Writing Contest Winners Inside!

News, Commentary and Arts by Psychiatric Survivors, Mental Health Consumers and Their Families

Counterpoint

Vol. XXVIII No. 1 | From the Hills of Vermont | Free! | Since 1985 | Summer, 2013

Portal

by Sarah Robinson

Sarah Robinson's still life photography was part of a juried exhibit of work by artists with disabilities at the Bennington Museum this past spring. The exhibition was presented by VSA-Vermont (Vision. Strength. Access). According to the journal of the art displayed, her work "brings forth embedded meaning in the objective world around us in a process of design she views as a dialectic of beholding, in the tradition of Emerson. In photography she uses depth of field choices, film speed, lens choice and other compositional options to capture what she has beheld as a meaningful composition. In recent years, undaunted by some new limits associated with Bipolar II illness, she has returned to art as a part-time vocation." More art from the exhibit is on pages 20 and 21.

Call 1-888-604-6412

State Peer Line Opens

BURLINGTON — The Vermont Support Line, a peer-run call center that will be available 365 days a year, began taking its first calls in May. It is currently operational from 3 to 7 p.m., but will be phasing in to become a 24-hour-per-day service.

The Line almost immediately began receiving more calls than staff could answer, and director Tanya Vyhovsky said she hopes to double the shifts by the summer. "We recently had a training and are in the process of bringing on more workers," she said.

The staff are all peers, identified as individuals who acknowledge that they have experienced a broad range of struggles of their own and are willing to be open about them.

"Staff is not here to problem solve or judge you," a project description states. "They are here to listen openly, be supportive and learn and grow with you." The Line is dedicated to providing "free, anonymous and non-judgmental support to anyone who calls."

The Support Line adds to but does not replace local warn lines across the state, and Vyhovsky said that "as we build a strong, destigmatized system of support" that it was important that "we all

(Continued on page 3)

Community Leader Named New Commissioner

MONTPELIER — Paul Dupre, a long time community mental health center director, will be the new Commissioner for the Department of Mental Health, the governor's office announced in May.

The appointment came after a national search that followed the sudden resignation of Patrick Flood last fall, after he served in the position for less than a year.

Dupre is the Executive Director of Washington County Mental Health. He began working there in 1978, assisting in the start-up of one of Vermont's first group homes to help move Vermont State Hospital patients to community settings.

Peer leader Linda Corey, the Exucutive Director of Vermont Psychiatric Survivors, said that her feeling was that "Paul has always been peer friendly and I think he will be fair."

"Given his past experience I think he has a lot of qualities to bring to the position," she added.

The interim Commissioner, Mary Moulton, had been on a leave from her position with the same agency, and said she will be returning to Washington County Mental Health at the end of May. She had been on leave since joining Flood as his Deputy Commissioner to assist in the response to the crisis caused when Tropical Storm Irene flooded the state hospital in Waterbury.

"We're very excited about it here" at the Department of Mental Health, Moulton said about Dupre's appointment. He is scheduled to start on July 1.

Paul Dupre

Dupre said in Governor Peter Shumlin's press release that he was "a strong supporter of Vermont's new community-based mental health legislation" and that he looked forward to implementing "this innovative approach for mental health treatment and support."

"I will continue the Department's strong relationships with consumers, their families and community partners in providing high quality services to Vermonters with mental illness," he said.

Shumlin said in his press release that "Paul has a long record of commitment to Vermont's mental health community, and has been an aggressive advocate for improving the lives of Vermonters who deal with mental health issues."

"He will help us reshape our system into a community-based system where Vermonters can receive the care and services they need closer to home. He will also oversee continued planning and implementation of the new, state-of-the-art state hospital, currently under construction in Berlin," the governor said.

Dupre has served on the Transformation Council for closing the state hospital and expanding community services since it first began under the name "Futures Committee" in 2003.

Boards and Committees

Opportunities for Peer Leadership and Advocacy

Save the Dates

Statewide Peer Leadership Retreat

Vermont Psychiatric Survivors; Aug. 26-29 at Wallingford Lodge. If interested in helping with planning or volunteering,call George Nostrand at 802- 282-2267.

www.vermontpsychiatricsurvivors.org

Alternatives 2013 Conference

National Empowerment Center, Dec. 4-7, Hyatt Regency, Austin, TX; national mental health conference organized by and for those in the mental health consumer/survivor/peer recovery movement. The theme of Alternatives 2013 is Building Inclusive Communities: Valuing Every Voice.

Ongoing information, including a call for proposals and scholarship information will be available on Facebook: www.facebook.com/groups/AlternativesConference

NARPA 2013 Conference

National Association of Rights, Protection and Advocacy; Sept. 26-28, Hilton Hartford, Hartford, CT.NARPA is an independent organization, solely supported by its members. Its mission is to promote policies and pursue strategies that result in individuals with psychiatric diagnoses making their own choices regarding treatment, and to promote alternatives so that the right to choice can be meaningful.

Hospital Advisory

Vermont State Hospital/ Successor
Advisory Steering Committee suspended; new format for future advisory group now under review; For advisory group for Green Mountain Psychiatric Care Center [Morrisville], contact the Department of Mental Health (Jeff Rothenberg) for further information.

Rutland Regional Medical Center Community Advisory Committee; fourth Monday of each month, noon, on unit.

Fletcher Allen Health Care Program Quality Committee; third Tuesdays, 9 -11 a.m., McClain bldg, Rm 601A

Brattleboro Retreat Consumer Advisory Council; third Tuesdays, contact Retreat at 800-738-7328.

National Web Sites

- **National Mental Health Consumer Self-Help Clearinghouse:** www.mhselfhelp.org
- **National Empowerment Center:** www.power2u.org
- **National Association of Rights, Protec tion and Advocacy** (NARPA):http://narpa.org
- **Intentional Peer Support** http://IntentionalPeerSupport.org
- **Hearing Voices:** www.hearingvoicesusa.org
- **The Icarus Project:** http://theicarusproject.net/
- **Mad in America:** www.madinamerica.com
- **WRAP:** www.mentalhealthrecovery.com/
- **Directory of Consumer-Driven Services:** www.cdsdirectory.org
- **ADAPT**: www.adapt.org
- **MindFreedom** (Support Coalition International)**:** www.mindfreedom.org
- **Electric Edge** (Ragged Edge)**:** www.ragged-edge-mag.com
- **Bazelon Center:** Mental Health Law**:** www.bazelon.org
- **National Mental Health Services:** www.mentalhealth.org
- **American Psychiatric Association:** www.psych.org/public_info/
- **American Psychological Association:** www.apa.org
- **National Institute of Mental Health:** www.nimh.nih.gov
- **National Mental Health Association:** www.nmha.org
- **NAMI National:** www.nami.org

Med Info, Book & Social Sites:
www.healthyplace.com/index.asp
www.healthsquare.com/drugmain.htm
www.alternativementalhealth.com/
www.nolongerlonely.com (meeting MH peers)
www.brain-sense.org (brain injury recovery)
www.crazymeds.us/CrazyTalk/index.php
http://willhall.net/comingoffmeds/

Peer Organizations

Vermont Psychiatric Survivors
Alert!
Vermont Psychiatric Survivors (VPS) is currently looking for new energetic, open-minded, and forward-thinking people to serve on its Board of Directors.
Must be able to attend meetings bi-monthly. Experience with boards preferred but not necessary. For more information call (802) 775-6834 or email vpsinc@sover.net

Counterpoint Editorial Board
The advisory board for the VPS newspaper, assists with editing. Contact counterp@tds.net

Disability Rights Vermont PAIMI Council Protection and Advocacy for Individuals with Mental Illness] Call 1-800-834-7890 x 101

Alyssum Peer crisis respite. Contact Gloria at 802-767-6000 or Alyssum.info@gmail.com

***NAMI-VT Board of Directors*:**
Providing "support, education and advocacy for Vermonters affected by mental illness." Contact Marie Luhr, mariel@ gmavt.net, (802) 425-2614 or Connie Stabler, stabler@myfairpoint.net, (802) 852-9283

For services by peer organizations, see referrals on back pages.

State Committees

State Program Standing Committee for Adult Mental Health
Advisory committee of peers, family members, and providers for the adult mental health system. Second Mon. of each month, 12-3 p.m.; Redstone Bldg, 26 Terrace St., Montpelier. Stipend and mileage available. Contact the Department of Mental Health (Melinda Murtaugh).

Local Program Committees
Advisory groups for every community mental health center; contact your local agency.

Transformation Council
Advisory committee to the Commissioner on transforming the mental health system. New members welcome; stipend and mileage available. Contact the Department of Mental Health (Judy Rosenstreich). Check web for meetings.

Counterpoint

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Mission Statement:
Counterpoint is a voice for news and the arts by psychiatric survivors, ex-patients, and consumers of mental health services, and their families and friends.

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Counterpoint Deadlines

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How to Reach
The Department of Mental Health

Redstone Building, 26 Terrace Street
Montpelier, VT 05609-1101
802-828-3824

http://mentalhealth.vermont.gov/

For DMH meetings, go to web site and choose "calendars, meetings and agenda summaries."

E-mail for DMH staff can be sent in the following format: FirstName.LastName@state.vt.us

'Father of Recovery' Urges Others To Recognize That Patients Improve

by DONNA IVERSON
Counterpoint

It is a message he has been trying to get across since 1991. People with mental illnesses, even major mental illnesses, improve over time.

The majority of people with severe mental illnesses do not deteriorate but improve, said William Anthony, MD, who was director of Boston University's Center for Psychiatric Rehabilitation until his retirement in 2011.

This past spring, Anthony brought that message of recovery and hope to health professionals at a "Grand Rounds" presentation at Fletcher Allen Health Care (FAHC) in Burlington.

Researchers in major studies, including one in Vermont, have found that over the long term, people with mental illness exhibit recovery and growth, he told them.

Ironically, almost every state has the word "recovery" in its vision statement regarding treatment for mental illnesses, he said, but actions and beliefs often do not reflect these findings.

As one of the founders of the Recovery Movement in the mental health field, Anthony said it is difficult to convince the psychiatric community that patients with mental illness are going to get better over time.

For years, they have been telling people that "they are not going to get better," he said in a recent telephone interview. It is a belief system that is hard to shake, especially with a diagnostic system that labels people in a way that implies deterioration, he added.

What is his advice for people with mental health issues who run up against this negativity by some psychiatric providers?

William Anthony, MD

Find a peer support group and get recommendations for therapists, psychiatrists, and programs that have a recovery model.

On a personal level, Anthony learned of the importance of peer support when he joined a self-help group for people with multiple sclerosis. "People with the same condition understand what you are going through and can give good information," he explained.

Another thing he learned from his MS support group was the importance of open and honest communication with his health care providers.

"Fortunately, my neurologist can't put me in the hospital or make me take a drug without my consent," he continued. This makes it easier to discuss symptoms, he said.

In contrast, Anthony points out that the patient right to "say no" to hospitalization and/or medication is often not extended to people with mental health diagnoses.

"Professionals need to rethink the use of force on mental health patients, as it is typically uncalled for"

Asked about homelessness and its connection to mental illness, Anthony said that what homeless people obviously need most is a home, but often all that is provided is a case manager rather than housing. "The notion of "housing first" has great credibility.

Anthony had no words of praise for insurance companies that often control who gets therapy, what kind and for how long.

"Insurance companies focus on keeping costs down," he said. It is easier getting reimbursement for medication but not therapy, he added. "I am not saying that medication is unimportant," he continued, "but what is critically needed is a long-term supportive relationship. Not a 15-minute appointment and a prescription." That only focuses on symptoms, he added.

Anthony became interested in the mental health field when he was stationed as a psychologist at Walter Reed General Hospital during the Vietnam War.

Soldiers with physical injuries are provided both rehab and counseling, he said, while those with psychiatric issues got neither. He decided he was going to "try to do something about that.disparity."

Anthony is widely considered the father of the recovery movement, according to Dr. Sandra Steingard, medical director of the HowardCenter in Burlington.

"Through his work at Boston University's Rehabilitation Research and Training Center on Psychiatric Rehabilitation, he has helped us understand how to help individuals who have experienced extreme states live in their communities in a fulfilling and meaningful way," she said.

State Peer Line Opens

(Continued from page 1)

support each other." The recent staff training, for example, included spaces available for two of the local programs.

"We do important and hard work and our goal is the same," she said. "I am committed to working with the local lines to support the many people in the state who are seeking support."

The Support Line has advisory board members from around the state and its long range plans include having call centers in multiple locations. They are currently located in Burlington and Barre, with both full and part-time staff covering a total of 14 7-hour shifts.

Vyhovsky said there is no target date yet for when the call hours will expand.

"I want to ensure quality before quantity so we will work out all the inevitable bugs of starting a new project" first, she said. The priority will also be to add enough staff to answer a larger percentage of the calls coming in during the evening shift, she said. "We are currently operating at about half of the 3-to-11 capacity it seems we need."

The Support Line vision is also to develop multi-media accessibility: phone, text, chat and video, as well as web-based resources and e-groups. Vyhovsky said that the Line was "very near ready to launch chat functionality. We wanted to ensure we had a service that was user friendly and allowed anonymity."

Staff are training in Intentional Peer Support, trauma-informed care, hearing voices cultural competency, harm reduction, recovery principles, confidentiality and mandatory reporting.

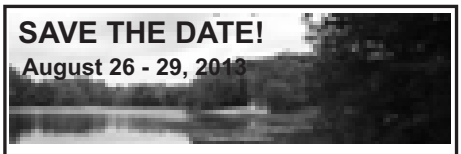
The Support Line is one of the new peer projects funded under last year's mental health system reform bill. AD

Using a Support Line: When You Gonna Call?

The Vermont Support Line offered these examples for when talking with a peer can be helpful:

- **You might call the Support Line after a bad day at work, or a fight with a friend or partner.**
- **You might call when you are thinking about making some major changes in your life, but aren't quite ready to have a discussion with those around you.**
- **You might call when you are feeling alone and really just want to talk with someone who cares about how your day went.**
- **You can call the Support Line for any of these reasons or for any other reason you might want.**

1-888-604-6412



Vermont Peer Leadership Retreat

Wallingford Lodge, Wallingford, VT
Take a break from your everyday life,
Join us for all kinds of outdoor activities,
Participate in a variety of workshops and learning experiences and spend time networking with peers from across the state.

As people with lived experience in an ever-changing field, it's important that we stay connected, share our ideas, and support each other. We invite you to join us for four days of workshops, discussions, and activities designed to rejuvenate you and give you time to talk with other peers from different parts of the state.

We are sending out this save-the-date so you can mark your calendars, and also as an informal 'call for presentation', so you can share with us what you would like to see at the retreat. For more information or to share your ideas, contact Jane Winterling at janew7@comcast.net or George Nostrand at 802.282.2267 or vpsgeorg@ sover.net.

The Wallingford Lodge is a rustic location and people attending should be prepared to camp. There are no rooms, however there is floor space inside the lodge. Jane and George will keep the bears away… Look for information on how to register and camp details coming soon to www.vermontpsychiatricsurvivors.org

HowardCenter's Open Dialogue Comes To Vermont

by DONNA L. OLSEN
Counterpoint

BURLINGTON — In 1984, in Tonio, Finland, a hospital team at Keropudas Hospital was realizing that the traditional family models of treating initial psychosis episodes were not working.

The team, led by Jaakko Seikkula, Ph.D., M.D. and Jukka Altonen, M.D., developed the "Treatment Meeting," which evolved into the main therapeutic forum known as "Open Dialogue." It meshes a form of psychotherapy with a way of organizing and delivering integrated treatment in the community. Open Dialogue has now been in place for more than 20 years, with very good longterm outcomes demonstrated.

Now, the model has come to Vermont.

Sandra Steingard, MD, Medical Director of HowardCenter in Burlington, along with Greg Tomasulo, Director of the newly formed START team, are attending the Institute for Dialogic Practice in Haydenville, MA, to study the concepts of Open Dialogue.

"I think the system is extremely respectful of everyone. Respect is a core principle of Open Dialogue. Everyone's voice and perspective is respected and valued," said Steingard.

She and Tomasulo, along with another colleague of HowardCenter, have been attending the trainings since October of 2012. There are two levels of training held for 16 days each on weekends. The training takes about two years.

"I like that they do not label people," Steingard said. "They are interested in understanding and do not present themselves as the experts who have the answers. They present themselves as people who can listen and try to understand, but they believe that the individuals and families have strengths and abilities that can get them through the crisis."

Greg Tomasulo agrees, and is integrating some of the principles into the new START program. *(See article, next page.)*

"Currently there are four families involved in the Open Dialogue treatment," said Tomasulo.

"The client has input, and it is what they need. I explain the process to the client and family, and they are allowed to ask questions. It's about being open with the client," said Tomasulo.

The Open Dialogue system is characterized by a home-based approach, the creation of a supportive social network of family members and helpers, and a low or no dosage medication for patients.

Josh Barlow is a peer community recovery specialist on the START team. He has attended a seminar and also three meetings about Open Dialogue.

"I am excited about the concept and I want to learn more. Being someone who has been in the mental health system for something like 11 years, anything that is not focused on medication and hospitalization, I'm all for it, and it works," said Barlow.

In the Open Dialogue approach, when a person or family in distress seeks help from the mental health system, a team of colleagues are mobilized to meet with the family and concerned members of the family's network as promptly as possible, within 24 hours, usually at the family's chosen familiar location.

The team remains assigned to the case throughout the treatment process, whether it lasts months or for years. No conversations or decisions about the case are conducted outside the presence of the network.

Evaluation of the current problem, treatment planning, and decisions are all made in open meetings that include the patient, his or her social relations and all relevant authorities.

Specific services may be integrated into treatment over the course of time, but the core of the treatment process is the ongoing conversations in treatment meetings among members of the team and network.

"I try to apply the principles whenever I can, but we are limited on how they can treat on the START team," Barlow said, as START focuses on one person and Open Dialogue is support-system based.

"Some clients have isolation problems, and support system is a hard road to go down, but I always try and recommend it and get a support system in place," said Barlow.

"I definitely think of Open Dialogue principles when working with people, because it works. If people are educated enough and not all by themselves, that can make the difference between going to the ER or staying home," said Barlow.

Steingard agreed that there is not integration between Open Dialogue and START.

"The START team has some things in common with the Open Dialogue model, but it would be inaccurate to say that we are using Open Dialogue or that START is an Open Dialogue team. It would be more accurate to say that some of us are learning about dialogic practice and we are trying to use these tools with everything else we know to help people in crisis," said Steingard.

"I think it is very important to involve families or the individual's social network. It is this group [that] is often going to be most helpful to a person who is going through an extreme crisis," said Steingard. "To involve them from the beginning just seems to be helpful. Families are often frightened during a crisis, and bringing them into meetings seem to diffuse much of the fear and worry," said Steingard.

One of the key elements of Open Dialogue is that neither the patient nor the family are seen as either the cause of the psychosis or object of treatment. They are viewed as competent partners. Everyone's voice is heard in Open Dialogue.

DEDICATION — Fr. Louis Logue, longtime chaplain at the Vermont State Hospital, blessed the memorial stone at a cemetery rededication ceremony in 1991.

State Commits To Preserving Former Hospital Cemetery

MONTPELIER — The state has committed to preserving the former Vermont State Hospital cemetery by designating it on the State Registry of Historic Sites, a Senate committee was informed this spring. It will also be listed in the Vermont Archeological Inventory.

The legislature passed a resolution that requested permanent care of the cemetery, which was used between about 1892 and 1912 for burials of patients who died there and were not claimed for burial in their home towns.

The resolution also asked for efforts to be made to locate and preserve the identities of those buried there. That list has been gathered, and shows almost certain identification of 22 persons, along with as many as five possible others.

Several of them may have been buried in unknown locations elsewhere on the hospital grounds in Waterbury, and the state's Department of Buildings and General Services has committed to being alert to that possibility when new construction begins to replace buildings destroyed by flooding in 2011.

Among those identified at the cemetery were a woman, age 30, who died in childbirth and was buried along with the newborn baby, and a 17-year-old boy who died of an accidental scalding. The oldest patient buried there was 82. Many had been patients transferred from the Brattleboro Retreat when the new hospital opened in 1891.

The story of the search for the identities attracted the attention of the Associated Press news service, and it published an article that ran in newspapers around the country in March.

The cemetery had been lost to memory for years until Gary De Carolis, the Deputy Commissioner for the [then] Department of Developmental and Mental Health Services from 1988 to 1993, found an old map and tracked the location of "the knoll" in 1990. State archeologist Giovanna Peebles surveyed it and, "by process of elimination," determined the most likely boundary area. The four corner markers and the granite memorial stone were donated by the Barre Granite Association. AD

New Starts:

Peers Join Teams in Crisis Response

by DONNA L. OLSEN
Counterpoint

BURLINGTON — Jackie Leman and Josh Barlow come from different backgrounds but are connected daily in a job that has helped numerous people as well as themselves. Jackie and Josh both live with mental illness and both are in recovery.

They credit their involvement in HowardCenter's recently formed START team for their success in their own mental health recovery. Using their own experiences of recovery they respond daily to persons in the community who are in an acute mental health crisis.

START stands for Stabilization Treatment And Recovery Team and is comprised of mental health clinicians and peer recovery specialists. Sandra Steingard, MD, Medical Director of HowardCenter in Burlington, had an idea of working with people in their homes when in a mental health crisis as opposed to hospitalization. The state embraced the idea and suggested the use of peer recovery specialists.

Greg Tomasulo has been the clinical director of the START team since the program was initiated in August 2012. He works with various mental health clients and takes referrals to the START team. His hope for the team is "to continue to work in the home with people who are in crisis and for them to be safe in-home. Would like to expand START program."

One thing that makes START so unique is the perspective offered by the peer recovery specialists.

Jackie Leman is a peer recovery specialist and joined the START team in 2012. She is 49 and described having had mental illness since she was 15, and being in and out of hospitals during most of her 30's. She moved to Burlington in 1997 and joined Westview House through HowardCenter. Westview House is a psycho-social program offering an environment of opportunities for self-help and skill building to individuals who are recovering from psychiatric illness in the community.

Leman has a treatment team from HowardCenter, with both a case manager and a therapist. She explained that she has been diagnosed with Borderline Personality Disorder, depression and Attention Deficit Disorder, and has been in recovery for ten years.

Leman said she decided to join the START team because the hours appealed to her.

"I work 16 hours a week and it also feels good to earn my own money. It boosts my self-esteem and it is as beneficial to me as much as it is to the clients. It helps me to stay focused and it is a positive experience for me. I wanted to share my recovery experience with other people to help them."

This sentiment was echoed by Josh Barlow, the second peer recovery specialist of the START team. He has been with the START team since its beginning and his role has evolved over the year he has been with the team.

Barlow has lived with mental illness for 11 years. He has been diagnosed with schizophrenia, he said, and also has a treatment team out of HowardCenter. Steingard asked Barlow to become a member of the START team.

Barlow was then a dishwasher and his initial response to Steingard was, "I kind of do peer support in the community for my friends and do not need a title." Steingard explained the program to Barlow and told him she thought he would be good at it.

Barlow decided to give it a try with the thought of "it either works or it doesn't." Almost a year later, Barlow is still with the START team and said, "I have used my recovery experience to help others and it makes a difference. It has also helped me understand and learn different tools for my own recovery."

Tomasulo said that "all peer recovery specialists have to be in stable recovery and pass a background check, and attend trainings. Their role is to use their expertise of recovery to help clients."

"My training was on the job training, where I would shadow another peer mentor and also take numerous training seminars. I have taken training in intensive peer training (IPT), privacy training, electronic health records, and listening skills," said Leman.

"The role as a member of the START team is to listen to the client, offer coping skills, and connect them with services. We always go out with a team of two people," Barlow explained.

"If the crisis is beyond the team's scope of experience, we contact HowardCenter's Crisis Services who provide support when immediate assistance is needed. We work with people who have a range of mental health issues, from personality disorder issues, substance abuse and medication issues," he said.

Leman and Barlow say they are learning recovery skills every day and that it benefits their own recovery. In addition to the field work, they also have a very good support system with the other members of the START team and team meetings are held weekly.

The criteria for admission to START is having a mental health crisis and being at risk for needing a higher level of care, such as being hospitalized, "but someone who does not need 24-hour support," said Tomasulo.

"Anyone can make a referral to START," he said.

He gave examples of referrals that come from HowardCenter case managers, therapists, Mobile Crisis [the 24-hour-a-day, 7-day-a-week program that provides immediate response to residents 18 or older in Chittenden County], clinicians, Assist [a six-bed crisis stabilization and hospital diversion program], as well as non-HowardCenter agencies like the Community Health Center, Champlain Valley Agency on Aging, private therapists and physicians.

"In order to make a referral, one needs to call me or submit a referral form," said Tomasulo. Information about the START team is available at 802-488-6424

Involuntary Medication Reports

MONTPELIER — The two reports required annually to assess Act 114, which establishes the process for non-emergency involuntary psychiatric medication in Vermont, are published on the legislature's web site. They can be found by going to www.leg.state.vt.us and clicking on "Main Legislative Research Page." On that page, click on the last item, "Reports Submitted to the Legislature." The report by the Department of Mental Health is the last one listed under the Jan. 15 date heading. The independent consultant report by Flint Springs Associates is the last one listed under the Jan. 9 date heading.

RECOVERY DAY 2013 at the Statehouse in Montpelier included a "Legislator of the Year" award honoring Sen. Sally Fox (center). Presenters, from left, included Wendy Beinner from NAMI-VT, Ken Libertoff, and Patty McCarthy from Friends of Recovery. (Counterpoint Photo: Anne Donahue)

THE RECOVERY MESSAGE — Peers brought the message of recovery to the legislature in March, including direct testimony provided to the House Human Services Committee. In the left photo, Cindy Nutting shares her thoughts; in the right photo, Craig Getty (center) addresses the committee. Legislators around the table, from the left, include Reps. Lynn Batchelor, Tom Burditt; Topper McFaun and Matt Trieber.

(Counterpoint Photos: Anne Donahue)

In the Legislature, 2013:

Bills That Passed and Bills That Stalled

High-Need, High-Cost Care To Be Studied

The governor eliminated any new funding in the coming year's new budget for high-cost community placements for persons with high security needs. The legislature responded with a bill to require a study on how to provide the care for those individuals. Some could otherwise be left in Corrections until maximum sentences expire.

The study addresses individuals who have "mental and functional impairments or developmental disorders so severe that they cannot live in the community without substantial supports and who have committed, been charged with, or have been identified as being at risk of committing a criminal offense that renders them a threat to public safety or who pose a risk to their own physical safety, or both," whether or not they are inmates in Corrections.

Topics of the study are to include the continuum of appropriate treatment and services and supports; ways to lower the incarceration rate for those individuals; how best to protect their legal rights; how to manage public safety risks; and cost-saving opportunities.

Group To Begin Update Of Mental Health Laws

A bill to require a work group to review and update the law on emergency evaluation and detention passed the Senate this spring, but ran out of time before it was addressed by the House. Mental Health Commissioner Mary Moulton said that she still intends to develop the group, which will make recommendations to the legislature next year.

The bill began as a proposal by the Department to update the law on when a person can be taken into custody, brought to the hospital, and admitted involuntarily. The proposals provoked controversy in the Senate, and instead, the bill proposed a broad group of stakeholders to work on recommendations over the summer.

The Senate bill, S.128, also added a section of law to define the role of the Office of the Mental Health Ombudsman, which was created last year. That section also awaits action in the House.

Physician Assistance In Suicide Is Approved

A divided legislature came up with enough votes this spring to pass a law that allows doctors to prescribe lethal medication to terminally ill patients who request it. The proposal has been the subject of controversy for years.

Both the Vermont Coalition for Disability Rights and national disability groups have opposed the legislation, saying that so-called Death with Dignity laws are an attack on the dignity of persons who live with disabilities.

In the final days of the session, the bill was revised to remove many of the protections against abuse that had been in the bill when it was introduced. Ed Paquin, Executive Director of VCDR, wrote to legislators with a final, unsuccessful plea to urge them to reconsider before the final vote.

"We have been assured by supporters of the underlying bill that they had every interest in protecting people from harm and from undue influence in choosing to seek a lethal prescription," he wrote.

"We have been assured that the protections equivalent to those in the Oregon statute are adequate *and necessary* for that protection. We have also been assured that concerns we raised about the prospects of protections being eroded — or aspects of the law expanding — are unfounded.

"The bill you will be considering has been amended to sunset virtually *all* of the structures that supporters have pointed to as those necessary protections. It appears as though, to some, passage of a bill at any cost in the next few hours or days is more important than making sure that the bill does not do predictable harm."

Adult Protections Will Get Closer Oversight

For the second time in two years, the legislature passed a bill to require more detailed reports from the state's Adult Protection Services to explain why the rate of findings of abuse are so low. The bill was vetoed by the governor last year. Governor Peter Shumlin said then that it created too many reporting burdens, and that the time spent on reporting would be better used on abuse investigations. The new bill reduced the amount of information that would be required, and has been signed into law. The protective services law requires investigation of abuse of vulnerable adults, defined to include adults with disabilities.

Several Laws Add Focus To Substance Abuse

Shortages in access to substance abuse services received special notice in several bills passed this spring. The annual budget requires an in-depth evaluation of statewide capacity for substance abuse treatment, including integration with medical and mental health services. It added $100,000 in funding to support those needs.

The budget also transferred up to $150,000 into additional substance abuse services for participants in the Reach Up program for families with children. The legislature found that delays in receiving those services were a major barrier for many persons who are staying on Reach Up for many years, and unable to work. A change in Reach Up will now limit it, in most circumstances, to five years of assistance.

Another bill that addressed statewide concern about opiate and prescription drug addictions requires guidelines and training for hospitals regarding screening for addiction and making referrals to addiction treatment and recovery services for victims admitted to or treated in a hospital emergency department.

Legislature, 2013:
No Laws Move On Banned Gun Owners

Several bills were introduced in the state legislature this winter to require the Department of Mental Health to turn over names of individuals with a mental illness history who are banned by federal law from owning guns.

None of the bills received a hearing.

The proposals came as a reaction to the shooting deaths of young children in a school in Newtown, CT, in December. Federal law bans gun ownership by various categories of persons, including those convicted of a felony and those "adjudicated to be mentally defective, or who have been committed to a mental institution."

The Vermont proposals would have required DMH to turn over the names for listing in the National Instant Criminal Background Check System, which is required to be used when firearms are sold or transferred.

Opponents have cited data that show that persons with a mental illness are no more likely to be violent than other individuals, and are often subjected to stigma. The privacy of mental health records has been identified as another concern.

The U.S. Department of Health and Human Services recently asked for public comments on proposed changes to current federal health privacy law that would address the possible barriers to state reporting. The HHS request asked for input on "how these barriers [to reporting] can be addressed without discouraging individuals from seeking mental health services," as well as on unintended consequences that such actions may have on individuals seeking mental health services. Several Vermont organizations joined in a response in opposition to the proposed change. AD

State Taser Policy Law Is Deferred

Despite a public hearing and several days of committee testimony, a proposal for statewide standards and training for police use of Tasers did not move forward in the legislature this year. Taser is the name brand for the most widely used electronic control device.

The bill remains active for consideration in the House next January. It would require statewide policies on when Taser use is appropriate, and a training requirement for all law enforcement officers authorized to use them. The training would include special attention to the risk of misuse with persons with disabilities.

Although Taser training bills have been introduced in the legislature in the past, the new bill this year drew greater attention as a result of the death last summer of Macadam Mason. Mason was killed by a Taser shot to his chest after the state police responded to a call for help that he had made to a hospital.

The State Attorney General, William Sorrell, later ruled that the officer who shot Mason had a reasonable fear for his own safety, because Mason had reportedly not followed an order to stop. Mason had a seizure disorder that may have contributed to how he responded, published reports said. AD

Group Builds Relationships For Members and Its Leader

by DONNA IVERSON
Counterpoint

BURLINGTON — Almost every Thursday at 3 p.m. you can find NAMI Connections Facilitator David Turner of Burlington in the basement of St. Paul's Episcopal Church. He is usually the first one to arrive so he can welcome each person as they file in and take a seat. For the next hour and a half, Turner will guide the discussion as the participants share their concerns.

Talk will focus on medication, job search difficulties, interpersonal conflict, the difficulty of gaining acceptance from family, feelings of depression or paranoia, and the stigma of mental illness.

Through it all Turner keeps the discussion moving forward, and the conversation meaningful. And that is what is most important to Turner, that the talk be meaningful.

"I enjoy being in groups where we talk about meaningful things," he said in a recent telephone interview.

A regular topic at the weekly NAMI Connection meeting in Burlington is medication. Discussion goes back and forth with some people advocating for meds and others being opposed.

Turner is a strong supporter of medication to deal with mental illness.

"It is important to get the right meds in the right amount," he says. "And different people respond differently to the same drug." He says his medications have worked well for him over the years, but said that when he was in his 20s, he "didn't like how they made me feel."

The Burlington group owes its existence to Turner, who helped get it off the ground about three-and-a-half years ago. As he tells it, he was attending a monthly meeting of HowardCenter's Community Action Network (CAN) when he was approached by NAMI leader Ann Moore about setting up a NAMI Connection group in Burlington.

"It is just what I wanted to do," Turner said. Since that day, Turner has formed relationships with some of the regular attendees. He sees relationships as critical to his quality of life and personal happiness.

It wasn't always that way. When he was first diagnosed at age 24 with bipolar disorder, he isolated himself.

"I attended church and read the Bible, but was not giving of myself in any way. I was using drugs and alcohol. I went through 15 jobs and finally quit working completely because I couldn't deal with the stress," he said.

"I lived on savings until that ran out and ended up homeless on the street for two years in the mid-1980s."

Luckily for Turner, he had a family who cared. His sister came through with money from their parents to get him off the street and into an apartment.

Workers at the city's Community and Economic Development Office (CEDO) helped him get on disability. The fact that he was homeless and had been hospitalized meant his application was approved in a timely manner, he said. During this period he received a second diagnosis of schizoaffective disorder.

Contributing to his recovery, Turner began attending AA meetings, a group he credits with helping him turn his life around. He was surprised to find a warm, friendly and non-judgmental atmosphere where he felt "accepted for the first time." For the first time, he was able to share his diagnosis. The loneliness lifted.


David Turner

"I began to make friends. I stopped isolating. I gained confidence in myself," he continued.

Asked what are the major issues facing people with mental illness, Turner said "stigma and isolation." He sees the two as interrelated, in that the perceived stigma causes people with mental health issues to isolate. But he is convinced that it is absolutely the wrong approach.

He also began volunteering at Fletcher Allen Health Care and Burlington Health and Rehabilitation. It is a way to give back to the community, he said. In addition to these volunteer activities, Turner has raised money for NAMI by participating in its annual walk in September, most recently in Burlington.

"It is a fund-raising and consciousness-raising event," Turner said. He is also active in St. Paul's church activities.

Turner lives in Burlington and is a graduate of Middlebury College with a degree in English.

The Burlington NAMI Connection peer support meeting is on Thursdays from 3 p.m. to 4:30 p.m. at St Paul's Episcopal Church at 2 Cherry Street near the waterfront. Newcomers are welcome.

Bennington Peers Plan New Crisis Outreach

BENNINGTON — A plan for volunteer peer crisis support is underway in the Southshire area. It would respond to the local emergency room, Battelle House, and individuals' homes.

Having someone who has "been there" alongside can give a greater sense of comfort, hope and reassurance, Sue Hohman, one of the steering committee members, said.

The group has indicated it would like to build a broad base of peers to be available at various times as crises arise. It is extending an invitation to fellow peers to join with the plans for expanding peer services in the Bennington County area.

"We already have a few volunteers at Battelle and it is working quite well," she said. Battelle is the crisis program for United Counseling Services.

The peers plan to work with professionals to help the person in crisis have more support and understanding throughout the process of getting through the situation, and will provide follow-up afterwards.

Interested peers can call UCS at 802-442-5491 and ask for the CRT receptionist, who will then direct their call. The steering committee is comprised of mostly peers and a few UCS staff. Victor Martini, director of the CRT programs, is adviser.

MUD MINGLE — The Vermont Center for Independent Living held its spring Mud Mingle at its Montpelier office to welcome clients, guests and even a few local politicians. The get-together has become an annual event for the organization, which helps support independent living for persons with disabilities. It was the fourth spring the mingler has been held. (Counterpoint: Anne Donahue)

Retreat Under Fire Again by CMS

By ANNE DONAHUE
Counterpoint

BRATTLEBORO – The Retreat failed its second federal review within four months in May, and remains under a threat of loss of federal funding. It has an August 15 deadline to correct its deficiencies.

The hospital did not make any public announcement regarding the new survey report until after a week had gone by and the Department of Mental Health disclosed the information in its weekly update.

In a press statement, Retreat senior management then cast part of the blame on the lack of stable state leadership, the new contract to care for patients who would previously have been at the state hospital, and the lack of adequate statewide programs since Tropical Storm Irene flooded the state hospital in August of 2011.

The Retreat said most of the new deficiency findings by the Centers for Medicare and Medicaid Services were related to the newly opened, 14-bed unit for patients in involuntary care.

Several of the findings related to the improper use of restraint and seclusion. In the prior survey, completed in February, CMS had cited the Retreat for its "failure to address ongoing inappropriate use of restraint and seclusion."

However many of the new deficiencies were "systemic issues" regarding treatment planning in other parts of the hospital, including the children's unit, said Mary Moulton, Commissioner of Mental Health. She said that as a result, she "didn't understand the connection" the Retreat was making to the involuntary patient unit.

The Department "is concerned," Moulton said, and will be "having a greater presence" at the Retreat by sending the DMH Quality Director there twice a week to help with the hospital's plan of correction until CMS returns for its follow up survey. She said that Retreat President Rob Simpson said he welcomed the support.

CMS determined that after the therapeutic activities department was eliminated last November, most therapy groups were being conducted by mental health worker staff who had not been trained to lead those activities.

Since November, only about nine percent of mental health worker staff have received voluntary training in running therapy groups, the report found.

The report identified a set of patient files that were examined and found to have treatment plans with a "pre-printed list of interventions" for physicians, social workers, and nursing staff, without reference to individual patient needs.

"These deficiencies resulted in a lack of guidance for staff in providing individualized patient treatment that was purposeful and goal-directed," the report said.

Short term patient goals were also on "preprinted treatment plans" with "generic goals that were not individualized" for the patient. Psychiatric diagnoses were blank in nine of the ten sample files.

In one of the new restraint and seclusion violations, the report described a patient who had requested a medication but only wanted to take half the offered dose. When she threw the remaining water from a cup at a nurse, she was grabbed by the arm and brought to seclusion.

Nursing staff then returned several minutes later to where the patient was "at that point sitting quietly on the floor." The patient was then "placed in a face down position on the floor and restrained in that position by three staff members" while the first nurse gave an injection of Zyprexa. CMS found "no indication of threat to the immediate physical safety of self or others warranting the need" for restraint or seclusion.

Other incidents included a swear word used by staff, failure to report a patient's allegations of sexual abuse to Adult Protective Services as required by law, and responding with a restraint after a patient threw a drink on a staff person.

There were also a number of other findings related to missing signatures, inadequate debriefing after restraint or seclusion, and record-keeping omissions.

The Retreat's press release stated that its recent growth and the new adult intensive unit have created a "process of continuous learning, problem solving, and innovation," and that it was "confident that all deficiencies will be corrected."

It added that there was "an important community capacity context that helps to explain some of the difficulties experienced at the Retreat," citing the crisis the system has been in since the state hospital closed, "with five Department of Mental Health Commissioners in four years, no DMH Medical Director to provide clinical support of the overall system, insufficient community systems in place to discharge patients who are ready to move back to their communities, a lack of sufficient inpatient psychiatric beds, community hospital emergency rooms backed up with mentally ill patients, a lack of resources for forensic patients and a lengthy court process for involuntary commitment and medication orders."

It concluded by saying that, "As the Retreat gains in experience in treating involuntarily committed patients who present with complex mental illness often accompanied by trauma and violence and as the overall mental health support system stabilities, we fully expect that we will continue to provide the compassionate care that we have been known for over the last 179 years."

The 14-bed adult intensive unit was developed as a partnership with the state as a part of a no-refusal system that also includes the new six-bed unit at the Rutland Regional Medical Center and will include the new state-run hospital in Berlin.

Those two hospitals receive reimbursement by the state for the full actual cost of the care they provide for such patients, Moulton noted, and the Retreat had assured the state that it had adequate staffing ratios for the unit.

Official contracts with the hospitals are still in draft, according to Moulton, and "understandably, we are making some changes around performance" after the CMS survey that was conducted in February and was released in March. She said that the Retreat has collaborated in those efforts, expect for some "pushback" in regards to public record requests for the disclosure of hospital policies.

The deficiencies identified in the February survey included violating the right to consent to medical treatment and failing to provide adequate nursing care. On April 24, the hospital's plan to correct the deficiencies was accepted by CMS.

In the interim, however, on April 14 through 18 CMS conducted the new, full-hospital survey and told the Retreat that there would likely be new findings. It was that new survey report that was received by the Retreat on May 20.

The February survey found a wide range of failure to meet patient care standards, including these three examples:

- A patient provided with paper scrubs and placed in seclusion or tied to a restraint board more than 25 times within one month, despite staff awareness that having clothes removed "triggered increased agitation and emotional distress."

- A patient strapped in a six-point restraint board on repeated occasions for involuntary medical tests and medication related to a health condition and not related to emergency psychiatric restraint or seclusion, despite no determination of lack of competence, and a finding that a guardian was not necessary.

- A patient who had gone to the emergency room the night before for treatment after a reported sexual assault by another patient. The next day, patient repeatedly asked for a specific followup medical intervention related to sexual contact, stating the fear that ongoing delay would result in treatment not being effective, and becoming more agitated as time passed. Patient not seen until four-and-a-half hours after first request for consult.

Residence Survives Budget Threat

by ERIC JENSEN
Counterpoint

RUTLAND -- The first-ever residential program here survived a budget cut proposed by the governor this past spring, and is now on track for four beds to open in the fall.

The intensive recovery residence will be co-located with the Rutland Mental Health Services Crisis Stabilization Program and the agency's crisis team.

The program is a part of the statewide responses that began in the fall of 2011 after Tropical Storm Irene. In Rutland, the response began with expansion of crisis beds, and is now expanding to add the new, longer-term step-down beds.

The Department of Mental Health identified an urgent need to develop more community resources in response to the flooding and forced closing of the Vermont State Hospital in Waterbury. The state asked the community mental health agencies around the state what their greatest needs were.

"In Rutland County, in particular, one of the needs that we identified was additional crisis stabilization beds," said David Long, Director of Behavioral Health Services at RMHS.

Prior to Irene the Crisis Stabilization Program was running at about 97 percent capacity so, according to Long, "…basically the beds were full all the time."

It was anticipated that with the closing of the state hospital that more individuals would need services, and that there would also likely be individuals with greater needs than could be addressed with the existing single staff person and two beds at the program.

So Rutland Mental Health Services submitted a proposal with a number of enhancements, one of them to double the size of the Crisis Stabilization Program from two beds to four beds, and to increase the staffing so that there would be three people on staff at any given time.

With this in mind the agency purchased a building at 195 Stratton Road where Easter Seals had formerly operated a residential program.

"It was a good fit in terms of space, and was actually better suited for this purpose than what we had at Merchants Row," Long said.

Renovations were made at the new facility, in part to make it safer, and one additional bed was added this past December, which was when the program moved from Merchants Row to Stratton Road.

It is anticipated that the fourth bed will be added soon when appropriate staffing is in place.

The hospital's closing ended up causing a dramatic impact on crisis programs around the state, according to Long. Part of the significant increase in the demand for crisis beds in Rutland County and elsewhere, he said, was the increase in the number of individuals leaving inpatient hospital settings and then not having appropriate programs to access.

"It (the closing of the state hospital) plugged up the whole system." Rather than individuals coming from their communities to access necessary crisis stabilization and avoid hospitalization, many of the crisis beds are being taken by persons leaving inpatient settings and not yet able to return to their communities, he said.

Long estimated that 70 to 80 percent of the clients the Rutland crisis program serves now come from more intensive settings. As a result, the average length of stay in the Crisis Stabilization Program has gone from 14 days pre-Irene to 26 days during this current fiscal year.

With that in mind, RMHS then made a proposal in the spring of 2012 for 6 step-down beds, specifically for individuals leaving hospital settings. The Rutland area has been the only part of the state that lacked a residential setting operated by a community mental health agency to offer intensive support and supervised care.

According to the Department of Mental Health, this gap in resources is believed to have contributed to the higher than average psychiatric inpatient utilization by Rutland County residents.

Funding for a 4-bed program received approval from the legislature as part of the Act 79 response to Irene last year, but then was cut from the budget for the coming year when the governor presented his proposals to the legislature in January.

Long reported that after a meeting with local legislators and the administration, approval went through for the program. An official Certificate of Approval was granted by the Department after a hearing in March and a positive recommendation by an advisory panel.

Construction began in April and Long said they expect the step-down beds to be operational this fall.

Jon Stewart, Director of the Community Rehabilitation and Treatment (CRT) Program, the long term services for people with severe or persistent mental illness, also noted the disproportionate use of the crisis diversion beds by clients coming from inpatient settings.

"The hope is that a year from now that pendulum will swing back in the other direction where there will be almost as many diversions (people treated at the crisis unit instead of the hospital) as step-downs."

In addition to the crisis beds and the step-down beds, the RMHS Crisis Team will also be housed at the Stratton Road property, according to Mike O'Brien, Director of the Crisis Team and Adult Out-Patient Department. The Crisis Team responds to all calls to the crisis hotline, does risk assessments, develops safety plans, makes referrals and performs case management.

The Crisis Stabilization Program itself began in November of 2008 as a two-bed facility located on Merchants Row, according to Long. At that time there was one staff person at the facility 24 hours a day, seven days a week.

The intent of the program has always been to provide an alternative to hospitalization, to give individuals in crisis a place to live temporarily and receive necessary services and support so that they would be able to return to their regular lives.

In discussing the mission of the Crisis Stabilization Program, Long stressed that the first priority was to offer a safe and supportive place for individuals who are in an "acute situation" to achieve a level of recovery and safety and then, with support, ultimately return to the setting they came from. The issues impacting the lives of those accessing the Crisis Stabilization Program, "can be all over the place," Long said.

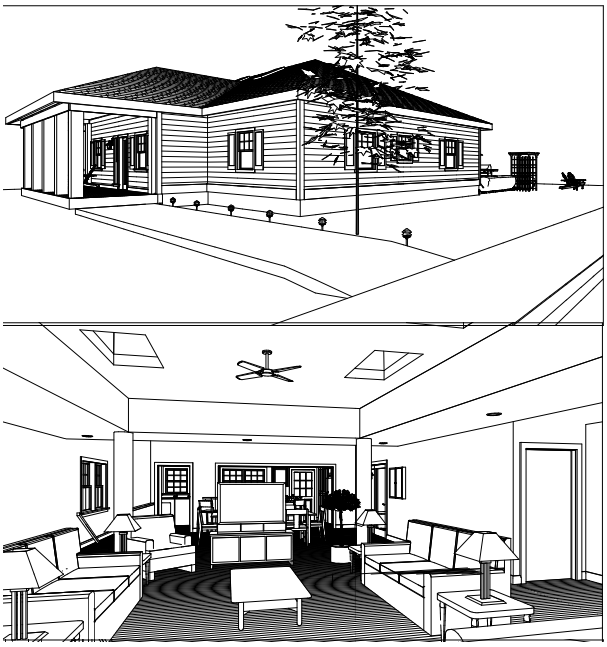
They can include sudden financial problems, sudden loss of housing, stressors around family, marital difficulties, a relapse of psychiatric symptoms or "falling off the wagon," as examples. He said that in some cases a sudden intense increase in stress can exacerbate a psychiatric condition an individual may already struggle with.

It is common that individuals at this level of crisis may not be able to think for themselves, may be having suicidal ideation or may be a threat to others. Therefore, whatever may precipitate the crisis, it is immediate safety that is addressed first.

After achieving a level of stabilization the focus turns, in Long's words, "to the here and now stuff." Clients and staff sit down and talk about and share coping strategies, ways of dealing more effectively with financial pressures and interpersonal difficulties.

"It is a great opportunity to say, well here we are, what can we learn?" It is the hope that the experience will prove to be a learning opportunity which may make future crises more manageable. Long said in most cases people who leave the program are able to return to their lives successfully, although individuals returning to the program is "not unusual."

According to the Department of Mental Health, the formal organization in charge of the program is the Vermont Southern Alliance for Community Care, a collaboration of Rutland Mental Health Services, Health Care and Rehabilitation Services (Windsor and Windham Counties), and United Counseling Services (Bennington). The department said the primary purpose of the residence is to provide supervised and supported recovery intervention services to adults in the early stages of recovery through individual, group and peer services on site.



Architect's drawing of the new residential recovery program in Rutland after construction is complete.

Status of Programs in 2012 Law To Reform Mental Health System

New services run by peers (warm-line, transportation, and other programs to reduce hospitalization) — *all in development (see pages 1, 3 and 5.)*

Increased community services (emergency services and adult outpatient case management) — *all in place or in final development/hiring.*

Four new crisis beds — *six have opened.*

A 5-bed peer-supported residence for persons wanting to avoid use of medication — *in planning phases by Pathways Vermont in Chittenden County.*

Housing subsidies — *in place; legislature reduced a proposal for $75,000 more in funds, to $50,000 in new funds, for next year.*

More intensive recovery residence beds:

15 in the Northwest

The 8-bed Second Spring North is in the process of hiring staff and is projected to open in early July.

An additional 7-bed residence was not funded in the budget for the coming year.

Eight in the Southeast

Hilltop House, with 8 beds, opened in Westminster in the summer of 2012.

Eight in the Central or Southwest areas of the state

Second Spring in Williamstown added two beds; Rutland Mental Health is adding a 4-bed unit this fall; two of the planned beds were changed to be additional crisis beds instead.

Involuntary inpatient beds to replace the state hospital:

Brattleboro Retreat (14-bed unit)

Opened, spring of 2013.

Rutland Regional Medical Center (6-bed unit)

Opened, spring of 2013.

A new 25-bed involuntary hospital

Under construction on Fisher Road in Berlin, with target opening date of first 16 beds in April, 2014.

Temporary hospital (8 beds) in Morrisville

Opened in December.

A 7-bed secure residential recovery program.

Opening date for temporary Middlesex facility, June, 2013.

Housing Subsidies and Emergency Housing Cut

Additional housing subsidies in the budget for mental health clients were cut slightly by the legislature after concerns were expressed about how much growth in the program the state could afford, since the subsidies can extend for long periods of time. Some legislators also expressed concern about investing more money when the program had not had enough time to prove itself yet.

The legislature also directed the Agency of Human Services to continue a systematic review of the state's 193 different funding streams for all types of housing subsidy programs in order to recommend ways to maximize the investments and "enhance the ability of Vermonters to achieve stability and independence in their living arrangements."

The emergency housing program was also revised to place limits on the use of emergency housing subsidies under the General Assistance program except in "catastrophic situations" or cold weather emergencies. An exception was also maintained for households with children under age six, adults 65 or older, and persons with disabilities.

Such funds will not be granted, however, if other appropriate shelter space is available or when "the recipient is responsible for his or her eviction... due to circumstances over which the individual had control."

What Is the Progress?

A New Name: the Vermont Psychiatric Care Hospital

MONTPELIER — The state legislature this spring approved money for finishing construction, money for staffing, and a name for the new state-run hospital that will be a part of replacing services of the former Vermont State Hospital.

The hospital, located on the same block as Central Vermont Medical Center in Berlin, will be called the Vermont Psychiatric Care Hospital. Construction has been underway for months, and the opening date is targeted for the late spring of 2014. When it opens, the temporary 8-bed hospital in Morrisville will close, and Fletcher Allen Health Care is scheduled to stop admitting Level 1 patients.

The Vermont Psychiatric Care Hospital will be the last of the new inpatient hospital units that will, in combination, replace the hospital in Waterbury that once provided care for all of the highest-intensity involuntary care in the state. Two others opened this spring: a 14-bed unit at the Brattleboro Retreat, and a 6-bed unit at Rutland Regional Medical Center.

The state's operating budget for the year July 2013 - June 2014 was adopted with enough money to open the first 16 beds of the 25 in the new Berlin hospital in April. The number of persons who need Level 1 inpatient care will be monitored between now and November in order to assess whether the budget will need to be adjusted in January.

An Intent for 25 Beds To Operate

The budget bill states that the legislature intends that next year's budget, which begins in July of 2014, will "provide adequate resources to fund fully the community programs... and inpatient capacity... including the 25 beds at the state-owned and -operated hospital in Berlin." Only if the Mental Health Oversight and the Health Care Oversight Committees, in an evaluation in November, "find that less need exists than anticipated," may there be a reconsideration. The bill requires the Department of Mental Health to provide monthly numbers that show:

(1) The number of Level 1 patients receiving acute inpatient care in a hospital setting apart from the renovated unit at Rutland Regional Medical Center, the renovated unit at the Brattleboro Retreat, and the temporary hospital in Morrisville, including the single combined one-day highest number each month;

(2) The number of individuals waiting for admission to a Level 1 unit in emergency departments or correctional facilities, and the number of days individuals are waiting; and

(3) The total census capacity and average daily census of new intensive recovery residence beds and the secure residential recovery facility in Middlesex.

The plans for system reform anticipate that when all community program expansions are in place, fewer hospital beds will be needed than the 54 that existed at the Vermont State Hospital at the time that it was closed by flooding in August of 2011.

Secure Residence Still Looking for Permanent Home

MONTPELIER — Although a secure recovery residence for seven persons is due to open in Middlesex any day, the legislature has directed the administration to report next year with plans for a permanent location for the program. The Middlesex facility is built from modular units and is intended to be used for only three years.

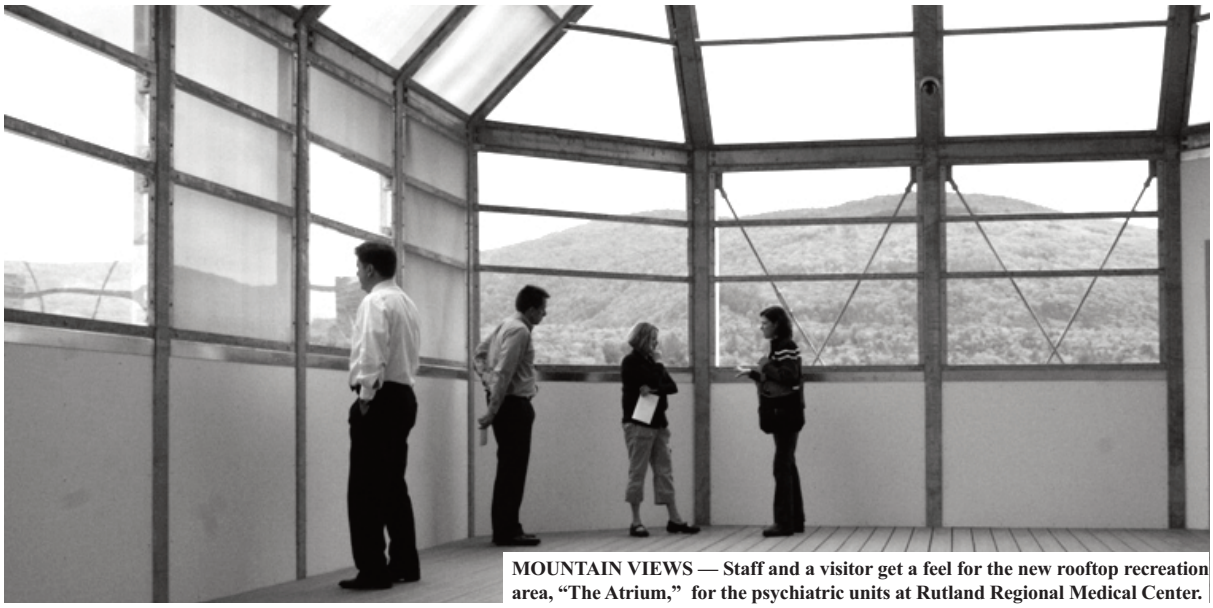
Transfers from Corrections

The building and the location are not the only parts of the program that may shift. The Department of Mental Health has requested a change in law that would allow the program to be accessed by inmates of Corrections who need a level of mental health care not available in prison, but who do not need inpatient hospital care. Currently, only individuals who are moving from inpatient care are eligible for the secure residence. The Senate passed a bill this spring that would allow the Commissioner of Mental Health the discretion to admit specific individuals directly from Corrections, if they meet the same criteria for a court order of non-hospitalization as any other person committed to the locked residence. Under the bill, if an inmate no longer needed that level of residential care, he or she would return to Corrections to finish a criminal sentence. If the criminal sentence expired, an order of non-hospitalization would be required to continue to hold the person in the residence. The legislative session ended before action on the bill was taken by the House.

Regulations Remain In the Air

The secure recovery residence required a change in regulations to allow a locked program under existing therapeutic group residence rules. Last year, the legislature required that any such rules protect the rights of residents to the same extent as the rights of patients at the former state hospital.

Throughout the winter and spring, the Department of Disabilities, Aging and Independent Living (which regulates such residences) took input on the rules. Under the final draft, no involuntary procedures, either emergency or non-emergency, were to be permitted. DMH officials said that residents who needed that level of intervention would be returned to a hospital. The rules were presented for legislative committee review on May 30.



MOUNTAIN VIEWS — Staff and a visitor get a feel for the new rooftop recreation area, "The Atrium," for the psychiatric units at Rutland Regional Medical Center.

STARK DECOR — The furnishings in the "adult low stimulation area" (ALSA) of the new Retreat unit received some critical comments during the unit's open house, as a result of some prison-like features, including hard molded couches and toilets without seats.

OPENING SOON — The secure recovery residence built from modular units in Middlesex is due to open to seven residents in June.

New Construction Around the State

Counterpoint Photos by Anne Donahue

ON STAGE — As the TV camera rolls, Brattleboro Retreat President Rob Simpson addresses the audience at the open house of the newly renovated unit that is one of the replacement projects for the former state hospital in Waterbury. He said the vision for the future was that no person would experience any "last bit of stigma left in society." Governor Peter Shumlin also spoke, saying that "when the chips were down" after the Irene flooding, "the Retreat went the extra mile." He said the unit represented "a new era in Retreat-state relations."

DIGGING IN — Governor Peter Shumlin (center) makes comments as a row of state dignitaries prepares for the ceremonial groundbreaking of the new Vermont Psychiatric Care Hospital last winter. The concrete was poured in the early spring, and construction was well underway for a planned opening in the spring of 2014. Pictured from left are Mike Kuhn from Building and General Services, House Speaker Rep. Shap Smith, former Mental Health Commissioner Patrick Flood, Sen. Robert Hartwell, Shumlin, Mental Health Commissioner Mary Moulton, advisory committee member Kate Purcell, and Rep. Mary Hooper.

Four Lives Touched by Alyssum

Their Stories of How Peers Helped There, Along the Path Towards Recovery

Interviews and Reporting by Sandra Snyder

Rebecca's Story

"I never thought this would happen to me. I'm a nurse and unemployed and homeless," Rebecca tells me during our first conversation.

In 2010, Rebecca didn't even realize that it had been twenty years since she had seen her grandmother, who was dying. She was ready to get on the plane for a visit, but both the grandmother and the family said no. That was really a blow to her.

The deep hurt her grandmother felt about Rebecca began when Rebecca was drinking at age eleven and was already a drug addict. Rebecca predominantly used cocaine, which allowed her to drink more and stay up later. She also did opiates and whatever else was available.

Rebecca's stepfather escalated his abuse as she grew older and when she was 12, she called the Department of Children and Families. She tells how she had been kicked and was being threatened with a beating, and "I jumped out of a second story window." DCF came and said all seemed normal. By the time she reached eighth grade, she was being threatened with murder. She went to DCF again, "and this time they saved my life."

"It was the longest ten minutes of my life," she says of sitting in a car with a DCF worker and her mother. The worker had just told her mother she had to decide between her husband and Rebecca, and that if she chose the husband, she would never see Rebecca again.

Her mother did choose Rebecca, but the hesitation and Rebecca's realization that it wasn't an automatic choice were emotionally crushing.

"For many years I blamed my mother for everything wrong. It was not until I got sober, and with the help of others, I started to become aware, find forgiveness and let go of old and sick ways of thinking and learn other ways to cope. I admire my mother today. She is an awesome grandma to my son, eccentric and never stops learning."

She managed to get herself into college, but had a son and dropped out temporarily, returning at 23 with many scholarships toward a nursing degree. Her marriage ended when she was 26. She realized by the time her son was nine that she could not care for him and left him on his father's porch.

Once she graduated nursing school and started to work, she hated nursing because it did not allow her to work with patients in the way she wanted to. It did, however, give her a very good source of income, which supported her drug habits.

"I never ever took medications from work," she says. In conversation about how she dealt with the effects of drugs and alcohol at work, she says she would usually quit before things reached a crisis point and then she would move on to other jobs. But it finally caught up with her and she was fired from the last three jobs.

Rebecca breathed a sigh of relief when a new baby was born healthy. However, she was still drinking. One day, it was straight whiskey out of a mason jar. She looked through the bottom and could see her beautiful daughter. She also saw her reflection — her swollen face — and she quit drinking.

When she stopped drinking, she was afraid to leave the house for almost a year. She discovered she was literally a twelve-year-old in a grown-up suit.

About six months ago she found herself homeless and she hocked her most precious jewelry for gasoline and food. Then she hotel-hopped in rooms paid for by the state.

"Thank God for Karen at Alyssum, because she allowed me to be a child. She hugged me and held me."

For the first time in her life, Rebecca advocated for herself and managed to get housing and food stamps through mental health and the housing authority.

Karen, she is sure, was put into her life for a reason. Rebecca stays at her house every couple of weeks. She and Karen are planning a trip to New Mexico, where the last of Rebecca's family is leaving family roots behind.

Now she is in housing paid for by a program to house the homeless through the Department of Mental Health and the Housing Authority. Vocational Rehabilitation is helping her renew her nursing license.

"The most important message I have to give is through all this I have stayed sober, healed from many of my traumas, and kept my bipolar under control. I now know that I can truly stay sober under any and all conditions. So can you."

Sally's Story

"I stayed at Alyssum this past October, and it was exactly what I needed. My name is Sally, I'm 50 years old, and I have bipolar. I had been stable until my brother died from alcohol and drug OD. Along with a few other big stressors (stress can set off bipolar) I found myself completely overwhelmed and not able to function.

"I suspected I didn't need a medication adjustment as much as a place to calm down, talk, and write out what was going on for me. I was leery of going at first, but the staff at Alyssum and how the place is run are wonderful."

That was Sally's introduction to me by email. In sharing her story, she said her goal "is to let people know what a wonderful respite healing center Alyssum was for me."

She said her bipolar disorder had been under control since beginning the 12-Step NA/AA (Narcotics Anonymous/Alcoholics Anonymous) program six and a half years ago.

"After four years I went off medication and I still felt fine!" Then came her brother's death and a series of other stressful events.

Sally had a friend in the same 12-step program and they had the same therapist, so when she became overwhelmed, she knew about Alyssum because her friend had gone there. At first she thought she couldn't go until she had pulled all of her loose ends together and had cleaned the house. Then she realized she really needed to just do it. She called and went the next day.

"The state needs to have more of these," she says of Alyssum. "I was very fortunate to go. I did not need a medication change, I just needed to get out. I imagined a rustic cabin. Then I saw it was just a house and wondered what I was doing there. (But) within 3 days I felt at home."

She tells of the "therapy dog that comforted me so much... Also what a wonderful cook and gardener Karen is. The food is organic, healthy and made with love. You can cook your own meals as well any time you want. You can take your car and go for drives. You can chill out alone in your room.

"The staff share their similar experiences with you and they are all very committed to helping those who stay at Alyssum. This is a place that is down to earth.

"I'm very happy to know there is a place if I ever need to go again. I was free to leave at any time, but I wanted to stay the whole two weeks that were allotted to me."

Doug's Story

"Why are you calling to tell me this?" was Doug's response when a relative called to tell him his mother had died. As each family member passed on, he says he felt a sense of relief, not sadness.

Doug's story is a sad one but he was anxious to share how helpful Alyssum has been to him.

"People lent a listening ear. Each person had something to say, but (it) wouldn't be the same thing to talk about."

From age nine until 12, Doug was raped and abused by his mother's boyfriend, who kept him locked in a room with a bucket for a toilet. His only clothing was a tee-shirt and underwear. He was given five minutes for a shower once a week. He was a full-blown drug addict by the time he was 10.

Doug then moved from a boys' home, to a foster home, to a youth development center. As he moved into adulthood, burglary and assault became his lifestyle. He has a son from a three-hour affair and was in jail by the time the son was born. That child is now 36, and they haven't seen each other for 20 years.

Doug doesn't tell me when he began to use alcohol, but he does say he has been alcohol- and drug-free for 10 years. He is now on disability for bipolar disorder, manic depression, PTSD, and trauma. This includes having nightmares and hearing voices.

Doug tells me pain is no issue for him. In attempts to commit suicide, he has shot himself, hanged himself, and recently used his prescriptions to overdose. The last attempt was the result of stress created when police came after him for old charges still on the books. He was determined not to go back into the system.

A program called The Branches accepted Doug for a two-year program that allows him transition time before he moves into his own apartment. "I pay to rent a room, everything included," he tells me.

A therapist at his residence who also has PTSD (Post Traumatic Stress Disorder) told him

(Continued on page 13)

A Unique Program Now in Its Second Year

BETHEL — Alyssum, the respite home that has become the forerunner of expanded peer services across the state, is now in its second year of operation.

Its many guests have given high marks for the help they have received, and many more have applied to the program than it has had the space to accept. In its role as an alternative program, Alyssum diverted 39 percent of guests from hospital admission in the current year (July 1 through March). Nine percent were hospital step-down referrals, and 52 percent were "respite" stays.

Vermont began developing expanded community services and inpatient units around the state after the 2011 flood which shut down the Vermont State Hospital in Waterbury. The descriptions of this reform of the system made it appear to be a sudden decision.

But the planning stages for these changes had already been in the works for many years, and Alyssum was part of the first series of new programs that began in the late 2000's.

Alyssum is unique in many ways. First and foremost, it was planned by peers — those who had gone through crisis and know what it is like. The 2-bedroom rented home opened in November of 2011 after two years of planning.

How else is Alyssum different from other respite centers?

"We ask not, 'What is wrong with you?', but rather 'What happened to you?'," the program's website states. There are also the special skills of the individual staff members, such as experience with self-harm, suicide, voices, art, massage, gardening, cooking, Reiki, or drumming.

The largest number of referrals — 43 percent — are self-referrals by people who have heard about Alyssum and wish to come there. Thirty-six percent come from designated agencies. Private mental health professionals refer six percent of the guests. Other assorted referral sources have included the Pathways program (3%) and hospitals (2%).

Between July 2012 and March 2013, 206 persons were referred to Alyssum, but only 48 were admitted. Ninety eight were turned down because no beds were available. Some others decided Alyssum was not the right place for them, or the environment was a problem. Only two needed a higher level of care.

Alyssum data show a high rate of satisfaction from guests. In responses given when they left, guests gave ratings from 89 to 94 percent on factors of overall satisfaction, housing, staff's ability to listen, staff's ability to understand, and the quality of the food. Eighty nine percent said they were "more well," when they left.

My Tour of Alyssum

Much of Vermont is in the middle of nowhere, and Alyssum, along Route 100 in Rochester, is no exception. I approach from the north and see the sign, a greenhouse, a gazebo, and a house with a two-car garage. Sandy, who is a practicing Native American Grandmother, greets me at the door. She brings to Alyssum her knowledge of drumming, Reiki, and native ceremonies, and she is at Alyssum "shadowing" staff to see if she would like to work there.

Gloria van den Berg, the director, also comes to greet me with a warm smile. She almost immediately says, "staff contribute to painting murals on the walls here." They are beautiful.

The house itself has a wonderfully open and sunny floor plan that flows from the entrance and laundry room to a spacious kitchen, and on into the dining area and living room.

I meet Karen, whose gardening skills knock $200 a month off the food bills. High Mowing Seeds has a non-profit program that gave her seeds for food varieties she had never seen before. Alyssum has two freezers for her to fill.

"One of my absolute favorite things here is when guests say they have eaten new foods here. Things they haven't ever eaten before. That just thrills me," Karen says.

Gloria sits down to chat with me. There is a two-week guideline for length of stay, she said. Alyssum does accept repeat guests and offers short support stays as needed. One of the intake criteria for Alyssum is that persons need to have housing to return to after their stay.

Some people wrongly believe they can come to Alyssum to get off medications, Gloria said. Alyssum can help with ways to create a suggested long-term drug reduction plan, but in general, suddenly stopping can create problems, because when medications leave the body too quickly people can have very negative reactions.

Guests come to Alyssum for many personal reasons. Examples include people with suicidal thoughts and persons who self-harm. Persons who hear voices are told they are not crazy, but learn how to manage or diminish the condition. These and other stresses are respected and dialogue and connection with different staff members is the key that Alyssum sees as successful.

The supports largely involve sharing life skills and giving guests non-judgment, empathy and connection. Hugging is sometimes a very important part as well. Alyssum makes every effort to provide on-going support through mailings, and many guests call to talk, especially in the middle of the night.

Four Lives Touched by Alyssum

(Continued from page 12)

about Alyssum. "It's easy to talk with peers," he tells me. "They can relate and identify." He was given a journal to write in. "My journal was so intense it bothered some of them." He describes it as very "black and white."

"Alyssum has one hundred times more arts and crafts things to do (than the Burlington residence)." He really likes that, and mentions painting rocks, hiking, and snow shoeing. He also cooked at Alyssum.

"(Alyssum) has a night person. Two, three, four in the morning (I) wake up and call them."

Doug says he is much more relaxed from being at Alyssum. We talk about housing. He's not ready for his own apartment yet, as he still isolates himself in his room.

"Alyssum can deal with you one on one," he says, and he tells me he wants to go back.

Abby's Story

Abby, a pleasant woman of short stature, invited me in. There were lots and lots of coats hanging on the coat rack near the door. I discovered this was transitional housing for 13 women, many of whom were gathered together in the kitchen chatting.

Abby has been there for one and a half years. She leads me into the sun room so we can sit and talk about what brought her to Alyssum.

Her story began, like that of many young people, with a college education. She finished her degree from Hamilton College in New York State in 2001, with a double major.

Life took her to New York City .There, she loved the customers she met at the arts-based video store where she worked. People came to the store to rent films by specific directors, foreign films, and film noir (dark films).

Abby was at a small get-together in Brooklyn in 2002 when she ate a pot brownie that was laced, but she doesn't know what with.

"I laid down because I was feeling strange. That opened the door to my hearing voices. The voices were telling me there were cameras in my apartment, and that my Armenian roommate was working for Al Qaida. I went to work without shoes because I was afraid to go into my apartment." The boss sent her home to get her shoes.

Abby called her Mom from a friend's house. Her mother, who lives in Williston, took the next flight out of Burlington. This helped Abby to calm down. But, as she and her Mom were in the taxi on the way to a flight back to Burlington, the voices started again, and her Mom asked if she wanted to go to the hospital. "Yes," was Abby's reply.

Because a substance was involved, she was put in the "Double Trouble" unit. Doctors thought she had a psychosis and put her on many drugs. They kept her for a month.

From then until now, Abby has tried different living arrangements and different healing techniques, such as living in Florida for a while, where she was hospitalized again, living on a cattle ranch (which she paid for), and working with a healer who kept "opening" her chakras (energy centers) when she needed to close them.

What does Abby have to say about her time at Alyssum?

"Alyssum is so different. I wasn't expecting what I found at Alyssum. For the first time, someone told me I wasn't crazy. I have voices and an attachment."

At Abby's request, Gloria, the director of Alyssum, wrote to Abby's parents, explaining what Abby was experiencing, and telling them that eventually she might be off of meds.

Abby now calls Alyssum every day, and she has been invited to come back because she still has work to be done. (At Alyssum they) "teach you to laugh at yourself again," she says. "Gloria is kind of the rock behind the system. Karen has a dry sense of humor. Elyssa and I talk about music. Jessica is the most positive, caring person I've ever met in my life."

So, after ten years of dealing with voices, what crisis took Abby to Alyssum? She is suicidal, and she has tried to kill herself more than ten times.

"Doctors and God have kept me here," Abby says. HowardCenter in Burlington helps her by overseeing her prescription drugs. Abby's plan at the time was to move to her own apartment in a HowardCenter facility with a common area.

Some time later, I contact Abby again. We talk, this time about what she experiences. At first she heard all kinds of different voices. Through her work at Alyssum, she was able to reduce this to two women's and two men's voices by asking the voices to stop.

"But the ones that really bug you stay." At Alyssum, Cindy gave her a mantra that helps.

"My goal is one day to work at Alyssum. We'll see where life takes me, but I'd love to work there some day."

Point

Counselor Says 'Sex Addiction' Is a False Term

by ANNE DONAHUE
Counterpoint

MONTPELIER – Does the official list of addictions include sex addiction? When are sexual behaviors normal, and when are they considered an addiction?

One of the workshops at this year's conference of the Vermont Association for Mental Health and Addictions Recovery asked those questions, and presented information on assessment and treatment strategies to participants.

Gale H. Golden, LICSW, told the audience that "addiction" was a poor choice of words for sexual behaviors that might be impulsive or out of control, because the addiction model "invites a sex-negative attitude" as if abstinence were the goal for treatment.

To the contrary, she said, sexual health "needs to be tended to." Masturbation, for example, can be important to maintain flexibility and health of sexual organs, in line with the old expression, "use it or lose it."

Golden said that compulsive sexual behaviors were different from other addictions because, both psychologically and physically, they have different reinforcers and consequences than drugs or alcohol. She said that sexual problems were "the most shame- and guilt-ridden of all psychiatric issues."

"Erotic feelings are pleasant and orgasms are more so," one of her slides noted, while "hangovers are not."

An audience member pointed out that despite the pleasurable feelings, a person might also have negative feelings as an aftermath because of shame and guilt.

In addition, another participant suggested, sometimes the problem may not be the behavior, but shame over normal sexual responses.

Legal sexual behaviors that are nonetheless considered to be a problem are those that are "incompatible with a normal lifestyle," she said.

Examples include repetitive and compelling masturbation – five to 15 times a day – that can even injure the penis; multiple anonymous contacts and multiple infidelities to partners; or dependence on erotic images that interfere with a satisfying lifestyle.

"Fantasies are not illegal," Golden said, and there are a number of behaviors which may or may not be legal depending upon whether they involve unwilling contact with others.

A fetish, which is sexual arousal with the clothing of another, or with objects or a particular body part, is one example.

Illegal behaviors are "non-consensual and defined by law as being deviant or perverse." Pedophilia – sexual contacts with minors – is the one behavior that is always illegal, she noted.

Typically, a person sees treatment because of a court mandate, but it is beginning to be more frequent to see self-referrals, Golden said, when individuals "fear they are out of control and fear they might be caught."

The pending update of the psychiatric diagnosis manual (DSM-V) is likely to select the term "hypersexuality" to address what is sometimes now termed a sexual addiction. These include behaviors which may or may not be legal.

Golden warned the audience that clinicians should be aware of "over-pathologizing," that is, calling too many things unhealthy. Sexual habits fall along a continuum from healthy, to problematic, to hypersexual, and the line is not always clear. She gave as examples that masturbation can be healthy or obsessive; pornography can range from consensual sexually explicit adult material to child pornography.

Golden stressed that therapists must be "askable," meaning that clients should feel able to raise questions about sexual behavior. All too often, the topic is ignored or avoided, she said, and as a result, successful treatment is not made available.

Anne Donahue is editor of Counterpoint.

Being 'Askable' As a Therapist

Gale Golden offers therapists "Ten easy steps to become askable about sexual topics." The list, paraphrased, includes:

- Tell patients you are askable.
- Do not expect to have all the answers or to expect to be the treatment provider.
- Do expect to say, "I don't know" and "I do know where to look it up" or "I know someone who is likely to know the answer."
- Expect to validate the person's concern non-judgmentally.
- Know that there are treatments available for most sexual problems.
- Remember that in a relationship there are two people involved.
- Remember that people without a partner are sexual, too.
- Be able to recommend a book or website for both parties to read.
- Follow up within a month to see if the information was read and whether the person still has questions or would like a referral to a specialist.
- Continue to follow up and facilitate helpful strategies.

Her list concluded with a comment about using the available resources:

"Everyone says, 'You have to communicate about sexual problems' but most people feel that they just can't talk to each other about sexual issues. Let a book or website start the conversation. They are non-threatening tools that facilitate conversation for most people."

***Point → Counterpoint* is a regular feature which presents vantage *points* of view on a mental health topic, and encourages responses by readers who suggest *counter*points.**

***Counter*points should be sent to *Counterpoint* at 1 Scale Ave., Suite 52, Rutland, VT 05701 or at *counterp@tds.net*. Views expressed do not necessarily represent those of *Counterpoint*.**

Counterpoint

Speaker's Assertions About Sex Are Dangerous and Misleading

by ALLEN GODIN

The article on the opposing page about the fall conference of the Vermont Association for Mental Health and Addictions Recovery inadvertently took a turn for the dangerous when it covered a speaker's assertion that certain sexual practices could be therapeutic and beneficial, although evidence exists that the opposite is actually true, based on scientific studies and other evidence.

I suppose if I had attended Gale Golden's workshop I would have asked her the source of her information. It seems to me to be one-sided and narrow-minded to use a single source of materials that conforms to one's point of view, especially political, to then build a case for your argument. Organizations such as the American Psychiatric Association have become increasingly political since the 1970s, which does not bode well for a well-rounded approach to diagnosis and treatment.

Then, of course, there was no "argument" at this workshop, since Golden presented the only point of view.

There are other sources of information to be considered when looking at the use of pornography and a danger exists in Golden's approach to using the "Official List" of addictions. I always find the word "official" to be a warning of something someone else has approved rather than a realistic interpretation of all the possibilities.

Now, on to the rebuttal.

Merriam-Webster online defines addiction as: "1. The state of being addicted." The list of synonyms is as follows; "dependence (also dependence), habit, jones [slang], monkey." [3]

Patrick F. Fagan Ph.D. makes these points about the effects of pornography on the individual, quoting: [4]

- Pornography is addictive, and neuroscientists are beginning to map the biological substrate of this addiction.
- Users tend to become desensitized to the type of pornorgraphy they use, become bored with it, and then seek more perverse forms of pornography
- Men who view pornography regularly have a higher tolerance for abnormal sexuality, including rape, sexual aggression, and sexual promiscuity.
- Prolonged consumption of pornography by men produces stronger notions of women as commodities or as "sex objects."
- Pornography engenders greater sexual permissiveness, which in turn leads to a greater risk of out-of-wedlock births and STDs. These, in turn, lead to still more weaknesses and debilities
- Child-sex offenders are more likely to view pornography regularly or to be involved in its distribution.

Dr. Fagan makes several other points about the side effects of pornography use on marriages, family, and community in this brief, so it is worth checking out. [4]

Golden said that the addiction model "invites a sex-negative attitude as if abstinence were the goal for treatment," but isn't there another choice? Doesn't everyone have a choice to abstain until they are married and can share their "sexual energies" preferably for procreation with a loving husband or wife? To infer otherwise lowers mankind to the level of the apes and lesser animals that have no self-control.

There are several websites from organizations that disagree with Golden's point of view. Morality in Media's Porn Harms.com, Proven Men.org, Family Research Council (FRC.org), Porn No More.com, and Shelley Lubben.com are some to check out. This is only a small representation of the websites and organizations that challenge the views of Golden and other "mental illness professionals" about pornography being safe at any level.

The more delicate topic of whether masturbation is really healthful was somewhat harder to research online as many websites seem to agree with Golden.

A lot of websites celebrate and legitimize sexual promiscuity as well, since the world has adopted an "if it feels good do it" attitude in many of our societies, which has enabled the porn industry worldwide to become a multibillion-dollar enterprise.

What if it was your son or daughter who was posing or performing in that industry? Is it good enough for others, but not your (our) kids? Pornography, being somewhat dependent on people's masturbatory habits, gives you an indicator of the problems we face with masturbation addiction.

One description of the effects of masturbation was likened to using illicit drugs. Just imagine having the whole variety of street drugs at your disposal just from "self-abuse." I suppose a lot of people in the Psychology Industry would say that term was "sex-negative," obsolete, and downright offensive, but I feel it is appropriate and I'll go into why.

The website Candéo says that, "masturbation quickly becomes a "drug-of-choice" for self-medication and escape." [5] Candéo is a behavior change website that deals with new ways to deal with sexual addictions, anxiety, and depression.

Robert Weiss, LCSW, CSAT-S,* writing for Sex & Intimacy in the Digital Age, says, "Over time, sex addicts (and other process addicts) unconsciously learn to control and abuse their own neurochemistry the same way alcoholics and drug addicts learn to abuse the effects of the substances they ingest. Sex addicts become 'hooked' on the dissociative emotional arousal and distraction produced by their addiction." [6]

But these are just the expected results of using a drug (masturbation) when dealing with issues that get to become hard and seemingly insurmountable. I have been around the community long enough to know that the goal is to treat without making new dependencies.

Chemistry is best used only in the most extreme circumstances. But what harm can come when you ignore the progression of self-abuse, and the chemical dependency involved?

Well, again, Caméo has this to say, "Over time, the brain learns to prefer the unlimited variety, exaggeration, and instant accessibility of sexual fantasy and masturbation to real sexual intimacy with one partner.

In fact, the brain's "arousal circuitry" can become so completely wired for self-sex, that performance with a partner is increasingly difficult and eventually impossible.

Masturbation can definitely lead to impotence in men and women. [7] Recovery Connection makes this point worth noting, "Sex addiction and substance abuse are closely related. Both influence chemical changes in the brain, behavior, and manifested consequences of unhealthy patterns." [8]

I encourage you to reach out and find answers for yourself, but please, be careful how you approach Internet searches. It was hard to keep my religious bias out of this article, except for my firm belief that sexual addictions do exist and that pornography and masturbation are the keyholes through which this addiction can enter and destroy lives.

Will the psychology industry stay away from politically correct standards and let science and experience determine what is an illness and the proper treatment, or will the future prove to be a road filled with landmines where the signs have been changed to misdirect the unknowledgeable?

Allen Godin is on the editorial advisory board of Counterpoint.

Footnotes:

1.http://www.psychiatry.org/advocacy--newsroom/position-statements

2.http://behaviorismandmental-health.com/2011/10/08/homosexuality-the-mental-illness-that-went-away/#.UTjC_BxkyvU

3.http://www.merriam-webster.com/dictionary/addiction

4.http://www.frc.org/issuebrief/the-effects-of-pornography-on-individuals-marriage-family-and-community

5.http://candeobehaviorchange.com/healthy-sexuality/masturbation/how-it-works/

6.http://blogs.psychcentral.com/sex/2012/11/neurochemistry-escalation-and-the-process-addictions/

7.Ibid

8.http://www.recoveryconnection.org/sex-addiction-and-substance-abuse/

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Editorial Page — Letters and Opinions

"Power concedes nothing without a demand. It never has and it never will." Frederick Douglass

Editorial

About Dignity

It is a story we are used to in the disability community now, but it never stops bringing pain: the public ignorance of the level of stigma we experience, and the loss of personal dignity as a result.

The "Death with Dignity" bill, which allows doctors to prescribe death medication for terminally ill patients who want it, is not about easing pain at the end of life. In Oregon, the reason given most often by people who use the law is that they feel they have lost their dignity because of the disabilities they have begun to experience.

One Vermonter who wrote a letter in support of the bill put it in very direct terms:

"I have pride and dignity; I want my family to remember me, not as a helpless mess, but as a comparably normal human being."

We know as psychiatric survivors that we can sometimes, emotionally, be a helpless mess.

We are no longer seen as "comparably normal human beings." Our dignity is stripped from us, whether in how we are treated in hospitals, by state agencies, or by the general public.

That leads us to the message that we have no reason to claim pride or dignity. Being a human person isn't enough, on its own, to claim a right to dignity.

In the debate over the Death with Dignity bill, no one seemed to quite understand that dignity is about being a person, not about what situation that person might be in during the final months of life.

Shout It Out!

Have an Opinion about Things Going Right or Wrong? That's What the ***Counterpoint*** Letters Page Is For!

Send comments to: ***Counterpoint***, 1 Scale Ave., Suite 52, Rutland, VT 05701, or to counterp@tds.net. Names may be withheld on request, but must be included in letter. Letters do not represent the opinion of the publisher, and may be edited for length or content.

Investigating CIA Deaths Is Well Worth the Effort

To the Editor:

I just read the December issue of *Counterpoint* and I cannot tell you how happy I am to see you investigating Vermont State Hospital deaths.

When 10 percent, 12 percent and 15 percent of the population died every year for 20 years during the time when the Vermont State Hospital/University of Vermont was being funded by the CIA (and, as I've learned, staffed by the CIA) it's clear something was very wrong.

Louis Dorter researched the death rates during the 30s and 40s and found them far lower than they were in the 50s to 70s. Even your investigation notes that hundreds died over a decade. Hundreds died every year in the 50s, 60s and 70s. VSH-UVM Project #180 launched the research at VSH in 1957 (formally).

Special Projects Division was set up with the Office of Chief, Chemical Warfare Service for defensive/offensive biological weapons experiments. LSD was considered a chemical weapon. Special Contracts Division contracted with universities throughout the country funded through Army, Navy, Air Force, and the U.S. Public Health Service (all of which I've tracked to VSH-UVM as funded/participating, sometimes using individual CIA personnel).

Special Projects Division became Special Operations Division (SOD), which was primarily in MKUltra. [Project MKUltra was the code name of a U.S. government covert research operation experimenting in the behavioral engineering of humans through the CIA's Scientific Intelligence Division.]

Frank Olson, who died after being thrown out a thirteenth floor window in 1953, worked for the CIA using chemical/biological weapons and witnessed CIA murders of subjects in Europe. His sons recently filed a lawsuit that includes this information.

VSH-UVM were primary CIA research sites. I have massive documentation to prove this. I believe this is why VSH began to fall apart after 1973, when MKUltra money stopped.

I can document CIA front-funding sources, groups, and a long list of CIA individual doctors on site at VSH-UVM and Fletcher Allen. In my opinion, based on documentation, the VSH primary role in the 1950s through 1970s was to conduct CIA drug and mind-control research.

Three pharmaceutical companies known to supply experimental chemicals to the CIA had contracts with VSH-UVM.

Do I believe VSH patients died as a result of CIA experiments? Absolutely, and I am not alone in this belief. Look carefully who investigated VSH deaths, 1950 to 1973 in particular. My guess is that you will find disturbing information.

I cannot stress enough how UVM's role in all of this disturbs me. UVM began and ran the entire experimental programs at VSH. UVM's role is shocking. The idea that VSH bodies were routinely sent to UVM doesn't surprise me.

Also, look for causes of death related to drug reactions, etc. Were patients from out-of-state? Massachusetts and Montreal in particular? Both played significant roles in VSH-UVM CIA research. Hyde may have been the CIA researcher we easily recognize, but I've been able to identify dozens of CIA documents on site at VSH-UVM-Fletcher. Vermont was up to its eyeballs in the CIA.

Good luck in your investigation and thank you for doing it. I continue my investigation and my plan to make it all public continues and is going well.

KAREN WETMORE
Brandon

Editor's note: Several years ago, a Rutland Herald investigative reporter reviewed Karen Wetmore's research and published an article that supported some of the research finding, but gave the opinion that it supported but did not conclusively prove her allegations regarding VSH and UVM.

The Counterpoint investigation referenced in this letter has been focused on identifying patients buried at the VSH cemetery in 1890 to 1910, and only incidentally reported on the bodies that were transferred to UVM for medical school student education.

UVM chose not to respond to the allegations in this letter.

Retreat Lacks Any Accountability

To the Editor:

I spent about half of last summer at the Brattleboro Retreat, several weeks of it on lockdown. It was a lockdown that Retreat staff claimed was state-mandated, but it opened my eyes even wider as to how expendable rights/privileges are in institutions, regardless of any levels or placating niceties found in such quaint publications as the Retreat's own policy book.

Also, it took about three weeks of chronic depression before I was given access to books. Any books. I am an avid reader; I've been reading at college level since sometime in junior high.

Nobody is held accountable in places like this... absolutely no efforts at communication when I wound up in there. It is policy "not to talk about" why people are there until the Retreat (brass) judges.

My question goes to all of them, and is one I developed a reputation for asking: who died and made you God?

I salute the good people who work anywhere, but the Brattleboro Retreat seems not to favor my nature of communication. That type of thing makes it easy for people to rush to judgment, and if we had a society where people did less of that, we would all be better off.

Of course, "communication" may be a little too close to responsibility, and I am, as best as they try to keep me, a "consumer," not a human being. No one apologizes for ruining my summer — kidnapping me. Why not?

CASEY WALSH
East Montpelier

I'd Rather Be 'Going to Waterbury' Than Being Here in Corrections

To the Editor:

I saw in the *Burlington Free Press* (in November) an article about a celebration of the closing of the Vermont State Hospital. A "new revolution," they call it.

That's great, especially with the peer movement that's growing. I myself have had many benefits. There was a quote, "No more… 'going to Waterbury'."

I'm not doing well and haven't been for a while. I thought I should write this. Some might not like it. But I'd rather be "going to Waterbury" than my revolution of "going to Chittenden," and for some it's "going to St. Albans" or "going to Springfield" or wherever. Oh, I mustn't forget another I've had a couple of times since it closed: "going to a funeral."

I came to Chittenden Corrections back at the end of May (2012) and I'll be here for 25 to 26 months. I attempted suicide three times, and was going to be sent home after a fourth. I said, "I can't willingly let you do that." I was arrested. I'd probably be dead if I hadn't been.

Shortly after I got here I attempted suicide and spent the weekend in a cell in what they call a "suicide smock" – for a whole weekend, 23-hours-a-day with nothing but a smock and mattress all day by myself, with some guard contact at meals, some checks, my hour out a day, and when they came and put me in a restraint chair.

I couldn't even read a book or have my eyeglasses. The meals were brought and had to be finger foods. My toilet and sink were in there. If I went and sat somewhere else, they usually wanted me back on the bunk.

I got out and was doing pretty well. I did lose my temper trying to get some weirdo. I missed. I hit a guard. I owned it and did 14 days in the hole, got a street charge and 30 day work suspension. I accepted all the consequences.

I was doing well again, then got put in the hole for the wrong reason, and two disciplinarys and 30-day work suspensions for things I didn't deserve.

I've had chronic pain and physical issues, then got sick, then all the mental health and other tough issues. For at least a week and a half, I've been on constant observation. I continue to have many issues. I've attempted suicide five times this time. I continue to have many issues, stark naked on a blanket or a suicide smock (which, by the way, is too small so my backside shows); I proved you can hang yourself with it.

When I was naked, men watched me. Some stuff is wrong. They do what they can to keep you safe.

There are some who I've grown to hate, but I wouldn't get this help in the community, and the good people far outweigh the bad.

I've been brought to jail many times when I was in crisis. I talked with the judge during closing statements at my sentencing about the programs and stuff I'm benefitting from, and even though they need better resources available they keep me safer than I'd be otherwise.

They have two mental health workers available here, a part-time psychiatrist, and I think a part or full-time physician's assistant for the facility. They need more. They work their butts off, but training and more reasonable resources need to be available if more people are going to be coming in with my needs and issues. It's probably one of the few places HowardCenter can't come in too easily.

A little more on the Vermont State Hospital: There were some horrible reasons for wanting to tear it down and throw it away.

But don't forget the good. Remember back when they had occupational therapy. Most I saw had fun there.

We made things out of leather. I remember my stepparents coming at Christmas to see me. I always thought my stepfather was big and he liked to have a good belt to wear. I made the largest one they could find and I put all kind of pictures and his name and stained it. I was so excited and I gave it to him as soon as I could. He opened it and smiled, then chuckled, then cautiously thanked me, then showed me it almost went around him three times. We laughed a lot.

Remember the Canteen and Fr. Logue's camp and that little sports car he drove?

I remember the first time I went there and was in a seclusion room and really angry and scared and really flipping out and this older priest came and opened the door and came in. Staff started to come in with him and he held his hand up and stopped them and came in alone with a big smile. He held out his hand and told me his name (I can't remember it) and said I was going to be OK. I remember calming down and taking his hand and I believe I started to cry.

There were many staff, I can't remember all their names, but I do remember some of them: Mike Ryan, Ron (who played Santa Claus and brought all those presents), Jack Peatman, Randi, Conrad, Kip, Dixie, Steve, Dr. Day and the others ... Goldie, Steve, the guy who had the mustache and the ear to ear smile that last I knew, did transportation, Tommy and Sterling and the staff at the Canteen.

Aren't those good things? And all the staff I didn't name, but who had importance, and the patients, who I won't name, but I think most of us were kind of family. We were together through it all for a lot of years.

Not a lot of the good seemed to be said if you're celebrating the closing. Don't forget to celebrate the good, too. I wish they wouldn't throw that place away. I wish they would help it grow.

I'd rather be there than here. Not forever like I used to want to be, but at times like now when I need it.

ANGELA AVERY
Inmate #58231, South Burlington

P.S. The first night I came to jail I met some staff and they are still working here now. And a lot of people the community has condemned, and say they need to be protected from: if only they knew what they are missing out on. I don't know too many who actually are what the stories in the papers or the news say they are. The pictures they show sure don't match what I see every day.

Is Not the Mind A Part of the Body?

To the Editor:

In the wake of the most recent tragedy, mental health has come into the limelight. It is to this I wish to write.

In today's world of being politically correct, where Indians are now called Native Americans, Blacks are now called Afro-Americans, why has the term mental health lagged behind?

Is the mind not connected to the body? Is mental illness not biological, physiological, chemical, genetic, not just psychological? Therefore should we not consider mental illness to be medical illness?

I believe that the term "mental" should be changed to a more politically correct term of "medical." In doing so this will eliminate the stigma, the segregation, promote equality and give the same treatment, benefits, and inclusion for all people.

No longer would those of us in the mental health community be considered a subclass of society. No longer would we be treated as "crazy" or "violent."

This is just my take on medical health.

BONNIE L. MACHIA, Burlington

Use Your Right To Speak Up About Misconduct

To the Editor:

I am writing this today to let you know that as a client receiving services at any of the centers around Vermont, you have the *right* to speak up about anything that happens in your treatment that makes you feel uncomfortable.

If you feel that someone is behaving inappropriately with you (in my situation it was misconduct of a sexual nature), please don't hesitate to tell someone about it! It is very important that you report any behavior that makes you feel uncomfortable, whatever it is.

If it doesn't feel right, please tell someone!! Unfortunately, inappropriate behavior happens, sometimes.

We need to speak up when something is wrong, that's the only way we can change this. *You are not alone*, speaking up gives you power that you didn't think you had. If your case manager or therapist or anyone else that works with you does something you feel uncomfortable with, take it from me ... it is very important that you report it!

You have every right to be treated with dignity and respect, no one has the right to mistreat you in any way. These people are here to help us, not hurt us!

MARIE PELLETIER

Personal Reflections

Making the Journey to...

The Other Side of Disability

by Melanie Jannery

"If I start working they're going to take away my food stamps..."

That was the fear that was always with me in the past. I have learned a way out, and have made it to "The Other Side of Disability." I'm sharing my story, because others might benefit from the programs that helped me out of the cycle of poverty.

When others began to invest in me, I started to believe in myself, and to change the fears that "I can't" into believing that "I can."

A few years ago I found my health after receiving that extra $200 a month for food. Being on Social Security Disability Insurance (SSDI), I had to spend this money on food for me, not my dog, not my cats, and not for cigarettes, because this money was on the food side of the EBT card.

I was frustrated and thrilled at the same time. I saw this as an opportunity. I started to spend $50 a week buying food to make at home, and how wonderful it was to buy a butternut squash, read the receipt to see the name of the squash to look it up online, and learn through videos how to cook it. Others inspired me, and soon I was making Spaghetti Squash, too! YUM...

Receiving and using food stamps was an avenue for me in finding my health. A few years earlier, my Section 8 voucher came through and I learned how to live alone to keep this going. I needed to keep my independence, instead of the co-dependence that had landed me in two back-to-back abusive and controlling relationships.

I had been homeless twice because of the life of poverty and hopelessness that came with being someone labeled with many mental illness diagnoses. I lived with a lot of fear, regularly. Receiving food stamps of $2,400 in a year was truly a gift to me!

I learned other methods of obtaining healthy food, like being able to get free produce at the local food shelf each morning. This got me out of the house.

I have worked inconsistently over the years because of not feeling well, not having confidence in myself, the fear of reminding myself of the "can'ts" and the exhaustion of having to report to three places, only to have everything in my service plan change. We talk about trauma triggers and I think that one of my work trauma triggers was seeing my services change before I had the opportunity to build my self-esteem and self-confidence up again.

This year, I was able to take on life with a different approach.

I started a Plan for Achieving Self Support (PASS) through Social Security in May, 2011. Every month $20 of my SSDI would go in a special PASS account and I would receive $750.04/month to live on. At $883 a month SSDI, $863 went into PASS, $10,356 annually before any actual work income is counted towards it. This $10,356 was for me to use to put toward PASS-related expenses.

My job goal that May was to be a Community Support Clinician. I needed a Bachelor's Degree and a vehicle for this, so they were on my agenda. Additionally, Internet was needed, and so was my service dog. These were covered PASS expenses toward my job goal (my goal has changed, which it can over the life of a PASS.)

Participating in PASS gave me hope and opportunity. I followed the recommendation to look to other resources for things I needed, before using PASS. My computer software, for example, was purchased with the assistance of Vermont VocRehab.

What happened when I got PASS is that I got a lot of "Yeses," and when "Yeses" happen, we reach into ourselves to ask for more out of life. I went to a service dog conference (that PASS paid for) and was energized and inspired.

> When others were willing to invest in me, it made me want to invest in my self. I felt human again!

I asked to for help around Vermont to be able to attend the Alternatives conference, and received funding through Vermont Psychiatric Survivors and two different programs of HowardCenter. This was a beneficial experience for me all around, but more than anything I saw that others were willing to invest in me! It made me want to invest in myself.

I started working for the first time since living in Vermont. Without the need to report to three places, all coming back at me with what I call "expectations of me to perform," I remembered a part of me that loves working!

I realized that I am still worth the investment and I learned that others respect my contribution to this world, as do I. I began working on a local warmline and took on a team lead position (increasing wages without the fear of everything changing). As that felt comfortable, I ran a "Being Me" group at Westview House, which inspired enough to attend my first-ever peer training, a Peer Group Facilitation Workshop.

I felt human again! What a wonderful feeling. I was no longer hiding from what I wanted to do, and I was engaging in life without fear. I reached into myself further and led a Tea & Talk group at ASSIST.

HowardCenter has been my comfort zone for years but being able to do what others saw in me only happened after PASS gave me the financial freedom to evolve as Melanie would naturally!

I was soon hired and began a full-time salaried position in the peer initiatives program in Vermont after not working full-time in13 years. How nice to feel so free to evolve naturally without extreme fear of losing everything, especially hope.

I have done my best, but have created a lot of coping to address fears along the way. As part of my PASS, I bought a car on loan. I needed to come to terms with "deserving" a car that wouldn't stall on the highway when passing a truck. I needed to come to terms with the idea of debt and the possibility that if I failed again I could be facing a third bankruptcy. I needed to come to accept the belief within myself.

I bought a car on January 28, 2012 and purchased a vanity plate, JANNERY. I am the only Jannery in Vermont and it's a piece in me I connect to my dad, with his love for genealogy and our shared name. More interesting than venturing forth in the car purchase was the confidence I had in getting a vanity plate... something that works better than any antidepressant I have ever been on. Every time I see it I smile hugely inside for the love of life I have found again through work... the investment in me!

After I started working in my current position, I learned a lot about SAMHSA's Eight Dimensions of Wellness. It is something I live with daily, creating understanding and hope that by venturing forward, keeping the balance of emotional, spiritual, physical, environmental, social, financial, occupational, and intellectual wellness, that I will remain well! I truly believe this!

I understand how it felt when it seemed that illness took over, how all hope faded in every attempt, but I learned that as long as I still had work-related PASS expenses that I could pass forward all my funds.

I want to get off disability and want to stay off it long-term, and I believe I can, but I know my triggers and what makes me feel trapped that could make me get sick. My biggest fear is to get back to where I was, to repeat old patterns and to reinforce the "I can'ts." Instead, I have been able to work PASS to its fullest benefit.

When my salaried position started, I continued to pass all of my earned income and remained living on $750 a month SSI plus $200 a month food stamps, and Section 8 housing. I took life coming back to me slowly and carefully, paying PASS-related work expenses as much as I am able.

In venturing forward, in starting to feel well and engage in life, I contacted a woman at the

(Continued on page 19)

Personal Reflections

The Other Side of Disability

(Continued from page18)

Burlington Housing Authority. I looked into the Family Self-Sufficiency (FSS) Program and learned this was a program I was eligible for. It is a work incentive program. By starting this program, my monthly rent was $121.

Should I reach my job goal, all the money in the escrow becomes mine. It's energizing in keeping me moving forward, inspiring me to continue doing a good job in the job I currently hold, adding to my lived experience in a very positive way.

Three years ago I could not walk into the credit union to ask for help in debt repair, despite my desire. Through the Burlington Housing Authority programs, I learned techniques to make credit-building happen and things that harm it. In another year I will be mortgage-ready. I am not sure if I will be ready emotionally, but it is nice to think about owning my own home.

The concept of debt scares me. I think it is a trauma trigger of being trapped with no way out. It has been quite an experience with PASS to aim to pay for my entire car loan this year. I have a little way to go, but think I will be able to pay it off before PASS ends for me.

With this I was able to see the savings that result by paying a loan off instead of just paying the minimal payment. So far, there is just over a $2,000 difference in paying it off early. A learning experience all around, but more than anything, "positive reinforcement" that "I can" and "I deserve."

I am scared by the thought of writing a large (but 'normal' to everyday people) check every month for rent and afraid of transferring to regular health insurance where I might have 10 $20 co-pays in a month if I go to 10 appointments. I worry that I might not be able to give myself permission to go to get help if I need it. Then, if I were to need to take medicines again (today I take none), I know how quickly I can get up to when taking six different medicines in a month.

I am hopeful that when transitioning off disability completely, I will find Medicare and Medicaid for the Working Disabled in Vermont good for me long-term, because of my hesitation and fear to spend money like that on myself.

I don't want to fold in any way, I just want to keep contributing to the workforce, continue creating friendships and a better sense of belonging, and understand what it is truly like to pay taxes and have a sense of what it is like to see "my" tax money put to use in our communities, oddly enough.

"If I start working they're going to take away my food stamps...," but... when my disability stops completely, I will start receiving $404.43 a month for work-related expenses for 36 months. I will have my salary, freedom to save money, freedom to take trips and use vacation time to do what I want.

I will likely be able to save more of my regular income that I would have needed to use for work-related expenses. This is through a national employment network through my Ticket-to-Work. I had to stop working with Vermont VocRehab in order to become eligible for the outcomes program that this employment network offers.

It's pretty cool to think that in coming off disability I will receive $14,559.48 in addition to my salary over the three years that follow and all the added benefits of working when all I used to believe was that if I started working, "they're going to take away my food stamps."

Having lived 19 years feeling truly disabled, I am turning 40 this year and this is my transformation to financial wellness, beginning with belief and lots of positive reinforcement reminding me that "I can, I deserve, and I am."

Melanie Jannery lives in Burlington and is happy to talk about her personal experience with work incentive programs with anyone who is interested, and is also interested in hearing of work incentive programs others have discovered and utilized. Contact her at meljannery@gmail.com

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Programs described above include:

PASS http://www.ssa.gov/pubs/10061.html

FSShttp://www.burlingtonhousing.org/article/articleview/1616/1/5457/

Ticket-to-Work http://www.chooseworkttw.net/

AAA Take Charge Employment Network http://www.aaatakecharge.com/

Mortgage Assistance Program http://www. burlingtonhousing.org/article/articleview/1617/1/103/

Struggle Needed To Be One's Best

by Heidi Henkel

One windy day when I was on Mount Monadnock, rehearsing for a dance piece I did not end up performing in, I saw some young hawks learning to fly.

They would take off and fly and get caught in the wind, and crash back down onto the rocks. They did this over and over again.

I hiked the mountain a week later, and saw what I think were the same young hawks, soaring skillfully in another strong wind. I wrote a song on the piano about it.

Watching animals in the wild is a great way to learn basic principles about life. In this case, watching how many times the birds were willing to fail, and how persistent they were in their struggle, was impressive. They did eventually succeed.

I think "mental health" is like this. It doesn't necessarily come easily. It takes some struggle, and some mistakes, to get it right.

People need to be willing to do the work and engage in the struggle, to get to the point of being able to have a full, wild, natural, high quality of life. It's much more challenging, and much more rewarding, than most people realize. And the end result is much better than most people know is possible.

One of the biggest issues in mental health is that people have trouble watching someone else struggle, and supporting them in it. With the best intentions, people want other people to be comfortable and "safe."

This is often at the expense of supporting them to really reach for the life that they want. The real quest to have a high quality of life sometimes has some struggles in it that are hard to witness, but that's part of the learning process.

Maybe we forget that ultimately, we are creatures of the earth, and like all other creatures, we have to fight, to really live. No other creature gets living handed to them. At some point in their lives, they have to struggle their absolute hardest and do their absolute best, to really live.

We are not an exception. We may live in a society where we are led to believe that we can have it easier. But trying to have it easy comes with a cost to our basic humanity, our quality of life, our development into the people we have the potential to be.

The same is true of that person you want to "help." Doing something to make them look more "comfortable," to you, doesn't necessarily improve their quality of life.

We need to cultivate willingness and skills to be with, and support people in their journey, in their struggle, in their quest to realize their full selves and have the life they really want, rather than try to make the struggle -- the learning process -- the quest -- the journey -- go away.

The happiest people are not the people who don't struggle. Those are bored people, and actually not all that happy.The happiest people are those who find meaning in their struggle, and use it to grow and to understand others, and engage in it and emerge stronger and more capable.

This is a basic foundation of mental health system reform.

Heidi Henkel is from Putney.

Engage Exhibition at the Bennington Museum:

The Bennington Museum presented two complementary exhibitions this past spring: **Engage** and *"More Like You Than Not,"* that looked at art created by current artists with disabilities, as well as those works that were created over the past 200 years. **Engage** is a VSA Vermont exhibition that presents both new and established artists, and was curated by Greensboro artist Paul Gruhler, whose works have been exhibited throughout the United States and Europe and have been collected internationally.

Art from the *"More Like You Than Not"* exhibit will be featured in the fall ***Counterpoint***.

[Photos of the exhibit by Anne Donahue]

Middle Road to Plainfield

Photograph by William G. Morgan

"Before my traumatic brain injury in 2009 I had been a math teacher, computer systems analyst, and IT manager. Afterward I was really in need of something I could feel positive about and I decided to try digital photography. I'm more appreciative of the natural beauty around us than I ever was before and I attempt to capture some of that using the variety of features and options available on today's digital cameras."

Deep Blue *by Belle Baker [rock, glass, wood]*

Belle Baker grew up in Vermont in an artistic family who also farmed and loved the outdoors. She blends her artistry and love of nature to create a line of whimsical decorative items that can be displayed in the home or garden. A survivor of a traumatic brain injury, Belle finds great personal satisfaction in bringing her beauty to the world and in growing a hobby she loves into a small business.

Barns Around Orwell

by Robert Gold [Photo with Mixed Media]

"As a dentist, I re-purposed instruments to form sculptures out of a rudimentary dental plaster and began to experiment with image transfer, developing photos onto watercolor paper and manipulating images with paints and pens. In a 1996 car accident I sustained a traumatic brain injury. Inspired by other artists and with support from the Vermont Arts Council, I participated in printmaking workshops which inspired me to go large with my work and empowered me to strive to make a living marketing my art. The Vermont Studio Center awarded me a month-long residency last fall. Since my car accident I have much more limited ability but also experience more beauty in the surroundings around me."

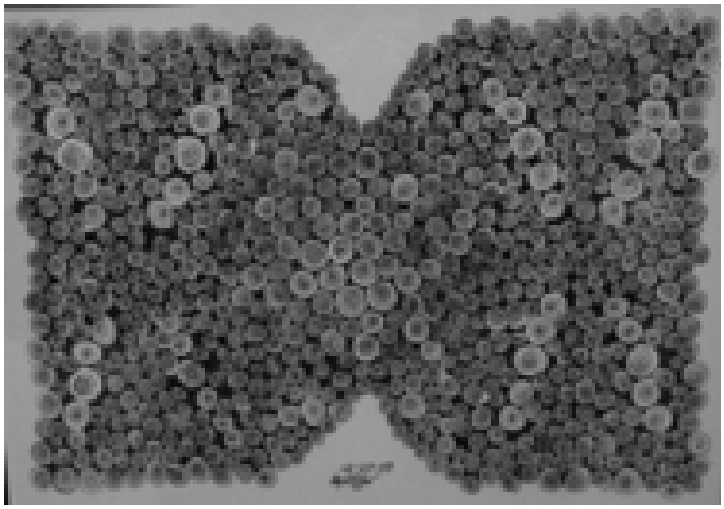
'Artistic Talent and Ability Knows No Boundaries'

12/27/2009

by Emma S.J. Walker

(pen and ink on mat board)

"Juxtaposition and adjacency of colors fascinates me as do patterns such as fractals, snowflakes, etc. I don't envision an end product before or while drawing a piece. I'm agoraphobic and like to decorate my environment since I spend so much time inside."



Let's Get Back

Photograph by Edward Burke

"Since taking a camera on a high school trip to Mexico, I started making artwork, and realized that as a person with cognitive disabiities, I sometimes see things that others do not. I look for hidden beauty and abstractness out in the streets and in nature. I love the fall season, photographing spills and messes as they are, unstaged words, phrases and images which I hope will inspire the viewer to get back to nature by living simply."

Louise Wahl Writing Contest Winners

Tied for First Place

Infatuation

Doubt creeps in, slowly devouring the dreamlike state. The early morning hours now gone, washed out by the sun's imposing rays, had given shelter to an apparition of something truly amazing.

This gentle dance of new delight, by noon appears to warrant fright. How many ways affection does accost the status quo with threats of joy. The sweet savor of close proximity utters vain imaginations and calls upon the weakness of our composition to unite with the dark chasm far below.

True friendship looks beyond the swirling tempest of intemperate infatuation and holds fast to that better thing which is already in hand. It waits for that day when acknowledgement of mutual respect and adoration is not something to be obtained or bartered for, but without effort, without burden or strain, is simply understood.

It is this beautiful day that we long for and often foolishly believe we can hasten into being, but you do better.

by Scott Gwyn
Proctorsville

What I Write Is From the Heart

What I write is from the heart.

This is what I was. This is what I am. This is all I am becoming.

Every day is a struggle to find my mind without losing it in others. I've found it so difficult to be healthily attached to people when I've felt so detached from myself since I can remember. Each day I free myself a little more from this suffering and live. Depression shakes me like a bag of bones, the same way winters warm my mind, and summers chill my spine.

Sometimes I am disgusted with all of the therapy I have needed. To know that I will probably spend my whole life recovering is simultaneously alarming and relieving. I think it's a similar concept to life being what I make of it. All of this power paralyzes me with fear while rejuvenating me with joy for the unknown being only unknown.

To truly struggle is to face the fears, the distorted beliefs, or the colored perceptions we ingrain in our skulls. I believe that in facing my fears and adversities, I have realized that deep human connection can be formed through mutual understanding, which can then result in rich relationships with profound meaning. Human connection is all I have truly wanted since I can remember. A year ago, I attempted everything I could to create replications of my ideal authentic connection. In result, I was always depressed, was raped a second time, and wanted to commit suicide once again.

The mind can only handle so much shock, I've realized. Through intense therapy, I've begun to move to other stages of loss, and continue to accept what has happened to me. Guilt consumes me less and less, and I am beginning to feel hope soaking my being more intensely with each greeting.

I cannot express how frequently I have dreamed of having an average life, or being the normal college kid most young adults seemingly strive to be. In saying that, I cannot emphasize enough how grateful I am for having the capacity to struggle to this extent. Without struggle, I would not recognize contentment. Without complications, I would not value simplicity.

There is no choice or event that I see as a derailment in my life. This is my process. This is my journey, my pursuit, my search for truth and what it genuinely means to live. I don't believe in fate or destiny, but I do think that I did my best in the circumstances I found myself in, and those led me to the place I am currently transitioning from. I did what I had to do in those moments. I believe that my life is nothing to be ashamed of.

There was a day in Vermont that I looked at the sky and saw half of it blue, and half of it gray. It felt oddly familiar, like the world was split in half for a second. And I couldn't help but smile because that was the first day in a while that a blue sky was enough for me.

Enough for me to just be.

by Allison Castile
Plainfield

Tied for Second Place

Everlasting Love

You are my brass ring, that I long to hold through the warmth and through the cold.

You are the snow that falls on a cold winter's day. You are the rain that falls on a chilly spring day.

You are the sun that shines upon a hot summer day. You are the leaves that fall on a chilly fall day. You are the very breath I shall breathe throughout the long day and throughout the rest of our lives.

You are the one I hope to spend the rest of my life with. I hope even in death we shall spend eternity in everlasting love from one another.

by Doreen Draleau
Bennington

The Fallen Hero

by Bonnie Amsden
Fairlee

I am being held here as a prisoner of war on this foreign planet. I'm wishing I had use of my weapons and special powers. Back on my planet I had conquered all and looked death in the face many times. I am very skilled at fighting and have the knowledge of war. I was created for one sole purpose, to be a great soldier, as war had pre-existed my existence for many generations past. War is all I've ever known.

On my planet I was trained by the most powerful one of all — SHE WAS GOD! From my first day to the age of three, I was taught that my necessary needs of food, water and cleanliness may or may not be provided for, unless my god wished for it to be so. My next lesson was that all I needed to know and believe was my god's way. All other information was lies and enemy propaganda. The most profound lesson I learned was that my god, as I knew her, held the power of my life or death at her will.

Through my young years I learned to obey all commands to perfection, to become the best soldier of war. I learned great war skills: Not to take up space, make no sounds, to be physically hurt and not recognize it. Keep on going

(Continued on page 24)

Louise Wahl Writing Contest Winners

First Place

Plastic

The world only sees my plastic face.
The one that covers up my hidden fate,
For there underneath, where no one can see,
Boils all the hurt and pain inside of me.

The world only sees my plastic face.
For all day long I keep it in place.
Constantly checking, always afraid,
That it might slip and you will see
A tiny glimpse of the turmoil in me.

The world only sees my plastic face
That which it hides I cannot deny,
But I keep it inside, tucked deeply away
So very afraid of what you might say.

The world only sees my plastic face
My fears and my shame, not even time can erase.
For the truth of it all, even I cannot face.
For my life so it seems, is just all out of place.

The world only sees my plastic face
And it really is no wonder at all
Just why inside, I'm such a disgrace.
If I pulled off this mask, my own would go with it.

Oh if only the world could just see right through it.

by DLL
Braintree

2013 Louise Wahl Writing Contest Winners

Prose: Tie for First Prize, $50 each
Scott Gwyn, for *Infatuation*
Allison Castille, for *What I Write Is from the Heart*
Tie for Second Prize, $25 each
Doreen Draleau, for *Everlasting Love*
Bonnie Amsden, for The *Fallen Hero*
Poetry: First Prize, $50, DLL, for *Plastic*
Second Prize, $25, Tammy Pushee, for *Scar Tissue*
Third Prize, $10, Joy Lamberti for *Time Keeper*

The Louise Wahl Memorial Writing contest is named for a former Vermont activist and encourages creative writing by psychiatric survivors, mental health consumers and peers, and their families. The annual deadline is March 15. Only one entry per category; 3,000 word maximum. Repeat entrants limited to two First Place awards. Send submissions to: Counterpoint, Louise Wahl Writing Contest, 1 Scale Ave, Suite 52, Rutland, VT 05701 or to counterp@tds.net

Second Place

Scar Tissue

Left by the selfish upon the unprotected
Often invisible to the untrained or uncaring eye

Permanent marks
Wounds with memories of their own
Creatures of the dark. shadows with substance
Inhuman. unnatural. untouchable

Sometimes creeping just down the hall or around any corner
Slithering from the back of closets
Crawling out from under beds
Or running fast and hard through time and space
Forever hunting their prey

My past is like a panther pouncing
Jagged teeth and tearing claws
Feasting on the souls of the injured
Unbidden. unwanted
Unavoidable

Searing pain stealing the breath and swallowing logic
Not to be left behind but lived beside
Scar tissue laid upon body. mind and spirit

by TAMMY PUSHEE
East Corinth

Third Place

Time Keeper

She goes about asking for the time
— time is very important to her —
But then it should be at one hundred and three.
Her dementia keeps her from embracing the time,
And so she asks over and over
— interspersed with a few limited questions
That she also repeats again and again —
To the fatigue of her caregivers.

She prides herself in her Radcliffe graduate status,
Her former Social Worker line of work
Which she falls back upon to excuse her questions
— those too personal and private to ask
Except for one whose dementia renders one helpless.
Helpless to the ravages that time takes,
Leaving the body to venture forth
Where the mind cannot go.

by JOY LAMBERTI
Barre

Louise Wahl Writing Contest

The Fallen Hero

(Continued from page 22)

as well as verbally attack. All these encounters were purposely performed randomly by my god, to teach me to always be alert and on my guard to her wishes. During those early years three more soldiers were created, as they too needed to be taught about existing in war as I had learned it. My god had me assist in their trainings as well, my god was extremely knowledgeable about how to teach war tactics.

She knew that, as she taught the younger ones her power over their lives, I had to stand there and witness these trainings. However, this didn't stop my god from reminding me of my place.

Because I was the eldest and more advanced with my training, I was allowed at times to be in charge over these young becoming soldiers. I also learned to show them some power and control, in place of when our god was away attending to something more important to her.

Each year my responsibilities as a good soldier increased, being responsible for my whole unit to run smoothly as well as provide for my god's happiness. When I performed my duties to perfection to provide for my god and the younger troops, I would often believe that I had reached that bar and earned a stripe. However each time I believed that, my god would raise the bar and teach me that I could never be good enough to reach or replace her great value. My great god taught my belief system that two plus three would equal four and that's all I had or ever needed to know — no matter what!

So as I am here stranded on this foreign planet, I'm very confused and sensing this odd strangeness. Everything with the beings here is different, everything they say for words are hard for me to comprehend and understand.

They had told me: There is no war here and hasn't been for many generations, there is peace, understanding, quiet, caring, laughter, joy, music, dancing, fun, play, silliness, smiling, friendliness, hugging, holding, softness, listening, and giving for no payback in return. They told me that here on this planet, that there is NO one being of greater value than any others, that all here were of the same and equally valued.

All I heard was that they spoke in a foreign language, none that which I understood. It all sounds weird to me. My first thoughts were that it's all lies and this enemy was using war tactics on me.

When they started telling me that I had value too, that's when I knew for sure they were lying to me.

So I did the best that I could to protect myself and fight back within my mind. So the enemy wouldn't catch onto my resistance and plans to escape this place. At first I pretended to understand and believe what they said to me. During the last six months that I'd been held here, I had encountered a couple of times interactions from others like me from my planet. They had been here for years longer, however they didn't appear to be prisoners or in any form of stress, as they briefly spoke to me. They would quickly step up to me and make a short statement like:

"Once you understand, you will not want to leave," and then they quickly left again. I thought this was such a bizarre behavior, until I connected the dots. They were brainwashed.

I couldn't wait to inform my god these great secrets of our enemy, with these brain wash methods they can get all their prisoners of war to adapt to their world and be more like their own species. What power and such great workable plans: damn they were skilled! Shit, how in hell am I going to fight against brainwashing? Before my capture, I didn't know beings like this existed and I wasn't even remotely prepared. Not once have I been physically punished or randomly verbally attacked. All my needs have been met without proof of worthlessness.

Sometimes I receive wants too, each time

that occurs it blows me away. I didn't know I had wants. They have been constantly well to this point that now I no longer see myself as a captive, however, more like captivated.

These beings have been trying to teach me about things called emotions and feelings. So they tell me about them and they calmly express them to me, to help me to understand. They even told me, that I had these emotions and feelings, too. I instantly told them, "No I do not!" Didn't they understand soldiers of war do not have any of that and there is no need for that in war?

Sometimes I think there is something wrong with these beings who live here. They have some kind of genetic flaw. However they didn't give up on trying to help me learn this and more. With their persistence and consistency of words and actions marching in front of me, I did start to learn something of these feelings things.

However this was the hardest struggle for me. If I sensed something there that I assumed was me feeling, I would quickly retreat. I was shaky and unbalanced, desperately wanting my soldier uniform and helmet, weapons and super powers back, like as soon as yesterday!

These beings however still did not give up on me. They let me get calm and back to showing me they were concerned and cared about me. That was confusing as hell, because I heard this tiny voice inside my head that said: "I want them to care about me." That was the point when I truly believed I had gone crazy. I had heard of something like that happening to soldiers of war, who were held captive for long periods of time.

After that I just gave up. I no longer had the will to fight, then for some strange reason, I caught myself testing on myself to see if I could feel anything physically or emotionally. All the beings here can feel, even those who were past captives. Then I got it, that is, the brainwashing effects starting on me. It must have happened just after I had given up and no longer was fighting.

I now want to know if I CAN FEEL. WEIRD!

At first I discovered that I could feel physical pain long past what the other beings could endure.

However it was there inside me, knowledge of emotional feelings kind of snuck up on me by surprise. My first conscious emotional feelings were fear. I am scared! I am not scared and vulnerable! This scared the crap out of me. I had no memories of feeling fear before, I couldn't stay there for long, I had to retreat into my shell, into my safety.

I had already in my past existence survived war tactics of torture methods to the point where death is a welcomed release and yet in some way, all this new stuff is harder and scarier for me.

Because from where I had come from only the strongest survived and the weak were tortured and killed, I have had the reliable knowledge for fifty years. Now not only am I using these being's words, I am understanding them, too. I am starting to scare myself, because I now desire to learn more.

What? Oh shit! Their brainwashed method is working on me! Then that tiny voice in my head again said: "I am petrified." In shock I state out loud, "Who said that?" Come to find out it was me. I had said that out loud? Not only that, other beings heard me and wanted to help me. That only scared me more. For some reason unknown to me, I was able to communicate that to them and they understood me and knew to not rush up too close to me.

I've only been here for a little over a year now and my core belief system is on shaky ground now. As I allow myself to feel these emotions, I find myself weak and drained, totally exhausted from the experience. I believe they have won and my brainwashing is going to be a total success.

Because I can now feel my own will for them to succeed. Weird — and wow!

I am starting to put two and two together now, or I think I am. This secret mind-wash power is so awesomely great, with this they get the enemies to their planet to adapt to their ways under their own free will to do so. Fascinating! That's when I started to develop my own free will and the great powers that possessed for me. I continued to learn more and then some. Each day I wanted to stay longer here and have a lot less of wishing to escape. I learned from watching these beings — their actions and valuing themselves, me, and others as well — to start valuing them. To my surprise my own self-value started to form, too. WOW!

Now my two and two equals four, within myself and within my new world, named, "Reality."

I want to stay.

Arts

Poetry and Prose

So wordlessly

Thinking is made of words he insisted
I don't know if I agree or really what I think
About that moment long ago remembering
That argument with that self-important classmate
He said you cannot think without language
I thought about it and said, I think you can
But by the years becoming less bothered by it
And I remember that summer house by the lake
And the noodle casserole, it was outstanding, I said
Family and friends get together with each other
The lingering taste of kitchen conversations
They were piling up the dishes in the sink
Hearing that laughter in the kitchen, turning
I saw the porch was free, I strolled out there
Over a worn threshold passing from inside to outside
I heard the kids playing down below and smelled pine trees
I settled down in a lounge chair to watch it and think about it all
I thought about how the ill intention of others, plain ignorance
And just meanness can be made of words so tangled
So needlessly complicated, so no, that's not it
People are not made of words
People seem to be made mostly of simplicity
Children below singing out orders, announcing
The game they are trying to play like little trumpets
Even the children are sounding like non-doubters
Remember as a perfect summer night of words
Light breezes, voices fading to faint yelps, calling out
Such sweet word-sounds to wrap myself up, the patterns
Light blankets of purpling clouds, distant speed boats
A cooing cool breeze brushing across my place, here
Sleeping here so well
So wordlessly

by ERIC JENSON
Clarendon Springs

Chains

Unlock the chains of your mind
to relieve the tension and stress
that encompasses your brain.
We are now in a new millennium.
Nothing can remain in the closet forever.
Bring all emotions and feelings to the surface.
Our genes and chromosomes make us
who we are and why we are.
Listen when they speak!
Listen when they speak!

by SIDNEA GORDON
Waterbury

The Wait

By the heat of the Sun,
Or the white chill of the Moon,
A night sky filled with Stars
By the light of Day
And the gray of Dusk
In the Shadows I wait
For the unspoken word
For the touch of Grace
By the heat of the Sun
The chill of the Moon
Waiting, always waiting.

By LUCY LAHUE
Barton

Arts Poetry and Prose

Check Your Pockets

The list for assisted
suicide is very, very long.
Very, very long.
You have a better chance
of being struck down by a bolt
of fatal lightning.
And we don't accept bribes;
not here.
Might we suggest
you go back and look harder
for where you left
your happiness. Check your pockets
one last time, at least.
Sometimes it falls down behind
a table, a chair. Your other options
are limited — or, looked at another
way, unlimited. Yes, endless —
however painful
and messy they may be, as
apparently you know.

by DENNIS RIVARD
White River Junction

Trudging

There is nothing more renewing or enjoyable
with which to help in the aiding of one's
weary mind, body and soul,
save to be found trudging,
whether it be on a path winding somewhere
through the thick woods or on a back road,
getting lost, both in the journey
as well as in the doing,
either during the deepest
depths of Winter or any of the other
seasons of the year or, otherwise,
while reading a good book or, in sitting
down to write a short poem or a rather
lengthier missive of one sort or another
or, elsewise and still trudging along,
finding oneself once again,
possibly in the meaningful
company of family and friends.

by MORGAN BROWN
Montpelier

A New Day

Step out of the shadows and into the light,
Take those small, but crucial steps,
Out of your apartment,
And leave the glow of your tentative footprints on the sidewalk,
As you stake your claim,
And make your presence known,
in the tiny space of the universe where you live.
Leave your isolation behind,
Like a shoe that no longer fits,
Walking instead with confidence,
That comes with knowing you have the right,
To share, to ask, to feel,
To be part of,
The world around you.
Drop your apostrophes, and challenge your mind,
Replace the can't with cans, the won't with wills,
Building a net inside your head to snare the negative thoughts,
A new kind of recycling factory,
That turns negatives to positives,
Fears to opportunities,
And fuels your inner fire to take on the risks
Of a new day.

by GEORGE V. NOSTRAND, Rutland

by Tiffany Kangas, Hartford

I Am... A Poem

I am...
(your name)_____

I wonder..._____

I hear..._____

I see..._____

I want..._____

I am..._____

I pretend..._____

I feel..._____

I touch..._____

I worry..._____

I cry..._____

I am..._____

I understand..._____

I say..._____

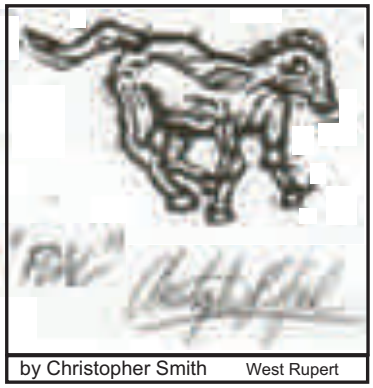
I dream..._____

I try..._____

I hope..._____

I am..._____

Anonymous



by Christopher Smith West Rupert

Too

I'm too old
to go to the cafes
like I used to
Too young
to lay down and die
Too frightened
to state my opinion
Too stupid
to wonder why
Too tired
to try
Moving in this climate
Swimming against tides
Too much for me
Oh, say can you see
My bones ache
I want to sleep
In my dreams
She visits me
A crystal palace
An endless flow
Of anger, apathy

by OCEAN CHANCE
Morrisville

Amazed

You once were my boy wonder,
You were so disarming.
How my heart would skip, then thunder,
God knows that you were charming.

You missed not one chance to bring me flowers
or sing my praises to the sun.
We loved our way through April's showers,
before our world came undone.

You used to laugh and take my hand
How I loved to see you smile.
We strolled the beaches, in the sand,
We watched the ocean stretch for miles.

Then, suddenly, we crashed,
like those waves upon the beach.
All my hopes of love were dashed –
reconciliation out of reach.

You became hard and cold,
You turned your back on me.
Your true colors now unfold,
Your ugliness I see.

Did you ever really care
or was it just a game...
Did you fake love on a dare?
You should be ashamed.

I gave to you my heart,
I didn't need it any more.
I loved you from the start
but, you were rotten to the core.

My hurt has not faded,
my wounds did not heal.
I'll be forever jaded,
that's how you made me feel.

There is only heartache,
anger, pain and grief.
Your so-called love was fake,
that is my belief.

I'll be happier without you,
a new love has come along.
I'll start my life anew,
I'll sing a new love song.

by Elaina May, Brattleboro

Resources Directory!

Vermont Psychiatric Survivors Support Groups

Northwestern
Call 802-282-2267; St. Paul's United Methodist Church, 11 Church Street, St. Albans, 1rst and 3rd Tuesday, 4:30-6:30 p.m.
Brattleboro:
- Changing Tides; Call Sandra at 579-5937
Brattleboro Mem. Hosp, Wednesdays, 7-8:30 p.m.
- Write Minded, Equilibrium,14 Elm St, Brattleboro
Bi-weekly, Fridays, 3:30-5 p.m.; Call Equilibrium at 490-2359
Central Vermont
Call 802-282-2267, Another Way ,125 Barre St., Montpelier; Mondays, 5:30-7 p.m.
Bennington
Call 802-282-2267; 316 Dewey Street, Mon. & Wed., noon-1p.m.
New groups now forming all over Vermont; If interested in helping develop a group in your area contact George at VPS, 802-282-2267; vpsgeorg@sover.net

Check out the VPS web site: www.vermontpsychiatricsurvivors.org

Peer Support Lines

Vermont Support Line (Statewide): 1-888-604-6412; every day, 3-11 p.m.
Peer Access Line of Chittenden County: 802-321-2190, Thurs-Sun, 6-9 p.m.; for residents of Chittenden County.
Rutland County Peer Run Warm Line: Fri, Sat, Sun, 6-9 p.m.; 802-770-4248 or email at warm_line2012@yahoo.com.
Washington County Mental Health Peer Line Service: 802-229-8015; 7 days/wk, 6-11 p.m.
Bennington Peer Line: 379-0167

Drop-In Centers

Brattleboro Area Drop-in Center, 57 S. Main
Our Place, 6 Island Street, Bellows Falls
COTS Daystation,179 S. Winooski Ave, Burlington

Brain Injury Association

Support Group lccations on web: www.biavt.org; or email: support1@biavt.org. Toll Free Line: 877-856-1772

Peer Centers

Another Way, 125 Barre St, Montpelier, 229-0920; info@anotherwayvt.org
The Wellness Co-op, 43 King St., Burlington, Mon-Fri, 10 a.m.-7p.m.; 888-492-8218 ext 300; thewellnesscoop@pathwaysvermont.org
Alyssum (crisis respite), alyssum.info@gmail.com; www.alyssum.org

LGBTQ Individuals With Disabilities

Talk, connect, and find support
Winooski, Tuesdays, 4:30 p.m. at RU12? Community Center, Champlain Mill, 20 Winooski Falls Way, Suite 102.
Burlington,The Wellness Co-op, 43 King St, Thursdays, 3 p.m.
St. Albans, Northwestern Medical Center, conference room 4, Wednesdays, 5:30 p.m.
St. Johnsbury, Unitarian Universalist Church, 47 Cherry St, Fridays,11 a.m.
Online group through Pal Talk Monday nights 7-9 p.m. in the Vermont Chat GLBTQ And Disability chat room. Questions? Brenda@ru12.org / 802-860-7812 www.ru12.org

Community Mental Health

Counseling Service of Addison County
89 Main St. Middlebury, 95753; 388-6751
United Counseling Service of Bennington County;
P0 Box 588, Ledge Hill Dr. Bennington, 05201; 442-5491
Chittenden County: HowardCenter
300 Flynn Ave. Burlington, 05401; 488-6200
Franklin & Grand Isle: Northwestern Counseling and Support Services
107 Fisher Pond Road, St. Albans, 05478; 524-6554
Lamoille Community Connections
72 Harrel Street, Morrisville, 05661
888-4914 or 888-4635 [20/20: 888-5026]
Northeast Kingdom Human Services
154 Duchess St., Newport, 05855; 334-6744
2225 Portland St., St. Johnsbury; 748-3181
Orange County: Clara Martin Center
11 Main St.,Randolph, 05060-0167; 728-4466
Rutland Mental Health Services,
78 So. Main St., Rutland, 05702; 775-8224
Washington Cnty Mental Health Services
P.O. Box 647 Montpelier, 05601; 229-0591
Windham and Windsor Counties: Health Care and Rehabilitation Services of Southeastern Vermont,
390 River Street, Springfield, 05156; 802- 886-4567

24-Hour Emergency Screener Lines

(Orange County) Clara Martin (800) 639-6360
(Addison County) Counseling Services of Addison County (802) 388-7641
(Windham,Windsor Counties) Health Care and Rehabilitation Services (800) 622-4235
(Chittenden County) HowardCenter (adults) (802) 488-6400;
First Call – Baird Center:
(children and adolescents) (802) 488-7777
(Lamoille County) Lamoille Community Connections (802) 888-4914
(Essex, Caledonia and Orleans) Northeast Kingdom Human Servicse (802) 748-3181
(Franklin and Grand Isle Counties) Northwestern Counseling and Support Services (802) 524-6554
Rutland Mental Health Services (802) 775-1000
(Bennington County) (802) 442-5491 United Counseling Services (802) 362-3950
Washington County Mental Health Services (802) 229-0591

NAMI Connections

Peer Mental Health Recovery Support Groups
Bennington: Every Tuesday 1-2:30 pm; United Counseling Service, 316 Dewey Street, CRT Center
Burlington: Every Thursday 3-4:30 pm; St. Paul's Episcopal Cathedral, 2 Cherry Street (enter from parking lot)
Rutland: Every Sunday 4:30-6 pm Wellness Center (Rutland Mental Health) 78 South Main St.
St. Johnsbury: Thursdays 6:30-8 pm Universalist Unitarian Church, 47 Cherry St.
Springfield: Every Monday 11:15 -12:45 pm; Turning Point, 7 Morgan St.; contact Greg at 802-855-3684.
If you would like a group in your area, to be trained as a facilitator, be a Champion for a group in your area or have questions please contact NAMI 1-800-639-6480 or email us at connection@ namivt.org

Vermont Recovery Centers

www.vtrecoverynetwork.org
Barre, Turning Point Center of Central Vermont, 489 N. Main St.; 479-7373; tpccvbarre@gmail.com
Bennington, Turning Point Center, 465 Main St; 442-9700; turningpointbennington@comcast.net
Brattleboro,Turning Point Center of Windham County, 112 Hardwood Way; 257-5600 or 866-464-8792 tpwc.1@hotmail.com
Burlington, Turning Point Center of Chittenden County,191 Bank St, 2nd floor; 861-3150; **GaryD@turningpointcentervt.org or http://www.turningpointcentervt.org**
Middlebury, Turning Point Center of Addison County, 228 Maple St, Space 31B; 388-4249; tcacvt@yahoo.com
Morrisville, North Central Vermont Recovery Center, 275 Brooklyn St., 851-8120; recovery@ncvrc.com
Rutland, Turning Point Center, 141 State St; 773-6010 turningpointcenterrutland@yahoo.com
St. Albans, Turning Point of Franklin County, 182 Lake St; 782-8454; tpfcdirecton@gmail.com
St. Johnsbury, Kingdom Recovery Center, 297 Summer St; 751-8520; **n.bassett@stjkrc.org; www.kingdomrecoverycenter.com**
spfturningpt@vermontel.net
White River Jctn, Upper Valley Turning Point, 200 Olcott Dr; 295-5206; mhelijas@secondwindfound.net; http://secondwindfound.org

DBT Peer Group: peer-run skills group; Share materials, advice, information and activities. Sundays, 4 p.m.; 1 Mineral St, Springfield (The Whitcomb Building). More info at http://tinyurl.com/PeerDBTVT

Getting Help In Finding Help

Vermont Psychiatric Survivors
Contact for nearest support group in Vermont, recovery programs, Safe Haven in Randolph, advocacy work, *Counterpoint*. 1 Scale Ave., Suite 52, Rutland, VT 05701. (802) 775-6834 or (800) 564-2106.

Disability Rights Vermont
Advocacy when dealing with abuse, neglect or other rights violations by a hospital, care home, or community mental health agency. 141 Main St, Suite 7, Montpelier VT 05602; (800) 834-7890.

Mental Health Law Project
Representation for rights when facing commitment to a psychiatric hospital, or, if committed, for unwanted treatment. 121 South Main Street, PO Box 540, Waterbury VT; 05676-0540; (802) 241-3222.

National Alliance on Mental Illness - VT (NAMI-VT) Support, education and advocacy for families and individuals coping with the problems presented by mental illness. 1-800-639-6480, 162 S. Main St., Waterbury, VT 05671; www.namivt.org; info@namivt.org

Vermont Family Network
Support for families and children where the child or youth, age 0-22, is experiencing or at risk to experience emotional, behavioral or mental health challenges. 800-8800-4005; 876-5315

Adult Protective Services
Reporting of abuse, neglect or exploitation of vulnerable adults, 1-800-564-1612; also to report licensing violations at hospitals and nursing homes.

Vermont Client Assistance Program (Disability Law Project)
Rights when dealing with service organizations, such as Vocational Rehabilitation. PO Box 1367, Burlington VT 05402; (800) 747-5022.

Health Care Ombudsman
(problems with any health insurance or Medicaid/Medicare issues in Vermont) (800) 917-7787 or 241-1102

Medicaid and Vermont Health Access Plan (VHAP) (800) 250-8427 [TTY (888) 834-7898]

Vermont Veterans and Family Outreach:

Bennington/ Rutland Outreach: 802-773-0392; cell: 802-310-5334
Berlin Area Outreach: 802-224-7108; cell: 802-399-6135
Colchester Area Outreach: 802-338-3077/3078; cell: 802-399-6432
Enosburg Area Outreach: 802-933-2166
Lyndonville Area Outreach: 802-626-4085; cell: 802-399-6250
Vergennes Area Outreach: 802-877-2356; cell: 802-881-6680
Williston Area Outreach: 802-879-1385; cell: 802-310-0631
Windsor Area Outreach: 802-674-2914
Outreach Team Leader:
802-338-3022/ 802-399-6401
Toll-free Hotline(24/7)
1-888-607-8773

Vet-to-Vet support groups:

Barre, Hedding Methodist Church, Wed 6-7 p.m. (802) 476-8156
Burlington, The Waystation, Friday 4-4:45 p.m. (802) 863-3157
Rutland, Medical Center (conf rm 2) Wed 4-5 p.m. (802) 775-7111
Middlebury, Turning Point, Tues 6:15-7:15 p.m. (802) 388-4249
St. Johnsbury, Mountain View Recreation Center, Thurs 7-8 p.m. (802) 745-8604
White River Junction, VA Medical Center, Rm G-82, Bldg 31,1-866-687-8387 x6932; every 2nd Tues 3:30-4:30 p.m. (women); Wed 11:30-12:15 (men); Thurs 4-5 p.m. (men); Thurs 10-11 a.m. (women).

VA Mental Health Services

(White River Junction, Rutland, Bennington, St. Johnsbury, Newport) VA Hospital: Toll Free 1-866-687-8387; Primary Mental Health Clinic: Ext. 6132
Vet Centers (Burlington) 802-862-1806 (WRJ): 802-295-2908
Outpatient Clinics (Fort Ethan Allen) 802-655-1356 (Bennington) 802-447-6913

Veterans' Homeless Shelters

Homeless Program Coordinator: 802-742-3291
Brattleboro: Morningside 802-257-0066
Rutland: Open Door Mission 802-775-5661
Rutland: Transitional Residence: Dodge House, 802-775-6772
Burlington: Waystation/Wilson 802-864-7402
Free Transportation: Disabled American Veterans: 866-687-8387 X5394