAB) hosted its Fourth Night of Illusion Fundraising Event.

Held at the Columbia Cultural Center, *Night of Illusion IV* featured drag performers from The Imperial Court of RI, a guest speaker, and an Italian Buffet. The proceeds of the show are used for the HIV/AIDS client emergency fund, which helps with client medications, transportation, housing, treatment, rehabilitation and other CCBC services.

A Moving Testimony

A highlight of the evening was when Guest Speaker and CCBC consumer Julia Tripp shared her own journey about living with HIV.

Julia lived a life of chaos and dysfunction as a child. By age 17, she had set a course for herself that took her through single motherhood, addiction, homelessness, depression and in 1996, HIV/AIDS infection. Although the diagnosis of HIV was difficult to hear, Julia considers the diagnosis as her turning point. It spurred her to connect with a research project at UMass Boston that empowered her to use those negative life experiences in a positive way. Julia began speaking as an AIDS Educator, and started consulting with the Community Support Program at UMass Boston. Over the next few years Julia had the opportunity to travel widely across the U.S. and Europe to share her story and educate others on AIDS.

Tragically, in 2002 Julia lost her only child, and she spiraled into a deep depression. The following year, against the advice of friends and supporters, Julia bought a condominium on the South Shore in Brockton. As the economy and her consulting work slowed down, Julia struggled to keep her home.

Gradually, the increased isolation caused from her move, along with health and financial pressures took their toll, and Julia felt her world collapsing around her. Thankfully she reached out to Morton Home Care, who connected her with CCBC in 2009. **Julia's relationship with CCBC became a critical support for her stability and wellbeing.**

Since that time, Julia has grown and learned a lot about herself. Case Management and other CCBC supports have given her the client-driven, customized foundation that she needed to get back on track. As a result, Julia has been able to address long-term issues and her ever present AIDS diagnosis.

Today, Julia knows that she has come a long way. With the help of CCBC's Case Management program she was able to keep her home, and today feels more organized and able to pursue a dream while managing her health. To put it in her words...

"It seems like CCBC has been in my life forever, and that's not a bad thing. The work they have done with me has helped me see so much more clearly now. In fact, I can see the end of the road - maybe not this year or next year, but I have gotten better because of their presence in my life. Maybe one day I'll be able to go it alone. Maybe."



HIV/AIDS Case Management and Health Related Support Services:

CCBC's Case Management Program offers support and linkages to important services for HIV positive individuals in our community including: Referrals to medical care; assistance accessing benefits like Social Security, SNAP, and transitional assistance; transportation to medical appointments; housing search and advocacy; food packages; and winter utility assistance.

“Connection” CCBC’s 15th Annual Art Show



By Cara Janczunski, ATR, LMHC
Pathways Program

CCBC’s 15th Annual Art Show held in the atrium of Mill River Place opened with a reception on October 21st. This year’s theme was **“Connection,”** and featured the work of clients from Partial Hospital, Elder Partial, and Day Treatment.

The artwork for the show played with the idea of “Connections” in both literal and metaphorical ways...

Images of Connections. A common image found throughout the show was a circle. The circle is a simple and literal representation of connections in that it connects back to itself. There was also some exploration of repeating images such as butterflies, cranes and even post-it notes, as they came together to make a greater whole. Objects in the artwork displayed connected through direct contact with each other, such as in the various artwork with boxes, tubes and paper chains. The quilt and hoop rugs were made through weaving, which is by nature a form of connecting smaller parts to make a greater whole.

Deeper Connections. But true connections go deeper than just physical connections. Several of the projects explored how we make connections to others as well as ourselves. This was particularly relevant during the anniversary of the Community Mental Health Act. It is with support from agencies and

Commonalities In Connections.

How do we make connections? We often find ways to connect to others through our commonalities. In the shared human experience we have many things in common. We all want to be loved, valued and appreciated. We all have wishes. As you may have discovered through the dots project, we are also all creative. These and other commonalities were explored in the artwork.



Active Connections. To truly connect we cannot just view things or people from afar. We need to interact with them. We can actively connect to others through touch (such as with hands) as well as through communication (such as with letters). Clients connected with each other in the group process and shared the experience of creating these artworks. To experientially explore this idea of connection, mirrors were used to involve the viewer directly in the artwork. The viewers were also asked to participate in some of the projects.

The exhibits remained on display for two weeks and staff and clients were encouraged to walk through to see the array of diverse and inspiring “connections!”

An added bonus this year was the decision to keep the artwork on display for the Community Mental Health Act reception on November 1st. Most of the exhibits were able to remain in place and added to the esthetics and inspirational theme of mental health and recovery that was highlighted through the video presentations.

CBFS Competency Fair

By Jean Ann Helger, RN, CBFS-A

The CBFS Taunton and Attleboro programs held a competency fair in August. The fair is for MAP certified staff to learn and/or hone their skills, as required by MAP certification. The staff move through stations designed to teach or enhance skills. The competency fair had the following stations:

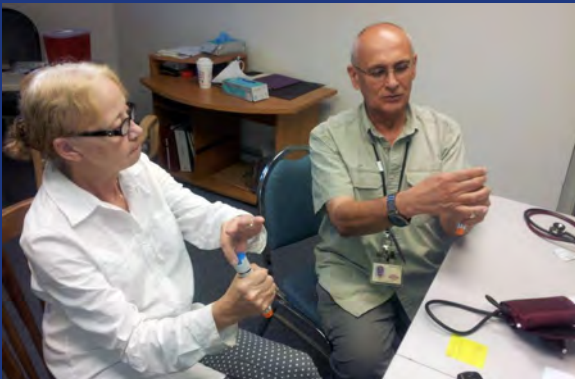
Epi pen usage, how to take a vital sign, using a glucometer, hand washing, biohazard waste disposal, and safely administering oxygen.

The fair was a huge success, and is planned as an annual event

See Competence Fair photos on Page 5

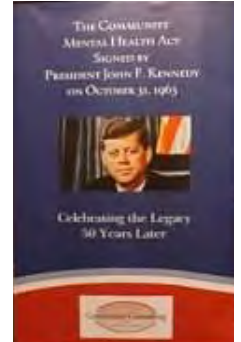
Continued from page 4

CBFS Competency Fair Photos



CCBC Celebrates the Community Mental Health Act

November 1st was a memorable evening, as CCBC staff, community partners, providers, elected officials, clients, and friends gathered to celebrate the 50th anniversary of President Kennedy's signing of the Community Mental Health Act.



The event began with COP staff greeting visitors and directing them to the program storyboards which were

on display in the long hallway abutting the new wing. Each Program had one or more staff available near their display table to welcome guests and answer questions. From there guests continued into the atrium for hors d'oeuvres and beverages, while viewing the client art work on display from this year's art show "Connection."

At 6 pm the formal program began, with welcome remarks by Phil Shea, followed by a video debut of CCBC Stories in Recovery," a recognition award to Representative Patricia Haddad, a speech by Phil Shea, "Fifty Years Later, The Vision, the Promise, and the Challenge," remarks by Congressman Joseph P. Kennedy, III, and certificates of appreciation awarded to clients who participated in the recovery videos. After the program, classical guitar musicians from Boston-based Tunefoolery played as guests continued to mingle and enjoy the exhibits and timelines that were on display.

CCBC again wishes to thank its generous sponsors of the event. In addition, thanks are extended to the Celebration Committee who participated in planning and developing the successful evening, the staff who created the storyboards, the elder partial and day treatment clients for sharing their artwork, Persistent Production's Meghan Shea and Mike Rodgers for producing "CCBC Stories in Recovery," and most importantly, a thank you to those clients who willingly shared their stories of recovery so that others could gain hope that Recovery is Real!

By Becky Roberts, Newsletter Editor

For those who could not attend, the following two pages showcase a photo gallery from the evening.

Highlights of the November 1st Celebration



And accolades for a successful event!



The Massachusetts Child Trauma Project (MCTP)

By Karen Pereira,
Team Leader/Clinical Supervisor
Child Parent Psychotherapy

In August of 2013, CCBC was selected to participate in the Massachusetts Child Trauma Project (MCTP). The project is a Partnership with the Department of Children and Families (DCF), L.U.K. Crisis Center, Inc., Justice Resource Center, Boston Medical Center's Child Witness to Violence Project, and the University of Massachusetts Medical School and community agencies, such as CCBC, to integrate trauma-informed and trauma-focused practice into child protective service delivery.



As part of this project, CCBC will be part of an intensive learning community receiving training and consultation in two models of therapy, **1) Child Parent Psychotherapy (CPP)** and **2) Attachment Self-regulation and Competency (ARC)**. Trauma informed treatment services utilizing these two frameworks will be implemented as part of the In-Home Therapy Program (IHT) and offered to families with children from birth to 21, that are DCF involved and have MassHealth insurance.

Child-Parent Psychotherapy (CPP) is an intervention for children from birth through age 6 who have experienced at least one traumatic event (e.g., maltreatment, the sudden or traumatic death of someone close, a serious accident, sexual abuse, exposure to domestic violence) and, as a result, are experiencing behavior, attachment, and/or mental health problems, including post traumatic stress disorder (PTSD). The primary goal of CPP is to support and strengthen the relationship between a child and his or her parent (or caregiver) as a vehicle for restoring the child's sense of safety, attachment, and appropriate affect, and improving the child's cognitive, behavioral, and social functioning.

The **Attachment, Self-Regulation, and Competency (ARC)** framework for trauma treatment is an evidence based practice that can be used for children and adolescents ranging in age from 3-22 and their caregivers. This approach targets the impact of overwhelmingly stressful experiences and life adversities by increasing skills of attunement, modulation of arousal, and regulation of energy, emotions, and body sensations for both the child and caregiver. It strengthens the relationship between the caregiver and child by helping the caregiver to self-regulate and implement strategies and routines that support predict-

ability and safety in the home. As the caregiver is able to manage their own affect, they are then able to assist their child to be able to self soothe. This model additionally supports the child to increase their problem solving abilities, explore their identity, and process and integrate these stressful experiences to create a healthier happier life.

At the culmination of this project, CCBC will be poised to increase it's trauma informed practices and services providing evidence based treatment to children across the developmental spectrum of birth to early adulthood.

CCBC's Annual Toy Drive



Most of you are aware that CCBC needs our help for the annual toy drive!

Since Toys for Tots is not available in Bristol County this year, CCBC's challenge is to raise at least half, **\$7,500**, of the \$15,000 contributed last year, of which Toys for Tots donated 90 percent!

Agency toy drive leaders, **Tara Stuart** and **Emily Baumgart**, have challenged agency leadership to join with them in developing a plan so that many unfortunate families can have at least a couple presents for Christmas this year.

This is where we can help!

- Starting Monday, Dec 9 we will designate toy collection boxes at our primary sites.
- We will have two Jeans Days on Friday, December 13 and Friday, December 20. Donate a toy or make a cash donation of at least \$5 and you can wear jeans to work that day!
- We will accept cash donations at our primary sites over the course of the next couple weeks.
- We will approach other businesses in the area as well as "friends of CCBC" to make a financial contribution.

Together we can make the holiday season a little brighter for our clients!

CPI: Pathway to Prevention

The Power of Processing

By Tom Loftus, MS, LMHC
Quality Management and Compliance Coordinator

CPI has developed COPING as a step-by-step Postvention model. The intention of the process is to take an incident, discover the elements that contributed to it, learn from it, and provide an opportunity to make more effective choices in the future.

COPING After the Crisis

A Debriefing Strategy for Preventing Recurrence

Control	Be sure that everyone is back in control before discussing the incident.
Orient	Establish agreement concerning the basic facts: What happened?
Patterns	Try to determine why the incident occurred: Is there a pattern?
Investigate	Look for positive alternatives to inappropriate or non-productive behavior.
Negotiate	Agree on changes that can help prevent future crises.
Give	Open the door for change: Give control back to individuals.

CCBC's latest initiative to promote staff safety is the use of *Debriefings* after adverse incidents. There is an expectation that a Debriefing occur after assaultive incidents. Those Postvention activities tend to follow the COPING model most closely. In Debriefings held so far, we have been able to identify antecedents (events that lead to the crisis), what strengths were used, what actions could have been taken that would have helped (and could be used in the future in similar circumstances), as well as providing an opportunity to promote the team concept through group problem-solving and collaboration.

There have been Debriefings held in response to the passing of clients. These sessions have focused more on healing. Staff can be affected by direct traumatic experiences as well as by vicarious trauma (the accumulation of stress from exposure to clients' trauma over time and its cumulative effect on the helping professional). These sessions are intended to provide an opportunity to support staff working through complex emotions that occur through human service provision.

There is a tendency for some to "soldier on" and resist Postvention-like activities. Two major forces are:

- **We got through it. It's time to move on to the next thing. We just don't have time. Something else might happen.**

OR

- **Avoidance. It was tough the first time. Why relive it?**

The first view misses, what is called in economic terms, **return on investment**. The concept is that an activity that one invests time or money in should have some sort of pay off. The mistake is made that Postvention isn't worth the time. This couldn't be further from the truth. Postvention is an opportunity to learn and be better prepared for the future. Albert Einstein is widely credited with the description that "*Insanity is doing the same thing over again and expecting different results.*"

As for avoidance, we are entrusted with supporting clients through many challenging conditions. How effective can we be if we employ avoidance in our professional operations?

In closing, Postvention is, whether it is in the form of COPING or a Debriefing, an opportunity to learn. It is that same quest for knowledge we use toward helping our clients reach their potential.

Bonus Quality Quotes:

"Every problem has in it the seeds of its own solution. If you don't have any problems, you don't get any seeds." **Norman Vincent Peale**

"A pessimist sees the difficulty in every opportunity; an optimist sees the opportunity in every difficulty." **Winston Churchill**

"Learn from yesterday, live for today, hope for tomorrow. The important thing is to not stop questioning." **Albert Einstein**

How Shootings Stigmatize People Living with Mental Illness



By Michael J. Fitzpatrick, NAMI Executive Director

On Sept. 20, CNN.com invited and published the following guest article by NAMI Executive Director Michael J. Fitzpatrick.

When tragedies occur, such as the one at the Navy Yard in Washington this week, all Americans are deeply affected.

They include the one in four American adults who experience mental health problems. That's approximately 60 million Americans. Their first reaction is much like that of anyone else: feelings of anger and anguish and wanting to know when such events will ever stop.

But there's another, secondary impact to this community if a history of mental illness is suspected. Tragically, in the case with the Navy Yard gunman, mental illness appears to be a factor. But in too many cases, people simply assume that it is, no matter how much we caution that it's best not to attempt to diagnose any medical condition speculatively through the news media.

Unfortunately, stigma surrounds mental illness. It's most associated with a violent stereotype. The result has always been fear, prejudice and discrimination toward anyone struggling with a mental health problem.

The stereotype endures despite the fact that the U.S. Surgeon General has found that the likelihood of violence from people with mental illness is low. In fact, **"the overall contribution of mental disorders to the total level of violence in society is exceptionally small."**

Despite the impact of the Navy Yard tragedy and those of Newtown, Aurora and Virginia Tech on perceptions, a much greater, different reality exists. Many thousands of veterans experience post-traumatic stress disorder. Civilian employees of the military seek help for depression; teachers live with anxiety disorders. Students succeed academically while managing bipolar disorder.

People living with schizophrenia may be psychologists, professors, peer counselors or business persons. They are all members of their communities. Few are violent.

In the face of violence, people may simply be unable to fathom how an event could occur other than through mental illness, thought of often in non-medical terms such as "madness" or "insanity." Their perceptions also are conditioned by headlines that largely overshadow the greater reality.

Stigma perpetuated by the Navy Yard tragedy will be internalized by many people living with mental health problems, causing them to stay silent and withdraw from others. This will impede their recovery in many ways.

Stigma will remain a major barrier that keeps people from reaching out for help when they need it.

In the wake of such tragedies, some will call for persons with mental health problems to be "screened out" by employers in the hiring process or to deny them security clearances. In the first case, the Americans with Disabilities Act (ADA) provides some protection against discrimination, but it is not always followed or easily enforced.

With top secret security clearances, just ask any member of the military or government official or contractor about the anxiety they often feel if they need to see a psychiatrist and then need to disclose it as part of a security clearance application or review.

Many issues need to be addressed in the case of the Navy Yard tragedy and the tragedies before it. They include what happened - or didn't happen - in the military and veterans mental health care systems, particularly when the gunman allegedly sought help from the Veterans Health Administration. Was there effective engagement?

The response of law enforcement should also be addressed. In theory, had the police both arrested and charged the gunman in past incidents involving a gun or disorderly conduct, he would have been put into the National Instant Criminal Background Check System (NICS) database and prohibited from buying a gun regardless of his mental health status. It is also possible that his case might have been handled by a mental health court, leading to supervision and treatment.

Continued on page 11

Continued from page 10

Had Rhode Island police who responded to the gunman's 911 call for help in August been trained for crisis intervention and worked with a mobile crisis unit to have him medically evaluated, then perhaps this past week's horrors could have been averted.

Those are issues that must be pursued. But in the haste to respond, let's not stigmatize or discriminate against the millions of Americans who live productively with mental illness and who share the anguish and anger of other Americans in response to tragic horrors.

If stigma wins, things won't get better.



MISSION STATEMENT

THE PURPOSE AND MISSION OF COMMUNITY COUNSELING OF BRISTOL COUNTY, INC. (CCBC) IS TO DEVELOP AND DELIVER COMPASSIONATE, RESPONSIVE, CULTURALLY COMPETENT, AND QUALITY MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES TO MEET THE PREVENTION, EDUCATION, TREATMENT, REHABILITATION AND RECOVERY NEEDS OF THOSE IN OUR COMMUNITY. THESE SERVICES ARE BASED ON THE LATEST EVIDENCE-BASED APPROACHES TO RESPOND TO THE COMPLEX NEEDS OF CHILDREN, ADOLESCENTS, ADULTS, ELDERS AND FAMILIES AS PART OF A LOCALLY INTEGRATED HEALTHCARE DELIVERY SYSTEM LINKED TO REGIONAL AND STATEWIDE DELIVERY SYSTEMS.



One Washington Street, Taunton, MA 02780
508.828.9116 Ph / 508.828.9146 F
www.comcounseling.org