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*"We continue to build our "Circle of Care" with 42 CIT certified and 64 CIP certified here in Kenosha County.*

*We urge other communities to do so."*

— Jack Rose

*"I look forward to being the instructor of De Familia a Familia again this fall, and I hope that this course continues to grow."*

— Irene Reyes

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# The Iris

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— the State's Voice  
on Mental Illness*

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## NAMI 2010 Convention— Recovery & Reform: The Road from Here

*by Gail Louise Auerbach, RD, MS*

The NAMI 2010 Convention was delightful and challenging; I was grateful to attend. It was held in Washington D.C., from Wednesday June 30th through Saturday July 3rd. The convention was delightful because I made new friendships and renewed ties, and challenging because of the many issues we in the mental health community face, among them: criminalization of the mentally ill, the need for integration of primary care along with serious mental illness treatment, affordable housing, reducing the use of restraint and seclusion and promoting wellness for Warriors, Veterans and their families.

As Director of NAMI Family-to-Family and NAMI Basics for NAMI Wisconsin, I attended

Family-to-Family and Basics events morning and afternoon of day one. The Education, Training and Peer Support Center Institute presented its awards on that day. I received the Family-to-Family Leadership Award presented by Lynne Saunders, of the Education, Training and Peer Support Center Institute. It was a thrill, an honor and a privilege. Upon receiving the beautiful plaque, I said, "No award could please me more. I love my work. It nourishes the body and the soul. Family-to-Family is a fantastic curriculum; the teachers are wonderful; the trainers even more wonderful (they have become my close friends); the staff I work with at NAMI Wisconsin is marvelous; the Executive Director, Lannia Syren, is enthusiastic and

supportive; and Joyce Burland and Lynne Saunders of the National Family-to-Family Program are my mentors and role models."

On Thursday, the Wisconsin delegation organized to go to Capitol Hill spurred on by a rousing speech by Patrick Kennedy (D-Mass.). Rep. Kennedy received NAMI's highest honor, the Distinguished Service Award. He has spent 16 years in steadfast support of erasing stigma and enacting legislation that would increase funding for research and expand social services for people living with mental illness. He built an effective coalition which resulted in the passage of the Wellstone-

*(continued on page 5)*



*Retired Army Staff Sergeant, Scott Adler of NAMI Fox Valley*

## State Consumer Helping U.S. Army to Reduce Suicides

*by Scott Adler*

Retired Army Staff Sergeant Scott Adler, a consumer volunteer veterans' advocate at NAMI Fox Valley, has been trying to assist the Army with its suicide problem since early 2009. Since 2000, five of Adler's friends or fellow soldiers have taken their own lives. After obtaining knowledge and experience in suicide prevention, Adler has been proactive in dealing with this issue by proposing recommendations to the Army and Congress, hoping to decrease Army suicides.

Upon learning of the alarming rate of soldiers' suicides, Adler felt compelled to take immediate action. He drafted a proposal implementing hands-on training that would educate soldiers and leaders about men-

*(continued on page 6)*



*Joyce Burland, PhD, Director of NAMI family and consumer education, and author of the Family-to-Family curriculum and Lynne Saunders, Director of Technical Assistance and Special Projects for NAMI National pose with Gail Auerbach after the awards ceremony.*

## NAMI Wisconsin County Affiliates

Barron .....	(715) 736-0089
Brown .....	(920) 430-7460
Chequamegon Bay.....	(715) 274-8403 (Ashland, Bayfield)
Dane .....	(608) 249-7188
Dodge .....	(920) 344-8733
Door.....	(920) 743-6162
Fond du Lac.....	(920) 922-6865
Fox Valley .....	(920) 954-1550 (Outagamie, Calumet, Waupaca, Winnebago)
Green.....	(608) 329-6211
Iron .....	(715) 476-2172
Kenosha.....	(262) 605-9038
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Manitowoc .....	(920) 682-7025
Marinette (WI) and Menominee (MI) .....	(906) 864-1933
Milwaukee .....	(414) 344-0447
Northwoods .....	(715) 298-2802 (Marathon, Lincoln, Langlade)
Oshkosh.....	(920) 651-1148 (Winnebago)
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UW Madison .....	(608) 268-6000
Vernon.....	(608) 637-8143
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Washington .....	(262) 338-2393
Waukesha .....	(262) 524-8886
Wishigan.....	(906) 542-7219 (Florence, WI, Dickinson, MI)

## Executive Director's Corner

by Lannia Syren, NAMI Wisconsin Executive Director

As I write this, I am preparing for my absence from the office while I attend the annual conference in Washington D.C. This year the convention is particularly important because I have the honor of attending the event with staff



Lannia Syren,  
Executive Director

member Gail Auerbach. Gail is being recognized by NAMI National for her family education efforts over the last 17 years. I would like to take this opportunity to honor her as well. Gail—thank you. Thank you for the tireless efforts that began in 1993 when you became a Family-to-Family teacher and for your willingness to donate your time as a state trainer starting in 1994. Your experience as a support group facilitator and your ability to motivate others about the Family-to-Family program helped you get to the “heart of the matter” time after time. You have truly led the charge in family education in Wisconsin. I am thrilled that the national office is honoring you. Under your watchful eye, I have confidence that Family-to-Family and NAMI Basics will continue to grow and serve more families each year.

I also want to congratulate Karen Aspenson and John Wallschlaeger of NAMI Fox Valley on the international recognition you recently received for your efforts to promote the CIT program in Wisconsin. The work you do is incredibly important.

In September, NAMI Wisconsin is launching into the strategic planning process and I know that a great deal of thought and many long hours will be put into this plan to help NAMI Wisconsin be the best organization possible. It is my hope that the strategic planning process will help NAMI Wisconsin anticipate and respond to change by clarifying our mission and goals, targeting the direction of growth and reshaping our programs, fundraising and other aspects of operations.

### Employment Opportunity:

NAMI Wisconsin is accepting applications through August 13, 2010 for the position of “Administrative and Outreach Coordinator”. Please visit [www.namiwisconsin.org](http://www.namiwisconsin.org) for details.

As you may have noticed in the last *Iris* publication, NAMI Wisconsin is reaching out beyond our board members for committee support. As a membership organization, it is important that a diverse cross-section of our members be represented on the board and in our committees. The standing committees vary widely and relate to a variety of specific program areas. If you are a NAMI member who is interested in having an impact on the direction of NAMI Wisconsin, I strongly encourage you to contact me by phone or e-mail to discuss committee opportunities. 🌸

**The mission of NAMI Wisconsin is to improve the quality of life of people affected by mental illnesses and to promote recovery.**

**NAMI Wisconsin will accomplish its mission through the following:**

- Establishing local Affiliates in keeping with NAMI National's principles and guidelines.
- Supporting Affiliates by providing follow-up advice and counsel; educational and training programs and materials; access to financial resources as appropriate; and by offering conferences, seminars, and presentations.
- Advocating at all levels of government and throughout the public sector.
- Promoting public education and understanding of mental illnesses.

## Co-President's Message

by Sandy Hall

Since this is the first time I've authored an article in *The Iris*, let me introduce myself. I have been working in the field of disability services for almost 40 years. I have an MS degree in rehabilitation counseling and I have worked at Madison Opportunity Center, Goodwill of South Central Wisconsin, the Division of Vocational Rehabilitation, UW Whitewater, and now I plan to finish my paid professional career at Madison Area Technical College. But my NAMI connections go way back. While at Goodwill, I spoke about work services at the first AMI meeting in Madison. Some parents challenged me about why sheltered workshops paid sub-minimum wages! About five years later Goodwill discontinued the sheltered workshop altogether and only offered community-based supported options. Goodwill also developed a range of housing options for people with mental illness and eventually had a certified community support program.

Much of my career has been devoted to community-based employment and supported employment for people with mental illness. While at DVR I worked closely with staff at the Bureau for Mental Health, promoting evidence-based practices, such as inclusion of community work within the CSPs. Now at Madison College, I support and promote the inclusion of people with disabilities in college. I regularly do outreach to potential students with disabilities. For instance, I am doing a presentation to Yahara House members about what they need to do to come to college and what reasonable accommodations students with mental illness can expect to receive there to help them succeed. My brother-in-law has lived with schizophrenia since he was a teenager, and has endured a number of years of institutionalized treatment, including insulin shock, electro-shock, and a variety of drugs. This past year, amazingly, he just turned 80, and, thanks to the programs in Washington County, he is living successfully in a small group home—only recently retired from his employment program and has not been hospitalized for his mental illness in years.

In the January/February newsletter, Pat Rutkowski, my predecessor as co-president, echoed the words of NAMI founder Harriet Shetler, “Press on; there are miles to go.” We

now are welcoming new members to the Board of Directors, who will join us in “pressing on.” In September, the Board will revisit NAMI Wisconsin's mission and our last strategic planning documents. Our mission is to “improve the quality of life of people affected by mental illness and to promote recovery.” We do this by establishing local affiliates and supporting them through advice and counsel, education and training programs, access to financial resources and conferences and other trainings. We advocate at all levels of government and throughout the public sector. We promote public education and understanding of mental illness.

We'll engage in a focused reflection about how we are doing in these endeavors. More than likely, we will confirm that we continue to be about Support, Advocacy, and Education. We are also likely to place stronger emphasis on research and evidence-based practice.

In our last plan our goals included

- Growing membership in the affiliates
- Surveying the affiliates to determine what's working and what's not
- Fostering leadership development
- Developing an annual fund raising plan
- Advocating for funds to be directed to recovery and evidence-based practices
- Addressing and defining children's services
- Disseminating information to and educating policy makers and legislators about mental illness
- Strengthening the consumer voice

At that time, we thought our challenges included stigma reduction, rural outreach, lack of membership and funding, veterans' issues, and the correction populations.

Another challenge is funding. As a state organization with numerous local affiliates, we face some limits in fundraising initiatives. For example, with five affiliates conducting NAMIWalks, we can't really have a state-wide NAMIWalk event. During our last planning session we saw some strengths, including a strong Consumer Council, and effectively run NAMI National signature programs such as Family-to-Family and In Our Own Voice. The annual conference has traditionally been a strength, as this year's highly successful event showed.

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### NAMI Wisconsin Board of Directors 2010-2011

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# CIT/CIP Training Comes to Kenosha in 2010

by Jack Rose, President, NAMI Kenosha County

The “Circle of Care,” a strong nucleus of CIT/CIP trained folks in the community, has arrived in Kenosha. NAMI Kenosha County, in conjunction with the Kenosha Police Department, Kenosha County, Gateway Technical College, and NAMI Greater Milwaukee, has initiated Crisis Intervention Team (CIT) and Crisis Intervention Partner (CIP) training in 2010.

Sgt. John Rohde, Kenosha Police Department, March 2009 graduate of NAMI Fox Valley’s CIT training course, has stepped up in bringing CIT/CIP to Kenosha County. To date we have completed two Crisis Intervention Partner (CIP) training sessions, February 8-9 and June 14-15, 2010, and one Crisis Intervention Team (CIT) training, May 17-21, 2010. The trainings were held at Gateway Technical College which is an excellent training site. The training sessions were made possible through the collaborative effort of: Kenosha County Sheriff’s Deputy Ray Merlin, Gateway Technical College Law Enforcement Specialty Training Consultant; Jim Truchan, Mental Health and Protective Services Manager, Kenosha County Aging and Disability Services; Peter Hoeffel, Executive Director, NAMI Greater Milwaukee; and Brenda Wesley, Education and Outreach Coor-

inator, NAMI Greater Milwaukee. A second CIT training session is scheduled for November 8–12, 2010. Mental Health America of Wisconsin through the SE Wisconsin Crisis Grant has provided the funding to support this valuable training, which is provided at no cost to the attendees. We have also partnered with the Kenosha Achievement Center, a Community-based Rehabilitation Agency, to provide lunches for both the CIT and CIP trainings, as well as bus transportation for site visits during the CIP training. Both trainings have received high marks on the course critiques.

NAMI Kenosha must also acknowledge the tremendous support of NAMI Fox Valley Executive Director, Karen Aspenson, and Sgt. John Wallschlaeger of the Appleton Police Department, NAMI Racine Executive Director, Debby Ganaway, Deputy Chief Tom Christensen of the Racine Police Department, and State Representative Sandy Pasch in facilitating the timely introduction of this training to Kenosha. State Representative Pasch, who is also a psychiatric nurse, is the founder of CIP in Wisconsin and served as a training presenter. This collaborative effort is essential in maintaining the requisite fidelity of this evidence-based

training. It works and we need to do more of it.

In support of this training, NAMI Kenosha provided grants to two members of the Kenosha Police Department, Assistant Chief Tom Genthner and Sgt. John Rohde, to attend the International CIT Conference in San Antonio, Texas, June 1–3, 2010. (See related story on this page.) The conference was an excellent educational opportunity to further enhance the training provided here in Kenosha County. New and innovative ideas in CIT /CIP, as well as contacts and resources available through the conference, can only better serve the community.

CIT/CIP is a dynamic collaboration of law enforcement and community agencies and organizations committed to ensuring that individuals with mental health issues are referred to appropriate support and services rather than thrust into the criminal justice system. The CIT/CIP “Circle of Care” is invaluable to a community’s well being.

We continue to build our “Circle of Care” with 42 CIT certified and 64 CIP certified here in Kenosha County. We urge other communities to do so. 🌿

## International CIT Conference Honors NAMI Fox Valley Program Leaders



Karen Aspenson of NAMI Fox Valley and Sgt. John Wallschlaeger of the Appleton Police Department celebrate their honors with members of the International CIT Committee, Dr. Randy DuPont of Ohio, Michelle Saunders of Florida, Major Sam Cochran, (ret.), founder of the Memphis Model of CIT training, of Tennessee, and Lt. Mike Woody, (ret.), of Ohio.

At the International CIT Conference in San Antonio, Texas, in June, Sgt. John Wallschlaeger, of the Appleton Police Department, and Karen Aspenson, Executive Director of NAMI Fox Valley, were honored with the “International CIT Officer of the Year” and the “International CIT Advocate of the Year” awards, respectively. These honors recognize the drive and determination of both as they have promoted the training and collaborative effort throughout the United States, Canada, and Australia.

The Wisconsin delegation to the International CIT Conference included: NAMI Fox Valley Executive Director, Karen Aspenson, and Appleton police officers, Sgt. John Wallschlaeger and Sgt. Polly Olson; Kenosha police officers, Assistant Chief Tom Genthner, Sgt. John Rohde and Gail Rohde; NAMI Racine Executive Director, Debby Ganaway and Fred Ganaway, and Racine police officers, Deputy Chief Tom Christensen and Officer Dan Nelson. 🌿

# NAMI 2010 Convention

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Kennedy Mental Health Parity Law. On Capitol Hill, we had appointments with assistants of Senators Feingold and Kohl to encourage support of two important pieces of legislation: extending Medicaid FMAP funding through June 2011, and \$100 million in increased funding for community mental health block grants. The delegation was assured that Senators Feingold and Kohl would support the legislation. Rep. Tammy Baldwin concurred.

On Friday, the Research Plenary reviewed the promising “NIMH RAISE (Recovery after Initial Schizophrenic Episode) Study: Altering the Course of Schizophrenia.” RAISE is a large scale research project exploring the effectiveness of early and aggressive treatment in reducing the symptoms of schizophrenia and preventing the gradual deterioration of functioning characteristic of chronic schizophrenia.

Lisa Dixon, MD, MPH, of the University of Maryland, Baltimore presented research on “Family-to-Family as an Evidence-Based Practice.” NAMI and the University of Maryland faculty have participated in a four-year study, funded by NIMH, of the Family-to-Family Education Program in the state of Maryland. The independent, randomized, controlled trial shows preliminary results indicating that Family to Family meets study standards for evidence-based practices.

“Decriminalizing Mental Illness: Making the Case for Justice Reinvestment during Difficult Economic Times,” was presented by Peter Early. The author of *CRAZY: A Father’s Search through America’s Mental Health Madness*, Early spoke to what is wrong with America’s criminal justice system and made the case for

alternatives to incarceration for people living with serious mental illness.

“Extending Lives: Integrating Mental Health and Primary Care,” was a workshop with panelists from integrated primary care/mental health care program in Ohio. The integration is

### NAMI Convention Program: Family-to-Family Leadership Award

Each year, the national NAMI Family-to-Family Education Program awards a state Family-to-Family program director for outstanding program coordination. Gail Louise Auerbach of NAMI Wisconsin has dedicated more than 12 years as the volunteer program director for Wisconsin. Under her leadership, the program has steadily grown, and last year set records for the number of classes held and the number of graduates. Her crowning achievement came last year when she led the first NAMI Wisconsin Family-to-Family Leadership Summit, reuniting and reinvigorating 32 teachers. She also prepared an outreach manual for use in NAMI Wisconsin’s marketing plan. We honor her for her leadership and congratulate NAMI Wisconsin for making her its first part-time paid Family-to-Family director in 2009.

showing progress in improving the overall health and quality of life for persons living with mental illness. I received a CD, “Implementation Guide for Integrating Behavioral Health and

Primary Care in Ohio” as a resource for NAMI Wisconsin members. Please contact me at [gail@namiwisconsin.org](mailto:gail@namiwisconsin.org) or at 608-345-3134 to make arrangements to borrow the CD.

Ross Greene, PhD, gave the most dynamic talk of the NAMI convention, “Collaborative Problem Solving: Understanding and Treating Kids’ Behavioral Challenges as a Developmental Delay.” Dr. Greene, associate clinical professor, Department of Psychiatry, Harvard Medical School, presented his views on why challenging kids are challenging. They lack the skills not to be challenging. The entire talk, with videos of key techniques, is on his non-profit organization’s Web site, [www.livesinthebalance.org](http://www.livesinthebalance.org).

Saturday’s business meeting with Mike Fitzpatrick, NAMI’s Executive Director, outlined a state of NAMI address. Cited as accomplishments were: Grading the States; the first national radio/TV public announcement in many years, reaching out to Veterans and Veterans’ families with joint NAMI affiliate-VA Family-to-Family classes; the Standards of Excellence; NAMI Connection; the Family-to-Family Education Program, now nearly 20 years old; and including PTSD and BPD in NAMI’s educational literature. Among the challenges facing NAMI are: devising the computer programming to record membership accurately and efficiently; striving for diversity and inclusion; no longer distinguishing between family member and consumer; being there for the young family; and developing more of a Web presence.

The entire NAMI Wisconsin delegation was inspired by the convention. We returned with renewed commitment to our important mission. 🌿

## NAMI National Announces Board Election Results

Special thanks to all the voting delegates at Convention and those that submitted absentee ballots. We want to thank all the candidates for offering themselves in service to NAMI. We are pleased to announce that Moe Armstrong (Connecticut), Linda Jensen (Nebraska), Clarence Jordan (Tennessee), Ron Morton (Tennessee), Clarice Raichel (Louisiana) and Kevin Sullivan

(Connecticut) were elected by the Affiliates and State Organizations to serve on the NAMI Board. In addition, the Consumer Council elected Michael Weaver (North Carolina) to serve on the Board. At the Convention’s annual business meeting we recognized and thanked those members who are leaving the Board: Stephen H. Feinstein (Kansas, president),

Marty Raaymakers (Michigan Consumer Council Director), Joe Mucenski (Arizona) and Graham Champion (Alabama).

On July 3, the NAMI Board elected officers for the 2010-11 Board year: President, Kevin Sullivan; First Vice President, Keris Myrick; Second Vice President, Sheila Amdur; Secretary, Carol Caruso; Treasurer, Guyla Daley. 🌿

# Combat Exposure, Other Traumatic Experiences May Lead to Development of PTSD

by Heidi Sigmund, Psy.D., Clinical Psychologist, Wm. S. Middleton Memorial Veterans Hospital

## What is Post-traumatic Stress Disorder?

Post-traumatic Stress Disorder (PTSD) has been more prevalent in the news recently as many of our returning service members from Iraq and Afghanistan struggle with this anxiety disorder. While most people associate this disorder with veterans, exposure to combat is only one of many traumatic experiences that could lead to the symptoms associated with PTSD. Other experiences such as childhood sexual or physical abuse, car accidents, physical assault, sexual assault, or any situation in which a person's life or physical integrity is threatened, can lead to the development of PTSD.

In terms of formal diagnosis, symptoms are grouped into three different clusters: 1) those reflecting the individual's tendency to "re-experience" the trauma (through nightmares, flashbacks, intrusive memories, and/or accompanying distress when reminded of the event), 2) the tendency to avoid reminders of the event (people, places, or activities that remind the person of the trauma, avoidance of conversations about the event, detachment from others, emotional numbness, difficulty feeling emotionally close to others), and 3) arousal symptoms (difficulty sleeping, irritability and/or anger outbursts, hypervigilance,

exaggerated startle response).

In addition to formal diagnostic criteria, those who struggle with PTSD also frequently report significant difficulties with trust, issues related to power and control, decreased self-esteem, negative beliefs about oneself and the world, and the use of alcohol or drugs to cope with distress. In addition, approximately 80% of those diagnosed with PTSD meet criteria for at least one additional psychological disorder, most commonly, major depression.

**Why do some individuals develop PTSD while others do not?** A great deal of research is currently focusing on the mitigating factors regarding the development of PTSD. While there is still a great deal that we do not know, preliminary research tells us that exposure to previous traumas and the lack of social support following a trauma can increase one's chances of developing this disorder. We also know that the individual's tendency to avoid reminders of the trauma and their emotions associated with the event can fuel the severity and level of reported distress. Furthermore, recent research looking into possible neurobiological correlates of PTSD has identified some brain structures and functions that are significantly different in

those diagnosed with PTSD. This suggests that some individuals may be more predisposed to the development of PTSD than others. However, no one is immune to the development of this disorder, and given the "right" set of circumstances, it is likely that anyone could develop PTSD.

**Why is PTSD referred to as a "disorder of recovery?"** In the days and weeks following a traumatic event, many individuals report experiencing symptoms associated with PTSD. For this reason, PTSD symptoms are often referred to as "normal reactions to an abnormal situation." However, as time passes, these symptoms typically diminish for most people. When they do not, it is as if something has got the individual "stuck" in the recovery process. At this point, a diagnosis of PTSD is given and treatment is warranted.

**What are the available treatments for PTSD?** Psychotherapy is seen as the gold standard of treatment for PTSD, and the most efficacious psychotherapies are exposure-based. This means that a major focus of the treatment involves asking the individual with PTSD to recall and discuss or write about the trauma. Medications are often also prescribed as an adjunct to psychotherapy. ✿

force concluded that commanders were not effectively monitoring the health and well being of their subordinates.

In October, 2009, the family of Private Keiffer Wilhelm, who had committed suicide, contacted Adler through an anonymous source. The Wilhelms, who reside in Plymouth, Ohio, told Adler they were learning details of their son's death from the media, not the Army. Irritated about the situation, Adler contacted their victim liaison officer and asked the Army to take the lead in providing the Wilhelms details about their son's death. An internal investigation of Wilhelm's unit revealed certain leaders were hazing subordinate soldiers, including Wilhelm. Subsequently, the leaders were charged with offenses subject to the Uniform Code of Military Justice (UCMJ). By the end of April of 2010, all of the accused leaders were adjudicated and

punished for their misconduct. However, to Adler, the convictions were bittersweet. Adler claims Wilhelm's suicide could have been prevented if other fellow soldiers had intervened by reporting the hazing up the chain of command.

In June of 2010, Adler traveled to Ft. McCoy, Wisconsin to meet with cadre members of the Noncommissioned Officer Academy. Adler convinced the cadre to implement his training recommendations into their program. Adler contacted the Army's Training and Doctrine Command (TRADOC) as well. TRADOC officials were impressed with the proposal and informed Adler they would maintain periodic contact with him regarding their progress implementing certain components of Adler's proposal.

Recently, the Army created the Comprehensive

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## State Consumer

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tal illness and suicide prevention through role-playing scenarios. Adler also suspected many soldiers were committing suicide because they were not receiving proactive treatment. In February of 2009, Adler submitted his proposal to Senator Russ Feingold, requesting assistance in bringing legislative attention to the issue.

In March of that year, Adler traveled to Washington, D.C. to attend a Congressional hearing on the suicide problem. High-ranking officers of all service branches vowed to fix the problem, but provided no plans of action. Eventually, the Army created a task force to investigate the reasons for the high suicide rates. The task

# Evidence-based Practice: Supported Employment

by Jennifer Lowenberg

Evidence-based supported employment has proven effectiveness in helping people with serious mental illnesses obtain competitive employment. It is a recovery oriented practice helping individuals to develop new employment-related roles as part of their recovery process. It addresses one of the top priorities of individuals with serious mental illness and their families and plays a critical role in decreasing stigma around mental illness, by helping people become integrated into community life through competitive employment.

The term supported employment is sometimes used to describe a broad range of vocational programs, but evidence-based supported employment adheres to specific core principles and methods that yield predictable vocational outcomes for consumers. As with all evidence-based practices, the stronger the fidelity to the model the more consistent and positive the outcome for consumers. People with mental illness have strengths, talents, and abilities that are often overlooked—including the interest and goals around employment. Research and interest surveys have shown

that a significant proportion of adults with a serious mental illness want to work.

In evidence-based supported employment expressed interest in work is all that it takes to begin the process. Pursuit of employment is viewed as part of the treatment and rehabilitative process. The process does not require prerequisite steps such as transitional employment, pre-vocational sites or sheltered workshops. The following core principles are the foundation of this evidence-based practice:

- Helping people diagnosed with severe mental illness find competitive jobs in the community that fit their individual needs and interests. Competitive employment is the ultimate goal.
- Fully integrating mental health services and vocational rehabilitation services. Employment related rehabilitation and support occurs simultaneously and as a part of mental health treatment.
- Creating easy access to employment services when a consumer expresses an interest in employment; consumers are not required

to complete work readiness or other vocational assessments before seeking employment in the community.

- Providing employment services to all consumers interested in employment. Individuals are not excluded from vocational services.
- Designing goals and plans that are based on each individual's preferences, strengths, abilities, and experiences. The model is highly individualized with consumer preference as key
- Providing employment supports that are individualized, flexible, and available for as long as necessary. There are no arbitrary time limits on the support that individuals may require to sustain vocational successes.
- Assisting consumers and family members with benefits counseling. Benefits counseling is offered to allay concerns about losing benefits and to take advantage of the work incentives available through benefit programs.

More information about this evidence-based practice can be found at: <http://mental-health.samhsa.gov/cmhs/CommunitySupport/toolkits/employment/default.aspx> ✿

## State Consumer

(continued from page 6)

Soldier Fitness Program (CSFP), which is intended to improve a soldier's overall physical, spiritual, social and mental fitness. Adler has reviewed the CSFP and believes it will help enhance a soldier's overall health and well being. However, Adler strenuously emphasizes that suicide prevention is a team effort.

In other words, soldiers and leaders must always pay attention to each other in order to sustain positive morale and cohesion within their units.

Adler has received many messages of thanks and praise through e-mails, phone calls, and face-to-face meetings. According to Senator Feingold, Adler is "one of, if not the most proactive suicide prevention advocate in the entire country." Adler insists, however, "I will not be satisfied until the numbers of Army suicides begin to decrease." ✿

## Co-President

(continued from page 3)

So, on behalf of the NAMI Wisconsin Board of Directors, I encourage our readers to share their thoughts on what we are doing well and what we need to improve. Let us know where you think we should be focusing more effort. Please write or e-mail your thoughts to me at [sandy@namiwisconsin.org](mailto:sandy@namiwisconsin.org) or the NAMI office to my attention. ✿

## Attribution Error

The article, "NAMI La Crosse Finds Experience and New Ideas are Keys to Success," in the last issue of *The Iris* was authored by NAMI La Crosse Vice President, Adrian Novak. Attribution for the entire piece was given to Mr. Novak's collaborator, Patti Jo Severson. We regret the error. ✿



**NAMI Brown County:**  
Location: Green Isle Park, Green Bay, WI  
Date: September 26, 2010  
Web site: [www.nami.org/sites/NAMIBrownCounty](http://www.nami.org/sites/NAMIBrownCounty)

**NAMI Fox Valley:**  
Location: Appleton Memorial Park, Appleton, WI  
Date: October 2, 2010  
Web site: [www.namifoxvalley.org](http://www.namifoxvalley.org)

**NAMI Dane County:**  
Location: Olin-Turville Park, Madison, WI  
Date: October 3, 2010  
Web site: [www.namidaneconomy.org](http://www.namidaneconomy.org)

by Vaunceil Kruse

NAMI Wisconsin's affiliates and their members are making promising first steps toward engaging, educating and supporting members of diverse communities. NAMI Waukesha has brought *Familia a Familia* to Latino families in their area. (See following article)

The **ASK Program**, (Access, Support, & Knowledge) developed by Brenda Wesley, of NAMI Greater Milwaukee, has had a major impact on the African American community—and the community at large. Ms. Wesley, along with Justin Odulana, PhD, and Albert Watson, PhD, presented a break-out session at the 2010 NAMI Wisconsin Conference, “Mental Health Care Among Minority Populations.” One session attendee commented, “I thought that Brenda Wesley's presentation was outstanding. I wish that more people could have heard her.” A link to the session may be accessed on NAMI Wisconsin's Web site.

Recognizing the need for education, advocacy and support on the reservation, Oneida Behavioral Health has been a NAMI Wisconsin agency member for a number of years. Reaching the

needs of tribal members more directly, NAMI Fox Valley recently conducted a *Peer-to-Peer* Education course on the Oneida Reservation. *Peer-to-Peer* Mentor, Janet Malcolm, a member of the Oneida Tribe, is also an *In Our Own Voice* presenter.

Outreach to diverse communities is imperative to assuring equal access to education and recovery to all Americans. NAMI Wisconsin Executive Director, Lannia Syren, has championed the launch of a state-wide Diversity Inclusion Committee. A preliminary meeting of the committee, including members of the African American, Latino, Native American, and GLBT communities, was held July 24 at the NAMI Wisconsin offices. Ms. Syren is also working with national NAMI to bring the pilot project *Let's Talk: Diversity in Action* to the state this fall.

Diversity applies not only to people of color. *The Midwest Bisexual Lesbian Gay Transgender Ally College Conference (MBLGTACC)* is an annual conference held to promote leadership, activism, networking, diversity, health, and empowerment among

gay, lesbian, bisexual, transgender, intersex, and allied students, staff, and faculty around the United States and Canada. The annual *MBLGTACC Conference* was held at UW Madison, February 19 – 21, 2010. At the request of conference organizers, an *In Our Own Voice* presentation was given by two NAMI members who identify themselves as members of the gay community.

A NAMI National press release disseminated to raise awareness of *National Minority Mental Health Awareness Month* noted, “Unfortunately, disparities in mental health care still prevent people in diverse communities from getting the treatment they need.

NAMI National's *Multicultural Outreach Planning Guide* reminds state and local affiliates, “The U.S. population has significantly increased in size and diversity. Diversity goes beyond race and ethnicity. In this multicultural society, our challenge is how to effectively engage across groups. If NAMI is truly to become the Nation's Voice on Mental Illness, we must engage diverse communities.”

## NAMI Waukesha Offers De Familia a Familia to Hispanic/Latino Community

by Mary Madden, Executive Director, NAMI Waukesha

Early in 2009, Irene Reyes, a member of NAMI of Waukesha County, approached the Executive Director and stated that she would like to bring the Family-to-Family class to her community and to teach it in Spanish. She had recently completed the Family-to-Family Education course in English and she explained that she felt there was a lack of information about mental illness available to the Hispanic/Latino population and that stigma prevented people from seeking help for their loved ones. In August of 2009, Irene and another NAMI Member, Carmen Pine, traveled to St. Louis and trained to become facilitators for De Familia a Familia. In March of 2010 NAMI of Waukesha County

offered the first De Familia a Familia class. The class began with eleven participants and graduated seven. Here is what Irene had to say about the class:

“I was recently involved as an instructor in the De Familia a Familia NAMI Class. This was the first time I taught this class. I was glad to be part of this course and to provide a service for the Spanish-speaking community. I attended an educational workshop that prepared me for this opportunity and I was able to forward the knowledge I gained to the Spanish-speaking community.

It was inspiring to read the comments from the recent participants and to know that we

have helped in some way by having a better understanding of what mental illness is and how it affects the family. I look forward to being the instructor of the De Familia a Familia NAMI class this fall and I hope that this course continues to grow.”

NAMI of Waukesha County and NAMI of Greater Milwaukee are currently collaborating on an outreach project to the Hispanic/Latino community. We hope to offer a second class sometime in the fall in Milwaukee County. If you are interested in finding out more about this class please contact either Peter Hoeffel at NAMI Greater Milwaukee (414) 344-0447 or Mary Madden at NAMI of Waukesha County (262) 524-8886.

## Ask a Question, Save a Life

by Eric Garland

737 people died by suicide in Wisconsin in 2008. In comparison, there were 725 breast cancer deaths, 627 motor vehicle accident deaths and 149 homicides. In Wisconsin, suicide is the second leading cause of death for those 15-24 years of age; suicide is also the second leading cause of death for males between age 25 and 44. Suicide rates are also prevalent among our veterans and elderly populations. Suicide knows no boundaries; it affects all age groups and ethnic groups. Financial status or religious beliefs do not matter.

### What can you do to make a difference?

First, you can be vigilant. See the textbox below for the warning signs of suicide, and what to do. Another positive step you can make is to attend a QPR gatekeeper training session.

**What is QPR? QPR stands for Question, Persuade, and Refer:** 3 simple steps that anyone can learn to help save a life from suicide.

Just as people trained in CPR and the Heimlich maneuver help save thousands of lives each year, people trained in QPR learn how to recognize the warning signs of a suicide crisis

and how to question, persuade, and refer someone to help. Each year, thousands of people like you, are saying “yes” to saving the life of a friend, colleague, family member, or neighbor.

**You can become a QPR Gatekeeper.** A gatekeeper is anyone trained to recognize a suicidal crisis and, because of their training, knows how and where to find help. Gatekeepers include family, friends, neighbors, teachers, ministers, doctors, nurses, coaches, coworkers, case-workers and many others who are strategically positioned to recognize and refer someone at risk of suicide. QPR gatekeeper training can be learned in as little as an hour. It is taught in a format that is clear and concise. Gatekeepers are given information that is easy to understand and reinforced by a QPR booklet complete with warning signs, methods to encourage a person to get help and a list of resources available in your community. As a QPR trained Gatekeeper you will learn to recognize the warning signs of suicide, know how to offer hope and know how to get help and save a life.

QPR is not intended to be a form of counsel-

ing or treatment, but is intended to offer hope through positive action. QPR is intended to teach those who are in a position to recognize the warning signs, clues, and suicidal communication of people in trouble to act vigorously to prevent a possible tragedy.

QPR Gatekeeper training is provided by certified instructors who work with HOPES (Suicide Education and Prevention) of Wisconsin. HOPES is a non-profit organization staffed entirely by volunteers who are dedicated to the education about and prevention of suicide. To learn more about HOPES, visit their website at [www.hopes-wi.org](http://www.hopes-wi.org).

If you are interested in scheduling a QPR training or if you have questions, please contact Eric Garland at [egarland@nami-danecounty.org](mailto:egarland@nami-danecounty.org) or (608)358-7413. You may also contact HOPES at [info@hopes-wi.org](mailto:info@hopes-wi.org) or (608)274-9686.

**NOTE:** The text for this article was inadvertently omitted from the final edition of the May/June *Iris*. We are re-printing this important page in full. We regret the error.

### Warning Signs of Suicide

Most people who are suicidal give warning signs that they are in crisis. Suicide can be preventable.

Most people who are suicidal don't want to die, but they want the pain to end. Preventing suicide begins with education.

#### Warning Signs

- Any one of these symptoms does not necessarily mean the person is suicidal, but several may signal a need for help.
- A previous suicide attempt by yourself, a family member or friend.
  - Talking about suicide and/or death; making suicide threats.
  - A change in behavior such as increased alcohol or drug use, reckless or impulsive behavior or withdrawing from friends and family.
  - Change in eating or sleeping habits.
  - Loss of interest in school, work or hobbies.
  - Feelings of hopelessness, helplessness, worthlessness, anxiety, agitation, anger, rage, a feeling of being trapped or quick mood changes including dramatic positive changes.
  - Making final arrangements such as giving away special possessions or unusual contact with personally significant people.
  - Making a plan. For example, acquiring a weapon or stockpiling drugs/medication

#### What To Do

- If the person is in immediate danger, call 911.
- Always take thoughts of suicide seriously.
- Do not leave the person alone.
- Ask the person if they have a plan or weapon.
- Listen and talk openly.
- Allow the person to express their feelings.
- Don't act shocked—this can create distance.
- Don't ask “why”—this may encourage defensiveness.
- Be non-judgmental and don't debate if suicide is right or wrong.
- Don't be sworn to secrecy. An angry friend is better than a dead friend.
- Seek support. Ask for help from a teacher, counselor, parent or other trusted adult. Don't try to handle it alone.

**Call 911 if the person is in immediate danger, otherwise, call (800) 273-TALK or contact a doctor or mental health professional.**

You may want to offer to accompany the person when they seek help.

Adapted from Mental Health America of Wisconsin's brochure *Suicide can be Prevented, Help a Friend in Crisis*. [www.mhawisconsin.org](http://www.mhawisconsin.org)

## NAMI Dane Co and the VA Bring Family-to-Family to Veterans' Families

by Gail Louise Auerbach

NAMI Dane County and the VA Middleton Memorial Hospital in Madison partnered to build a strong relationship and bring the Family-to-Family Education Program to veterans and their families and other community citizens. The Family-to-Family course was taught Monday night for twelve weeks this spring in a large comfortable room at the VA hospital. Mary Binkley and Lisa Gingles, who are enthusiastic, dedicated, experienced and trained family member teachers, were the instructors. Gail Louise Auerbach was the resource person.

Eighteen people came to the first class; fourteen finished the course.

One class member commented, "I thought the course leaders were superb! They did a great job balancing the "facts" and support group discussion. They really fostered a compassionate understanding feeling in the course."

The participants, two thirds of whom were female, one-third male, ranged in age from 39 to 69 years. The majority of attendees were in their 50s and 60s. Fifty percent of the family members were parents to relatives with

mental illness, thirty-six were siblings. Class members mixed very well and demonstrated interest in each others' family situations.

"The current information about serious mental illness and treatment is invaluable," wrote one class participant. "Great to get information on recovery, too. Engaging with others who have relatives with mental illness was very enlightening and empowering. Great information on coping and problem-solving. Great insight into taking care of self despite the turmoil of the family member."

"My overall understanding of mental illness has increased a great deal," commented another class member. "Based on discussions and presentations in class I have worked on setting strategies for setting boundaries with my father (the consumer) and other family members. My empathy for my father has also widened enormously. I experience less stress."

Another class member reported, "Lisa and Mary were so open, comforting, and structured. They did a great job."

Many people working behind the scenes made

the course possible, among them, Beth Barry, VA Recovery Coordinator, Bonnie Loughran, NAMI Dane Executive Director, and Gail Louise Auerbach, NAMI Wisconsin Family Education Director. Beth, Bonnie and Gail Louise are busy planning a repeat of the class, preferably for this fall.

Gail Louise added, "The teachers were exceptionally enthusiastic, and forthcoming in their disclosures. People felt comfortable in the VA setting. Also this class was unique in that it had twice as many men as usual and in that every relative group was represented." She also notes that very often parents are 70% to 80% of participants. Here, fully 50% of the class members were siblings, spouses, or adult children. "All of these factors likely contributed to class chemistry and success."

NAMI Dane County and the Madison Veterans Administration are committed to make the joint Family-to-Family classes a continuing offering to the community. NAMI Dane County is encouraging other NAMI Affiliates to partner with the Veterans Administration in their area and bring this program to their communities. 🌿

## Wisconsin Warrior Summit Helps Veterans Survive the Peace

by Lannia Syren

The Wisconsin Warrior Project held its second Warrior Summit in Madison, June 15 and 16 at the Madison Area Technical College's Truax Campus. The Warrior Summit was planned and orchestrated by more than a dozen veteran-specific and mental health organizations from throughout the state in an effort to support the mental health and well-being of American veterans. The stated primary goal of the Summit was to "help the veterans and their families who survived the war, survive the peace." Event sessions included topics such as PTSD, crisis intervention, addictions and reintegration for mental health professionals, veterans and their family members.

NAMI Wisconsin contributed to the summit by

arranging for the exhibitor hall and assisting in lining up one of the keynote speakers, Staff Sergeant Kyle Hausmann-Stokes. Hausmann-Stokes, a Verona native, provided excellent insight into the soldier's experience with reintegration, PTSD and other issues. His highly personal film *Now, Later* prompted his inclusion in the event. *Now, Later* may be viewed at [www.kylehs.com](http://www.kylehs.com). Following the Summit, Hausmann-Stokes commented that the "folks at the summit were so warm, thoughtful, and selfless that leaving Wisconsin for California this time will be harder than ever." He shared that he is "always open to sharing any of [his] films with any person or organization that has veterans' best welfare in

mind." To learn more, contact him via e-mail at [kylehs@gmail.com](mailto:kylehs@gmail.com).

The Summit also featured speaker, Lieutenant Colonel Cynthia Rasmussen, who shared her perspective on the mental health and well-being of our veterans. Rasmussen has served as a mental health nurse in the Army Reserves for 20 years and is currently serving in her sixth year of being mobilized to support the Global War on Terrorism. Her expertise and excellent presentation were welcome additions to the event.

The Wisconsin Warrior Project is currently considering a variety of Wisconsin venues for the 2011 Summit. 🌿

## Program Growth is Key to NAMI Dane's Vision

by Bonnie Loughran, NAMI Dane County Executive Director

NAMI Dane County serves more than 4,000 people each year. Our goal is to provide education, advocacy and support for individuals and family members giving them the opportunity to develop, recover, and live a healthy, fulfilling life.

A strong consumer program is a priority of NAMI Dane County. In 2006 NAMI Dane County



Heidi Hastings and Mary Mangan discuss the NAMIWalk at the Kick-off luncheon.

became the first NAMI Affiliate to have a Consumer Council. Ava Martinez was hired by Bonnie Loughran, the first Executive Director, to develop, coordinate and chair the Consumer Council. A group of twelve consumers was recruited who volunteered to sit on the council that soon became an advisory body to the NAMI Dane County Board of Directors. The mission of the Consumer Council is to promote activities and involvement of the consumer in recovery based groups, classes and events, to educate consumers about treatment options, to empower and promote dignity and respect for consumers, to advocate for consumer rights, and to enhance the quality of life for consumers of mental health services. Members of the Consumer Council have also taken on the challenge of actively working to reduce the stigma associated with mental illness.

In addition to the Consumer Council, NAMI Dane County has increased other programs in response to the needs of consumers. Several of Dane County's consumers volunteer to speak about their recovery at churches, schools, health fairs, and community events. We offer NAMI Connection, a recovery support group

for all consumers regardless of diagnosis. Peer-to-Peer is offered annually, giving consumers an opportunity to learn more about mental illness and recovery. Many of our consumers' classes and groups are offered in collaboration with other agencies.

Family-to-Family is offered two or three times each year. In 2010, NAMI Dane County collaborated with the Veterans Administration and the VA Hospital to provide a Family-to-Family Class at the hospital. (See the article on the class by State Family-to-Family Director, Gail Auerbach on page 10.) Additionally, NAMI Dane County Program Director, Ava Martinez, is initiating a start up program for consumers at the VA Hospital to offer NAMI Connection and Peer-to-Peer.

Our partnership with the police department continues to develop in a positive direction. On April 14, 2010, the Madison Police Department's Mental Health Liaisons were honored by NAMI Dane County at the Annual Banquet. The Mental Health Liaisons program, developed by the police department, is designed to make connections and prevent crisis and crime. Lieutenant Kristen Roman, a NAMI Dane County Board Director, oversees the six year old program and reports that the program provides a tailored response to mental health issues in the community. Though this program is not part of NAMI's CIT (Crisis Intervention Team), it is a program developed to prevent the compounding of negative effects for individuals experiencing a mental health crisis.



NAMI Dane County staff members, Barbara Wolff, Ava Martinez and Bonnie Loughran take their first big step on the 2009 NAMIWalk.

NAMI Dane County offers free program meetings each month providing the community with up to date information on treatments for people living with mental illness, advocacy opportunities for family members and consumers, various mental health services and psychiatric issues, along with issues and resources for veterans. We provide a mental health resource directory available in print and online. Our programs are open to anyone living with mental illness as well as to caregivers and family members.

Our funding comes from the United Way of Dane County, private donations, grants, and the NAMIWalk. Last year approximately 1000 walkers supported our NAMIWalk and raised \$92,000. Our 2010 NAMIWalk is taking place on October 3, 2010 at Olin Park in Madison, with First Lady Jessica Doyle serving as Honorary Chair. We will walk together to spread awareness, to help stop the stigma surrounding mental illness, and to raise funds to support the vital services of NAMI Dane County. Barbara Wolff is managing the WALK and is busy recruiting volunteers and sponsors to ensure another WALK success.

Our vision for the next few years is to continue to expand our partnership with the criminal justice system, expand programming for veterans and their families, to provide information on healthy lifestyles through NAMI's new Hearts and Mind Program, and to continue to reach out to diverse populations throughout Dane County. 🌿