


**EDUCATIONAL INFORMATION
BOOKLET
For
PERSONS SERVED
AND
THEIR FAMILY**



**COMMUNITY SERVICE BOARD
OF MIDDLE GEORGIA**

*****CARF ACCREDITED*****

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TABLE OF CONTENTS

Introduction/Affirmation	4
Coping with Mental Illness	5
Steps that Lead to Success in Treatment.....	6
Feelings	7
Feelings Study Sheet.....	8
Depression	9
Major Depression	10
Anxiety: A Fact Sheet	11
Panic and Anxiety Attacks	
Stress & Anxiety Study Sheet	
Diet, Nutrition, and Exercise	15
AIDS Awareness	16
Stopping the Spread of HIV and AIDS	
Schizophrenia.....	18
Bipolar Disorder.....	20
Assertive Communication.....	21
Cognitive Distortions	22
Borderline Personality Disorders	23
Co-Dependency	25
What Are Seven Steps to Overcoming Co-Dependency	
Co-Dependency Study Sheet	
Alcoholism / Self-Test	28
Common Excuses/Changes/Help	
Relapse / Sobriety	
Warning Signs	
What is Addiction? / Common Signs	
Understanding and Managing Anger	32
Treatment Success Study Sheet	
Common Ways/Mishandling Anger	
Medications.....	38
How Much Do You Know?	
When Your Medicine Runs Out	
Take Your Medicine at the Same Time Every Day	
Make It Simple	
Pharmacies	40
Mail-Order Pharmacies	
Neighborhood Pharmacies	
Self-Esteem	42
Self-Succeeding Beliefs	
Self-Defeating Beliefs	
Study Sheet	
H1N1 and Seasonal Flu	47
Cultural Competency	49
Person Centered Thinking.....	50
What is Holistic Mental Health.....	51
Addressing Allergies.....	53
Infection Control.....	54
Suicide Risk Factors & Prevention	59

Who Is At Risk?	
Warning Signs	
Resources	
Telemed/Telepsychiatry at CSBMG.....	62
Peer Support Whole Health & Wellness.....	64
Role of The Environment.....	65
The Role of Choice.....	68
Georgia Recovery Initiative (GRI).....	69
SOAR Clubhouse.....	70
Project AMP.....	71
Georgia APEX Project.....	72
Emerging Adult Program.....	73
My Rights and Responsibilities (DBHDD Rights Defined - I/DD).....	74
Animal Assisted Therapy.....	76
RISE UP - Recovery Support Center.....	78
High Utilization Management (HUM).....	79
Autism Program.....	81
AIME Project.....	82
S.P.A.R.K.....	83
The HUB Peer Center.....	84
M.O.N.A.R.C.H.....	85
S.P.I.R.I.T.....	88
M.O.S.A.I.C.....	90
Jail In-Reach.....	92
Intensive Customized Care Coordination (IC3).....	94
Moderate Customized Care Coordination (MC3).....	95
Last Page: Resource Links (web links).....	97

INTRODUCTION

IT IS THE POLICY OF THE COMMUNITY SERVICE BOARD OF MIDDLE GEORGIA TO PROVIDE INFORMATION TO EXPAND BOTH CONSUMER AND FAMILY KNOWLEDGE OF ILLNESSES, DISABILITIES, AND TREATMENT NEEDS.

WE ENCOURAGE INDIVIDUALS SERVED AND THEIR FAMILIES TO BE INVOLVED IN THE TREATMENT AND CARE PROCESS.

COMMUNITY SERVICE BOARD OF MIDDLE GEORGIA AFFIRMATIONS

I ACCEPT RESPONSIBILITY FOR TAKING CARE OF MYSELF, AND I ASK FOR HELP WHEN I NEED IT.

I AM RESPONSIBLE FOR MY OWN THOUGHTS, FEELINGS, AND ACTIONS AND THE ONLY PERSON I CAN CONTROL IS ME.

IT IS OKAY FOR ME TO MAKE MISTAKES. IT IS PART OF BEING HUMAN.

IT IS OKAY FOR ME TO HAVE MY THOUGHTS AND FEELINGS AND SHARE THEM WITH OTHERS.

I DESERVE HAPPINESS, JOY, AND PEACE OF MIND AND I CHOOSE EXPERIENCES THAT BRING IT ABOUT.

I AM ASSERTIVE IN COMMUNICATING MY NEEDS AND I CAN SAY NO WHEN I NEED TO. IT IS OKAY FOR ME TO DISAGREE.

I CAN DEFINE WHO I AM AND STILL LISTEN TO FEEDBACK. I CAN ACCEPT CRITICISM FROM OTHERS WITH PEACE OF MIND AND CLEAR THINKING.

I CAN BE CLOSE TO OTHERS AND STILL PROTECT MYSELF. I CAN LISTEN TO MY INTUITION ABOUT SITUATIONS THAT DO NOT FEEL SAFE TO ME.

COPING WITH MENTAL ILLNESS

1. We must accept and learn to cope.
2. What is it? An illness affecting the brain.
3. Why learn about it? To help patients and family.
4. Causes of? Chemistry imbalance, birth defects, and inherited.
5. Brain – The most important organ in the body – enables us to breath, see, hear , smell, have memory, and speech.
6. One-Third of the population has Mental Illness.
7. Is it a permanent condition? Can be, but not always.
8. Can children suffer too? Yes
9. Can Mental Illness cause other illnesses? Yes.
10. Affective Disorders- Depression and Manic Depression
11. Schizo-Affective Disorder – Groups of Disorders
12. Symptoms – Can't get along, low self-care, low self-esteem conversations, not sensible, social withdrawal, fears, hallucinations, obsession.
13. Anxiety Disorder – General Anxiety, panic, phobias, obsessive compulsive disorder.

STEPS THAT LEAD TO SUCCESS IN TREATMENT

Desire to Change

Patients who strongly want to change and get better, do get better. Motivation is a key to doing the hard work that is necessary to make healthy changes.

Rational Thinking

Healthy change often involves a willingness to stop irrational thinking that is the cause of so much distress. The following are examples of positive and rational thinking: “I can change by opening my mind to new ideas and taking positive risks.” “it is okay to get the help I need.” “if I work hard, I will get better.”

Honesty

Honesty with oneself and others is important to success in treatment. Although it is difficult to discuss and admit to our problems, it is next to impossible to solve our problems without doing so. For many it is risky to trust others with things that we are ashamed to admit. In both treatment of chemical dependency and emotional problems, honesty is paramount.

Doing the Work

Completing class and therapy assignments is a very important part of treatment. A person does not become a skilled baseball player or singer by simply reading a book. Patients who really want to solve their problems will do their assignments and will study.

Willing to Learn

A person needs to show a willingness and eagerness to learn to benefit the most from therapy. Successful patients are like sponges waiting to take in all relevant information. Unsuccessful patients often think that they already know all the answers.

Assertiveness

Successful patients learn to stand up for their rights without saying or doing hurtful things. They are willing to speak up when they have concerns about their medication or treatment. They are also willing to learn how to speak to others outside the hospital in an assertive way.

Journaling

For many patients journaling about their thoughts and feelings helps them to become aware of roadblocks to getting better. It can also help them in keeping track of their positive accomplishments and increases their awareness of things for which they are grateful.

Goal Setting

Setting realistic goals is essential for patients to succeed in treatment. It is helpful for patients to make goals that are both specific and short term. One would not drive to a faraway city that he has never been to before without a road map. Likewise, it is difficult for a patient to go where he wants without setting goals for his treatment.

FEELINGS

For many people, dealing with feelings is very hard. Not being able to work out feelings can cause stress and depression, conflicts in relationships, and for people with addictions, it can trigger relapse. Unresolved feelings can also be very powerful in motivating behavior.

AWARENESS

The most important thing to do when dealing with feelings is to get in touch with them.

For this reason, it is suggested that you take some time every day to think about your feelings.

Being more consciously aware of your feelings leads to self-understanding.

WHY DO WE NEED FEELINGS?

Feelings arise when we have a need that is not being met.

Then they provide the physical energy to do what is needed to survive.

A simple example would be: you touch something hot—you feel pain—you jerk your hand away.

It is important to accept and embrace our feelings as a healthy, normal part of being human. If we don't accept and learn to work with our feelings, we literally won't survive very well.

FEELINGS AND THE BODY

A complicated chemical process in the body generates feelings and the energy they produce. For this reason, it is important to be physically healthy. Eating the right foods, getting rest, and regular exercise will aid our physical health. The body is like a machine. The better condition it is in, the better it works.

Certain foods and drugs can really mess with your feelings making them either more intense or blocking them. The main foods that affect feelings are sugar, caffeine, and too much fat. Even though caffeine is naturally found in many foods, it is actually a drug and a powerful stimulant. Many drugs like alcohol, marijuana and cocaine affect feelings. Exercise is important to our emotional health. Exercise helps in two ways. First it increases a brain chemical (endorphins) that make you feel better in general. Second, it helps get rid of too much energy when feelings are too intense.

FEELINGS STUDY SHEET

HOW DO YOU FEEL TODAY AND WHY?

___ Mad	___ Scared	___ Numb	___ Hopeless
___ Sad	___ Ashamed	___ Excited	___ Helpless
___ Glad	___ Empty	___ Inadequate	___ Overwhelmed
___ Hurt	___ Lonely	___ Guilty	

WHAT DO YOU FEEL YOU NEED FROM OTHERS? _____

WHAT ARE YOUR THOUGHTS ABOUT YOURSELF AND OTHERS?

Journal responses to the following questions:

What one thing bothered you most today?

How did you feel?

Why?

What part did you play in the situation?

What could you have done to change the outcome?

What one thing did you find most meaningful or positive today?

What have you learned about yourself today?

In what way do you want to change yourself or your life?

What goals did you set for yourself today?

Did you meet them?

If not, Why?

What did you do to take care of yourself today?

Are you doing things because it is good for you, or are you trying to please someone else?

Depression Introduction

The picture we have of depression is often grossly distorted and therefore, even the mention of its possible presence is enough to frighten us or make us uncomfortable. We have found that a good number of program participants do not realize they are not only stressed and anxious, but also depressed.

Have you ever had the kind of headache that just sits there, not the kind that sends you immediately to find medication, but the kind that is a light irritant? Do you remember how you ignored it, busied yourself and did not notice it at times? Slight depressions are sometimes handled like that.

So! You think you are weak? HA! You are among the strongest people on earth! Look what you have had to do in order to help yourself take control:

1. You saw and acknowledged that there is a problem. This is one of the strongest things you will ever do.
2. You overcame the lethargy, hopelessness, and apathy that are so much a part of this condition. This is gigantic.
3. You overcame your fear of the stigma attached to depression. You are a very strong person.

Our goals this week: To identify any depression that may be present, focus on a clear picture of depression and begin activities that will start to alleviate and uplift.

This kind of depression that most often coexists with anxiety is driven by the anxiety. A large number of people who have suffered with anxiety disorders slowly become depressed to one degree or another.

There are two very good reasons for this. Number one, anxiety disorders ARE DEPRESSING! And second, over time the experience of panic, high stress levels, anxiety attacks, and lowered self-esteem and self-respect, seem to lead the brain to reduce the amount of serotonin it produces.

The good news is: If the cause of the depression (stress and anxiety) is dealt with and alleviated, the result (depression) should be relieved. If you can remember that anxiety preceded the depression, you have a good idea as to the cause of the depression.

Do you have questions, concerns or need support? Help is just a phone call away!

Community Service Board of Middle Georgia Major Depression: A Fact Sheet

DEFINITION: Major Depression is a disorder of mood with severe and prolonged feelings of sadness and related symptoms that impair efficiency and functioning.

SYMPTOMS: The symptoms of major depression may include depressed mood, hopelessness, helplessness, poor appetite with weight loss, increased appetite with weight gain, inability to sleep or oversleeping, agitation, general slowing down, loss of interest or pleasure in activities that used to be enjoyable, loss of energy, tiredness, fatigue, feelings of worthlessness, self-reproach, excessive guilt, inability to think or concentrate, indecisiveness, recurrent thoughts of death or suicide, wishing to be dead, irritability, agitation, concern with physical health, phobias, use of street drugs, sulkiness, problems at school or work, increased emotionality, memory loss, apathy, distractibility, delusions, brooding, panic attacks, excess use of alcohol, aggressiveness, social withdrawal, poor grooming, or disorientation. These symptoms cause significant distress or impairment in functioning.

CAUSE: Major depression is caused by a combination of factors. Psychoanalytic theory holds that depression is caused by anger turned toward the self. Another psychological theory is that depression is the response to a loss: of a loved one, of prestige, of self-esteem, of a job, or of other important aspects of oneself. Still other theories are that depression can be caused by a lack of social or interpersonal skills or by an excessively gloomy or negative view of oneself and the world. Other factors related to depression include stress, poor self-esteem, strong dependency needs and lack of a feeling of mastery.

We know too that major depression tends to run in families, so that the more closely blood-related a person is to someone who has major depression, the more likely that person is to develop it. But inheriting a genetic predisposition to depression does not seem to be enough by itself to cause depression. It is probably also necessary to experience a certain kind or amount or timing of stresses in life.

In recent years, researchers have learned that there are characteristic physical and biochemical changes that occur in major depression. It has been proven that most people with depression have specific chemical imbalances in the brain involving at least four important chemical messengers (neurotransmitter): norepinephrine, serotonin, acetylcholine, and dopamine. These imbalances persist during depression and return to normal when the depression lifts. As a result of these brain changes, there are changes in functioning of the glands, including the pituitary (master gland), the thyroid, and the adrenals. During depression, these glands lose their usual daily rhythm of hormone production and also their normal mechanism of self-regulation. Another result of the biochemical imbalance in the brain is a change in the normal sleep-wake pattern, resulting in either under sleeping or over sleeping.

As previously stated, depression is probably caused, in most cases, by a combination of these psychological, stress-related, genetic and biochemical factors.

COURSE: Major depression is a one-episode illness for half of all people who suffer from it. For these people, an episode must last at least two weeks with a gradual recovery in which there are some bad days intermixed with the good.

For the other half of people, depression is a recurring illness. Episodes of recurrent depression can return every 20 years, every 10 years, every 5 years, every year, twice a year, or even more often. For most people, the symptoms disappear completely between episodes, but for a third of all people with depression, there are lingering symptoms even between episodes.

TREATMENT: Research shows the most effective treatment for major depression includes a combination of anti-depressant therapy and counseling. Anti-depressant medications are not addictive and when working properly, have minimum side effects. This type of medication typically takes several weeks to reach therapeutic levels. Taking medication on a daily basis and continuing to take it until your treatment team advises you to stop is very important. Therapy is also important to help you learn to resolve problems, heal from losses, and develop new coping skills. Depression is highly treatable with excellent success rates.

Community Service Board of Middle Georgia Anxiety: A Fact Sheet

Anxiety is a painful uneasiness of mind, usually over an anticipated illness. An abnormal apprehension and fear often accompanied by physiological signs such as sweating and increased pulse caused by doubt about the nature and reality of the threat itself and/or caused by self-doubt.

Most everyone will experience feelings of anxiety at some point in their lives. Whether it's the birth of a first child, the loss of a job or in preparation for a major medical procedure, everyone will experience occasions where his or her stress level will become overwhelming. A close relative of excitement, anxiety can be best described in terms of worry, a general troubled or uneasy feeling of apprehension. For the person suffering from an anxiety disorder, the worry is persistent and habitual, often initiated by unrealistic situations or thoughts. In addition, this worry is seemingly uncontrollable and often interferes with the ability of the individual to concentrate or otherwise function normally. Anxiety disorders can co-exist with other ailments including panic disorder, depression and alcoholism.

It is a condition that has been misunderstood and misdiagnosed for years, affecting one out of every five people (well over 20 million people).

Some people suffering from anxiety experience pain. Some do not. Many of their problems are emotional and analytical. They are learned habits that can be unlearned.

PEOPLE SUFFERING FROM CHRONIC ANXIETY OFTEN COMPLAIN OF:

Strong anxiety episodes	Racing heart/chest discomfort
Trembling	Nausea
Hot and cold flashes	Feelings of unreality & disorientation
Dizziness	Scary, uncontrollable thoughts
Depressed feelings	Fatigue
Feelings of helplessness	Panic episodes
Muscle tension	Migraine headaches
Numbness in various parts of the body	
Strange aches or pains	

PEOPLE SUFFERING FROM ANXIETY DISORDER OFTEN HAVE EXTREME APPREHNSIONS ABOUT THE FOLLOWING:

Dying	Having a heart attack
Fainting	Losing their breath
Going "insane"	Losing control
Choking	Hurting themselves or someone else
Embarrassing themselves in front of others	

Anxiety: A Fact Sheet Page 2

THE FOUR MOST COMMON CONCERNS OF THE ANXIOUS SUFFERER ARE:

Dying	Embarrassing themselves in front of others
Going "insane"	Losing control

When a sufferer is experiencing a panic attack, he/she truly feels that he/she will lose control, go "insane" or die if they do not get to a "safe" place or person. The "safe" place is usually home or somewhere very familiar and comfortable. The "safe" person is usually a spouse, child or close friend-someone who can be there if the sufferer needs help.

Believe it or not, there is no "safe" place or person.
You are the one scaring yourself; only you can calm yourself down.

This may be very difficult for you to accept right now. That's fine. It is not important that you agree with everything from the start.

It is important, however, that you listen, participate, and believe we do know what we are saying. It has worked for numerous people before you!

People suffering from chronic anxiety often share similar backgrounds.

Check the ones that apply to you:

- Alcoholism in the family
- Strict religious upbringing/family philosophy (control through guilt/fear)
- Parents with high expectations
- Siblings parenting other siblings or parents
- Feelings not easily expressed/displayed
- Negative emotional environment
- Lack of praise and approval
- Nervousness in family
- Over-reacting family members
- Feeling that you must always prove yourself as a child
- Separation or loss of some family member(s)
- General unstable upbringing with various conflicts

**THESE YOU
CANNOT
CHANGE**

Due to situations, you may have experienced as a child, you adopt certain personality traits. Most common traits in people suffering from chronic anxiety are:

Check the ones that apply to you:

- Perfectionist
- Inner nervousness
- Tendency to over-react much of the time
- Low self-esteem
- Guilt ridden
- Extremely sensitive to criticism
- Emotionally sensitive
- Extremely high expectations
- Inability to make decisions
- Obsessive thinker
- Extremely analytical
- Suggestible to others problems
- Overly concerned with others opinions of you
- Tendency to worry about health problems
- Need to appear in control

**THESE ARE THINGS
WE CAN LEARN TO
CHANGE**

Panic and Anxiety Attacks

What causes a panic or anxiety attack?

The answer is really quite obvious. **YOU CAUSE IT**

Nothing outside of you gives you a panic attack. You cause it. Here is how:

After experiencing **external** anxiety, you become concerned with your body feelings and symptoms. You think about them to the point that you start to *scare* yourself. This creates **internally** generated anxiety.

Your body senses fear and releases chemical stimulants into your system to strengthen your body so it can *fight or flee* from what it is that causes the fear, whether real or imagined. These chemicals include adrenaline, sodium lactate and cortisol.

As your anxiety level grows, more chemicals are released into your system.

This causes you to enter the second stage of anxiety, the endogenous stage. Now your main concern is no longer the particular problem that brought on the stress. Instead, it is the “weird feelings” and “strange symptoms” that your body is experiencing.

You become so caught up in wondering “What is wrong with me?” that you become bewildered and confused. So much so that all your defenses are down, your sensitivity level is up, and you go into panic. The anxiety seems overwhelming. You fear you will lose control.

There is one important thing to remember at this time:

You will not lose control, nor will you go insane.

Your mind and body can only maintain this state of anxiety for a few hours at best. Then, you may become extremely fatigued and depressed. Next, we will talk about external and internal anxiety.

EXTERNAL ANXIETY

- This type of anxiety is generated or caused by something real, something that is going on in your life.
- There is a valid reason to feel this type of anxiety.
- It could be brought on by something as traumatic as someone trying to physically hurt you. It also could be initiated by something as simple as watching a television show or by your concern about a future event.

INTERNAL ANXIETY

- Is caused by your concern about your external anxiety and the way it has made you feel.
- You only experience internally generated anxiety if you *choose* to.
- By choosing to be less affected by external events and externally generated anxiety, you minimize internally generated anxiety.
- Life is stressful. Both good and bad situations can cause anxiety. Marriage, low self-esteem, career change, having a baby- all of these situations can cause externally generated anxiety.
- This brings on body symptoms- racing heart, bewilderment, dizziness and such. It is normal to feel this way.
- What the anxious person does at this time is to add internally generated anxiety that really has no validity. “*What’s wrong with me? Am I going to faint? Am I going to lose control and do something stupid?*” These are not valid thoughts; they are not true. There is no reason to worry.
- Internal anxiety gets us into trouble. It is from this anxiety that we get obsessive and carried away – scaring ourselves with untrue thoughts and increasing our body symptoms.

You must learn to stop, give yourself permission to have externally generated anxiety, tell yourself why you are having it and let it pass.

STRESS & ANXIETY STUDY SHEET

WHAT ARE THINGS THAT TEND TO STRESS YOU THE MOST?

HOW DOES STRESS AFFECT YOU PHYSICALLY & EMOTIONALLY?

HOW DOES FEELING ANXIOUS AFFECT YOUR RELATIONSHIPS?

WHAT STEPS MIGHT YOU TAKE TO MANAGE YOUR ANXIETY?

DIET, NUTRITION, AND EXERCISE

Diet, nutrition, and exercise play a very important role in dealing with anxiety, stress, and depression. What you eat affects the way you feel emotionally and physically.

Have you ever noticed how hyperactive you feel after eating sugar, drinking cola or coffee? Sugar and caffeine are strong stimulants.

On the other hand, certain types of heavy foods will make you feel tired, drained, and non-energetic. That is fine if you are not working or about to begin an activity that demands a clear head and a certain amount of energy. There are natural ways to relax yourself without taking medication. Some involve the way you eat.

Exercise is also very important.

You will do much better at handling anxiety, stress, scary thoughts, depression, tiredness, nervousness, lack of self-esteem – almost everything if you start an exercise program. There is one right for you.

Before you go out and buy expensive exercise equipment or join an expensive spa, take some advice from others who have been exercising. Start out slowly, doing something you enjoy. Exercise for what it can do for you mentally. The physical benefits will come later.

Don't feel like you must exercise every day for a certain amount of time and if you don't – you might as well do nothing.

This is untrue for people with acute anxiety. Any amount of exertion will benefit someone who is full of anxious energy. Exercise also acts as a prevention to help you from getting anxious. You will sleep better, feel better and be less anxious.

We cannot force you to eat right, to practice good nutrition, and to exercise. But, if you truly want to get rid of this anxiety, depression, and gain self-control, you need a complete course of action. No positive dialogue will help if you have filled yourself full of sugar and caffeine.

CHANGE YOUR DIET

EXERCISE

FEEL GOOD AGAIN

TAKE CONTROL OF YOUR LIFE

AIDS AWARENESS

1. 10% OF U.S. POPULATION HAVE AIDS – DISCOVERED IN 1981.
2. A VIRUS IS THE CAUSE OF “HIV” (HUMAN IMMUNODEFICIENCY VIRUS)
3. DETECTED WITH BLOOD TESTS THREE MONTHS AFTER EXPOSURE.
4. DECREASES IMMUNE SYSTEM TO FIGHT ILLNESSES, EVENTUALLY DESTROYS SYSTEM.
5. INFECTED PEOPLE AT HIGH RISK FOR OTHER ILLNESSES OR CANCER.
6. BLOOD, SEMEN, SALIVA, ALL BODY FLUIDS ARE INFECTED AND CARRY THE VIRUS. PREGNANT MOTHER CAN PASS TO FETUS BEFORE OR DURING DELIVERY.
7. TOUCHING DOES NOT CAUSE THE INFECTION, OR KISSING, BUT STILL BE CAREFUL.
8. SPECIFIC BEHAVIORS ARE RISKY:
 - Needles shared
 - Unprotected sex – use a condom!!
 - Tattoo parlors – needles and ink breed virus
 - Uncircumcised males are a high risk
 - Homosexual, heterosexual and bisexuals, 20-30% of adolescent males have homosexual contact
 - Anal intercourse tears blood vessels
 - Possible with blood transfusions & organ transplants
 - Higher risk with blood transfusions between 1977-1985
9. IT IS POSSIBLE TO HAVE AIDS AND NOT DEVELOP SYMPTOMS UP TO 10 YEARS, BUT USUALLY OCCUR BEFORE THEN.
10. COMMON SYMPTOMS “UNEXPLAINED” BY ANOTHER ILLNESS
 - Extreme fatigue
 - Increased bruising
 - Recurring fever
 - Swollen glands in neck and armpits
 - Personality change
 - White color on tongue
 - Unexplained bleeding from growths on skin
 - Rapid weight loss
 - Repeated diarrhea
 - Night sweats
 - Deep dry cough
 - SOB
 - Mental deterioration
11. Positive means you are capable of transmitting, but not always get AIDS yourself.
12. Don't share needles, toothbrushes, razors, tattoo needles or any items related for personal use with anyone.
13. AIDS Hotline: 1 –800 – 342- 2437
14. Health Department or Medical Doctor can do a test, simple just by drawing blood.
15. Stage of Disease
 - 1- Acute illness (flu-like symptoms)
 - 2- Asymptomatic
 - 3- Chronic Symptoms
 - 4- Advanced
16. Full Blown Disease
 - 1- White lungs on CXR – means pneumonia or AIDS pneumonia
 - 2- Parasites (pneumocysti) in lungs
 - 3- Cough up worms – going barefoot during rain, parasites can enter feet
 - 4- Fungus in lung
17. Vaccine – not probable anytime soon. DNA of virus keeps changing from person to person.
18. Be aware for yourself – educate your family and friends.
19. Keep yourself healthy and keep your distance!!
20. Notify you Medical Doctor if you have any suspected problems right away.

STOPPING THE SPREAD OF HIV AND AIDS

- Early detection and early treatment is the best preventive measure except total abstinence from sex.
- Hard to resist and be safe, you never know “all” of your partner’s history.
- Those who look good not always good, “Looks can Kill!!!”
- Sex most common way to transfer virus via mouth, vagina, rectum, and open sores.
- Be sure condoms are latex only!!, spermicides can help but not foolproof.
- On moment of living passion can cause death.
- Bacteria can not live long outside the body.
- Body piercing is dangerous!!
- Blood and body fluids- especially menstrual blood are transferring agents (carriers).
- Virus attacks white blood cells first, then organs, brain, heart, lungs, and kidneys.
- One nightstand ain’t always grand!!! “No gloving, no loving”.

Reference: “Stopping the Spread of AIDS” - Video

Schizophrenia

Term for a group of mental disorders marked by a variety of symptoms. Literally, “split mind”, but, contrary to a common misconception, schizophrenia does not imply a split personality (someone acting like two different people).

Symptoms

Some of which are present in any one individual, occur in thoughts, perceptions, feelings, movements, and interpersonal relationships. Thought disorders may be observed as a failure to make logical connections or by the development of delusions. Hallucinations, particularly hearing one’s thoughts spoken aloud or hearing imaginary voices giving commands or making comments are the principal perceptual problems. Emotional reactions to a situation appear to observers to be flat or inappropriate. Disturbances in movement may appear as catatonia (rare condition when the patient maintains a rigid posture) or more commonly, as apparently purposeless, excited movements that have repetitive sameness. Relationships are usually disturbed since schizophrenic persons tends to be withdrawn.

Schizophrenia almost always develops before middle age. Typically, the first episode takes place during adolescence or young adulthood and tends to be followed by others. Appearance is evidenced by deterioration in a person’s work, social relationships, and ability to care for self, together with one or more of the symptoms noted above.

No simple catalog of symptoms can convey the devastation of schizophrenia- the most severe major mental illness. Schizophrenic person’s odd speech and behavior cause others to laugh nervously, but these symptoms are the product of torment rather than playfulness. Being unable to order and control one’s own thoughts, isolated by a vision of reality all one’s own, commanded to act by disembodied voices are experiences that make schizophrenia a frightening and lonely experience.

Causes

Scientist agree schizophrenia has no one single cause. It is the product of interplay of biology, psychology, and culture, just as is normal personality. The disorder does run in families, however; that is, close relatives of a schizophrenic person are more likely to develop the disorder than the population at large. Whereas only 1 or 2 out of every 100 people become schizophrenic over a lifetime, about 10 out of every 100 children who have one schizophrenic parent eventually develops the disorder. Investigators have long debated whether this increased risk is the product of heredity or the result of difficulties in being reared by a parent with a disorganized personality.

Much evidence has demonstrated that schizophrenia involves the inheritance of some genetic defect. For example, in the case of identical twins (who share exactly the same genes), when one twin is schizophrenic, the chances of the other twin becoming schizophrenic are somewhere between 35 and 58 percent. Just what is inherited- a biochemical abnormality, a neurological defect, a faulty enzyme – is, however, still open to question, and many scientists believe that the strength of the inherited component in schizophrenia varies from one individual to another.

Psychological research linked a number of environmental conditions to schizophrenia. Unclear communication within families is one. Investigators are still uncertain whether this deviant communication is the cause or result of schizophrenia. A disorganized family life often associated with poverty has also been implicated in schizophrenia; poverty may lead mothers to neglect health, which in turn may affect the health of a fetus/newborn child.

Brain research, on the other hand, provides several clues to organic factors related to schizophrenia. Dopamine – one of the brain's chemical messengers or neurotransmitters (BRAIN) may be present in abnormal quantities. The use of brain-scanning techniques has demonstrated structural abnormalities in areas of some schizophrenics' brains.

Treatment

The most powerful treatment for alleviating schizophrenic symptoms is antipsychotic medication (Psychoactive drugs). Available since the mid-1950s, enabled schizophrenic individuals to function without experiencing crushing fear or troublesome symptoms. Used not only to stop acute episodes of schizophrenia, but to prevent future breakdowns. The drugs do have drawbacks - they can produce minor side effects - drowsiness or dry mouth, and also can have long-term consequences. Some patients who have taken the drugs for many years developed a condition known as tardive dyskinesia - characterized by abnormal movements of mouth and tongue and is especially serious because it has no known cure and may not disappear if drug is stopped. Not every schizophrenic patient benefits from antipsychotic drugs, and others do not seem to need them at all. Some form of psychotherapy is usually used to treat schizophrenic patients. Psychotherapy is also used to help patients who do receive medication to overcome social and vocational difficulties that may have developed as a result of their illness.

BIPOLAR DISORDER (MANIC-DEPRESSIVE ILLNESS) A FACT SHEET

Definition: Bipolar disorder or Manic-Depressive Illness is a disorder of mood in which there are severe mood swings so that a depressed mood alternates in cycles with an elated or irritable state called mania.

Symptoms: The symptoms of a manic episode may include an increase in social, work or sexual activity, increased talkativeness, rapid or racing thoughts, grandiosity, decreased need for sleep, distractibility, and involvement in self-destructive activities like buying sprees, reckless driving or bad business or suicide.

Cause: The exact cause of bipolar disorder is unknown. We know that it runs in families, and that a predisposition to develop it is often inherited. Still, most people who have a family history of the disease do not develop it, so there must be more involved. It may be that a person must also have certain life experiences, or must be exposed to certain stresses in order for the illness to develop. It is also well documented that there are chemical changes or imbalances in the brain during episodes of depression and mania. Thus, it is accurate to say that Bipolar Disorder is characterized by a chemical imbalance.

Course: For most people, Bipolar Disorder or Manic-Depressive Illness is a chronic or lifelong illness like asthma or arthritis. What this means is that, although it can never be cured, it can be well controlled by most people. Without treatment the patient usually continues to have severe mood swings from mania to depression, which often become more severe as time passes and often require hospitalization. Severe mood swings can occur as often as every few months or as infrequently as every few years. With treatment, the episodes usually become less frequent, shorter, and less intense, or they may disappear altogether. Between episodes, most people function as well as they did before they became ill, although 1/5 to 1/3 of people with this illness will have problems with their symptoms even between episodes.

Treatment: Treatment most often consists of psychotherapy, medications and psychosocial treatment. Medications used to treat this illness may include lithium, antipsychotics, antidepressants, anticonvulsants (such as Tegretol or others), or several other less-commonly used alternatives.

ASSERTIVE COMMUNICATION

WHAT IS ASSERTIVE COMMUNICATION?

Assertive communication is a method of communicating in which a person stands up for his or her rights without violating the rights of others. It is the most effective way of being understood, and the least likely to arouse defensiveness in others. It involves an attitude of respect and a willingness to learn.

GOALS OF ASSERTIVE COMMUNICATION

1. To understand and to be understood
2. To communicate what is wanted in a direct and honest manner
3. To maintain friendships and relationships
4. To let go of anger and resentment that develops from being passive
5. To avoid the hurt feelings that result from aggressive communication

WHAT ARE THE THREE MAIN METHODS OF COMMUNICATION?

PASSIVE COMMUNICATION: Persons tend to communicate in a passive manner when they want to please others and are fearful of conflict. They typically hold their feelings in and fail to stand up for their rights. Although they avoid immediate confrontation, in the long run they tend to become depressed and to distance from others with whom they are angry.

AGGRESSIVE COMMUNICATION: Persons usually communicate in an aggressive manner when they want to be in control. These people stand up for their rights, but do it in a way that violates the rights of others. Persons, who communicate aggressively, often experience conflict with others, may feel guilty about their aggressive actions, and they experience excessive anger.

ASSERTIVE COMMUNICATION: Persons communicate assertively because they want to be understood and are willing to understand others. These individuals stand up for their rights in an honest and direct manner. They tend to avoid many negative feelings because they show respect for themselves and others.

PERSONAL RIGHTS

I have the right to be safe.

I have the right to be respected.

I have the right to say “yes” or “not” to others.

I have the right to make up my own mind.

I have the right to leave or end a conversation.

I have the right to express my emotions in a respectful way.

I have the right to not feel guilty for communication assertively.

MODELS OF ASSERTIVE COMMUNICATION

FOUR STEP EMPATHETIC ASSERTION

STEP 1. Describe the specific behavior that bothers you. **WHEN YOU...** raise your voice and say I never think,

STEP 2. State how you feel. **I FEEL...**hurt and angry

STEP 3. Indicate the reason behind your feeling. **BECAUSE...**I believe you’re talking down to me.

STEP 4. State your request. **I WOULD LIKE...**for you to talk to me respectfully.

THREE STEP FEELING STATEMENT

STEP 1. State your feeling. **I FEEL...**worried

STEP 2. State the behavior that concerns you. **ABOUT...**your drinking and coming home drunk tonight.

STEP 3. Make your request. **I WOULD LIKE...**for you to call when you’re going to be late. I would also like for you to think about what you might do to stop drinking excessively.

COGNITIVE DISTORTIONS

WHAT ARE COGNITIVE DISTORTIONS?

Cognitive Distortions is a fancy word for messed up thinking. Often it is messed up thinking that causes people to become depressed and anxious. By learning to think straight, you can feel better.

THE THINK – FEEL – DO CYCLE:

It is important to understand the think-feel-do cycle. People believe that situations cause them to feel a certain way and do a certain thing. The alcoholic may claim that his wife's nagging made him angry and caused him to go drink. A teen may believe that her parents' criticism caused her to feel hurt and to stay in her room. Actually, it was their thoughts that caused their feelings and directed their actions.

You can make positive changes in your life by thinking differently. When you learn to think differently, you will begin to feel and act differently. Counseling that teaches you to think rationally so you can act differently is called cognitive therapy.

TRIGGERING SITUATIONS, FEELINGS, AND THOUGHTS:

In your continuing care plan, you will be asked to make a list of triggering situations, triggering feelings, and triggering thoughts. Cognitive distortions often cause stress and unhappiness because thinking in a negative and irrational way about situations triggers negative feelings. The following is a brief explanation of triggering situations, feelings, and thoughts.

TRIGGERING SITUATIONS: These are events that bring about negative thoughts, feeling, or actions. The following are examples of situations that could trigger negative reactions.

EXAMPLE # 1: An alcoholic watches a beer commercial on television.

His negative response could be to crave beer and to start drinking after a trip to the nearest convenience store.

EXAMPLE # 2: A person is called "stupid" in a critical tone of voice by one's spouse. The negative response could be to feel hurt and angry and to walk out of the house slamming the door.

FACT SHEET: BORDERLINE PERSONALITY DISORDERS

Definition:

Persistent pattern of mood instability, intense and unstable relationships with others and confusion about one's identity. People with the disorder have at least five of the following symptoms: interpersonal relationships that are unstable and intense; impulsiveness in areas that are potentially self-damaging, e.g. spending, sex, driving recklessly, substance use, shoplifting, binge eating, marked shifts from a normal mood to depression, irritability or anxiety lasting anywhere from a few hours to a few days; inappropriate, intense anger or lack of control of anger; recurrent suicide threats, confusion about one's identity, including uncertainty about self-image, sexual orientation, long-term goals or career choice, type of friends desired, or preferred values; chronic feelings of emptiness; frantic efforts to avoid real or imagined abandonment; transient, stress-related paranoid ideation or severe dissociative symptoms.

Cause:

Unknown at this time, but several theories are being investigated. There is some evidence that genetic predisposition and other biological or biochemical factors may be involved with some people. Psychological factors are also involved for most patients. For example, having experienced childhood trauma (physical, sexual, or emotional abuse or neglect, or prolonged separation) is a far more common in people with this disorder than in the general population.

Course:

Variable and often prolonged. The disorder usually surfaces during adolescence or young adulthood, with the first serious symptoms often appearing following a significant change or separation. It is more commonly diagnosed in female. All patients with this disorder experience upheaval, chaos, and pain. Sometimes the disorder can be managed with outpatient require periodic brief hospitalizations when symptoms are more intense. Still other patients require prolonged inpatient treatment or provide safety while they are being taught how to manage their dysfunctional patterns of behavior. The course of the illness is often complicated by efforts to relieve the emotional pain with such behaviors as bulimia, anorexia, drug or alcohol abuse, or promiscuity. Other complications may include legal problems, social and/or vocational instability, depression, estrangement from family and social isolation. During periods of extreme stress, psychotic symptoms may occur.

Treatment:

Treatment often consists of individual, group or family therapy, structure (scheduling one's time so that there are no long periods of unplanned time), support, medications, limit-setting, consistent rules, education about the illness, social skills training, behavior modification and learning more effective communication and coping skills. Inpatient or day hospitalization may

Self-management:

Advice given by people who have successfully managed this disorder includes:

1. Set clear, realistic goals.
2. Be patient with yourself.
3. Develop methods to manage problematic behaviors.
4. Avoid alcohol and street drugs.
5. Accept the responsibility for managing your illness.
6. Make a written schedule every day so your time is structured.
7. Make every effort to follow your schedule.
8. Find a satisfying job.
9. Make and keep at least one good friend.
10. Work hard at being honest in therapy.
11. Take medication if prescribed.
12. Learn to express your emotions directly and appropriately.
13. Remember you can't always change the way you feel, but you can always change what you do about it.
14. Find a balance between work and fun.
15. Select appropriate role models.

Dealing with Relapse:

Certain life events are especially stressful for people with this disorder and greatly increase risk of relapse. These events are therapist's or significant other's vacations; change in job, housing or finances; change in significant relationships; birthdays, anniversary dates, and holidays; increased pressure on the job or promotion; discharge from the hospital; changes in physical health, including pregnancy, abortion, trauma or major illness. Patients should plan in advance for these events by increasing their adherence to self-management measures and watching carefully for increasing symptoms. If signs of relapse appear, there should be a specific plan decided in advance for actions that can be taken (e.g. brief hospitalization, medication, increased structure, etc.)

Emergencies:

Patients should discuss with their therapist when to call between sessions.

Further information and support:

It is important to develop a system of support-that is people or organizations that can be helpful with specific symptoms or problems.

CODEPENDENCY

CONTROLLING

Persons with codependency are afraid to let others be who they are. They try to control events and people through helplessness, guilt, threats, advice giving, and even domination. They fear allowing others to grow through making mistakes. They are controlling and overly protective.

DENIAL

Codependents do not see or understand how their helping and controlling behavior creates problems for others and themselves. They often avoid feelings by staying busy in their care taking. Eating compulsively, spending money, and going to the doctor for medication to control their anxiety are a few of the ways they attempt to deal with their feelings.

DEPENDENCY

Looking for happiness outside themselves is common for persons who are codependent. They desperately seek love and approval, and they often find persons who are incapable of returning their love. They often stay in unhealthy relationships and say they can't leave because they "love" the other person too much.

POOR COMMUNICATION

Codependents do not know how to ask for what they want. They often behave in a manipulative manner without realizing it. They may pout, threaten to leave, give the silent treatment, or bend over backwards trying to please in an attempt to get what they want.

WHAT ARE SEVEN STEPS TO OVERCOMING CODEPENDENCY?

- 1- **FOCUS ON YOU:** learn to ask what is healthy or best for you. Become aware of your own likes and dislikes. Make it a point to have fun.
- 2- **SET BOUNDARIES:** Understand what your responsibility is and what is not. Become assertive and learn how to say “no” without feeling guilty.
- 3- **TAKE CARE OF YOURSELF:** Get enough sleep, eat right, buy yourself a gift, and schedule quiet time for yourself.
- 4- **BE PATIENT:** Discover how to be patient with yourself and others. If you learn to do this, you will be less critical of others.
- 5- **PRACTICE SELF-AFFIRMATION:** Develop positive self-talk. Tell yourself the following: “I’m important”, “ I trust myself,” and “I count.”
- 6- **TALK TO OTHERS:** Break the “no talk” rule. Share your feelings about your hurts, fears, and anger.

CODEPENDENCY STUDY SHEET

WHAT IS CODEPENDENCY?

WHEN IS HELPING UNHEALTHY?

WHAT CHARACTERISTICS OF CODEPENDENCY DO YOU HAVE?

WHAT HAVE YOU LEARNED ABOUT CODEPENDENCY THAT COULD BE HELPFUL TO YOU?

ALCOHOLISM

1. Is a problem when it interferes with daily functioning.
2. Leads to loss of job, friends, and family.
3. Children of ETOH abusers are at high risk. Be cautious of drinking with a genetic predisposition.
4. Try an AA program and change the company you keep.
5. Stay active and maintain your responsibilities.
6. Know Prevention guidelines.
7. Know you own stressors and find alternative ways of dealing with it.
8. Don't ignore your problems.
9. Work on you self-esteem.
10. Talk out you concerns.
11. No racial barriers, average onset at 31.6 years. Alcoholics have more brain receptors.

SELF-TEST

Two or more yes answers indicate potential problems with ETOH.

- a) Feel you need to decrease amount you drink.
- b) Annoyed when anyone makes a reference to your drinking habits.
- c) Feel guilty about drinking or try to hide it.
- d) Feel a need for an early morning drink.

COMMON EXCUSES FOR DRINKING

1. To change the mood and way you feel.
2. Because of others- blame someone else.
3. Call it "medicine" to feel better.
4. To be able to stand for yourself.
5. Feel sorry for yourself.
6. "Dulls painful situations of reality."
7. To feel "powerful".

COMMON CHANGES WITH DRINKING

1. Deny it is harmful.
2. Hide evidence of empty bottles.
3. Mood swings.
4. Personality changes.
5. Start pushing family away.
6. Increased headaches and somatic complaints.
7. Decreased appetite.
8. Careless with money.
9. Neglect personal grooming.
10. Neglect housekeeping.
11. DUI's
12. May lose family.
13. Bruises start to appear.
14. Occasional inpatient treatment.

HELP WHEN PATIENT DECIDES TO STOP

Rehabilitation Facilities	AA and Alanon	Hospitalization
Self-help Groups	Recovery House	30-Day Detox
Long-Term Detox (6-12 Months)	Family and Friends Support	Self-Determination (the most important)
Medications – Librium, Thiamin and possibly antabuse		

WHAT IS RELAPSE?

Failure to effectively deal with stress is the primary cause of relapse. There are many social factors that can bring on stress and eventually trigger relapse. Relapse is a process that involves changes in thinking. It includes physical, social, and psychological changes. It typically occurs gradually over time and starts way before the first drink or first drug use reoccurs. Relapse starts when an individual fails to do the things essential to maintain sobriety.

A person with a chemical addiction is like an individual paddling upstream in a canoe away from a dangerous waterfall. No matter how far upstream is traveled; the canoe starts flowing back toward the waterfall as soon as the person stops paddling. The waterfall can only be avoided by continuing to paddle upstream.

Physical health is an important ingredient in relapse prevention. Relapse is more likely to occur when a person in recovery fails to care for his or her physical needs. Relapse prevention often involves eating correctly, getting adequate sleep, and taking care of one's health needs. Fatigue, hunger, and physical pain can all be triggers for relapse.

Social factors that lead to relapse include hanging around old friends that use and finding that family members do not understand the addictive process. Family members may unintentionally do things to trigger the impulse to use alcohol or other drugs. Nagging, controlling, and other methods intended to make the addict feel ashamed of his abuse can create feelings of guilt and stress in the addict and serve as a relapse trigger. Not changing playgrounds and playmates can be a powerful social trigger for relapse.

Psychological stress often results from negative and irrational thinking. Most anxiety stems from worry that some future hurt will be experienced. Depression often comes about because an individual holds hurt feelings over time. It also comes from self-critical thinking and thinking that involves self-pity. Much psychological stress can be eliminated through thinking in a more positive way, and by expressing one's feelings in an open and honest manner.

WHAT IS SOBRIETY?

Sobriety is abstinence from addictive drugs, avoidance of compulsive behaviors, and positive changes in living. These changes involve thinking more clearly, expressing, and dealing with feelings better, and interacting with others in a more responsible manner. It involves taking care of one's physical and psychological health. It also means finding balance in life and learning to have fun.

WARNING SIGNS TO RELAPSE

If you are serious about staying sober, take a few minutes a week and check yourself out (or better yet, have someone else in the program who knows you do it) in these areas of attitudes:

OVER CONFIDENCE

Cockiness – a “got it made” attitude, going into drinking situations to prove to others you have no problem?

Complacency – Not drinking is no longer a conscious thought. More relapses occur when things are going well than otherwise.

Letting up on disciplines – prayer, medication, daily inventory, AA meetings, talking to your sponsor, reading literature, etc. You can’t afford to be bored with your program; the cost of relapse is too great.

“It can’t happen to me.” – Almost anything can happen to you and is more likely to if you get careless. Remember you have a progressive disease and will be in worse shape if you relapse.

Omnipotence – you have all the answers for yourself and others. No one can tell you anything.

INFLATED SELF-IMPORTANCE

Self-pity – “Why do these things happen to me?” (because you’re human)

Expecting too much from others – “I’ve changed; why hasn’t everyone else?”

Frustration – things may not always go your way (just maybe your way isn’t the best way).

Impatient – things are not happening fast enough or other are not doing what you want them to. (so what else is new?)

Wanting too much – You will get what you are entitled to as long as you do your best, but maybe not as soon as you think you should.

A NEGATIVE ATTITUDE

Exhaustion – allowing yourself to become overly tired or in poor health. (learn to take care of your health)

Dishonesty – making excuses for not doing what you do not want to do, or for doing what you know you should not do.

Argumentativeness – arguing small and ridiculous points of view indicates a need to always be right.

Depression – unreasonable and unaccountable despair. (this usually come after some or most of the others)

Use of mood altering chemicals – you may never had a problem with other chemical substances other than alcohol (pot or pills) or maybe you’re still not convinced that an alcoholic can’t do pot, but you can easily lose sobriety substituting these for booze. It’s about the most subtle way to have a relapse.

Or, if you want to keep it simple for a daily check-- remember H.A.L.T.

Don’t get too Hungry – missing meals, craving sweets- it’s better to put on a little weight than get drunk.

Don’t get too Angry – anger is an honest emotion – but deal with it, don’t store it.

Don’t get too Lonely – there’s no reason to be lonely; get to a meeting, get on the phone, get out and do something.

Don’t get too Tired – you’ve abused your body for a long time; take care of it for a change.

REMEMBER -- ONE DAY AT A TIME

What is Addiction?

Alcoholism and drug dependence are chronic, relapsing illnesses that can be treated and prevented.

They are characterized by the inability to limit use of alcohol or drugs despite negative consequences.

Symptoms?

Four main groups:

Tolerance to the effects of alcohol and drugs.

Withdrawal symptoms.

Pathological use.

Impairments in social or occupational functioning.

COMMON SIGNS OF ALCOHOL AND DRUG PROBLEMS

Physical Signs

Poor personal hygiene
Bad or missing teeth
Track marks
Significantly underweight
Frequent illness
Tired or sleepy appearance
Changes in eating or sleeping
Patterns
Excessive smoking

Social/Behavioral Signs

Isolation
Frequent missed appointments
Tendency toward tardiness or
absence in the morning
Repeated change in family,
employment, living situation
Complaints by family, teachers
employers, neighbors
Talking about using alcohol or drugs
Rationalizing excessive alcohol or drug use
Family history of addiction
Significant alcohol/drug use by partner or
Former partner(s)
Changes set of friends

Mental /Emotional Signs

Mood swings or significant mood changes
Anxiety or depression
Excessive irritability or
argumentativeness
Use during pregnancy
Frequent use of over-the counter medication
Unexplained source of money
Suicidal thoughts

Behavioral problems in children
Empty bottles and cans, paraphernalia present
in home
Very dirty or very clean home
Boredom or apathy
Poor coping skills
Inability to handle stress

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UNDERSTANDING AND MANAGING ANGER: DIAGNOSIS, TREATMENT AND PREVENTION

Introduction

Anger is probably the most complex feeling we experience.

In order to control the expression of anger, one must first understand it.

Will occur more frequently under stress – a reaction to fatigue, stressful events and circumstances.

Definition:

An emotional, affective, antagonistic response to a situation.

No situation or person, per se, can “make” us angry; our anger is directly related to our perceptions of situations, persons or events.

Typically an individual will experience anger when they feel Blocked, frustrated, abused or neglected.

Sometimes anger masks other feelings, e.g., fear.

Sometimes other emotions mask anger, e.g., sadness.

How we recognize, label and express our feelings, including anger, is largely learned from our parents, peers and other role models.

Unhealthy ways of dealing with anger can be unlearned and healthy behaviors substituted.

Recognizing, labeling and expressing anger in a healthy way is vital to our mental health.

D describe the behavior which has caused negative feeling.

E express the feeling using an “I” statement

S state the need or want that you have from the other person

K know that you may not get what you want

In and of itself, anger is a healthy emotion which can give us strength and determination as it energizes our behavior in response to challenges or threats; where we typically get into trouble is in how we express our angry feelings.

There is a biological basis to emotion, in general, and anger, in particular. Familiarity with the neurological factors which impact the experience and expression of anger is critical in understanding anger and addressing the pathological expression of anger.

Positive Aspects of Anger

Anger can give us strength and determination as it energizes our behavior in response to challenges or threats.

Anger tells us that there is something wrong that needs to be resolved – it is a signal that there is a problem that requires our attention.

Anger can be a helpful way to express tension and communicate negative feelings to others.

Negative Aspects of Anger

Anger interferes with our ability to think clearly and inclines us to act on impulse without good judgement. If you do something because you are angry, it is usually something that you later regret.

Anger is physically upsetting. It involves a strong physiological arousal that when it is prolonged or is too frequent can have detrimental effects on our health, e.g., hypertension, immune system suppression, etc.

Anger is an antagonistic response that can lead to actions that harm others.

Being upset is one thing. Hurting someone is a different matter.

Anger is unproductive in solving complex problems; in fact, it can be your worst enemy.

Anger often amounts to a self-imposed handicap.

Behavioral Neurology: The Biological Bases of Anger

When is Anger a Problem?

When it is too frequent. Some things would make anybody angry, but when daily situations and minor events are making you angry, it's probably happening too often.

When it is too intense. Intense anger is almost never useful. It severely reduces your ability to think clearly and leads to impulsive acts that you later regret.

When it lasts too long. When you make too much of something and relive it over and over in your mind, anger interferes with your work and enjoyment of life. It also then becomes easier to get angry when something else goes wrong.

When it leads to aggression. Strong anger leads to destructive acts. Anger makes it easier to say or do something that hurts someone when you are at least likely to think through the consequences of your behavior.

Controlling/Dealing with Anger: General Principles

Anger control, when done effectively, does not mean bottling it up or keeping a tight lid on it.

Anger management will involve several important things:

Learning how not to get angry in the first place.

Keeping anger at moderate level of intensity and expressing it constructively.

Using effective problem-solving strategies to change problem situations.

You must begin by becoming an "expert" about your personal anger reactions.

- * What causes me to feel tense or agitated?
- * What situations tend to trigger angry reactions?
- * What are my beliefs/perceptions about how others should/should not treat me?
- * How do I typically express my anger?
- * What do I gain/lose from expressing my anger in this fashion?

Dealing with Anger That Does Not Involve Another Person

Ask yourself what the anger is all about – what are you thinking or believing? Laughter works well, too.

Talk about your anger with a friend or counselor.

Develop a plan for dealing with a stressful situation, if anger is linked to a specific situation.

Catharsis, venting may be helpful – e.g., yelling, swearing, beating a pillow or punching bag.

Physical exercise might be helpful as well.

Deep breathing, meditation, positive imaging.

Appropriate and Inappropriate Ways of Dealing with Anger When the Anger Involves Other People Inappropriate: (i.e., unhealthy, sabotages relationships)

Aggressive behavior – e.g., physical or verbal abuse.

Passive-aggressive behavior – e.g., gossiping or otherwise “getting even”.

Passive – e.g., letting others walk all over you; turning anger on yourself and becoming depressed.

Displacement – projecting your anger towards one person onto another relationship.

Scapegoating – not taking responsibility for your problems and projecting blame onto another person.

Appropriate: (i.e., healthy, likely to enhance relationship)

Assertive model: Identify specific behavior of other person that has upset you.

Decide if it (the issue or behavior) is worth fighting about.

Pick a time that is convenient for both you and the other person and express the intention to “fight” ahead of time.

Express your viewpoint, issue using an assertive model of giving feedback.

Example:

When: “When you don’t kiss me good-bye in the morning...”

The effects are: “I feel discounted and angry.”

I would prefer: “I would like you to at least hug me and say good-bye before you leave.”

Negotiate a resolution to the problem once you feel the other person understands the issue and your feelings.

Make up – that is, let go of your anger and allow yourself to forgive the other person; “forgiveness” involves acknowledging that the other person cannot be perfect. You may never completely approve of the other person, but you can accept the reality that they are what they are.

Ideally, the other person and you will at least try to change some behaviors to avoid future conflict over the same issue.

Ask yourself what you learned about yourself and the other person from the process.

More Intensive Approaches: Anger Control

Psychopharmacological treatment e.g. use of anti-depressants such as Prozac

Cognitive Approaches, e.g. Ellis, Burns, Freeman

Unhealthy anger is often triggered by irrational, narcissistic, unrealistic expectations/beliefs we have about ourselves, other people and the world in general:

I must do well and be approved otherwise I’m no damn good.

You with who I associate must treat me considerately, kindly, etc. otherwise you're no damn good.

The conditions under which I live (family, employer, etc.), must be exactly the way I want them to be otherwise it's catastrophic.

Unhealthy anger can also be triggered by unrealistically negative assumptions we make about motive, intentionality – in the larger scheme of things we really aren't that important.

There are distinct disadvantages to excessive, irrational anger:

Others usually react negatively to anger

Frequently increase frustration

The pain your "victim" feels

Can cause psychosomatic problems

A form of whining

May obscure depression

Dehumanizing to self and others

– can lead to anti-social acts

Become obsessed with people you hate – become paralyzed

Leads to more anger

False belief – let anger out and all will be resolved

Compulsive – temper tantrums

Specific Techniques for Managing/Preventing Anger:

Challenge/change the irrational beliefs/assumptions which cause anger

Give up "shoulds" and "wants" that are narcissistic or otherwise dysfunctional

Acknowledge anger, learn how and when to express it – tact, timing, clarity, non-defensive, assertive, etc.

TREATMENT SUCCESS STUDY SHEET

DO YOU BELIEVE TREATMENT WILL HELP YOU? EXPLAIN.

WHAT DO YOU BELIEVE ARE YOUR BIGGEST ROADBLOCKS TO SUCCESS?

ARE YOU MOTIVATED AND WILLING TO LEARN?

WHAT STEPS CAN YOU TAKE TO SUCCEED IN TREATMENT?

WHAT IS YOUR SHORT-TERM GOAL FOR TODAY?

WHAT ARE TWO COMMON WAYS OF MISHANDLING ANGER?

BLOWING UP: Yelling, name-calling, cursing, threatening, and hitting are all forms of blowing up or aggressiveness. In the long-term aggressive behavior leads to conflicts with others and may cause us to feel guilty.

BEING A DOORMAT: Always saying yes, refusing to choose, allowing others to abuse verbally or physically, and giving in to manipulation are all forms of acting like a doormat or being passive. Over time the practice of being a doormat leads to abuse by others, resentment, and depression.

WHAT ARE THREE IMPORTANT WAYS OF HANDLING ANGER?

CALMING DOWN: The first step for controlling anger is to calm down. The following are methods of calming down.

1. Leave the situation that is triggering our anger.
2. Go for a walk or do some type of physical exercise.
3. Do deep breathing, muscle relaxation, and visualization exercises.
4. Talk to a friend or relative.
5. Listen to music or watch television.

PROCESS THE ANGER: The second step to process our anger by thinking about it rationally. The following are tools for processing anger.

1. Accept that we own our anger and need to manage it.
2. Think rationally about the situation.
3. Stop the blaming and “should statements”.
4. Think about the consequences before acting.
5. Think out a way to solve the problem at hand.

EXPRESS THE ANGER: The third step is to communicate our anger assertively. The following are tools for expressing our anger responsibly.

1. Talk assertively to the person about our anger.
2. Let the person know what we would like him or her to do.
3. Write the person an assertive letter to express the anger.
4. Role play with a friend how to express our angry feelings.
5. Take responsible action to solve the conflict that has arisen.

MEDICATIONS

HOW MUCH DO YOU KNOW?

Here are some common questions that people ask their doctors about their medicine. See if you know some of the answers:

Question: *What if I want to stop my medicine?*

Your

Answer:

Answer: Some medicines can cause side effects if they are stopped suddenly. If you feel you must stop your medicine, do it with your doctor's help. That way, you will be able to stop it the right way.

If you do stop taking your medicine, be sure to stay in touch you're your doctor, just in case you need help. Visit your doctor from time to time to have your symptoms checked. And try to have an open mind- you may decide to start treatment again someday.

WHEN YOU MEDICINE RUNS OUT

Have you ever missed doses because you ran out of your medicine and could not get it refilled on time? This is a common problem. Sometimes it may take a day or two to get a prescription refilled.

Some people's prescriptions run out because they have difficulty getting their medicines refilled. Or they might feel nervous about taking the bus to get to the pharmacy. If you have ever felt this way, you might want to try these suggestions:

- Use a pharmacy that will deliver your medicine to your home.
- Ask your nurse or case manager to help you find a pharmacy that has a delivery service.
- Get your prescriptions filled through a mail-order pharmacy to receive your medication in the mail.
- Ask a family member or friend to pick up the prescription for you.
- Ask you case manager to help you plan what to do if your medicine runs out.

If my medicine is beginning to run out, I will:

If my medicine runs out, I will:

TAKE YOUR MEDICINE AT THE SAME TIME EACH DAY

You may find it easier to remember to take your medicine if you take it the same time every day – or with another activity you do every day. For instance, some people take their medicine in the morning when they brush their teeth. That way, there is less chance they will miss their dose.

What activities do you do at the same time every day?

Activity: _____ Time: _____

Activity: _____ Time: _____

Activity: _____ Time: _____

Activity: _____ Time: _____

With which activities would it be easy for you to take your medicines? List them below:

Example: Brush Teeth – take morning dose.

MAKE IT SIMPLE

People who take a lot of medicines often have a hard time keeping track of the doses they have taken during the day. The same is true for people who take several doses of their medicine every day. If you are taking many doses of medicine a day, you may want to talk to your doctor, nurse, case manager, or pharmacist. They can help you in the following ways:

- Your doctor may be able to change your medicine schedule, so you take fewer doses each day.
- Your case manager may help you set up a medicine schedule linked with certain activities you do every day.
- You can buy a pill container at the pharmacy. Then you can organize your pills container, so it is easier for you to keep track of the doses you have taken.
- Some people find it helpful to use a calendar to keep track of the doses they have taken. They write a check mark on the calendar each day after they have taken their dose.

What method would you like to use? _____

What will you plan to do? _____

MAIL-ORDER PHARMACIES

Some mail-order pharmacies take a long time to refill your prescription. So, you may need to call the pharmacy for a refill 1 or 2 weeks ahead of time. If you want to get your medicine through the mail, ask your nurse or case manager to help you find a mail-order pharmacy?

Mail-Order pharmacies you might want to try:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Questions to ask the pharmacist:

1. I have a new prescription and I am sending it to you today.
2. How long will it take to get my medicine?
3. What information should be on my prescription when I mail it to you?
4. How much will my prescription cost?
5. How should I pay for it?
6. How can I get a refill when my medicine runs out?

NEIGHBORHOOD PHARMACIES

Here are some tips that may make it easier for you to get your medicine from the neighborhood pharmacy.

TIP 1 *Use a pharmacy that delivers your medicine.*

If you have a new prescription, you can bring it to the pharmacy to have it filled. If you don't want to go to the pharmacy, here is what you can do:

1. Give your nurse the name and phone number of a pharmacy that will deliver your medicine to your house.
2. Ask your nurse to call the pharmacy and give the prescription to the pharmacist over the phone.
3. The pharmacist will fill your prescription and send it to your home.
4. You will not have to go to the pharmacy.

Neighborhood pharmacies that deliver:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

TIP 2 *Use your prescription bottle to order refills*

Your prescription bottle has all the information you need to get your prescription refilled:

- The Pharmacy's Phone Number
- The Prescription Number
- The Name of your Medicine
- The Number of Refills you have left
- Your Doctor's Name

Call the pharmacy for a refill at least 4 days before your medicine runs out. This will give the pharmacy enough time to order your medicine if it is not on the shelf, then fill your prescription. If there are no refills on your prescription, call your doctor or nurse so they can call the pharmacy and order more refills for you.

TIP 3 *Call the pharmacy before you pick up your medicine*

Before you go to pick up your prescription, call the pharmacy to make sure it is ready. If there is any kind of problem and your medicine is not ready, you will know that you will have to pick it up later.

TIP 4 *If you have any kind of problem getting your medicine, call your case manager as soon as possible*

If you cannot get your medicine from the pharmacy, you might miss doses. Call your case manager right away. Your case manager can talk with the pharmacist and help take care of the problem.

SELF – ESTEEM

*“All that a man achieves or all that he fails to achieve is the direct result of his own thoughts.”
- James Allen*

WHAT IS SELF- ESTEEM?

Basically, it is the feeling we have about our own worth and value. Our self-esteem is essentially our perception of how we see ourselves and how we believe others see us.

WHERE DOES SELF- ESTEEM ORIGINATE?

Beliefs about ourselves start in childhood and are modified throughout our lives. Our self-esteem is continually changing. It is influenced by the following:

1. FAMILY – Our parents are usually the first to provide us with positive and negative messages about our behavior and worth.
2. SCHOOL - Our self-image is greatly influenced by our teachers and peers.
3. SOCIETY – News, TV, films, friends, and other groups contribute to our beliefs about ourselves.
4. SELF – The way we choose to think has a tremendous influence on our own self-perception.

“Think you can or think you can’t, either way you will be right” – Henry Ford

DOES EVERYONE HAVE SELF-ESTEEM?

Yes, everyone has some self-esteem. It is a matter of degree --anywhere from very low to very high. Our self-esteem affects virtually every area of our life. The higher our level of self- esteem, the more able we are to live and enjoy life. People with high self-esteem tend to be attracted to others with high self-esteem and are more apt to have healthy relationships. Person with low self-esteem have less ambition and find it more difficult to achieve goals. They are more likely to engage in unhealthy relationships with others who possess low self-esteem.

IS IT POSSIBLE TO HAVE TOO MUCH SELF- ESTEEM?

No, it is not. We can no longer have too much self-esteem than we can have too much physical health. Self- esteem can be confused with boasting, bragging, or arrogance. Such traits reflect not too much self-esteem, but too little. People with high self-esteem derive joy and pleasure in being who they are, not in being judged better than someone else. Self-esteem is the health of the mind.

IS IT EASY TO IMPROVE OUR SELF-ESTEEM?

No! It is often difficult to change our self-perception. It is important to change what you can, and to accept what you cannot change. The result is well worth the effort.

DOES HIGH SELF-ESTEEM GUARANTEE SUCCESS?

No, but high self-esteem means you will feel okay about yourself, whatever happens. It certainly makes it easier to take positive risks and this often leads to more successful living.

WHAT CAN WE DO TO BUILD OUR SELF-ESTEEM?

- Take care of our physical health and personal appearance.
- Learn to communicate assertively and say “no” without feeling guilty.
- End negative relationships and start new ones
- Stop our negative self-talk and self-blame.
- Make responsible choices that we can feel good about.
- Say “no” to alcohol and other drugs that take control from our life.
- Learn to let go of perfectionism and to set more realistic goals for ourselves.
- Treat ourselves to doing fun and relaxing activities.

There are many simple ways to improve how we feel about ourselves. Keep in mind that no one feels good and is bursting with high self-esteem all the time. No one can be up every minute. We all have strengths and weaknesses. Learn to make the most of your strengths and take small and meaningful steps to feel better about yourself.

“A journey of a thousand leagues begins with a single step.” Lao-Tzu

SELF-SUCCESSING BELIEFS

I ACCEPT THAT IT IS MY RESPONSIBILITY TO TAKE THE NECESSARY STEPS AND TO SEEK THE HELP I REQUIRE TO SOLVE MY PROBLEMS.

I ALONE AM RESPONSIBLE FOR HOW I THINK, FEEL, AND RESPOND TO THE SITUATIONS THAT ARISE IN MY LIFE.

I CHOOSE TO UNDERSTAND AND ACCEPT MY LIMITATIONS, AND I REALIZE THAT I CAN ONLY CONTROL MY OWN ACTIONS.

I CHOOSE TO DEVELOP THE COURAGE TO BE IMPERFECT INSTEAD OF GOING THROUGH LIFE HIDING MY MISTAKES AND WEAKNESSES AND EXPERIENCING RESULTING ANXIETY AND GUILT.

I CHOOSE TO FIND HUMOR IN LIFE, TO LAUGH OR CRY FREELY, AND TO NOT BE ASHAMED OF FEELINGS AND OF BEING HUMAN.

I ACCEPT THAT I AM RESPONSIBLE FOR FINDING HAPPINESS AND PEACE OF MIND.

I CHOOSE TO EXPRESS MY THOUGHTS AND FEELINGS HONESTLY AND ASSERTIVELY WHEN OTHERS VIOLATE MY RIGHTS, INSTEAD OF HOLDING THE HURT AND ANGER INSIDE.

I WILL ACCEPT HONEST FEEDBACK FROM OTHERS AND WILL STRIVE TO RESPOND TO CRITICISM WITH RATIONAL THINKING AND PEACE OF MIND.

SELF-DEFEATING BELIEFS

PERFECTIONISM: I MUST CONSTANTLY STRIVE TO BE PERFECT, AND I MUST HIDE MY FAULTS AND MISTAKES FROM OTHERS OR THEY WILL SEE THAT I AM INFERIOR.

PLEASING: I CAN ONLY FEEL WORTHWHILE WHEN OTHERS LIKE ME AND APPROVE OF MY ACTIONS. IT IS NECESSARY TO AVOID CONFLICT IN ALL SITUATIONS.

SELF-PITY: I FEEL I AM A VICTIM AND THAT I HAVE NO CONTROL OVER WHAT HAPPENS TO ME AND HOW IT AFFECTS ME. I HAVE THE RIGHT TO FEEL DISCOURAGED, DEFEATED, AND HOPELESS.

SELF-BLAME: I AM RESPONSIBLE FOR ANY HURT THAT ANOTHER SUFFERS AS A RESULT OF ANYTHING I SAY, DO, OR FAIL TO DO. IF I SAY SOMETHING IN ANGER, I SHOULD FEEL GUILTY AND DO WHATEVER POSSIBLE TO MAKE IT UP TO THE PERSON I HAVE HURT.

LOVE ADDICTION: I CANNOT POSSIBLY BE HAPPY OR FULFILLED WITHOUT BEING IN A RELATIONSHIP WHERE I AM NEEDED AND LOVED. I CANNOT SURVIVE BEING ALONE.

CODEPENDENCY: I CAN ONLY BE A GOOD PERSON BY PLACING THE NEEDS OF OTHERS BEFORE MY OWN. AND I KNOW THAT IF I AM LOVING AND WORK HARD THAT I WILL BE ABLE TO CHANGE THE ONE I LOVE.

CONTROLLING: I MUST ALWAYS STRIVE TO GET MY WAY, AND FAILURE TO WIN WILL SHOW THAT I AM A WEAK AND VULNERABLE. GIVING IN SHOULD BE AVOIDED AT ALL COSTS.

REBEL: NO ONE HAS THE RIGHT TO TELL ME WHAT TO DO, AND I MUST CONSTANTLY BE ON GUARD TO RESIST ALL EFFORTS TO CONTROL AND DIRECT ME.

INDULGING PARENT: I MUST ALWAYS PUT MY CHILDREN FIRST, AND I FEAR THAT I MAY LOSE MY CHILDREN'S LOVE IF I WERE TO SAY NO TO THEIR DEMANDS.

ENTITLEMENT: I DESERVE SPECIAL TREATMENT FROM OTHERS. IF OTHERS FAIL TO MEET MY EXPECTATIONS, I FEEL IT IS UNFAIR AND HAVE THE RIGHT TO BECOME ANGRY.

SELF-DEFEATING BELIEFS STUDY SHEET

LIST YOUR SELF-DEFEATING BELIEFS:

WHICH BELIEFS CAUSE YOU THE MOST DISTRESS?

WHAT PROBLEMS ARE CAUSED BY YOUR SELF-DEFEATING BELIEFS?

WHICH BELIEF WOULD YOU FIRST WANT TO CHANGE?

HOW MIGHT YOU START CHANGING THOSE BELIEFS?

H1N1 AND SEASONAL FLU

INFORMATION PROVIDED BY CDC: www.cdc.gov or www.flu.gov or 1-800-CDS-INFO

HOW DO YOU KNOW IF YOU HAVE THE FLU?

If you have some or all symptoms – you may have the flu:

Fever Headache Cough Sore Throat
Body Aches Chills Fatigue
Runny or Stuffy Nose
Sometimes- diarrhea and vomiting

WHAT SHOULD YOU DO IF YOU GET SICK?

If you have flu-like symptoms, stay home, and avoid contact with others except to get medical care. If you must leave home for medical attention, wear a facemask if you have one, or cover coughs and sneezes with a tissue and wash your hands often.

HOW LONG SHOULD YOU STAY HOME?

The CDC recommends that you stay home from work, school, travel, shopping, social events, and public gatherings at least 24 hours after your fever is gone, without the use of fever-reducing medications.

EMERGENCY WARNING SIGNS

Anyone who has these should get medical care immediately.

CHILDREN

Fast breathing or trouble breathing
Bluish skin color

Not drinking enough fluids
Not waking up or not interacting
Being so irritable that the child does not want to be held
Flu-like symptoms improve but then return with fever and worse cough

ADULTS

Difficulty breathing or shortness of breath
Pain or pressure in the chest or abdomen

Sudden dizziness
Confusion
Severe or persistent vomiting

Keep in mind the emergency room is for those who are very sick. Do not go to the emergency room if you are only mildly ill. If you have the emergency warning signs of flu sickness, you should go to the emergency room.

WHO IS AT RISK?

Anyone can get the seasonal flu virus, just as anyone can get the novel H1N1 virus, however, children and young adults seem to be the highest at risk for H1N1.

ARE THERE MEDICATIONS TO TREAT THE FLU?

There are drugs your doctor may prescribe for treating both seasonal and H1N1 called “antivirals”. These drugs can make you better faster and may also prevent serious complications. Your health care provider will decide whether antiviral drugs are needed for your illness.

One of the best ways to prevent the spread of seasonal flu is by getting a flu vaccine each year. There are two vaccines available: the **flu shot** and **nasal spray**. These vaccines are updated each year to prevent the spread of new strains of the flu virus and are approved for anyone 6 months of age or older. Healthy people who want to protect themselves and anyone at risk for complications should get the flu vaccine.

An H1N1 vaccine is also available, and it is very important for people in the high-risk groups to consider getting the vaccine.

SIMPLE PRECAUTIONS EVERYONE CAN TAKE:

Protect Yourself:

Wash your hands regularly with warm soapy water or alcohol-based hand sanitizer.
Get a flu shot yearly.

Be Considerate:

Cover your cough with your sleeve or with a tissue.
Stay home to avoid spreading the illness.

Get Health Information:

From someone you trust.
Keep up to date with information and recommendations.

WEBSITES:

www.dch.georgia.gov

www.health.state.ga.us

www.cdc.gov/flu

www.cdc.gov/h1n1flu

www.flu.gov/seasonalflu

What is Cultural Competency?

Cultural Competency can be defined as:

The acceptance and respect for difference, a continuous self-assessment regarding culture, an attention to the dynamics of difference, the on-going development of cultural knowledge, and the resources and flexibility within service models to meet the needs of the minority populations (Cross et al., 1989)

Competency refers more explicitly to folkways, ways of life, traditions, customs, formal and informal helping networks, rituals, dialects, and so forth. In these areas, knowledge about various cultures and the development of specific skills and attitudes in providing services in a manner consistent with the client's needs are essential.

Why is Cultural Competency Important?

- The cultural appropriateness of mental health services may be the most important factor in the accessibility of services by people of color. Developing culturally sensitive practices can help reduce barriers to effective treatment utilization.
- Knowing whom the client perceives as a “natural support” and whom he/she views as “community supports” can facilitate the development of trust and enhance the person's investment and continued participation in treatment.

PERSON CENTERED THINKING

By: Michael Smull with Bill Allen, Marc Archambault, Sherrie Anderson, Mary Lou Bourne, Amanda George, Cherie Goss, Julie Malette, Michael Steinbruck, and Nolda Ware

Your Support Person should be able to answer these seven questions about you:

1. What is important to you?
2. What is important for you?
3. Is “important for you” addressed in the context of what is “important to you”?
4. Is there a “good” balance between important to and important for?
5. What do you want to learn, what do we need to learn?

If you are to get the balance described- we are to learn:

6. What needs to stay the same (be maintained or enhance)?
7. What needs to change?

Your Support Person should know:

1. How you can best participate?
2. Who is in your life?
3. Who should they talk to?
4. Who should they listen to?
5. Who knows what?
6. What’s the most effective way to learn from those close to you?
7. What is the best way to get information?
8. How can they best support you and those close to you?

Your Support Person should:

1. Develop a description of how you want to live/be supported.
2. Develop a plan of how they are going to do to make it happen.

Person Centered Thinking Helps People Get Better Lives

What is Holistic Mental Health?

In today's world, with the use of science there is a reawakening of ancient medicinal theories, that many call alternative medicine, which is based on the interrelations between the mind, body, and spirit. Alternative medicine is generally influenced by eastern philosophies, and since the early 1960s there a merging of alternative and conventional medicines has occurred because of the attention paid to holistic medicine through scientific research linking the mind and body. Research concludes that people who seek out alternative therapies are at least partly motivated by the desire to take responsibility for their own mental health.

What is Holistic Mental Health?

A holistic approach to mental-health care emphasizes the interrelationship between mind, body, and spirit. Although some alternative approaches have a long history, many remain controversial, but people are finding that choosing alternative treatments can work more effectively, have fewer side effects, and be cost effective.

Most doctors who treat patients suffering from mental-health issues, mainly depression and anxiety, use conventional medicines to treat the symptoms. However, we are learning that the use of pharmaceutical compounds to help stabilize moods can introduce significant side effects, leaving many patients with having to choose between living with unpleasant effects or discontinuing medications. Others find that despite an exhaustive trial-and-error process involving different combinations of drugs, their symptoms continue to present major problems, leading them to seek out alternative methods.

You see, depression is not a Prozac or Zoloft deficiency, nor is anxiety a Wellbutrin deficiency. Our bodies are not deficient in an antidepressant or anxiety medication. Depression or anxiety is a warning sign that something isn't right with our body physically, mentally, or spiritually. Maybe our diet is off, and we have a food allergy to something, or getting too little or too much of something else. Maybe we are lacking some sort of spiritual wellbeing, maybe our neurotransmitters just are not working correctly. The truth is our frame of mind can be anything. But clearly it is not just one thing. So why do we need to treat it as one thing? Holistic mental-health alternatives treat the body as a whole.

Common Reasons for Mental Health Symptoms

- Nutritional deficiencies
- Lack of exercise
- Hypo- or hyper-thyroidism
- Poor adrenal function
- Hormonal disorders
- Hypo- or hyper-glycemia (low-blood sugar)
- Food allergies
- Menopause or PMS
- Sleep disturbances
- Infections
- Certain medications
- Somatic disorders
- Chronic pain

With so many health factors that can cause mental-health concerns, one should first consider having a complete physical exam to eliminate any possible physical health problems. Unfortunately, in our society, many doctors treat mental-health issues with medication before performing a full physical evaluation. Part of the reason for doctor's quick action for medicating is insurance protocol. It is far cheaper to medicate a depressed person than spend thousands of dollars running a series of tests and procedures. It is good to know we can utilize our own resources to help not only alleviate but cure some mental-health issues and concerns.

Holistic mental health understands that traditional medicine or psychology has a limited understanding and knowledge about the role of body chemistry in mental health and the impact of diet, nutrition, and chemicals in the environment on the brain. Mental health is extremely affected by issues such as food allergies, nutritional deficiencies, hormonal imbalances, hypoglycemia, low-blood sugar, and thyroid issues.

Traditional medicine also overlooks the powerful roles that spirituality plays on the emotional body and aspects of soul; our connection to spirit should be taken into consideration in the process of healing. A good sense of spirituality promotes healthy self-esteem, better motivation, and helps people come to terms with powerful inner experiences. Medical studies indicate that spiritual people exhibit fewer self-destructive behaviors such as abuse of drugs, alcohol, and gambling or other risk-taking behaviors.

Addressing mental-health issues holistically means being able to look at the system as a whole. Clients have an array of options in holistic mental health and are empowered with the fact that they have a choice in their treatment options. The client as well as the holistic health-care provider work together as a team to make sure the body, the mind, and the spirit are being treated as a whole.

WHY SHOULD I TELL MY DOCTOR ABOUT MY ALLERGIES?

Allergies can affect which medication your doctor prescribes. Some medications could cause you to have an allergic reaction resulting in hospitalization.

(High blood pressure, swollen throat, body rash, high fever, vomiting, dizziness, etc.)

The most common food allergies are milk, eggs, peanuts, tree nuts, wheat, soy fish, and shellfish such as lobster and shrimp, etc.

Other allergies include skin related allergies, allergies to antibiotic medications, allergies to narcotic pain medication, allergies to dust, allergies to mold, seasonal allergies and many other.

-----ALWAYS-----

TELL YOUR DOCTOR ABOUT ANY FOOD,
MEDICATION, SKIN, OR AIR ALLERGIES THAT
YOU HAVE!!

IT HELPS THE DOCTOR TO GIVE YOU THE BEST
TREATMENT POSSIBLE

INFECTION CONTROL

A Basic Approach

What do you mean “Infection Control”??

Infections may include:
Urinary Tract Infections
Post Operative Wound Infections
Respiratory Infections
Food Born Illnesses
Hepatitis

Infection Control means doing everything possible to prevent infectious diseases.

The danger of infection is always present.
Everyone must work together to prevent infections.

Why is Infection Control Important?

Because it is vital to our well-being.
Infections can cause hospitalization, inconvenience, pain, and even death.

Infections from clinics and hospitals affect 5 in 100 patients/clients; cause 15,000 deaths every year; and cost \$1-\$2 billion every year for extra medical care.

You should know about special precautions and practice special precautions to prevent infections, because it could be you who gets sick.

Why Do Infections Occur in Residential Facilities?

Basic Reasons:

1. People are treated and/or living in close quarters.
2. Many germs are present that can cause disease.
3. Frequent contacts are made between people who can spread illness.
4. Equipment and supplies must be handled.

Some procedures that save lives may increase the risk of infection. For example: first aid for an open wound or mouth-to-mouth resuscitation for a person who is not breathing.

Who Can Get Infections?

Anyone - Some groups are especially at risk.

Persons who have low resistance	Elderly
Surgical Patients	Seriously Ill Patients
Alcoholics	Drug Abusers
Individuals with Positive HIV	
Patients with Chronic Disease (diabetes, cancer, ear, or lung disease)	

How Are Infections Spread?

There are six (6) links in the “chain of infection”.
All six must be present for an infection to develop.

1. A micro-organism that can cause disease.
2. A person who carries the micro-organism (patient or hospital worker)
3. A way out of the carrier such as sneezing, coughing, shedding skin, etc.
4. A method of traveling, such as direct physical contact or through contaminated hands, linens, etc.
5. A way into another person such as breathing, swallowing, or skin puncture.
6. A susceptible person who does not have resistance and becomes infected.

Link Number 1

Micro-organism--

Other names for this word are: germ, microbe, bacterium, pathogen.

Pathogens are simply germs that can make a person sick.

They are capable of causing disease.

Hand washing is the single most effective way to prevent infections.

Link Number 2

Carrier of the infection--

If you have an infection that can spread to others, see a physician and stay home until the danger is over.

Link Number 3

To spread an infection, the germ needs “a way out” of the carrier.

Remember, germs escape when coughing, sneezing, in urine, blood, stool, and all other body drainage. Be sure to cover coughs, sneezes and properly cover all draining wounds.

Link Number 4

To spread an infection, the germ needs “a method of traveling”, such as direct physical contact or through dirty hands, linens, towels, clothing, instruments, and bandages.

Cleanliness is very important.

Link Number 5

A way into another person, such as breathing, swallowing, skin puncture, or a break or cut in the skin.

Link Number 6

A susceptible person - someone who does not have resistance and becomes infected.

Infection Control Procedures are aimed at breaking the “Infection Chain”

By removing one of these “Links”.

HANDWASHING

This is the single most effective way to prevent infections.

- Remove all jewelry and chipped nail polish.
- Use soap, warm running water, and lots of friction.
- Lather and scrub hands and wrists very well and rinse.
- Apply more soap and more friction and rinse well.
- Dry hands well on paper towels.
- Use a dry paper towel to turn off faucets.

When to Wash Your Hands

- Before and after work.
- Before and after physical contact with another person.
- After handling dirty items.
- After using the bathroom, blowing your nose, or covering a sneeze.
- Whenever your hands are dirty.
- Before eating, drinking, or handling food.

Other Protective Measures

For your health care workers

They should wear disposable latex gloves anytime there is a risk of coming in contact with someone else's body fluid. They should change gloves between patients. They should use one-way CPR valve mask whenever performing artificial respiratory ventilation for an individual.

Always remind others about the added importance of hand washing and good hygiene, especially when people are sick.

Some Personal Tips To Protect You From Transmitting Or Receiving Germs

Get immunizations that are required or recommended. The specific kind will depend on your job/occupation, age, sex, and health history. Ask your employer or your private physician.

Have periodic tests as required for tuberculosis, Hepatitis, and other infections you might pick up or pass on.

Report any illness such as a fever, flu, or infection. What is minor for you could be serious for another individual.

Maintain good health by eating a balanced diet, getting regular exercise and enough sleep. You will be less likely to get infections and less likely to pass them to others.

Follow Good Habits of Personal Hygiene

**Bathe or shower every day.
Keep your hair clean.
Cover or wear a restraint for long hair while working.
Keep nails trimmed and clean.
Wear clean clothes every day.**

HELP STOP THE SPREAD OF INFECTIONS

UNDERSTAND

WHAT CAUSES INFECTIONS AND HOW THEY SPREAD

KNOW

THE SPECIAL INFECTION HAZARDS

LEARN

THE INFECTION CONTROL PROCEDURES

**USE INFECTION CONTROL PROCEDURES AT ALL TIMES.....
IT IS EVERYONE'S RESPONSIBILITY!!!**

WHO IS AT RISK OF SUICIDE?

A combination of individual, relational, community and societal factors contribute to the risk of suicide. Risk Factors are those characteristics associated with suicide—they may or may not be direct causes.

- Family History of Suicide
- Family History of Child Maltreatment
- Previous Suicide Attempt(s)
- History of Mental Disorders, particularly Clinical Depression
- History of Alcohol and Substance Abuse
- Feeling of Hopelessness
- Impulsive or Aggressive Tendencies
- Cultural and Religious Beliefs
(e.g., belief that suicide is a noble resolution of a person dilemma)
- Local Epidemics of Suicide
- Isolation - a feeling of being cut off from other people
- Barriers to Accessing Mental Health Treatment
- Loss (relational, social, work, or financial)
- Physical Illness
- Easy Access to Lethal Methods
- Unwillingness to seek help because of the Stigma attached to Mental Health and Substance Abuse Disorders or to Suicidal Thoughts

*The more clues and signs observed, the greater the risk.
Take all signs seriously.*

WHAT ARE THE WARNING SIGNS OF SUICIDE?

Threatening to hurt or kill oneself or talking about wanting to hurt or kill oneself

Looking for ways to kill oneself by seeking access to firearms, available pills, or other means

Talking or writing about death, dying, or suicide when these actions are out of the ordinary for the person

Feeling hopeless

Feeling rage or uncontrolled anger or seeking revenge

Acting reckless or engaging in risky activities – seemingly without thinking

Feeling trapped - like there is no way out

Increasing alcohol or drug use

Withdrawing from friends, family, and society

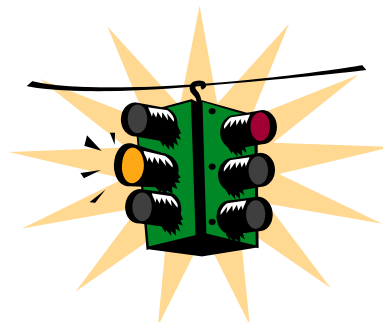
Feeling anxious, agitate, or unable to sleep or sleeping all the time

Experiencing dramatic mood changes

Seeing no reason for living or having no sense of purpose in life

******* HELP IS AVAILABE *******

**VOICES OF HOPE 
Suicide Prevention Coalition
of Dublin-Laurens**



IN AN EMERGENCY – DIAL 911

**Community Service Board of Middle Georgia
dba**

Community Mental Health Center

2121-A Bellevue Road, Dublin, GA 31021

478-272-1190 / After Hours Emergencies: 478-275-6820

www.csbmga.com



**National Suicide Prevention
Life Line**

1-800-273-TALK (8255)

suicidepreventionlifeline.org



TELEMEDICINE

What is Telemedicine?

Telemedicine seeks to improve the health of a person served by permitting two-way, real time interactive communication between the person served and the physician or practitioner at the distant site. This electronic communication means the use of interactive telecommunications equipment that includes, at a minimum, audio and video equipment.

Telemedicine, with the use of these technologies, permits communications between the person served and medical staff with both convenience and continuity.



10 Benefits of Telemedicine

1. Enables informed decision making and enhanced quality of care.
2. Allows for services closer to home through remote consultations, whether urgent or diagnostic.
3. Enhances efficient, convenient and cost effectiveness in delivery of care.
4. Facilitates earlier diagnoses.
5. Provides access to a patient's medical history, reducing the risk of negative drug interactions or poor response to a course of treatment.
6. Improves administrative efficiency and coordination.
7. Allows rural residents to receive expert diagnosis/treatment from distant behavioral health providers.
8. Increases timeliness of treatment and decreases transfer rates through video technology.
9. Supports real-time treatment by first responders through the use of wireless devices.
10. Enhances wellness and preventative care through telemedicine and remote monitoring.

Is Telemedicine As Effective As Face-To-Face Services?

The greatest impact of telemedicine on the person served and their family is that the technologies reduce travel time and related stresses for the person served. Over the past 15 years, numerous studies have documented satisfaction and support for telemedical services by persons served. Such services offer persons served the access to providers that might not be available otherwise, as well as medical services without the need to travel long distances.



How Does The HIPAA Rules Apply To Telemedicine?

Issues regarding privacy and confidentiality in the medical realm are not necessarily different in telemedicine. As with conventional medicine, a telemedicine clinician has the same duty to safeguard a patient's medical records and keep their treatments confidential. Storage of electronic files is handled with the same precaution and care ascribed to paper documents.

Protocols must be carefully followed to ensure that persons served are informed about all participants in a telemedicine consultation and that the privacy and confidentiality of the patient are maintained, as well as ensuring the integrity of any data/images transmitted.



Will My Insurance Pay For Telemedicine Services? Yes

Georgia Medicaid and DBHDD Provider Manual Standards cover and reimburse for certain telemedicine services. Covered services include telemedicine consultations under the Physician Services. Medicaid recognizes physician consultations when furnished using interactive video teleconferencing. Payment is on a fee-for-services basis, which is the same as the reimbursement for covered services furnished in the conventional, face-to-face manner.

Every health benefit policy that is issued, amended, or renewed shall include payment for services that are covered under such health benefit policy and are appropriately provided through telemedicine in accordance with GA Code Section 43-34-31.

For further information regarding a specific insurance, have one of our staff assist you in contacting our insurance department.

PEER SUPPORT WHOLE HEALTH & WELLNESS



On June 6, 2012, the Centers for Medicare and Medicaid Services (CMS) approved Georgia as the first state to have Medicaid-recognized whole health and wellness peer support provided by certified peer specialists (CPSs). Georgia's newly approved Medicaid service are delivered by peer support whole health and wellness coaches certified in Whole Health Action Management (WHAM), a training developed by CIHS that promotes outcomes of integrated health self-management and preventive resiliency.

Peer Support Whole Health and Wellness is provided utilizing the Whole Health Action Management. WHAM is a training program and peer support group model developed by CIHS to encourage increased resiliency, wellness, and self-management of health and behavioral health among people with mental illnesses and substance use disorders.

How can Peer Support Whole Health & Wellness help me?

Peer Support Whole Health and Wellness services will explore with you your strengths, likes, interests, and what you see as possible in regard to creating and self-managing a healthier lifestyle. CPS Health Coaches can help you identify the healthy habits you would like to add in your life, and work with you to create an action plan, using your strengths, to develop new healthy habits. You will also have the opportunity to meet weekly in a support group with your peers who are also working to improve and self-manage their whole health."



Fact: Did you know that people with mental health disorders die on average 25 years younger than the general population, and that a large count of deaths are the results of preventable conditions such as obesity and diabetes.

What is the over-all purpose to Peer Support Whole Health & Wellness?

The ultimate purpose of Peer Support Whole Health & Wellness is to extend the participant's lifespan by:

- Promoting recovery, wellness, and healthy lifestyles.
- Reducing identifiable behavioral health and physical health risks.
- Increasing healthy behaviors intended to prevent disease onset.
- Lessening the impact of existing chronic health conditions.

Importance of the Environment

The quality of your life depends in large part on your environment. Your environment means the type of place where you live, work, and play. Your environment also means whom you interact with on a day-to-day basis, as well as the quality of those interactions.

**HOW THE ENVIRONMENT AFFECTS POSITIVE BEHAVIOR
SUPPORT**

Affects your daily enjoyment
Affects your learning and using important life skills
Affects whether problem behavior will occur

Your environment plays an important part in positive behavior support. Your environment affects your quality of life and positive behavior is supported in many ways. However, there are three most important ways.

Enjoyment with day-to-day activities.

You need an environment that helps you do activities you enjoy, to do things with materials that you like, and to have many positive interactions with other people.

Helps you do things you like to do.

You learn useful skills and have many chances to use those skills. Doing useful things also gives you the chance to receive a lot of positive reinforcement from the support of others.

Thirdly, positive behaviors stem from the two above.

When you enjoy your environment and are active in ways that are useful and meaningful to you, problem behaviors are not likely to occur.

IMPORTANT THINGS TO LOOK FOR
IN AN ENVIRONMENT

CHOICE
TYPICAL ENVIRONMENT
SUITED TO INDIVIDUAL NEEDS
PREFERRED ITEMS AND EVENTS

CHOICE

When you make many choices during the day, you are more likely to enjoy them.

One choice is the environment in which you live, work, and play.

Choose environment in which you want to spend your time.

Daily enjoyment means problem behaviors are not likely to happen.

TYPICAL ENVIRONMENT

By typical, we mean an environment in which people without disabilities live, work, and play.

A typical environment is a regular community where most people who do not have disabilities spend their time.

A typical environment supports learning and using skills that are useful and meaningful.

When you use and practice useful skills, problem behavior is not likely to happen and outcomes that are meaningful to you are likely to result.

SUITED TO INDIVIDUAL NEEDS

Your environment should be suitable for you.

For example, the way the environment is set up should be suitable to your age.

The environment must suit your physical disabilities (if disabled).

Your environment must be set up for you to get the things you want and need.

PREFERRED ITEMS AND EVENTS

Know what you like, and make sure those things are present in your environment every day.

When all of the things just noted are in place in the environment, then problem behaviors are not likely to happen.

Importance of the Environment

Having choices means having control over your life.
Typically, the more control you have over your life, the more enjoyable your life becomes.

Choice is important.

We typically make more choices than can be counted each day, but research has shown that people with disabilities usually make few choices. Why?

There are probably many reasons why:

- Concern that bad choices will be harmful
- Lack of resources for individual choice
 - Not knowing how to offer choices

Different Ways of Making Choices

Vocal Choice

Tell someone what your choice is.

Using Objects

Show the person what your choice is.

Benefits of Choice-making

Identifies Your Likes

Increases Your Enjoyment of Life

Increases Your Work and Leisure Activities

Increased Appropriate Behaviors

Having frequent choices can result in a number of nice outcomes for you. One outcome is that repeated choice-making gives others an idea of what you like.

Knowing what you like is a big part of positive behavior support.

Research has shown that people are more likely to take part in activities they choose or enjoy than activities that they do not enjoy or that have been chosen for them.

When you are doing things, you enjoy doing, you are less likely to have problem behaviors.



GEORGIA RECOVERY INITIATIVE

During 2015 the CSB of Middle Georgia partnered with the Georgia Recovery Initiative (GRI) after being selected to participate in a pilot project dedicated to assisting various Community Service Boards with becoming more recovery-focused during our daily operations.

Our agency was one of four participating in the initial project; and the only rural area selected. This is important to mention because oftentimes rural areas are overlooked or unnoticed because of location. It is an honor to have been chosen as the first rural pilot agency because things work differently and offer additional challenges in these less populated areas than are found in the urban areas of the state. With “teamwork” and the GRI’s technical assistance on our side, we hope to share our lessons learned in recovery with other agencies across Georgia, many of which are similar to our agency.

We are fortunate to be recognized and selected as an agency that already provides recovery-based care. This means we are tailoring our services to the wants and needs of the individuals who come to the CSB of Middle Georgia for help.

Georgia Recovery Initiative

An all-inclusive collaborative group made up of consultants and peers in recovery.

This group works in unison to address and improve recovery-oriented systems of care in Georgia.

Simply put, GRI is all about recovery, from the ground up.

GRI is working with our staff to ensure that everyone from the receptionist to the CEO is promoting recovery within the agency, and that all truly believe in our mission of promoting and sustaining recovery-oriented change.

We want to serve YOU in a more recovery-focused manner and to encourage our community to be more recovery-focused as well.

Recovery Benefits Everyone!

Everyone wins when everyone works together.





SOAR CLUBHOUSE

Supporting Opportunities, Achievements & Resiliency

Mental Health Clubhouse 1008 Hillcrest Parkway Dublin, GA 31021

Outpatient behavioral health services, counseling, and activities.

A resiliency program providing a safe environment for children and teenagers to learn about their behavioral health diagnosis, to develop valuable life and coping skills, and to decrease out-of-home placements and juvenile justice involvement. Services include an array of educational components. One goal is to increase knowledge base and functioning in the school settings.

Ages Served

Monday - Wednesday - Elementary Aged Youth - Up to Age 12

Thursday - Saturday - Adolescent Youth - Ages 13 to 17.

Clubhouse members can develop healthy functioning relationships with staff and peers, work to improve social and interpersonal skills to better function at home, at school and in the community. The cafeteria area provides meals for those in attendance at the Clubhouse.

Clubhouse Units

Dance, Karate, and Music Center Educational and Tutorial Center
Recreational Room/Gym Snack Bar/Cafeteria

Clubhouse Hours

8:00 a.m. - 7:00 p.m. Monday through Friday

Office and Outpatient Hours

8:00 a.m. until 12:00 p.m. And at least two Saturdays each month

Most members arrive after school during the school year.

During summer break members are involved in activities/services from 9:00 a.m. - 3:00 p.m.

PARENTAL INVOLVEMENT

Is a requirement in order for a child/youth to receive services at SOAR Clubhouse.

Family Night Events are hosted at the Clubhouse for parents to attend.

SPECIAL NOTE: The Clubhouse is **NOT** a daycare facility. The Clubhouse members must meet specific criteria to be eligible for services at **SOAR**. The main criteria is that they suffer from a mental illness and are enrolled in treatment at the CSB of Middle Georgia. NO "walk-in" service. Parents cannot drop children/youth off during their work hours. NO overnight activities, NO children/youth spend the night at the facility.

CSB OF MIDDLE GEORGIA PROJECT AMP

Project AMP is a brief mentorship intervention for adolescents at low to moderate risk of substance use, delivered by young adult peers with lived experience of recovery.

By using a Screening, Brief Intervention, and Referral to Treatment (SBIRT) framework, Project AMP will be pilot tested in six communities during FY16.

Together with presenters from Young People in Recovery and the Georgia Council on Substance Abuse, the focus of Project AMP is on the role of young adult peers and community partners in launching and maintaining Project AMP pilot sites.

One of CSB of Middle Georgia's Certified Peer Specialist along with other Emerging Adults with lived experience will provide these services in some of the local schools.

GEORGIA APEX PROJECT CSB OF MIDDLE GEORGIA

APEX.... also known as GAP Project

Through the APEX Pilot, CSB of Middle Georgia implements school-based counseling for individuals, families and in group service settings.

CSB of Middle Georgia pilots the APEX Project at:

East Laurens Primary School
Dublin City Schools
Pulaski County Elementary
Pulaski County Middle Schools
Hawkinsville High School

Emerging Adult Program

Helping Our Youth Adults Become Self-Sufficient

1008 Hillcrest Parkway
Dublin, GA 31021

The Emerging Adult Programs focus on assisting youth and young adults ages 16 to 25 smoothly transition into becoming independent and self-sufficient. These services through group, peer support and case management teach skills to help manage emotions and better communicate and build confidence. The Emerging Adults receive help with advocacy, peer support, applying for jobs, enhancing interview skills, enrolling in college, getting GEDs, learning to manage finances, seeking housing along with so many other skills that can help youth adults meet their life goals!

Ages Served

Clubhouse Groups: Thursday, Friday, 2nd and 4th Saturdays- Ages 16 to 21

Case management Services (one-on-one visits, 2-4 times monthly): Ages 16 to 25

Peer Support Services: Monday through Friday- Ages 18 to 25

Clubhouse Units

Dance, Karate, and Music Center Educational and Tutorial Center
Recreational Room/Gym Snack Bar/Cafeteria
Vocational and Employment Skills

Emerging Adult Clubhouse Hours

8:00 a.m. - 7:00 p.m.-Thursday through Saturday

Most members arrive after school during the school year.

During summer break members are involved in activities/services from 9:00 a.m. - 3:00 p.m.

Peer Support- The Den- Hours

8:00 a.m. - 2:00 p.m. Monday through Friday

Peer Support Members attend The Den daily throughout the year.

Office and Outpatient Hours

8:00 a.m. until 12:00 p.m., Monday through Friday and at least two Saturdays each month

PARENTAL INVOLVEMENT

Is encouraged for our young adults up to the age of 17 at the SOAR Clubhouse.

Family Night Events are hosted at the Clubhouse for parents to attend.

MY RIGHTS AND RESPONSIBILITIES

(Adapted From DBHDD Rights Defined)

Page 1

MY RIGHTS	MY RESPONSIBILITIES
You have the RIGHT to choose and wear your own clothes	You have the RESPONSIBILITY to choose and wear clothes that fit and are appropriate to the weather and activity.
You have the RIGHT to keep your belongings in a private place you can get to when you want.	You have the RESPONSIBILITY to store and display your belonging neatly and not keep things that could harm others.
You have the RIGHT to meet people and take part in community activities.	You have the RESPONSIBILITY to follow the rules, participate in the activities you have chosen, and behave as expected by the community in which you live.
You have the RIGHT to socialize, to have visitors and see your friends, family, girlfriend or boyfriend every day.	You have the RESPONSIBILITY to limit visits to regular visiting hours and respect the same rights of others in your home/group.
You have the RIGHT to choose how and with whom you spend your free time: alone or with a friend.	You have the RESPONSIBILITY to respect the same rights of others in your home/group and take turns choosing, when appropriate.
You have the RIGHT to exercise and have fun.	You have the RESPONSIBILITY to follow directions to avoid injury.
You have the RIGHT to send and receive mail that is not opened.	You have the RESPONSIBILITY to respect the same rights of others in your home and to give bills and such to the person who helps you pay them.
You have the RIGHT to services that help you live, work, and play in the most normal way possible.	You have the RESPONSIBILITY to help plan your services and fully participate in them on a regular basis or tell someone if you have changed your mind.
You have the RIGHT to worship and be involved in the religion you choose, or to choose not to go to church.	You have the RESPONSIBILITY to respect the same rights of others in your home and express your choices in whatever way is effective for you.
You have the RIGHT to training and education.	You have the RESPONSIBILITY to fully participate in the training and education opportunities you have chosen.
You have the RIGHT to vote.	You have the RESPONSIBILITY to make your own decisions and express your desire to vote.

My Rights and Responsibilities
Page 2

<p>You have the RIGHT to only take medicine prescribed by a doctor for your benefit, not as punishment or for someone else's convenience.</p>	<p>You have the RESPONSIBILITY to learn about your medications, take them as prescribed, and report side effects.</p>
<p>You have the RIGHT to refuse consent for experimental research.</p>	<p>You have the RESPONSIBILITY to understand any proposed research prior to giving consent.</p>
<p>You have the RIGHT to see a doctor as soon as you need and to receive adequate care.</p>	<p>You have the RESPONSIBILITY to report feeling ill or hurt as soon as possible in whatever way is effective for you.</p>
<p>You have the RIGHT to expect your records to be confidential.</p>	<p>You have the RESPONSIBILITY to maintain that confidentiality for yourself and your peers.</p>
<p>You have the RIGHT to be free from physical restraints (being held down or forced to be alone) unless it is to protect you or someone else.</p>	<p>You have the RESPONSIBILITY to manage your own behaviors and follow directions to keep yourself and others safe.</p>
<p>You have the RIGHT to be present or given good reason if your things are searched.</p>	<p>You have the RESPONSIBILITY to keep only things that belong to you and are not potentially harmful.</p>
<p>You have the RIGHT to say NO to anyone trying to hurt, scare or upset you to change the way you act.</p>	<p>You have the RESPONSIBILITY to respect the same rights of others, control you own actions, and report anyone who tries to hurt, scare, or upset you.</p>
<p>You have the RIGHT to make and receive private phone calls.</p>	<p>You have the RESPONSIBILITY to respect the same rights of others by limiting calls to the time limit specified in the rules for your home</p>
<p>You have the RIGHT to make choices about where and with whom you live and how and with whom you spend your time.</p>	<p>You have the RESPONSIBILITY to express your choices in ways that are effective for you and respect the choices of others.</p>
<p>You have the RIGHT to work in the community (if an appropriate job is available).</p>	<p>You have the RESPONSIBILITY to:</p> <ul style="list-style-type: none"> • Express your desire to work and choices of jobs, • Demonstrate expected and appropriate work behaviors/habits, • Fully participate in job development and training activities.

ANIMAL ASSISTED THERAPY

CSB of Middle Georgia provides animal assisted therapy that provides activities to individuals to promote stability and build upon the therapeutic relationship when used with individuals receiving intensive services. Animal Assisted Therapy improves concentration, attention, ability of expressing feelings, and trust. It decreases manipulative behaviors; reduces anxiety; and teaches appropriate touch. It also teaches loyalty, responsibility, and provides the experience of human-animal bonding and the responsibility of pet ownership/care.

CSBMG requires registration and credentialing of both the handler/owner/therapist and the therapy animal.

DEFINITIONS:

Therapy Animal: Animal selected to play an integral part in the treatment process and demonstrates a good temperament and reliable, predictable behavior.

A therapy animal may be used by a professional when working with an individual with a disability. A therapy animal is **not** a service animal and does **not** assist an individual with a disability with activities of daily living, nor does it accompany an individual with a disability at all times. A therapy animal is one that is certified by an acceptable certifying organization for therapy animals, and likely to be a dog or de-clawed cat.

Handler/Owner: Staff or therapist who owns a credentialed therapy animal. This individual must complete all requirements and be given approval by CSB of Middle Georgia's authority before using a therapy animal during services.



Animal Assisted Therapy

Page 2

Animal Assisted Therapy provides activities that may include, but are not limited to:

- Give and receive affection with an animal
- Learn gentle ways to handle an animal
- Learn to communicate with an animal
- Learn about how animals learn
- Observe and discuss animals' responses to human behavior
- Generalize animal behavior to human circumstances, and learn about the animal's behavior
- Brush the animal
- Learn about proper care, feeding, and grooming of an animal
- Engage in play with the animal
- Talk to the animal
- Learn and repeat information about the animal and other animals
- Share animal stories
- Ask the animal to do tricks or commands
- Teach the animal a new trick or command, and learn about animal training
- Follow a sequence of instructions with the animal
- Take the animal for a supervised walk
- Introduce the animal to others
- Recall information about the animal
- Recall information about individual's own pets - past and present
- Discuss how an animal might feel in certain situations
- Predict or forecast animal behavior
- Develop a cooperative plan to accomplish something with an animal
- Gain knowledge about animals
- Learn humane animal care
- Develop motor and physical skills through human-animal interactions
- Practice appropriate discipline and correction
- Incorporate an attitude of kindness and compassion
- Learn about nurturance of animals



CSBMG ANIMAL ASSISTED THERAPY IS OFFERED AT:
SOAR CLUBHOUSE & AT THE DEN (EMERGING ADULTS PROGRAM)



621 Academy Avenue, Dublin, GA Phone: 478-353-1188

RISEUP

Recovery

In

Supportive

Environment

Utilizing

Peers

*If you are in recovery you are welcome at **RISEUP** to receive support services or just to have a supportive environment to hang out with peers.*

The mission of the **RISEUP** Recovery Center is to provide a safe, supportive community setting for individuals and families in recovery to establish, maintain and enhance recovery through the utilization of peer support by offering nonclinical activities that engage, educate and empower.

All Support Services Are Provided At No Charge !

Support Services Include:

- Hiring Specialist (computers available for resume building, job readiness, job placement and tutoring)
- One-on-One Peer Mentoring
- Recovery Advocacy
- Recovery Check in Sessions
- Community Awareness
- Narcan Education and Distribution
- All Recovery Meetings

HIGH UTILIZATION MANAGEMENT (HUM)

This program provides support to individual who experience challenges and barriers in accessing and remaining enrolled in desired community-based services and supports.

Using a data-driven process, HUM identified and provides assertive linkage, referral, and short-term care coordination for individuals with behavioral health challenges who have a demonstrated history of high crisis service utilization.

Offers support, education, and navigation to assist at-risk individuals who could benefit from the removal of barriers to accessing community-based treatment. Utilizing a recovery-oriented approach, HUM offers care coordination identifying and gaining access to required services and supports, as well as medial, social, educational, developmental, and other services and supports, regardless of the funding source for the services to which access is sought.

HUM includes assertive engagement and time-limited follow up to individuals to support and encourage a consistent and ongoing connection with appropriate community resources. Objectives for individuals served:

- a. Determine factors related to high utilization of crisis services (e.g. homelessness, inadequate discharge planning, engagement challenges, cultural factors, etc.).
- b. Use case management to education, connect to services, and advocate.
- c. Utilize person-centered approach to tailor support to meet unique needs.
- d. Reduce re-admission rate into inpatient settings.
- e. Act as navigator for those who have not been able to engage successfully in service beyond a crisis.
- f. Reduce the number of people with elevated acute behavior needs to improve access to care.
- g. Elevate identified gaps in resources to regional community collaborative in order to address these gaps and develop solutions with community partners.

The service supports effective engagement as defined by one or more of the following outcomes:

- 1) Linkage to appropriate service(s) / support(s);
- 2) Completion of initial evaluation/behavioral health assessment;
- 3) Completion of a psychiatric evaluation;
- 4) Authorization for services;
- 5) Completion of two (2) face-to-face follow up appointments; and/or
- 6) Individual reports feeling sufficiently supported and connected to desired services.

HIGH UTILIZATION MANAGEMENT ADMISSION CRITERIA

Adults with a primary addictive disease, mental health, or co-occurring diagnosis who have been admitted to a crisis setting (CSU, BHCC, State Contracted Community-Based Inpatient Psychiatric Facility, or PRTF) meeting one of the following frequency rates:

- A. A 30-day readmission; or
- B. Three (3) admissions within a six-month period; or
- C. Four (4) admissions within a nine-month period; and/or
- D. Other crisis utilization indicators, as evidenced by the following;
 - a. Three (3) mobile crisis dispatches within 90 days; or
 - b. Four (4) or more mobile crisis dispatches within nine (9) months; or
 - c. Thirty (30) consecutive days or more in a CSU or State Contracted Community-Based Inpatient Psychiatric bed.

**CSB OF MIDDLE GEORGIA
AUTISM PROGRAM
2121 Bellevue Road, Dublin, GA 31021**

Applied Behavior Analysis (ABA) therapy is therapy that is based on the understanding of how behavior works, how people learn and interact with each other, and teaching skills to reduce harmful behaviors and increase helpful behaviors to make a person's life better. Our ABA program has Board Certified Behavior Analysts, Registered Behavior Technicians, and other important team members with professional training. Our program will work with you, your parents or guardians, teachers, and other caregivers to make sure we can help you be the best you can be and have the best changes to be a productive, successful adult.

AGES SERVED

ABA Therapy 4-21 years of age

AUTISM AND ABA THERAPY HOURS

8:00 A.M. – 5:00 P.M.

Monday – Friday

SERVICES OFFERED

ABA therapy is offered by our Board-Certified Behavior Analyst and Registered Behavior Technicians in clinic, home, school, and in the community.

Autism Parent Support Groups

Is offered to families to provide support from other families dealing with a child with an autism diagnosis.

AIME PROJECT

(AWARENESS, INEGRATE, MOBILIZE, EDUCATE)

2121A Bellevue Road Building 4

Dublin, GA 31021

The AIME Project is designed to improve behavioral health outcomes for youth with Serious Emotional Disturbances (SED) and young adults with Serious Mental Illness (SMI) and their families to live life of recovery and independence. This statewide project is focused on increasing **Awareness** to the individuals we serve of the services and supports that are available to them in their communities; **Integrate** family and youth peer support in multiple levels in their communities to build and sustain systems of care that leads to a life of recovery and independence; **Mobilize** services and supports with easy access to youth and their families with SED/SMI outside of clinic settings, and **Educate** community partners, stakeholders, youth, families, child and adult serving agencies on a SOC to sustain partnerships and realize a return on investment of SOC efforts.

AIME GOALS

- Goal 1:** Promote and provide access to a family-driven, youth-guided, culturally competent and trauma-informed comprehensive systems of care to meet the needs of youth and young adults with SED/SMI in the least restrictive environment.
- Goal 2:** Facilitate effective communication, coordination, education and training within the larger system of care and among local, regional and state child serving systems and expand Services and Supports based on SOC Philosophy and approach.
- Goal 3:** Develop, maintain, and support a culturally competent, trauma-informed workforce to meet the needs of children, youth and young adults with SED/SMI and their families.
- Goal 4:** Develop financing strategies to support and sustain a comprehensive SOC plan anchored in cross-agency commitment to effective and efficient spending.
- Goal 5:** Utilize a person-centered, team-based approach to improve and sustain positive mental health for local community youth and young adults with SED/SMI including clinical and functional outcomes, increases in behavioral and emotional strengths, and reduction in suicide attempts.



SPARK!

Supporting Peers Along Recovery's Kaleidoscope!

Kaleidoscope

An optical tubed instrument that when rotated creates different patterns. The various colors and forms in a kaleidoscope can symbolize an escape from a time of difficulty and self-doubt. A kaleidoscope constantly generates changing symmetrical patterns from small pieces of colored glass, and therefore a kaleidoscope can symbolize anything that is constantly changing.

SPARK! WHAT ARE WE?

SPARK is an Adult Peer Support Day Service Program that promotes Personal Development and Wellness as a means to acquire a more meaningful life. We provide Peer Support Group services surrounding Recovery, Self-Advocacy, Living, Social, and Occupational Skills.

WHEN ARE WE AVAILABLE?

SPARK Programs operate 9:00am-2:00pm daily Monday -Friday.
With the exception of most major holidays.

SPARK! Daily Schedule

9:00am - 10:30am - Socialization Skills / Living Skills / Occupational Skills group.
SPARK Members attend one of the three groups based on needs.

10:30am - 12:30pm - Interactive/hands on Group - ranges from Sewing/ knitting,
Creative Expression, Cognitive Skills Building, and Health.

12:30am - 2:00pm - Whole Health Recovery and Self-Advocacy groups.
Group purpose is to promote Independent Living, Empowerment and Growth.

CSB of Middle Georgia
HUB Peer Center
Child & Adolescent Services

The HUB Peer Center is designed as a peer drop-in center for young adults 18 years of age up to 26 years of age.

Members of The HUB Peer Center are able to utilize the facility to research for jobs, find linkage to food banks, assistance with obtaining driver's license, support in getting obtaining a GED or enrolling into college courses, assistance with obtaining their own housing and other necessities to help them become more independent.

HUB Peer Center members are able to attend peer support groups led by their peers, receive therapy at the HUB, and receive one-on-one community support services.



Community Service Board of Middle Georgia
223 North Anderson Drive
Swainsboro, GA 30401

M.O.N.A.R.C.H.

Meaningful Opportunities Nurturing
Advocacy, Recovery, Connection, & Health

WHAT ARE WE?

M.O.N.A.R.C.H. Is an Adult Peer Support Day Service Program that promotes Personal Development and Wellness as a means to acquire a more meaningful life. We provide Peer Support Group services surrounding recovery, self-advocacy, living, social and occupational skills.

Did You Know? Butterflies symbolize transformation and empowerment. The Monarch Butterfly symbolizes a time of internal growth, emphasizing a different perspective in how we perceive our place in the world.

We believe everyone can learn, grow, better their lives, and live as independently as possible. We want you to have a voice and to be your best you and live your best life.

WHO ARE WE?

M.O.N.A.R.C.H. Peer Support Program is an evidenced-based practice where Peer Support is recognized as an essential component to the recovery process and recognizes the value of wellness connections- the ability to relate to others with behavioral health experiences. It is our belief that shared lived experience is one of the best ways to gain support. Many of our staff are individuals with lived behavioral health disorder experiences.

Daily Operations

9 a.m. - 2 p.m.

Monday – Friday (except most major holidays)

9 a.m. – 10:30 a.m.

Socialization Skills / Living Skills/ Occupational Skills

Members attend a group based on needs

10:30 a.m. – 12:30 p.m.

Creative Expression / Cognitive Skill Building /

Coping Skills (interactive & hands-on groups)

12:30 p.m. – 2:00 p.m.

Whole Health Recovery/ Self-Advocacy

(groups promoting independent living, empowerment & growth)

Breaks (We All Need One)

9:50 a.m. – 10:00 a.m.

11:30 a.m. – 12:00 p.m. (lunch provided - no cost)

1:00 p.m. – 1:10 p.m.

HOW DO I ENROLL AT M.O.N.A.R.C.H. ?

If you are interested in attending speak with your behavioral health provider (physician, therapist, or case manager). They can help navigate you through the referral process.

HOW DO I GET TO M.O.N.A.R.C.H. ?

After the referral process, we will look into a means of transportation.

If you are a recipient of Medicaid, you may be eligible for transportation through Logisticare of Georgia.

If you do not have Medicaid, but live in the inner city of Swainsboro, Adrian, Summerton, Nunez, Wadley, or Twin City then chances are we can provide the transportation that you need.

If you are uninsured and live outside the previous areas, we value recovery and strive to provide availability to any and all in need of services.

There is always the option of driving yourself or having a friend or relative drop you off and pick you up.

"WE DELIGHT IN THE BEAUTY OF THE BUTTERFLY, BUT RARELY ADMIT THE CHANGES IT HAS GONE THROUGH TO ACHIEVE THAT BEAUTY."

MAYA ANGELOU

S.P.I.R.I.T.

SUPPORTING PEERS IN RECOVERY INITIATIVES TASK FORCE



A Peer-led Day Program to Help Build Life Improvement Skills

WHAT DOES PEER-LED MEAN?

Everything that happens at S.P.I.R.I.T. is led by CPS's (Certified Peer Specialist), people just like you!! A peer is a person who is equal to another in abilities, qualifications, age, background, and social status.

Truthfully, YOU could be the leader!!!

Your opinions, ideas, wants, and needs will be considered and your voice will be heard !

You may want to learn a new skill !

Your new group of friends can learn something new with you !

HOW DO WE BUILD LIFE IMPROVEMENT SKILLS?

Develop your interpersonal skills: Often referred to as people skills, this includes communication, teamwork, negotiating and daily interactions. When you communicate with others, practice active listening. Active listening can impact many interpersonal skills from teamwork to negotiating.

Practice self-awareness: Be intentional about noting the body language of others when communicating with them. Become more self-aware and never stop looking for ways to keep your attention on your own actions.

Keep learning: Never stop learning! Learning prepares you for new challenges, keeps your mind sharp and allows you to continually improve your abilities. Surround yourself with talented people who work hard and want to grow and learn as well. Not only will you learn from them, but you will also find that they inspire you to be better as well.

WHO DOES S.P.I.R.I.T SERVE?

All referred individuals who meet admission criteria.

The program is designed to serve dually diagnosed individuals; this being individuals who have both a behavioral health and a developmental disability.

Behavioral Diagnosis: The assessment of influences on a person's behavior. It includes consideration of individual, social, environmental, and medical regimen factors that may either impede or facilitate behavior.

Developmental Disability: A group of conditions due to an impairment in physical, learning, language, or behavioral areas. These conditions begin during the developmental period, may impact day-to-day functioning, and usually last throughout a person's lifetime.



MONDAY-FRIDAY

8:00 am – 3:00 pm

Your transportation can also be arranged !

Confidentiality is assured through policies, procedures, and laws that protect your personal health information.

(Health Insurance Portability and Accountability Act)

M.O.S.A.I.C.

MENTORING OPTIMISM, SELF-ADVOCACY,
& INTERPERSONAL CULTIVATION

CSB OF MIDDLE GEORGIA
EMANUEL COUNTY EMERGING ADULT PROGRAM

MISSION

To equip young adults living with mental health disorders with skills, resources, and tools to help them achieve their goals, enhance their independence, and live life to their fullest potential.



Mosaic Darner Dragon Fly

What Is In A Name?

In almost every part of the world, the Dragonfly symbolizes change, transformation, adaptability, and self-realization. The change that is often referred to has its source in mental and emotional maturity and understanding the deeper meaning of life.

"Dragonflies are reminders that we are light, and we can reflect light in powerful ways if we choose to do so." --Robyn Nola--

M.O.S.A.I.C. SERVICES

Suicide Prevention Education

Therapy Services

Community Based Services

Social and Interpersonal

Skills Building

Transportation Assistance

Peer Support Group Services

Educational Linkage

Job Skills Training

Family Advocacy & Family Skills Building

In-Home Case Management

Resources & Referral Services

Volunteer Opportunities

Culturally Diverse Activities

Supportive Employment

Providing outreach to promote & communicate to others how we can assist young adults in need of behavioral health services. Advocating with community partners and actively present during public events to rid stigma and develop awareness.

Providing services to young adults (ages 16-30) as a means of ensuring a smooth transition into adulthood. Offering goods and services as a foundation for young adults struggling as they enter adulthood. Offering new experiences through community outings & recreational activities chosen by peers.

If someone you know is interested in joining the Emerging Adult Program, call:

478-289-2619 Monday-Friday 9 a.m. – 3:00 p.m.

COMMUNITY SERVICE BOARD OF MIDDLE GEORGIA

JAIL IN-REACH

Case Management Services



Establish collaboration with local jails.

Provide case management services via community transition planning (CTP) for adults (18 & older) currently in the custody of a local Sheriff's department, presenting with a history of mental illness or symptoms of a mental illness.

Provide screening to support access to necessary services and resources.
(Mental health, substance abuse, SSDI entitlements, housing, HUM, etc.)

Provide referral and linkage to services and support that decreases hospitalization, incarceration, homelessness.

Facilitate in-reach to local jails.

Provide care coordination to support transition out of jail and connection to services and supports in the community including housing, social support, entitlements, transportation behavioral health etc.

Locate available resources and reduce barriers to accessing needed services, supports, and resources.

Complete a need for supported housing survey.

Provide follow-up post release from law enforcement custody to determine access to services and successful linkage.

Maintain data; individual contacts made, number of visits, service linkages provided, successful engagement post-release.

COMMUNITY SERVICE BOARD OF MIDDLE GEORGIA
INTENSIVE CUSTOMIZED CARE COORDINATION (IC3)



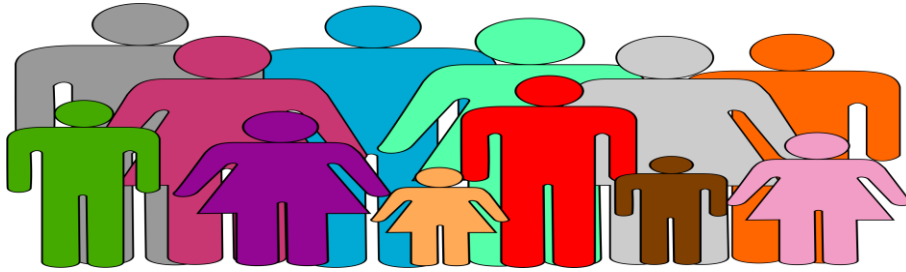
Intensive Customized Care Coordination (IC3) is a Wraparound service focused on assisting families within the Intensive level of need address needs and avoid removal from the home/community.

IC3 is staffed by Care Coordinators whose role is to form Child and Family Teams comprised of both formal and informal supports to develop innovative strategies to support the family.

Care Coordinators focus on the strengths of the family and team, underlying needs of the family, and motivate the team to create strategies to address underlying needs.

Families enrolled in IC3 are offered peer support services by Certified Peer Specialist-Parent and Certified Peer Specialist-Youth. Care Coordinators will maintain a caseload of around 10 families with the average length of stay being between 12-18 months.

Moderate Customized Care Coordination (MC3)



CSB of Middle Georgia in partnership with DBHDD are exploring methods to increase opportunities for strengthening coordination of care designed to explore:

- **Target Population:** Definition of Moderate Need Youth
- **Defining Care Coordination Practice:** Identifying on a practical level how coordination occurs for youth in the target population.
- **Identifying System Change Opportunities:** Describe and brainstorm methods to manage organizational or system barriers that may interfere with coordinating care.

Looking for common characteristics of the target population level and engaging therapist provides a view of these youth, who they are, and why they are considered to fall within the moderate range.

CSBMG looked at how care is coordinated and opportunities to sharpen coordination practices. It was discovered that coordinating care is often an add-on to other services lacking a comprehensive approach to coordinating care. Rather defined as a set of tasks which include giving information and hand-off referral. This finding led to a strengthening of definition of coordination and six practice elements needed to provide effective engagement, collaboration, and communication.

Although the project focuses on coordination among the moderate range, it was discovered that use of the six practice elements, introduction of a hope statement, and understanding of a person's hope for the future is a practitioner lever mindset change that effectively benefits families in every level of need.

The final component is to identify system and organizational change activities to increase reliability of care coordination. Throughout the project, organizational strategies are identified that associate with quality Care Coordination, to know why somethings are done, creating opportunities for clarification of employee roles, behavioral supports, peer supports, and therapeutic interventions.

Additional Community Service Boards have also partnered: Gateway CSB, Georgia Pines, Aspire, Unison, Bridge Health, and Pineland CSB. These CSB's are able to reflect on their approach to coordination for moderate care situations and identify strategies to increase employee confidence and competence in sharpening consistent communication and collaboration for the targeted populations served across the State of Georgia.

Historically, Moderate Care Range of Need was undefined. With an increase in the youth mental health crisis, the fastest approach to meeting this challenge is implementing a system-wide change process that works from the middle out with those children who fall in the moderate care range.

Additionally, this approach leads to systemic change to associate with greater employee satisfaction, reduction of time in solving problems at the practice level, increases the ability to shift from a problem-focus to a hope-focus in the work with families as well as increasing precision of therapy, peer and CSI practice with families. This helps move beyond a crisis mode with families in the moderate care range while building a sense of pride and respect among different employee roles.

WEB LINKS:

[Addiction and the Adopted Child: A Look at the Links](#)

[Trusted Counsel: Does Your Tween Need Therapy?](#)

[The Emotional and Psychological Effects of Cancer](#)

[When Grief Becomes a Mental Health Issue](#)

[Becoming a Happy Empty Nester](#)

[Understanding Mental Health Issues in Seniors](#)

[Helping a Friend or Family Member with Depression or Bipolar Disorder](#)