

## Laura's Law, AB 1421

### California's Law on Assisted Outpatient Treatment (AOT)

At the March General Meeting, Carla Jacobs, a Mental Health Advocacy Leader from Los Angeles, spoke about AB 1421 Assisted Outpatient Treatment, also known as Laura's Law.

Similar to New York's Kendra's Law, AB1421 is named for Laura Wilcox, a 19-year-old Nevada County mental health clinic volunteer who, with two other people, was shot to death by Scott Harlan Thorpe, a severely mentally ill patient who had refused treatment. Since their daughter's death in 2001, Laura's parents, both Quakers, have worked hard to change a system that criminalizes and abandons people who are too mentally ill to have the ability to make an informed consent to treatment.

Carla described the origins of the Lanterman-Petris-Short Act (LPS), legislation signed into California law in 1967 to encourage community care for the mentally ill and to protect their civil rights. LPS stipulates the criteria for forced treatment as gravely disabled or a danger to self or others. Although the intent was good, the architects of LPS assumed that people with mental illness would accept treatment on their own.

Much more is known now about mental illness. A common symptom of the neuro-biological brain disorders related to mental illness is a lack of insight. Most people with a mental illness are not a danger to themselves or to others. Many people with a mental illness do not recognize that they are ill. (*See Impaired Awareness of Illness, Anosognosia, page 5*). Consequently, two years after LPS passed, the landscape was scattered with homeless encampments filled with mentally ill people who would not accept treatment because they did not recognize that they needed it.

Out of an LPS Reform Task Force set up in 1995 came two pieces of legislation: The first is AB1424, which stipulates that the historical course of an illness shall be considered when a determination is made on whether a person needs involuntary treatment. AB-1424 mandates that information provided by family members/significant others SHALL be considered at every step of the process when making a determination as to whether the ill family member meets the criteria to be involuntarily committed to a mental health facility.

The second piece of legislation out of the LPS Task Force is AB1421, Laura's Law, which allows California counties to implement Assisted Outpatient Treatment (AOT) court-ordered intensive care. Laura's Law is meant to cover people who are too ill to stay on treatment on their own when all other services have failed them. Part of Laura's Law requires each county Board of Supervisors to pass a resolution. Laura's Law was passed in 2002. To date, only Nevada and Los Angeles Counties have implemented Laura's Law.

(Continued on page 2)

**Proposition 63** will NOT be on the June ballot! We won this round, but we must continue to convince the legislature that Marin County cannot endure any more cuts to basic mental health services!

### Calendar:

NAMI Board Meeting, First Monday of month, 6:30pm, call office for location.

FamFest April 7 see pg. 8

Family Support Group April 13, 7-8:30 pm; April 27th, 4-5:30 pm and 7-8:30 pm. with Kay Browne, MD, free, drop-in.

NAMI General Meeting April 26. See page 8 for details. Location change.

NAMI Office Volunteer Training  
April 28 12 Noon to 1:30 pm  
(Every 4th Wednesday of month)

Family-to-Family Education Program  
Call 444-0480 to sign up for next session.

**NAMI WALKS** ★★★★★★★★★★  
FOR THE MIND OF AMERICA

Save the Date!  
Saturday, May 22, 2010  
See page 4.



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How much money has been wasted since this law passed? Lack of money is not the problem. AOT reduces hospitalizations and arrests. It saves county funds because it puts a stop to the expensive revolving door of unproductive hospital and jail stays. It actually provides intensive treatment so the individual gets care in place of warehousing. Carla cited costs of about \$50 thousand per year for jail versus \$5 thousand per year in assisted outpatient treatment.

Marin County Supervisor Susan Adams attended the meeting. She suggested that the Mental Health Board gather public input and provide a proposal to the Board of Supervisors. She recommended a coalition of NAMI with criminal justice, jurisprudence and other interested groups.

The time is NOW. What's lacking is the political will and courage to end the inhumane neglect of so many ill people living on our streets and under freeway overpasses. Carla commended the strong steps taken by NAMI Marin's task force on Laura's Law and encouraged members to advocate that Marin County adopt the resolution.

*"The moral test of a government is how it treats those who are at the dawn of life, the children; those who are in the twilight of life, the aged; and those who are in the shadow of life, the sick and the needy, and the handicapped."* Hubert Humphrey

Marilyn Geary 

For more information visit:  
www.treatmentadvocacycenter.org  
"In Your State" select California



### Contact Your Directors, Supervisors, Sheriff, & Board Tell Them It Is Time to Implement

#### AB 1421 *Laura's Law*— Empowers Caregivers California's Law for Assisted Outpatient Treatment Is ...

- Court-ordered, intensive treatment in the community providing consistent supervision for those individuals with serious mental illness for whom other community services are not working.
- Preventative –provides care coordination, clinical treatment, and rehabilitation services before a person is gravely disabled or danger to oneself or others.
- A treatment mechanism that is used until a person is well enough to maintain his or her own treatment regimen.
- A less restrictive - less costly alternative to inpatient hospitalization.
- Effective at reducing incarceration, arrests, and homelessness.
- Available in California where the Board of Supervisors decide to implement it.

### Directors of Community Mental Health Health and Human Services and Marin County Mental Health Board 20 North San Pedro Rd., Suite 2028 San Rafael, CA 94903

- **Director, Community Mental Health 499-6769**  
Bruce Gurganus  
[bgurganus@co.marin.ca.us](mailto:bgurganus@co.marin.ca.us)
- **Director, Health & Human Services 499-6924**  
Larry Meredith, PhD  
[lmeredith@co.marin.ca.us](mailto:lmeredith@co.marin.ca.us)

### Marin County Mental Health Board 499-7363 Contacts:

- Beverlee Kell, RD  
[bevcellchadd@comcast.net](mailto:bevcellchadd@comcast.net)
- Gary Scheppke  
[Gscheppke@orgman.org](mailto:Gscheppke@orgman.org)

### Marin County Sheriff's Office 499-7250 3501 Civic Center Drive, Room 145 San Rafael, CA 94903

- Sheriff Robert Doyle  
[rdoyle@co.marin.ca.us](mailto:rdoyle@co.marin.ca.us)

### Marin County Board of Supervisors 499-7331 3501 Civic Center Drive, Room 329 San Rafael, CA 94903 Fax: 499-3645

- **Susan Adams (District 1)**  
Representing San Rafael, Marinwood,  
Santa Venetia  
[sadams@co.marin.ca.us](mailto:sadams@co.marin.ca.us)
- **Harold Brown (District 2)**  
Representing Fairfax, San Anselmo, Ross  
[hbrown@co.marin.ca.us](mailto:hbrown@co.marin.ca.us)
- **Charles McGlashan (District 3)** Representing  
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- **Steve Kinsey (District 4)**  
Representing Pt. Ryes Station  
[skinsey@co.marin.ca.us](mailto:skinsey@co.marin.ca.us)
- **Judy Arnold (District 5)**  
Representing Novato  
[jarnold@co.marin.ca.us](mailto:jarnold@co.marin.ca.us)



## Columbia University Teen Screen Program

There are a number of programs available that screen individuals for diverse symptoms of mental illness including drug and alcohol abuse.

The Columbia University child psychiatry faculty developed the Teen Screen program. This includes a computerized questionnaire that specifically targets symptoms of mental illness common to teen populations. There is much information on the web at many sites, including the two listed at the end of this article. Many counties have initiated the program in high schools.

Marin County has been using this tool in some of its public high schools in the last few years. It is also available to teens through the Family Service Agency. (See resource list in this newsletter).

The program includes an initial orientation for teens and their parents. Signed permission is obtained from parents and the teens. The teens are then asked to do the computerized questionnaire. The questionnaire can be immediately computer scored. Teens are identified by a number rather than by name for purposes of confidentiality.

If a teen screens positive for symptoms that might indicate mental distress, they are given a short session with a mental health professional. Every teen involved with the program can elect to have a meeting with a mental health professional. All screened teens are given a brief exit interview so they can ask any questions about the process. If a teen screens positive they are encouraged to allow the screen staff to contact their parents. They are also encouraged to visit a mental health provider and specific referrals are made depending on resources available for that particular teen i.e. medical insurance, including Medi-Cal.

This program can be used in high schools to screen a class or in mental health clinics or private practitioner's offices. Utilization of this screen can lead to a number of positive outcomes in addition to the early identification of symptoms. Teens that are involved with Teen Screen report having a better understanding and trust of mental health professionals. Frank discussion of the symptoms of mental illness can also reduce stigma, particularly with identification of the high percentage of teens affected by such symptoms at any given time.

<http://www.teenscreen.org/>

[http://www.nami.org/MSTemplate.cfm?Section=TeenScreen&Site=NAMI\\_Maine&Template=/ContentManagementHTMLDisplay.cfm&ContentID=37702](http://www.nami.org/MSTemplate.cfm?Section=TeenScreen&Site=NAMI_Maine&Template=/ContentManagementHTMLDisplay.cfm&ContentID=37702)

*Kay Browne, MD*

## Passage of Historic Health Reform Bill

On Sunday, March 21st by a vote of 219-212 the House of Representatives passed health care reform legislation and it was signed into law days later by the President. The Patient Protection and Affordable Care Act (HR 3590) is identical to the legislation the Senate passed on December 24, 2009.

NAMI's positions are guided by our mission to improve the lives of individuals and families affected by mental illness. The bill contains many provisions that NAMI has long sought, including further expansion of mental health insurance parity, prohibition of insurance company exclusions of pre-existing conditions, improvements to Medicare and Medicaid including expansion of long-term care assistance for those with functional impairment, comparative research into the effectiveness of treatments for serious mental illness and authorization of "centers of excellence" for medical research for major depression and bipolar disorder.

The House also passed a separate measure to enact series of changes to the Senate bill-called the Reconciliation Act of 2010 (HR 4872). The Senate passed the reconciliation bill on March 25.

- Summary of Provisions in the Senate passed Health Reform Legislation (HR 3590) for Americans Living with Serious Mental Illness and Their Families visit: [http://www.nami.org/Template.cfm?Section=Issue\\_Spotlights&template=/ContentManagement/ContentDisplay.cfm&ContentID=96353](http://www.nami.org/Template.cfm?Section=Issue_Spotlights&template=/ContentManagement/ContentDisplay.cfm&ContentID=96353)
- Letter of Support for HR 3590 visit: <http://www.nami.org/Template.cfm?Section=Policy&Template=/ContentManagement/ContentDisplay.cfm&ContentID=96415>
- Final Health Care Reform Bill visit: <http://docs.house.gov/energycommerce/SUMMARY.pdf>
- Key Provisions That Take Effect Immediately visit: [http://docs.house.gov/energycommerce/IMMEDIATE\\_PROVISIONS.pdf](http://docs.house.gov/energycommerce/IMMEDIATE_PROVISIONS.pdf)
- Implementation Timeline visit: [http://docs.house.gov/energycommerce/IMMEDIATE\\_PROVISIONS.pdf](http://docs.house.gov/energycommerce/IMMEDIATE_PROVISIONS.pdf)



This landmark legislation is in progress at this time, see next month's newsletter for more information.

### Teen Mental Health Board Contacts

Andrew Lamden, LCSW and Margaret Perlstein, MFT, Marin Teen Mental Health Board Coordinators [mctmhbg@gmail.com](mailto:mctmhbg@gmail.com). (See March 2010 Newsletter).



## Peer Perspective Coping with Negative Voices/Negative Spirits

*For whom it may concern.*

*I've had negative voices/negative spirits, suffered, and then stood my ground, without getting angry with them, because I proved that I could reason well enough. Now, I have benevolent spirit guides, and they aid me, with a better perspective, or are quiet.*

*Mark's negative spirits can be horrible, but once he has said, "Baloney!" he can be bemused about how bullish they are and realize that they are not worth listening to—be blasé about them. He tells me that the following tactics really help him cope and be stronger! Believe it!*

*Ann*

"Baloney!" is the verbal expression you use to stamp out a user and abuser (negative voices). If you use curse words it will only aggravate the negative spirits and make things worse.

Fill your brain with specific and continuous gratitude imagery to distract your brain from negative thinking. Thanking the Universe for some specific good times is a way to feel better. Keep your brain occupied with comforting things, not free to daydream about worries.

Whistle a happy tune or sing—by acting happy you'll be cheered up.

When the spirits are mean find a way to make yourself laugh. (Realize that these are little, vicious spirits who just want to annoy you and are basically pretty dopey low-life! They may mimic someone you know but believe me negative spirits are not the real people!) Watch a funny movie or TV program to relax. Read a funny book like John Lennon's A Spaniard in the Works. Get someone to tickle you.

Get someone to kiss and/or hug you.

Get someone to reward you, as with a lunch or dinner you like, something you look forward to.

Tell yourself the negative spirits just don't know everything—they are not God. Negative spirits are troublesome bullies.

When you are dealing with negative voices use common sense and try to find a religion that makes you feel better. better.



*"Baloney" is the verbal expression you use to stamp out a user and abuser (negative voices).*

*Remember they are hitch hikers and they don't have a right to occupy your mind."*

Prove you are smarter than your negative spirits.

Voices being vicious are wrong. Uncool. Understand that.

Don't give your negative spirits the time of day—be blasé with them (don't argue negatively with them and make them meaner). Realize that they are just little bullies who aren't being nice; and if you know that you are right and they are wrong, just insist on not taking them seriously. No bully deserves to hurt you or be respected. Just tell them "Baloney!" because they are total BALONEY, not cool. Remember that they are hitch-hikers and don't have the right to occupy your mind. Unnatural.

Discuss what the voices say with your therapist for further help about what bothers you.

P.S. Get off illegal drugs—they put holes in your brain (says Dr. Daniel Amen, Save Your Brain, Save Your life), a damage which can let in voices. Take your meds, learn to eat right, sleep well, and exercise. With less stress you'll do better.

*Ann W. Sutter ♦*

**NAMI WALKS** ★ ★ ★ ★ ★ ★ ★ ★ ★ ★  
FOR THE MIND OF AMERICA

**Save the Date!**

**Saturday, May 22, 2010**

**Speedway Meadow, Golden Gate Park**

**San Francisco, Check-in Opens 9 am**

**To join a team visit**

**[www.nami.org/namiwalks10/SFO/](http://www.nami.org/namiwalks10/SFO/) Team Name**

Recovery R Us, Nellrose Graham; Rockin Robins, Sue Roberts; Miles Ahead, Beverlee Kell; Marching-On, Kay Blackwill;

Marinites for a Better Future: Michael Super;

Patricia Carillon, Walking Warriors;

Roberta English, Marin STAR Team;

Rik Super, Super Walkers; Becky Placek, Hope Keeps Going;

Jacqueline Janssen, Lovin You Walkers,

Penny Labourdette, Marin Bravehearts;

Elena Sanchez, Camenando en busca de esperanza

Kristin Graetz, Elpida House; Peg Super, Marin Striders;

Cynthia & Thierry Jackson, Mind Matters.

**Or [www.nami.org/walk](http://www.nami.org/walk)**

Kay Browne, Believers in Recovery,

Robin Manning, Creekside Crusaders

## Impaired Awareness of Illness: Anosognosia



Impaired awareness of illness (anosognosia) is a major problem because it is the single largest reason why individuals with schizophrenia and bipolar disorder do not take their medications. It is caused by damage to specific parts of the brain, especially the right hemisphere. It affects approximately 50 percent of individuals with schizophrenia and 40 percent of individuals with bipolar disorder. When taking medications, awareness of illness improves in some patients.

Impaired awareness of illness is a strange thing. It is difficult to understand how a person who is sick would not know it. Impaired awareness of illness is very difficult for other people to comprehend. To other people, a person's psychiatric symptoms seem so obvious that it's hard to believe the person is not aware he/she is ill. Oliver Sacks, in his book *The Man Who Mistook His Wife for a Hat*, noted this problem:

*It is not only difficult, it is impossible for patients with certain right-hemisphere syndromes to know their own problems....And it is singularly difficult, for even the most sensitive observer, to picture the inner state, the "situation" of such patients, for this is almost unimaginable and remote from anything he himself has ever known.*

### What is impaired awareness of illness?

Impaired awareness of illness means that the person does not recognize that he/she is sick. The person believes that their delusions are real (e.g. the woman across the street really is being paid by the CIA to spy on him/her) and that their hallucinations are real (e.g. the voices really are instructions being sent by the President). Impaired awareness of illness is the same thing as lack of insight. The term used by neurologists for impaired awareness of illness is anosognosia, which comes from the Greek word for disease (nosos) and knowledge (gnosis). It literally means "to not know a disease."

### How big a problem is it?

Many studies of individuals with schizophrenia report that approximately half of them have moderate or severe impairment of their awareness of the illness. Studies of bipolar disorder suggest that approximately 40 percent of individuals with this disease also have impaired awareness of illness. This is especially true if the person with bipolar disorder also has delusions and/or hallucinations.

### Is this a new problem? I've never heard of it before.

Impaired awareness of illness in individuals with psychiatric disorders has been known for hundreds of years. In 1604 in his play "The Honest Whore," playwright Thomas Dekker has a character say: "That proves you are mad because you know it not." Among neurologists unawareness of illness is well known since it also occurs in some individuals with strokes, brain tumors, Alzheimer's disease, and Huntington's disease. The term anosognosia was first used by a French neurologist in 1914. However, in psychiatry impaired awareness of illness has only become widely discussed since the late 1980s.

### Is impaired awareness of illness the same thing as denial of illness?

No. Denial is a psychological mechanism which we all use, more or less. Impaired awareness of illness, on the other hand, has a biological basis and is caused by damage to the brain, especially the right brain hemisphere. The specific brain areas which appear to be most involved are the frontal lobe and part of the parietal lobe.

### Can a person be partially aware of their illness?

Yes. Impaired awareness of illness is a relative, not an absolute problem. Some individuals may fluctuate over time in their awareness, being more aware when they are in remission but losing the awareness when they relapse.

### Are there ways to improve a person's awareness of their illness?

Studies suggest that approximately one-third of individuals with schizophrenia improve in awareness of their illness when they take antipsychotic medication. Studies also suggest that a larger percentage of individuals with bipolar disorder improve on medication.

### Why is impaired awareness of illness important in schizophrenia and bipolar disorder?

Impaired awareness of illness is the single biggest reason why individuals with schizophrenia and bipolar disorder do not take medication. They do not believe they are sick, so why should they? Without medication, the person's symptoms become worse. This often makes them more vulnerable to being victimized and committing suicide. It also often leads to rehospitalization, homelessness, being incarcerated in jail or prison, and violent acts against others because of the untreated symptoms.

*Treatment Advocacy Center Briefing Paper*  
www.treatmentadvocacycenter.org

## Community Resources

### Help in a Crisis

- Psychiatric Emergency Services (PES)— 499-6666 24 hour crisis line.
- Crisis Intervention Team (CIT) Police officers with special training for mental health crises are available in most communities and should be requested if you need police intervention.
- Suicide Prevention & Crises Hotline 499-1100. Telephone counseling 24/7.
- Warm Line 459-6330, phone support for peers, operated by peers through the Enterprise Resource Center.  
For mental health resources, call NAMI Marin 444-0480.

**Family Service Agency** 555 Northgate Dr., San Rafael, 491-5700. Variety of individual and group counseling services. MediCal/sliding scale. Offices in Canal area of San Rafael, Novato, and Sausalito. Bilingual.

- P.A.C.E. Dual Diagnosis (Promise, Acceptance, Choice, Empowerment) group for people with chronic mental illness and substance abuse problems. Uses Harm Reduction model. Meetings are every Monday and Thursday, 1:30 to 3 pm. Contact Ann Holloway 491-5728.
- Adult Dialectical Behavior Therapy (DBT) skills training groups Annie Arora, Ext. 2073.
- Mind Over Mood Afternoon and evening groups Tommy Flick, Ext. 2033.
- WRAP group for parents will meet every Friday from 12:30-2pm Lisa Olson, Ext. 2088.
- Recovery and Wellness for Women Every Monday 5:30-7pm. Seeking Safety model for women with trauma, addiction, and mental health issues Melissa Troncin, Ext. 2049.

### Community Mental Health Services (CMHS) 250 Bon Air, Greenbrae (up the hill)

- Family Support Group facilitated by CMHS staff, every Thursday 7-8:30 pm. 1st Floor Conference Room. Drop-in group Kathy Chestnut, 499-6805. *Free*.
- Managing Voices and Negative Thoughts is lead by Robin Buccheri and Hilary Spaulding, 2nd Tuesday of the month from 12 to 1 pm, 1st Floor Conference Room. Call Robin at 422-6498. *Free*
- Family Partner Provides support services for families with adult members with mental illness. Located on the 1st floor, Office #1420 Barbara Juniper, 415-473-4382 or 415-419-4269 (cell). *Free*

### Bucklew Programs

- Bucklew Employment Services 3270 Kerner Blvd, Suite A, San Rafael 456-9350. *Free*.  
Orientation for new clients who want assistance is every Tuesday, 12 Noon to 1 pm. No appointment is required. *Free*.
- Bucklew Housing— Renee Mendez-Penate, Supervisor, Case Management & Housing, CMHS 499-6835.
- Bucklew Transitional Age Youth Program (TAY) for young adults 16 to 26 years old. Call Kathy Eagle 460-2167. There is also a Family Support Group the first and third Monday of each month 6-7:30pm at the TAY Center, 980 Lincoln Ave. Ste. 250, San Rafael. Call Nellrose Graham, 336-6644. *Free*

### Other Resources Available in the Community

- Alano Club Dual Recovery Anonymous (DRA) Diana, 456-8479.
- Borderline Personality Disorder (BPD), Friends & Family of People w/ BPD. Support & Psychoeducation Group that meets on the first Thursday of each month, 7 to 9 pm (drop-in) at the DBT Center of Marin, San Anselmo (\$20 fee per person) Dr. Kari Wolman, 459-5206.
- Dialectical Behavior Therapy (DBT) Skills Training Group for Adolescents and their Parents, at the DBT Center of Marin in San Anselmo. David Fish, 847-3236, Ext. 2 or dvfish@earthlink.net.
- New Directions in Education Program Supportive services to students recovering from mental health issues and who want to attend classes at College of Marin. Disabled Student Services in the Learning Resource Center, Room 136-5, College of Marin 302-0225.
- Life Skills Group by Elpida House staff, Fridays 1:30 to 3 pm. Please call Laura at 499-8613. Ext. 2.
- Beyond Hunger Program for Eating Disorders 459-2270 or www.beyondhunger.org.
- AD/HD (attention deficit disorders) Parent and adult support groups and skill classes by CHAD 789-9464 or [www.chaddnocal.org](http://www.chaddnocal.org).
- Kaiser Psychiatric Services Advice and education 820 Las Gallinas, San Rafael 444-3522.
- Community Institute for Psychotherapy Reduced cost psychotherapy. Call 459-5999.
- Matrix Parent Network & Resource Center Provides information and support groups for families of children with disabilities. Visit [www.matrixparents.org](http://www.matrixparents.org) or call 1-800-578-2592.
- C.A.R.E. Team, a mobile outreach program for people with mental illness who are homeless or at risk of being homeless Peter Planteen, 847-1266.



**Enterprise Resource Center** [www.camentalhealth.net](http://www.camentalhealth.net)  
 3270 Kerner Blvd. Bldg.A, Suite C, San Rafael 457-4554  
 Open 9am to 4pm M-F, 10am to 4pm Saturday and Sunday

**MONDAYS**

11am to 12 Noon WRAP Group (Wellness Recovery Action Plan)  
 12 pm to 12:30 pm Smoke Busters w/Amy in the LRAC Room  
 12:30 pm to 1 pm Buckelew Presentation (1st Monday of month)  
 2 pm to 3:15 pm Women's Support Group

**TUESDAYS**

11am to 12 Noon Smoking Cessation  
 1 to 2 pm Women of Courage (Dual Recovery Anonymous)  
 For women ONLY  
 1 pm to 3 pm Library books available for check-out  
 2 pm to 3 pm Process Group  
 3 pm to 4 pm Flying Over the Cuckoo's Nest (Dual Recovery Anonymous) Open Meeting  
 3 pm to 4 pm Calligraphy Class in LRAC Room  
 4pm to 5:30 pm NAMI Family Support Group (4th Tuesday)  
 5:30 pm to 7 pm Hoarding & Cluttering Support Group  
 7 pm to 8:30 pm NAMI Family Support Group ( 2nd & 4th Tues.)

**WEDNESDAYS**

11 am to 12:30 pm PEER COMPANIONS  
 1 pm to 2 pm 3rd & 4th Wednesday with Bruce Gurganus  
 1pm to 4 pm Computer Tutorials with Jared Warner  
 2 pm to 3 pm Process Group  
 6pm to 8 pm DBSA (Depression Bipolar Support Alliance)

**THURSDAYS**

10 am to 11 am Spirituality Group  
 11 am to 12 Noon Drama Therapy  
 12 Noon to 1 pm Smoking Cessation Group  
 1 pm to 2 pm Dual Diagnosis Group with Alex Markel  
 1 pm to 4 pm Computer Tutorials with Lauren Rose Lupia  
 2 pm to 3 pm Process Group  
 3 pm to 4 pm Mindfulness Group  
 7 pm to 8:30 pm NAMI Espanol Family Support Group (1st & 3rd Thursday)  
 7 pm to 9 pm Forgiveness Workshops (1st & 3rd Thursdays)

**FRIDAYS**

10 am to 11 am Movement Group  
 11 am to 12 Noon Writing Group  
 1 pm to 2 pm Self-Esteem Group  
 2 pm to 3 pm Process Group  
 3 pm to 5pm WRITE-ON Group with Robert Harry Rovin

**SATURDAYS**

11 am to 12 Noon Process Group  
 1 pm to 4 pm Movie and Art Group  
 8 pm to 9 pm Dual Recovery Anonymous (DRA)

**SUNDAYS**

10 am to 1:30 pm Unscheduled Socialization  
 1:30 pm to 2:30 pm Process Group

**NAMI Marin Services**

NAMI Marin Services are free. Our office is located at 555 Northgate Dr. #280, San Rafael, 444-0480 [www.namimarin.org](http://www.namimarin.org).

- **NAMI Marin General Meetings**, open to the public. Expert speaker topics. See page 8.
- **Family-to-Family Education**, a 12 week class structured to help caregivers understand and support individuals with serious mental illness while maintaining their own well being.
- **NAMI Family Support Group** 2nd & 4th Tuesdays, 7-8:30 pm; 4th Tuesday 4-5:30 pm, Enterprise Resource Center (free drop-in).
- **NAMI Marin Espanol Support Group** 1st and 3rd Thursdays, 7-8:30 pm. Enterprise Resource Center. Made possible by a generous donation from the Marika Anne Critelli Fund. Conducted in Spanish. Contact Elena Lopez (415) 879-2599.
- **FamFest Dinners**, monthly family & consumer connection. Scholarships available. First Wednesday of month. See page 8.
- **NAMI Marin Office**, Monday through Friday, 1-3pm, visit for support and information.
- **NAMI Marin Help Line** Call 444-0480 1-3 pm weekdays for support and resource information.
- **NAMI Marin Library**, located in our NAMI office. Members may borrow from an extensive collection of resources.
- **NAMI Marin Speakers Bureau**, family and consumer speakers available for events.
- **Gift of Time**, volunteer and consumer matched for companionship (415) 925-0875.

**Marin Mind/Scapes  
 Needs Volunteers**

Marin Mind/Scapes: Stories of Art, Nature, and Wellness will be held in conjunction with Buckelew Program's annual 4th of July weekend fundraiser, Marin/Scapes, Friday to Sunday, July 2, 3, 4 from Noon to 6 pm each day.

A major goal of Marin Mind/Scapes is to help reduce the stigma of mental illness through the stories of artists and other narrators, some who have been diagnosed with a severe mental illness. They speak of their artwork, its influences, and the impact that artistic expression has had on their lives.

NAMI volunteers are needed to staff the exhibit in 2-hour slots (Noon-2pm, 2pm-4pm, 4pm-6pm). Come spend a couple of hours surrounded by artwork depicting Marin's beautiful landscape. Call 444-0480.

*The list of community services does not represent an endorsement by NAMI Marin*



**NAMI Marin**  
National Alliance on Mental Illness  
555 Northgate Drive, #280  
San Rafael, CA 94903

Non-Profit Org.  
U.S. Postage Paid  
San Rafael, CA  
Permit No. 641

ADDRESS SERVICE REQUESTED

THIS MATERIAL IS TIME RELATED

**April 2010**

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**NAMI Marin General Meeting  
Monday, April 26, 2010 7:00-8:30 pm**

Connection Center at the  
Marin County Health and Wellness Campus, Room 110,  
3240 Kerner Blvd, San Rafael

*Doors open at 6:30 pm. Come early for social time.  
NAMI Marin programs are free and open to the public.*

**Beyond Addiction: Harm Reduction Changes**

Learn About:

- The many ways and reasons that people develop a "relationship with drugs"
- The interaction between recreational drugs or drugs of abuse and mental and emotional illness
- Meeting a person where they are
- The change process
- The family's role in supporting change

Speakers:

- Patt Denning, PhD, is a Clinical Director of the Harm Reduction Therapy Center (HRTC). She has worked in Community Mental Health for over 30 years and is one of the founders of Harm Reduction Therapy. She is an international expert in dual diagnosis and harm reduction and author of two books and many papers.
- Jeannie Little, LCSW, is Executive Director and co-founder of HRTC. Her expertise is in group treatment of dually diagnosed people.
- Patt and Jeannie co-authored Over the Influence, a consumer's guide to managing drugs and alcohol. They'll bring copies of their books and will be available to sign them after the talk.

NAMI Marin annual membership is \$35 for a family or individual. Reduced membership fee available upon request. With your membership you will receive this newsletter along with State & National publications and access to our extensive mental health library.

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You are invited to the next

***FamFest***

**Wednesday, April 7 at 6:00 pm  
The Crepevine**

908 Fourth Street, San Rafael  
Family Gathering and Dinner

Clients, family, friends, and support staff, all welcome!  
No Host - Walk ins are welcome. For those who have difficulty paying the usual \$10, NAMI offers partial assistance.

Call Kay 472-1388

Wednesday, May 5, 6:00 pm  
Taqueria Maria

1017 Fourth Street, San Rafael