Winter 2013

Quarterly e-newsletter of Community Counseling of Bristol County, Inc.

Community Counseling of Bristol County's

Mission in Motion

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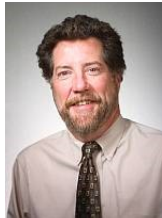


Message from Phil Shea
President/CEO

Our Great and Noble Task

"I long to accomplish a great and noble task, but it is my chief duty to accomplish humble tasks as though they were great and noble. The world is moved along not only by the shoves of its heroes but also by the aggregate of tiny impulses of each honest worker." Attributed to Helen Keller.

Each day we are all called upon to perform dozens, perhaps hundreds, of humble tasks that in the aggregate provide care and treatment to hundreds of individuals we serve every day. Taken together, the thousands of tasks performed each day, I would suggest rise to the level of a great and noble task. I am reminded of this on a daily basis and I remain grateful and inspired by all that you accomplish on behalf of our clients.

At times we encounter challenges that make performing our humble tasks substantially more difficult and at times extremely difficult. The "Blizzard of 2013" was certainly such a challenge. It was impressive to witness how so many of you rose to the challenge in order that we would be able to not only meet our responsibilities to our clients but to leave everyone with the supports and reassurance to get through the storm safely. I want to thank everyone for their efforts before, during, and after the storm.

The warning we were given in advance of the storm provided the opportunity to assess the potential impact of the storm on our services. Clients in our Community Based Flexible Support (CBFS) program and our Program for Assertive Community Treatment (PACT) were in many ways the most vulnerable to disruptions in their care, as many rely upon the programs for housing, medication administration, and assistance with many daily living activities. Staff spent a good deal of time assessing what individual clients needed and set in motion a plan to reach out and support each of the over 400 PACT and CBFS clients. Food, water, flashlights, and batteries were ordered and distributed. This thoughtful preparation and the good fortune to experience only limited power outages averted any number of problems that could be disruptive to the lives of our most vulnerable clients.

Many of you responded with exceptional commitment, perseverance, determination and thoughtfulness. Staff reported to work on Friday with sleeping bags and suitcases ready to stay as long as necessary. **Joy Camara** came in on her day off to order refills of medication. **Paul Barnes** and **Beth Fitzgerald** in our Taunton-PACT worked tirelessly to be sure all the preparations were made and each client had the particular supports in place that they would need. **Magda Riche-Lindstrom** took the major on-call responsibility for PACT clients in Brockton throughout the entire weekend.

In Attleboro CBFS, **Mike O'Reilly** at George Street and **Zach Brennan** and **Jerome Payen** each logged 35 hours of snow shoveling. **Matthew Olusegun Awoleye** braved not only the height of the storm, but the mean streets of Pawtucket to get to Attleboro, and **Jean Ann Helger** and **Marcia Miller** offered ongoing nursing support.

CBFS staff in Taunton were no less responsive. **Tara Rego, Susan Vilar, Malinda Quintal, Farrah Francois,** and **Nji Sama** all worked three consecutive shifts until relief was available. **Michelle Shaw** was on-call with her truck to transport staff to and from work. **Tracy Medeiros** and **Dorothy Fombuh** kept in touch with clients in the community providing information, support and problem solving.

To all those who packed the medications, cooked the food, delivered supplies, fielded the phone calls, offered the reassurance, made the journey – THANK YOU! **No one was hungry. No one was cold. No one was alone. A great and noble task well done!**

Human Resources

Welcome to New Staff!

CCBC would like to acknowledge and welcome our new hires for December 2012 through February 2013.

DECEMBER

James Crivaro, IHT
Kimberly Rioux, CSP
Maryellen Crompton, COP
Brooke Miller, CSP
Jennifer Sylvester, CSP
Katia Taylor, Case Management
Nicole Dezan, AOP
Dustyn Houde, CSP
Lauri Lemaire, CSP
Kate Sucharewicz, CSP

JANUARY

Deborah Kaluzny, ACBFS
Ryan Gomes, CSP
Jessica Spearin, TCBFS
Edward Grant, TCBFS
Jessica Sylvia, TCBFS
Melissa Duquette, TCBFS
Callie Aponte, COP
Bridgett Lawson, CSP
Christopher Guillaume, CSP
Dorothea Buckley, Bridge House
Jessica Cantali, COP
Tinuade Dosunmu, ACBFS
Tina Choquette, T-PACT
Richard DePina, ACBFS
Jenna Eikinas, CSP

FEBRUARY

Bayo Akinwande, TCBFS
Erica Newall, COP
Roxanne Thompson, ACBFS
Kellyann Barbosa, CSP
Karen Herring, CSA
Kelly Morrell, TCBFS

REMINDERS:

No Direct Deposit Earning Statements

Just a reminder that beginning pay period ending 3/2/12 for pay date 3/8/12, earning statements will not be printed for staff who have direct deposit.

TB and Flu Shot Verification Forms

By now you should have submitted your updated TB and Flu Shot verification forms. If you have not turned these forms in, please submit them ASAP to your supervisor. You can also receive blank forms from your supervisor if needed. Thank you.

Sue Sousa, HR Director

403-b Employee Savings Program Contribution

I am pleased to let you know that for all those that participate in our 403-b Employee Savings Plan, we will once again be making a contribution to your savings account in the coming weeks. The organization will match your contribution for 2012 up to 3% of your salary or wages.

These tax deferred contributions over time are a powerful tool for accumulating substantial savings. The key is to start early and make regular contributions.

Our Board of Directors has made these annual contributions a priority and we are pleased to have been able to make these contributions each year for over a decade. Nonetheless we recognize that it is through our collective efforts that we are able to generate the funds that permit us to make these contributions to you and very much appreciate your role in making this happen on an annual basis.

Staff from the company that manages this program for us is available to answer any questions that you have and to review investment options with you. If you would like to speak with Summit Financial staff please contact Sue Sousa and she will put you in contact with them.

Thank you for your commitment to delivering superior care to those we serve.

Phil Shea, President/CEO

CCBC's Access Redesign Quality Improvement Initiative

CCBC has embarked on an innovative quality-improvement initiative launched by the National Council for Community Behavioral Healthcare (National Council). "Access Redesign" as it is called, is designed to significantly increase savings, reduce staff time, cut wait times, and strengthen client engagement at community behavioral health organizations (CBHOs) in several states. In response to this initiative, the Massachusetts trade association, Associates for Behavioral Healthcare (ABH) invited CCBC and eight other Massachusetts behavioral healthcare providers to participate in a pilot of the Access Redesign initiative.

Over the next several months CCBC's Child and Adult Outpatient programs will be implementing some of these new initiatives, which will address areas such as: **same day access, collaborative documentation, utilization review, levels of care tools, no show management, integrated and coordinated primary healthcare, and clinical and non-clinical performance standards.** With data results from some states already tabulated, the outcomes are very encouraging.

CCBC is working with consultant Michael Flora, MTM Services on the Access Redesign process. As the pilot moves forward over the next few months, we will continue to update staff on its progress.

CCBC's Access Redesign Team include staff from multiple departments. Team members include:

Jonathan Marcus, VP COP, Chairperson
Michael Meleedy, VP, AOP
Andrea Klein-Yancho, CFO
Andrew Dawley, COO
Philip Shea, CEO
John Masson, School-Based Director
Jennifer Booth, COP Supervisor
Cristin Poirer, COP Supervisor
Marie Hegarty, Billing Director
Stacey Marotte, Intake
Susan Cyr, Medical Records
Christine Givani, Receptionist
Robin Simon, AOP Supervisor
Meghan Savina, AOP
Emily Baumgart, COP
Robin Dixon, COP

We have established six working groups that are meeting weekly and an Executive Committee that meets weekly to review goals and strategies.

More to come!

Jonathan Marcus, VP, Child & Family Services

News from The National Council For Behavioral Health

PRESS RELEASE

Sen. Stabenow Introduces Excellence in Mental Health Act *Legislation Recognizing Behavioral Health's Central Role in Community Health & Safety*

Washington, DC (Feb. 7, 2013) — Senator Debbie Stabenow (D-Mich) introduced the Excellence in Mental Health Act today. This legislation would support the nation's community mental health and addictions system by establishing national standards and oversight for Federally Qualified Community Behavioral Health Centers (FQCBHCs). For the 1 in 5 Americans living with mental illnesses and addictions, this would mean greater access to the services and treatments needed to keep them healthy and safe in their communities.

"Behavioral health has long been left out of the federal dictionary," said Linda Rosenberg, president and CEO of the National Council for Behavioral Health. "As a result, mental health and addiction providers cannot receive the critical federal funds that support other safety net providers. They share the unique responsibilities of the safety-net — but none of the supports."

Community mental health and addiction providers struggle to meet the existing needs of vulnerable Americans because of cobbled funding streams and insufficient resources.

In a statement made at the Capitol today, Rosenberg said, "Over the 30 years I've worked in behavioral health, I have heard an untold number of stories about real people who need care, but go without. I've seen ERs so mired down by the needs of people with mental illnesses and addictions that it interferes with their ability to serve their primary function. I've talked with family members who have knocked on every door and still don't know where to get help for their loved ones. The Excellence in Mental Health Act would help right this wrong."

The National Council looks forward to working with Senator Debbie Stabenow to ensure passage of the Excellence in Mental Health Act to create a new federal definition and standards for FQBHCs and to improve access to mental health and addictions care for the millions who need it.

CBFS Consumer Satisfaction Survey

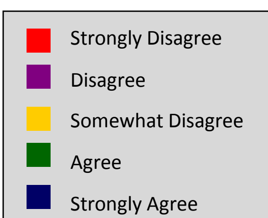
By Kevin Medeiros, VP Community Treatment & Rehabilitation

In December 2012 a CBFS Consumer Satisfaction Survey was conducted for both the Taunton and Attleboro programs to find out what we were doing well and where we needed to improve. The survey was conducted by a peer specialist from each program. Attleboro Peer Specialist, Pat Colbert conducted the survey for Taunton consumers, and Taunton Peer Specialist, Krystal Georgopolous conducted the survey for Attleboro consumers, with the intent that the exchange would increase the validity of the reporting. While all 278 of CBFS's consumers were contacted and asked to participate in the survey, only one-third (82) of all clients completed the survey. The results are tallied below.

Of the one-third who participated, approximately 93% of their responses were found in the "Agree" or "Strongly Agree" categories. These are encouraging results, and serve as a strong indicator that CBFS consumers believe that their needs are being met and that they are being supported by the CBFS program and its staff.

SURVEY RESULTS

1) CBFS connects me to my community.	2) CBFS helps me connect to my community.	3) CBFS helps me move forward with my recovery.	4) I am working toward being more independent.	5) I am satisfied with CBFS services.	6) CBFS helps me develop resources to prepare healthy meals.	7) CBFS educates me about my medication and side effects.	8) CBFS encourages me to have an annual physical.	9) CBFS provided me with available resources to secure housing.	10) CBFS supported me to help find a job.	11) CBFS supported me to help me pursue my educational goals.
3%	2%	4%	6%	7%	5%	5%	5%	9%	5%	4%
7%	5%	4%	1%	2%	1%	13%	1%	1%	9%	10%
4%	6%	5%	4%	5%	11%	4%	2%	5%	6%	5%
56%	55%	55%	52%	52%	54%	50%	65%	55%	47%	48%
30%	32%	32%	37%	34%	29%	28%	27%	30%	33%	33%



Psychiatric Disorders Linked Genetically

By Shirley S. Wang

Five psychiatric disorders, including schizophrenia, autism and depression, appear to share some genetic underpinnings, according to a new study thought to be the largest of its kind.

The work, published Wednesday in the Lancet, provides early evidence that several disorders thought to be distinct appear to have some genetic overlap, and it may help in one day diagnosing mental illness based on faulty biological processes, and not just on behavioral symptoms.

There has been previous research showing some shared genes between schizophrenia, a condition characterized by a disconnect with reality, and bipolar disorder, in which patients' moods swing between depressive lows and manic highs. But this study was the first to look at potential genetic connections between a wider range of psychiatric disorders, some of which begin during childhood and others in adulthood.

Conducted by an international collaboration of scientists, the effort compared the genes of some 33,000 people with schizophrenia, bipolar disorder, major depression, autism or attention deficit hyperactivity disorder, and also compared them with a group of nearly 28,000 controls. Researchers looked for single nucleotide polymorphisms, or differences in a single building block of DNA, that were linked with these conditions, and identified several regions of the genome that were associated with all five diseases.

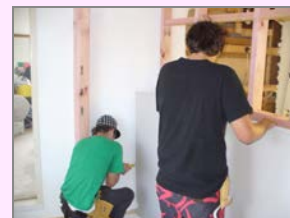
The findings suggest "there are some common liability factors, so you can have some genes that predispose you to some psychiatric disorders and other genes that direct you to specific disorders, along with environmental factors," said Alessandro Serretti, a professor at the Institute of Psychiatry at the University of Bologna, who wasn't involved in the study, but wrote a commentary to accompany it.

Dr. Serretti said the work is of high quality but "must be refined" to better understand the impact of the identified genes. In addition to potentially aiding diagnosis, such genetic findings may help predict which patients may develop disease. Identifying more common disease pathways may also aid in developing new drugs, said Dr. Serretti.

Several of the genes identified are related to calcium-channel function, which translates messages between nerve cells into biological responses, said Jordan Smoller, a study author and psychiatry professor at Massachusetts General Hospital and Harvard Medical School. Calcium-channel function is thought to be important to different aspects of brain functioning, he said.

The finding "underscores the potential importance of that biological pathway in multiple disorders." Dr. Smoller said.

Bridge House Gets a Facelift!

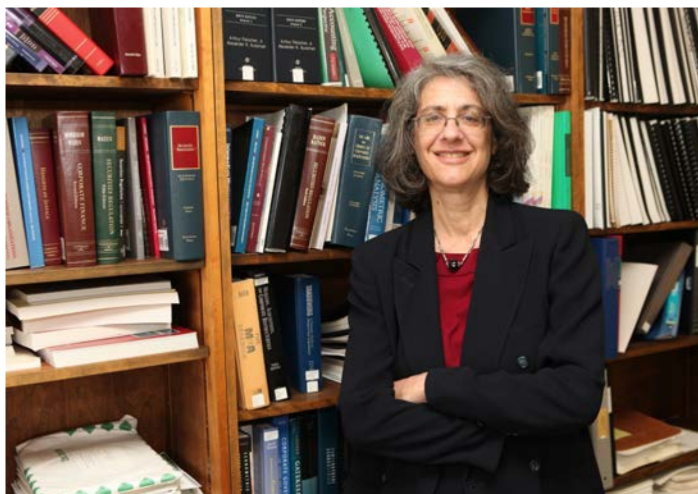


By Ellen Bruder-Moore, VP Housing and Community Initiatives

The Bridge House, which is a transitional housing program funded by HUD and the United Way for individuals who are homeless and have a disability, has currently gone through a major renovation to repair and restore much of the building. In addition the house received many upgrades including new bathroom fixtures and kitchen counters and appliances, as well as a complete paint job and floor sanding and staining. The house looks fresh and bright, has new furnishings, and is now ready for individuals to return to begin to receive the support they need as they deal with the issues that led to becoming homeless.

Individuals work on goals and objectives that will lead them towards increasing independent living skills, developing employment, and moving into permanent housing in the community. Bridge House serves 4 women and 6 men, and individuals can stay up to two years while working with the case management staff on their plans towards self sufficiency.

I would like to take the time to recognize the Bridge House staff during this period of transition, led by the Housing Coordinator, ***Mary Beth Forshaw***, for the work that was done to move clients from the Bridge House into permanent housing so the renovations could be completed, and to move the office temporarily into the CBFS office at 59 Broadway. Additionally, I would like to recognize ***Greg Marshall*** for coordinating the renovation process and helping the Bridge House return to a beautiful home! ***For more information or to refer a client please contact the Bridge House at 508-821-3937.***



The New York Times

January 25, 2013

Successful and Schizophrenic

By ELYN R. SAKS
LOS ANGELES

THIRTY years ago, I was given a diagnosis of schizophrenia. My prognosis was "grave": I would never live independently, hold a job, find a loving partner, get married. My home would be a board-and-care facility, my days spent watching TV in a day room with other people debilitated by mental illness. I would work at menial jobs when my symptoms were quiet. Following my last psychiatric hospitalization at the age of 28, I was encouraged by a doctor to work as a cashier making change. If I could handle that, I was told, we would reassess my ability to hold a more demanding position, perhaps even something full-time.

Then I made a decision. I would write the narrative of my life. Today I am a chaired professor at the University of Southern California Gould School of Law. I have an adjunct appointment in the department of psychiatry at the medical school of the University of California, San Diego, and am on the faculty of the New Center for Psychoanalysis. The MacArthur Foundation gave me a genius grant.

Although I fought my diagnosis for many years, I came to accept that I have schizophrenia and will be in treatment the rest of my life. Indeed, excellent psychoanalytic treatment and medication have been critical to my success. What I refused to accept was my prognosis.

Conventional psychiatric thinking and its diagnostic categories say that people like me don't exist. Either I don't have schizophrenia (please tell that to the delusions crowding my mind), or I couldn't have accomplished what I have (please tell that to U.S.C.'s committee on faculty affairs). But I do, and I have. And I have undertaken research with colleagues at U.S.C. and U.C.L.A. to show that I am not alone. There are others with schizophrenia and such active symptoms as delusions and hallucinations who have significant academic and professional achievements.

Over the last few years, my colleagues, including Stephen Marder, Alison Hamilton and Amy Cohen, and I have gathered 20 research subjects with high-functioning schizophrenia in Los Angeles. They suffered from symptoms like mild delusions or hallucinatory behavior. Their average age was 40. Half were male, half female, and more than half were minorities. All had high school diplomas, and a majority either had or were working toward college or graduate degrees. They were graduate students, managers, technicians and professionals, including a doctor, lawyer, psychologist and chief executive of a nonprofit group.

At the same time, most were unmarried and childless, which is consistent with their diagnoses. (My colleagues and I intend to do another study on people with schizophrenia who are high-functioning in terms of their relationships. Marrying in my mid-40s — the best thing that ever happened to me — was against all odds, following almost 18 years of not dating.) More than three-quarters had been hospitalized between two and five times because of their illness, while three had never been admitted.

How had these people with schizophrenia managed to succeed in their studies and at such high-level jobs? We learned that, in addition to medication and therapy, all the participants had developed techniques to keep their schizophrenia at bay. For some, these techniques were cognitive. An educator with a master's degree said he had learned to face his hallucinations and ask, "What's the evidence for that? Or is it just a perception problem?" Another participant said, "I hear derogatory voices all the time. ... You just gotta blow them off."

Part of vigilance about symptoms was "identifying triggers" to "prevent a fuller blown experience of symptoms," said a participant who works as a coordinator at a nonprofit group. For instance, if being with people in close quarters for too long can set off symptoms, build in some alone time when you travel with friends.

Other techniques that our participants cited included controlling sensory inputs. For some, this meant keeping their living space simple (bare walls, no TV, only quiet music), while for others, it meant distracting music. "I'll listen to loud music if I don't want to hear things," said a participant who is a certified nurse's assistant. Still others mentioned exercise, a healthy diet, avoiding alcohol and

getting enough sleep. A belief in God and prayer also played a role for some.

One of the most frequently mentioned techniques that helped our research participants manage their symptoms was work. "Work has been an important part of who I am," said an educator in our group. "When you become useful to an organization and feel respected in that organization, there's a certain value in belonging there." This person works on the weekends too because of "the distraction factor." In other words, by engaging in work, the crazy stuff often recedes to the sidelines.

Personally, I reach out to my doctors, friends and family whenever I start slipping, and I get great support from them. I eat comfort food (for me, cereal) and listen to quiet music. I minimize all stimulation. Usually these techniques, combined with more medication and therapy, will make the symptoms pass. But the work piece — using my mind — is my best defense. It keeps me focused, it keeps the demons at bay. My mind, I have come to say, is both my worst enemy and my best friend.

THAT is why it is so distressing when doctors tell their patients not to expect or pursue fulfilling careers. Far too often, the conventional psychiatric approach to mental illness is to see clusters of symptoms that characterize people. Accordingly, many psychiatrists hold the view that treating symptoms with medication is treating mental illness. But this fails to take into account individuals' strengths and capabilities, leading mental health professionals to underestimate what their patients can hope to achieve in the world.

It's not just schizophrenia: earlier this month, The Journal of Child Psychology and Psychiatry posted a study showing that a small group of people who were given diagnoses of autism, a developmental disorder, later stopped exhibiting symptoms. They seem to have recovered — though after years of behavioral therapy and treatment. A recent New York Times Magazine article described a new company that hires high-functioning adults with autism, taking advantage of their unusual memory skills and attention to detail.

I don't want to sound like a Pollyanna about schizophrenia; mental illness imposes real limitations, and it's important not to romanticize it. We can't all be Nobel laureates like John Nash of the movie "A Beautiful Mind." But the seeds of creative thinking may sometimes be found in mental illness, and people underestimate the power of the human brain to adapt and to create.

An approach that looks for individual strengths, in addition to considering symptoms, could help dispel the pessimism surrounding mental illness. Finding "the wellness within the illness," as one person with schizophrenia said, should be a therapeutic goal. Doctors should urge their patients to develop relationships and engage in meaningful work. They should encourage patients to find their own repertory of techniques to manage their symptoms and aim for a quality of life as they define it. And they should provide patients with the resources — therapy, medication and support — to make these things happen.

"Every person has a unique gift or unique self to bring to the world," said one of our study's participants. She expressed the reality that those of us who have schizophrenia and other mental illnesses want what everyone wants: in the words of Sigmund Freud, to work and to love.

Elyn Saks is a legal scholar and mental health policy advocate whose work and life story are expanding the options for those suffering from severe mental illness. Trained at Oxford in philosophy, at Yale in jurisprudence, and currently a Ph.D. candidate in psychoanalysis, Saks is recognized by the mental health profession and by legal scholars alike as an important contributor to national debates on mental health policy. She has played a major role in contemporary discussions of mental health law, patients' rights, and multiple-personality disorder, including such issues as involuntary commitment, competency to be executed, proxy consent, and the right to refuse treatment.

Her contributions and commitment to mental health law took on a personal dimension with the publication of her 2007 memoir, The Center Cannot Hold: My Journey Through Madness. In this memoir, Saks made public for the first time her lifelong struggle with schizophrenia, including severe episodes of psychosis as well as experiences with misguided or harmful treatments. Remarkably, she has been able to overcome this usually debilitating illness, bringing to her work both expert and firsthand perspectives. Though Saks achieved professional acclaim as a legal scholar before most friends and colleagues knew of her own battle with mental illness, the publication of her memoir has provided additional gravity to her contribution to scholarship, practice, and policy.

Currently, Saks is leading a study with a multidisciplinary team of colleagues to understand better high-functioning schizophrenics, a largely unexamined area. Her personal biography will give this study an uncommon depth and richness and further extend her impact on mental health law and disability rights policy.

Elyn Saks received a B.A. (1977) from Vanderbilt University, an M.Litt. (1981) from the University of Oxford, and a J.D. (1986) from Yale Law School. Her additional publications include numerous scholarly articles and the books Interpreting Interpretation: The Limits of Hermeneutic Psychoanalysis (1999) and Refusing Care: Forced Treatment and the Rights of the Mentally Ill (2002). She joined the faculty of the University of Southern California Gould School of Law in 1989, where she is currently associate dean and the Orrin B. Evans Professor of Law, Psychology, and Psychiatry and Behavioral Sciences.

The Community Crisis Intervention Team - Taking a Closer Look

Who We Are

The Community Crisis Intervention Team (CCIT) was established in 2001 by the City of Taunton Police Department and others interested in implementing a community Jail Diversion Program. CCIT's mission is two-fold:

To promote communication and enhance the response of public and private agencies when summoned to intervene with individuals who are mentally ill, developmentally disabled or experiencing trauma in their lives, and are facing probable or actual justice system involvement; and

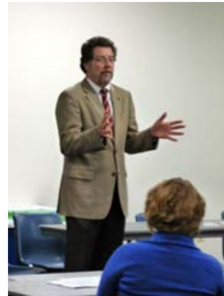
To specifically train and equip CCIT members to assist other communities in identifying the components and collaboration necessary to replicate CCIT initiatives.

CCIT utilizes an innovative model that incorporates specialized police training, cross-training with the entire community of stakeholders, case conferencing, and referral services to a diverse system of providers. This model, named the *Sequential Multiple Intercept Model* (SIM), emphasizes the benefit of *multiple points of jail diversion*, including pre-arrest, the adjudicatory process, sentencing, confinement, re-entry planning, and community supervision. The CCIT coalition of providers works toward preventing unnecessary arrest and identifies strategies for intervention to prevent further penetration into the criminal justice system.

Several members of the CCIT have participated in local, regional, and national trainings and have developed a comprehensive training curriculum. To date, 536 individuals have been trained, which includes 237 provider personnel, 187 police, 60 court, 21 hospital, 19 school, 6 corrections, 3 fire department and 3 clergy. CCIT has also assisted in the development and delivery of over 20 programs in other communities.

Participants at the Adult CCIT Training held in Taunton December 11, 12 and 13th, 2012.

CCBC's Leadership in CCIT



CCBC President Phil Shea speaking about CCIT and thanking participants for attending the training.

I met with Kathy Lalor, CCIT's program coordinator to find out how CCBC became involved with CCIT. As she explained, the Taunton CIT began when Community Partnerships, Inc. (CPI), a local DDS agency collaborated with the Taunton Police Department and was awarded a DMH contract to provide jail diversion services in Taunton/ Attleboro. Kathy worked for CPI as a program director and agreed to take on the role of CIT coordinator as well.

After CPI merged with Beta, Inc. it became evident that CCBC, as a multi-dimensional mental health agency would be best suited to be the subcontractor for the Jail Diversion Program grant. As a result, the CCIT members approached CCBC's President, Phil Shea, about taking on the leadership role of the program, which he agreed to do. Kathy Lalor joined CCBC and has remained CCIT's program coordinator.

Future Goals. I asked Kathy what CCIT's goals were going forward? "First, the Team would like to expand and increase the case conference component, which has been a powerful tool to help individuals get the necessary supports for their illnesses, and avoid imminent or further involvement with the criminal justice system," Kathy stated. ***"It has been a rewarding process to be part of. When we can validate that we have done everything within the conference committee's power to assist the individual in crisis, it's a "win-win for everyone involved,"*** she added.

Kathy noted that with the support of Taunton's Superintendent of Schools, youth case conferences have already increased. In the past two years, 28-30 youth case conferences have occurred. CCBC's Child & Family Services Vice President, Jonathan Marcus, actively participates in the case conference process, and has been instrumental in expediting referral services to other CCBC programs, allowing for improved continuity of care for clients.

Another important goal is to expand CCIT's training capacity to include Mental Health First Aid (MHFA). The hope is that funding will become available to send two or more Team members to the national instructor training. As interest grows in MHFA and Congress considers legislation to train teachers in MHFA, the timing is right to be on the front end of this training model. *By Becky Roberts, Newsletter Editor*

Adult CCIT Training was held December 11-13 at the Silver City Galleria Mall. Twenty eight attendees gathered for the three day training. which covered topics, including: Developmental Disabilities, Understanding Mental Illness, Domestic Violence, Hearing Distressing Voices. Co-Occurring Disorders, Psychotropic Medication, Police Techniques, Taunton State Site Visit, Court Interventions, Probation Interventions, Emergency Petitions, PTSD/Suicide Assessment, and Case Conference Panel.

CCBC's President Phil Shea and DMH Taunton/Attleboro Site Director Dan Fisher were present for the graduation ceremony and presented certificates and pins to all participants.

The next CCIT youth training is March 21, 22, and the adult training is May 7-9. These trainings are currently provided at no cost. Interested CCBC staff are encouraged to sign up.

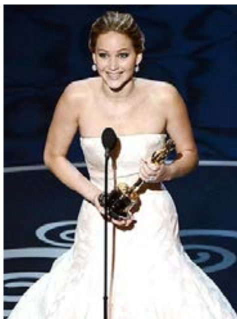
Good Take on Tough Subject

1 Mar 2013 - The Boston Globe, *By Kevin Cullen*

When Ben Affleck kissed his wife the other night, then went on stage to collect the Best Picture Oscar for his film "Argo," we cheered wildly in Boston.

We are parochial by nature, and we have always claimed him and his buddy Matt Damon as our own since they burst onto the silver screen in "Good Will Hunting" back in 1997.

Affleck has already made a couple of very good films set in Boston, based on the novels of local writers, in Dennis Lehane's "Gone Baby Gone" and in "The Town," an adaptation of Chuck Hogan's "Prince of Thieves."



Feb. 24, 2013 - Jennifer Lawrence receives her Best Actress Oscar in Silver Linings Playbook.

But less noticed on Oscar night was the success of another local guy made good, Matthew Quick, whose book **"The Silver Linings Playbook"** garnered eight Academy Award nominations, and Jennifer Lawrence won Best Actress for her portrayal of Tiffany, a woman suffering from mental illness.

That a film based on the struggles of people with mental illness and the families and friends who try to help them would receive such mainstream, critical acclaim is what makes Quick's achievement a turning point in the culture, not just Hollywood hype.

Hollywood tends to play it safe and concentrate on making money. But every once in a while, Hollywood helps shatter taboos and at the very least gets people to leave the theater and start talking about subjects that were previously shrouded in stigma.

"Guess Who's Coming to Dinner" did it for interracial relationships in 1967. "Philadelphia" did it for AIDS in 1993. And now "Silver Linings Playbook" has done it for mental illness.

Quick grew up in North Philadelphia, but married a woman from Holden, and they still live in that bucolic Central Massachusetts town. Quick is too modest to come right out and say that his book and the film have pushed the wider culture into at least acknowledging that we have done a lousy job in addressing mental health, as public policy and as personal policy. But he's wiling to admit that the embrace of popular culture is a good thing.

"I think it shows an appetite for discussing this," Quick told me. "Everyone in the film came up to me at one point or another and told me about a situation in their family."

Russell, the director, spoke movingly about his 18-year -old-son Matthew's struggles with bipolar disorder.

"That's why I did the movie," Russell said.

Quick's writing was a form of medication for his own depression. The book is semi-autobiographical. Like Pat, the protagonist played in the film by Bradley Cooper, Quick was a high school teacher. "I told my students that literature is the study of people, that we strive to develop a sense of empathy."

If people who read his book or see the film come away more empathetic for people with mental illness and the people who struggle to care for them, Quick said, "I couldn't ask for anything more."

"People come up to me and say, 'How did you know our story?'" he said. "It's been liberating to realize how hungry people are to have these conversations."

For too long people didn't, and in many cases still don't want to have these conversations. The stigma is enormous. The ignorance is worse.

"Some people in the mental health community were upset because they felt some in the audience were laughing at Pat, not with Pat. But I tell them: 'They're not bad people. They're just ignorant.'"

Quick wasn't bothered by the laughing audiences.

"My first job out of college was working in a classroom of kids with severe autism. We had to use restraints. We had a saying that if a staff member didn't laugh the first day on the job, not at the person but at the absurdity of it all, they wouldn't be back for the second day. Laughter is a release."

SAFETY COMMITTEE UPDATE

By Andy Dawley, COO

Safety Focus Groups

On January 11th the CCBC Safety Committee hosted a Focus Group at two locations, one at our 1 Washington Street Taunton site, and the other at our 5 Bank Street Attleboro location. Both groups reviewed the themes that emerged from the Employee Safety Survey conducted last fall. The themes are as follows:

1. Immediate Access to Support.
2. Trainings on Staying Safe in the Community.
3. Check-In/Tracking System for Staff in Community.
4. Parking Lot safety.
5. Transporting Clients.
6. Having ways to share important info re: clients across programs, including having adequate history of violence upon intake.
7. Working with intoxicated clients.
8. Home visits/Initial visits/Unsafe neighborhoods.
9. Debriefings following adverse events.
10. Office based security: Alone in building, unescorted clients, access to support.

Overall 27 CCBC staff participated in these Focus Groups, providing additional feedback and sugges-tions for how to proceed. The Safety Committee consider-ed the information gathered at the Focus Groups and decided to form two ongoing work groups organized around **Community Based Safety** and **Office Based Safety**. These work-groups are open to any CCBC employee and will focus on problem solving and identifying practical solutions to as many areas of concern as feasible. The schedule for the work groups are as follows:

Community Based Group:

Friday, April 12 from 1:00-3:00
Friday, June 14 from 1:00-3:00

Office Based Safety:

Friday, May 10 from 1:00-3:00
Friday, July 12 from 1:00-3:00

Should you be unable to attend any of the work groups you can continue to forward your concerns and suggestions to Maria Cancel at MCancel-@comcounseling.org or Andy Dawley at ADawley-@comcounseling.org.

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.

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