

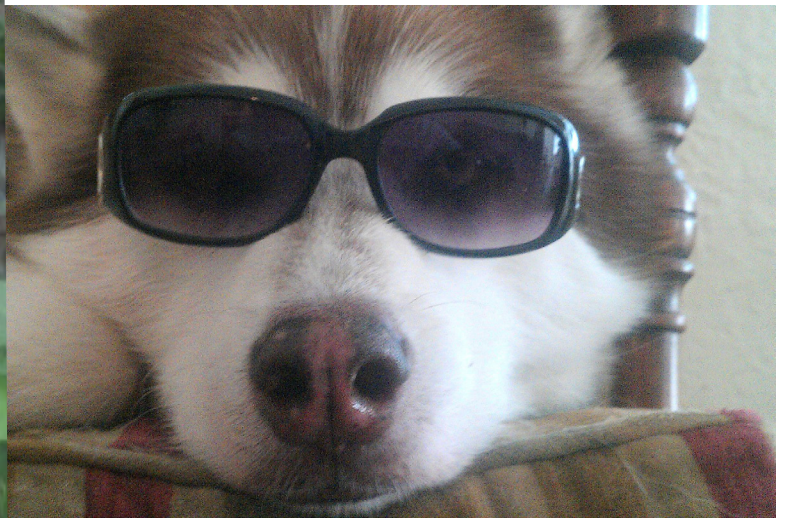
# Reach Out

August & September 2011

Photographer Delores



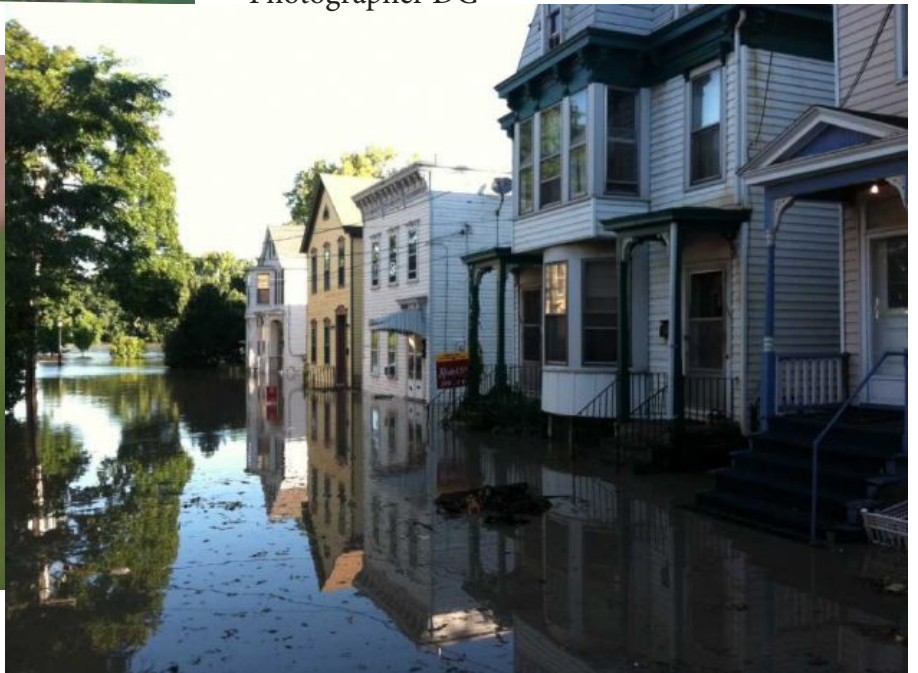
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**What's with the funny pictures?** You may notice that some pictures in the reach out have the faces distorted. These are photos of previous Collage members, friends and workers who in the past have given Reach Out written permission to use the images in the newsletter and on the website. Since Collage was disbanded and its members sent to Ellis medicine PROS it was found important to Re- obtain permission in writing from these individuals.

We truly appreciate your understanding in joining us in keeping the administration happy. and the pictures will get better as we gather more signed release forms

Reach Out Email:  
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Did you know that you can download Reach Out every month before people see it in print? Many of the pictures are in full colour. Also Mike includes added information by adding extra links to webpages so that if you read it online you have tons more information that other readers don't.

Now you might be asking "how do I get Reach Out online?" Well first you need to have a program called Adobe Acrobat Reader this is a small program that you can download at

<http://www.adobe.com>

After you have done that then go to the Reach Out website at <http://mycollage.org/> and download each months issue. You can check back to the reach out site to see if the new issue is out or you can send Reach Out your e-mail address. It will be kept completely confidential and you will receive an e-mail each month with a notice of when the newsletter is available plus a few extras. If you have any questions about Reach Out Online contact Mike Abair at PROS

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On Tuesday, Sept 11, 2001, I was preparing to leave Summit Towers to go to my clinic. Just before I turned off the television, *Today* co-host Matt Lauer announced that a plane had crashed into the World Trade Center in NYC. The screen showed a puff of smoke emanating from one of the towers. I assumed it was some sort of small commuter plane, and thought nothing more of it.

I arrived at Franklin Street Clinic about 9:30 that morning. Tim McMahon was leading a self-empowerment group. He mentioned the “accident” that had happened in New York, and we all agreed that the news media would have it sorted out by the time we got home that afternoon.

The shit hit the fan at 11:00, when Consumers’ Connection started its weekly meeting. Barbara Shumaker and Andy Elitzer entered the room white-faced. Andy stammered that the World Trade Center had been destroyed, and that the Pentagon had also been hit. I instantly thought of the Muslims, and

blurted out, “They blow up innocent women and children, and then they wonder why we don’t like them.” The clinic basically shut down after that, as our eyes attuned themselves to the TV in our meeting room. The doctors and clinicians offered their counseling services; Roy Turner made sure I was OK before he let me leave around 1:00 PM. I staggered home, stunned and furious.

My mother called me later that day, to offer condolences and to commiserate about the morning’s events. The last time I had been so furious at the Islamic world was in 1979, when I watched Iranian students parading their American hostages through the streets of Tehran. My TV featured scenes of Palestinians celebrating in Gaza, with one fat clown trumpeting that he wanted to see more explosions in America. As the country grinded to a halt, I turned off the tube in disgust. The last clip I saw showed members of Congress singing “God Bless America” on Capitol Hill.

It’s been ten years since the Pearl Harbor of my generation occurred. 9/11 mastermind Osama Bin-Laden is dead, rotting somewhere on the ocean floor. While we have managed to prevent other terrorist attacks from bloodying American soil, thousands of our young men and women have died in Iraq and Afghanistan, all for a passel of ungrateful, tribal yahoos. Earlier this year, uprisings spread from Tunisia to Egypt, Yemen, Libya, and Syria, the people clamoring for change as their erstwhile governors mowed them down in the streets. The damnable Middle East, home to three mutually hostile religions, continues to confound the expectations of Western experts. Whatever happens in the so-called Cradle of Civilization, only an incurable optimist hopes for American-style democracies to arise from the desert sands and oil fields of this compelling yet frustrating corner of the world.

For now, I limit how much news I take in. If it’s not Iran threatening to expunge Israel and the United States from the map, then it’s Congress playing chicken with Social Security and Medicare. Compared to current world events, the Three Stooges are welcome comedy relief. Luckily, I’ve got all of their shorts on DVD. Shall we watch *Violent is the Word for Curly* together?

## Old Dorp's Newest Place to Be

By Nathan Jewett

For several years, the Friendly's Restaurant—formerly the Jolly Tiger, formerly Sambo's, and formerly the site of Nott Terrace High School—stood vacant on the corner of Nott Terrace and Liberty Street. Years of unfriendly service had driven away even the eatery's steadiest customers. My friends and I often gathered to bitch about the world over a plate of french-fries, until we got tired of waiting for a half-hour before the poorly-trained, overworked and underpaid waitresses deigned to notice us. The former golden goose had drowned in a sea of surliness.

In the winter of 2010-2011, gossip spread throughout Schenectady that someone had bought the old Friendly's building and was going to re-open it as an eatery. By spring, a sign appeared on the roof, announcing the coming appearance of [pregnant pause] Denny's. Denny's, the gourmand's friend and the dieter's foe, home of the Grand Slam breakfast, was coming to Old Dorp.

Denny's, serving ample portions of fats and nitrates to several generations of college students, truck drivers, and families, is one of America's most successful chain restaurants. Management, eyeing the corner of Nott and Liberty, and noting its proximity to Union College and Schaffer Heights Apartments, most likely saw a potential goldmine waiting to be exploited. Wasting no time, Denny's completed its renovations by late spring and opened its doors in June, with a crowd of hungry Schenectadians lining the block.

Since opening day, I've eaten at Denny's several times. The food is plain, plentiful, and priced reasonably, although staff (at the time of this writing) is still learning the menu and working out the kinks. The service is, ironically, friendlier than Friendly's had ever been. Besides the Glenville Wal-Mart, Denny's, open 24 hours a day, is one of the few places where local insomniacs (like my friend Sharon and me) can gather. Granted, it's not exactly La Cote Basque, but we're a long way from Manhattan.

P.S. One good thing about Denny's: the police frequent the place, which must mean it's at least an OK place to eat. Of course, time will tell.



### The Pine Bush'

The flora and fauna of the Pine Bush remind me of Australia's outback or the deserts of the Sahara.

The locality of this established area ranges from Colonie and proceeds into Schenectady. In regard to the habitat, the overall area consists of sand, stands of pine trees, a few oak trees with beech, maple and marshland. Wildlife, like mammals, reptiles, birds and insects, flourish here. There is a perpetuating variety of mammals, ranging from the petit shrews, voles, and moles to bigger wildlife such as the red fox and white-tailed deer. The reptiles take into account snakes, turtles, lizards, newts, (a form of lizard), fish, frogs, and other aquatic animals.

The birds that exist in this region number greatly in species from song birds such as warblers, vireos, flycatchers, thrushes and wrens to raptors like hawks, and owls. There may come an exceptionally rare occurrence for a fortunate birder to see a prairie falcon or golden eagle. There are over one hundred confirmed bird species that exist in the Pine Bush.

In the vicinity, one can catch exceptional views of a most highly, strikingly profound, abundant insect known as the Karner Blue butterfly. Rare anywhere else except in the Pine Bush, where its population is over ten thousand-plus-each year, it has a sense of habit to lay its eggs on a type of flower called the blue lupine in which both go hand-in-hand with each other, as both need one another in order to survive. Also rare anywhere else except here, the blue lupine numbers in the thousands each year.

The Pine Bush is truly one of a kind. It exhibits a diversity of wildlife and nature that is offered nowhere except here in the «final frontier».

*Submitted by: Robert Ramonowski*

## A Potemkin Downtown?

By Nathan Jewett

Almost all of us who attend the Lafayette St and Franklin St clinics have seen the cosmetic changes in downtown Schenectady. But how deep do those changes go?

The oldest members of our community remember when downtown was the place to go for shopping, food, and entertainment. By the time I was old enough to notice, those days were long gone. My earliest memories of downtown were attending Walt Disney double features in a moldy old Proctor's Theater with my parents. On Saturday afternoons, our sister would take my brother Matt and me on the bus to Proctor's for such matinee staples as *Black Beauty* and *Mars Invades Puerto Rico*. After one such matinee, sister Cindi took us to eat at Wallace's department store just before it went out of business. I also remember going with Grandpa Jewett to Barney's, Schenectady's oldest department store, to buy tools, just before it, too, bit the dust.

By the time I started high school, folks were trying to revamp a badly decayed downtown. One such group bought Proctor's Theater from the city for \$1 and began to rehab it into a venue for live shows and movies. Canal Square (complete with canal) and Center City arose from the remains of the Hotel Hough and Kresge's, respectively. Wallace's original Victorian façade saw the light of day for the first time in decades. Jay Street's shopping block was paved over and became a pedestrian-only zone.

Eyesores like Bachelor's Hall and the Hotel Foster were shuttered, albeit leaving vagrants with no place to live. Some of us began to hope that downtown Schenectady might again become a viable destination.

Twenty years later, the 21<sup>st</sup> century rolled around, finding downtown as dead as ever. Neither Canal Square nor Center City ever became going concerns. Shops would open for a year or two, and then disappear.

Charities like Bethesda House, the Salvation Army, and the City Mission, while doing much-needed good work, also attracted criminals and drug addicts, scaring off potential shoppers. The city's answer: build, baby, build. Whole swaths of ancient buildings on State St's 400 block came tumbling down. In their place arose the Hampton Inn, the Bow Tie multiplex, and a new location for the State Department of Transportation. State St was narrowed, allowing for more parking spaces. The YMCA moved into the former Wallace's, along with a Paul Mitchell hairstyling school. The old Woolworth building was rehabbed for office space. Center City was remodeled, and eventually razed, making way for more office space. The Jay St pedestrian mall was repaved. New shops and a couple of banks established themselves in the spanking new buildings. The Parker Building became the Parker Inn. If nothing else, Schenectady looked better than it had in decades.

But will cosmetic change bring revival? In the 1780s, Prince Potemkin, lover of Russian Tsaritsa Catherine the Great, conquered the Crimea for his mistress. Finding the new land vacant, Potemkin constructed facades of villages, with no real buildings backing them up, to fool Catherine into believing her new territory was bursting with life. These fake townships became known as *Potemkin villages*. Whenever I walk down State St, I think about how much of this new office space is still vacant and wonder: will their ever be substance behind downtown Schenectady's pretty new faces? Or, will it all prove to be a gigantic Potemkin village?



## Seeking the Tribe

By Linda Sanchez

“Friends are the family that we choose.”

Finding that quote in high school was so freeing after living in a dysfunctional family. My friends were my life. We were the “Rockers,” the group of outcasts who did our own thing. I found my tribe... There were five of us, but Kelly, Marisa and I lived close to one another and were inseparable. I would spend my breaks with them, talk with Marisa on the phone every night, and work with Kelly at the A&P.

I was the only one to go away to college. While I was at orientation when I told everyone I was a Rocker, they looked at me and said, “You don’t look like one. You look like a granola crunching tree hugger.” In seconds, I was relieved of the angry, rebellious stereotype and had the freedom to redefine myself. I tried on different personalities before I found myself in a group of granola crunching tree huggers who wrote poetry and listened to U2 and the Indigo Girls. We had a lot of fun during my freshman and sophomore years.

I took a break between sophomore and junior year, and when I got back, I became a geek. A sci-fi watching, computer chat room addicted geek who hung out with computer science majors. With computers mainstream, we weren’t the stereotypical socially inept throwbacks from the movie, “Revenge of The Nerds.” Geeks were finally considered socially acceptable. We had our own table in the far corner of the dining hall.

When I graduated, I spent a year working in the city, but longed for the connection with my friends at Siena. They were still in college so I would visit them whenever I could. Then Ray convinced his father to open up the upstairs apartment of the shack and for some reason I ignored the shards of glass and the cobwebs and moved in when I got my job.

College students are a transient bunch. They come from all over to live on campus, go back home on breaks, make friends and build relationships, but when they graduate, they dissipate again. My parents tried to warn me about this when I made the decision to move, but as my friends knew and accepted me more

than my family, I needed to be closer to them.

While I was still at home, I went to a women’s camp that really opened my eyes to community. It was an intentional community where everyone had a common bond of being lesbians, but there was a closeness and intimacy that I hadn’t found in other social circles. I felt like I had found my tribe. I felt like there were other people who were as intense as I was, and I didn’t have to hide... They got me... they really understood. When my friends moved away, I began to look for acceptance via intentional communities.

Workshops are really fun. You get to go away for the weekend, form quick, intimate bonds, have intense healing experiences, and go home. Everyone is interested in what you have to say and you come home with so many insights. I became a New Agey/Self Help Workshop Junkie. There is nothing wrong with it. You learn new things and meet new people. Many people have the money to do it all the time.

I was very unhappy at the time, and although I knew that my depression was getting worse, I was really reluctant to getting help. There was a hole in my heart that I kept trying to fill with healing activities, people, and things. I took seeking to the extreme and thought there was something wrong with me that I could not find those kinds of relationships in everyday life. I was looking for someone or something to fill the void. I remembered how much fun I had with my friends in college and high school. Why couldn’t I have that again?

Well, the depression caught up with me and I ended up at Ellis. I had a couple of strong friends who took care of me, making me a part of their family. I became part of an intentional community called Kindred Spirits where I went to recovery camp at for a couple of years. I joined Collage and made a lot of good friends. But the seeker was still looking for friendships with the same intensity as intentional community. I tried to force it on my friends. I did not realize that it might not be appropriate to attract people who would pour out their soul without knowing you, develop intense emotional friendships, have too loose boundaries on all levels, and just be too open for opportunities for closeness.

In the Trauma Track, I learned that some of the ways trauma has affected me may make me seek unhealthy

close relationships. Self-soothing and nurturing can help me become more emotionally secure and not as dependent on other people for validation and wholeness.

I have a good mix of long-time friends now.

Sometimes my old patterns show up every once in a while, but I am better at taking care of myself. I learned that it takes time; sometimes years to develop a relationship, and even then you don't have to share everything. My relationship with my family has gotten much better. People come and go in your life, each one teaching us lessons.



## **Xmen First Class**

*By Andrew Harte*

**I**n a word: AWESOME! There are some movies that I prefer to see in the theater. Xmen First Class was definitely one of them. The big screen is absolutely necessary to appreciate all this film has to offer in action and special effects.

In this prequel movie, the viewer is given the opportunity to learn about the origins of the Xmen characters; mainly Professor X and Magnito. This is done against the backdrop of the Cold War. The writers did a fantastic job weaving both stories into cohesive plot. A must see!

## **Screwing Up**

**G**ive up already. Flops are a part of life's menu, and I haven't missed out on any courses.

So you are {or have been} going through a difficult time. Let's face it, life really sucks sometimes. I mean sometimes it's damned awful. So just give up. Yes, I said that. Give up. Give up on what you thought your life was {or what you thought it should be}. I'm working on giving up on to what was.

A crisis like divorce is a huge thing. No question. There is an amazing new life waiting for you, but for right now give up on knowing what that is or even who you are.

You are standing at the threshold of something new and you don't know what it is.

Yeah, it is super scary. But there's a higher greater part of you that wants to lead an amazing life sharing gifts only you possess.

Try to turn this crisis in to a great gift. No matter what your age or situation, you are now in a position to build something new.

So give up on what you thought life was supposed to be and instead.....do everything you can to heal, and connect with your inner wisdom. The foundation of connecting with inner wisdom is to do {proactive} all you can to heal and love yourself even when you screw up, even when life sucks {which I'm finding is quite a challenge.}

Take as much time as you need for you. Don't let anyone tell you you should be over it by now. Realize that some people are not going to be there for you. It is just not personal.

Take this time to take care of your body, your heart, your finances, your friendships, make new friends, and read inspiring books.

Good luck

*By rena*

## My Homemade Tomato Salsa

2 cups seeded, chopped tomatoes {red, yellow and orange}

¼ cup diced red onion

½ teaspoon minced garlic

¾ teaspoon freshly ground cumin, roasted

2 tablespoons of freshly squeezed lemon juice

1 jalapeño pepper, seeded And diced

1 banana pepper, stemmed and diced

¼ cup diced green mango {optional}

Salt and pepper

½ cup minced cilantro leaves {for garnish??}

Combine the first seven ingredients and the mango, if using. Season to taste with salt and pepper. Refrigerate. Just before serving, I garnish with cilantro just to look professional

¼ cup has about 27 calories, 1g protein, 6 carbohydrates, 1gram of fiber, 0mg fat, zero on the cholesterol too {if you are counting}

A handful of studies show that the ubiquitous fruit- or vegetable { tomatoes are classified as both}- not only guards against several types of cancer but also may reduce your risk of heart disease, osteoporosis, even diabetes.

The primary nutrient behind tomatoes' healing power is lycopene, a powerful antioxidant that works by neutralizing free radicals {errant oxygen molecules that cause cellular damage in the body}. Research has shown that eating foods high in lycopene protects against a wide range of cancers, from prostate cancer to lung and breast cancers.

Tomatoes also can help prevent heart attacks, primarily by lowering cholesterol. In one study, drinking 13 ounces of tomato juice daily for three weeks lowered LDL or "bad" cholesterol levels by almost 13 percent. Preliminary research also suggests a link between dietary lycopene and increased bone mass.

But lycopene may not be the tomato's only star nutrient, another appears to be 9-oxo-octadecadienoic acid, which was recently found lowers cholesterol and fat in the blood stream, {Left unchecked, these lipids can lead to such diseases as arteriosclerosis and even

type 2 diabetes,}

Three or more servings a week of tomatoes are the best.

*By Rena*

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## The Pine Bush'

**T**he flora and fauna of the Pine Bush remind me of Australia's outback or the deserts of the Sahara.

The locality of this established area ranges from Colonie and proceeds into Schenectady. In regard to the habitat, the overall area consists of sand, stands of pine trees, a few oak trees with beech, maple and marshland. Wildlife, like mammals, reptiles, birds and insects, flourish here. There is a perpetuating variety of mammals, ranging from the petit shrews, voles, and moles to bigger wildlife such as the red fox and white-tailed deer. The reptiles take into account snakes, turtles, lizards, newts, (a form of lizard), fish, frogs, and other aquatic animals.

The birds that exist in this region number greatly in species from song birds such as warblers, vireos, flycatchers, thrushes and wrens to raptors like hawks, and owls. There may come an exceptionally rare occurrence for a fortunate birder to see a prairie falcon or golden eagle. There are over one hundred confirmed bird species that exist in the Pine Bush.

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The Pine Bush is truly one of a kind. It exhibits a diversity of wildlife and nature that is offered nowhere except here in the «final frontier».

*Submitted by: Robert Ramonowski*

## Smoking or Non-Smoking?

By Nathan Jewett

Let's face it: many mental-health recipients smoke. Allow me to discuss this phenomenon from a non-smoker's perspective.

One of my earliest memories is seeing the Marlboro Man galloping across the TV screen with a cigarette dangling from his mouth. Wherever my parents took us, the hosts had plenty of ashtrays. Soon enough, the party was enveloped in a bluish haze. My father smoked cigars and a pipe. Even my mother, a dedicated non-smoker, had ashtrays available for her smoking guests. Needless to say, public smoking was common, and I don't recall ever being bothered by secondhand smoke.

As a young man, I ventured into many a saloon with my friends. Everyone in the place, my buddies included, smoked, except for me. I was too busy drinking and tossing the bull to object to the poison entering my lungs. When I started working, my places of employment usually allowed customers to smoke. I even sold my share of cigarettes (\$1.50 a pack) without much thought. My attitude was, live and let live; if someone was a nicotine fiend, alcoholic, or drug addict, it was their business, as long as they left me out of it (my own particular vice was food, so I was no angel). To paraphrase Gore Vidal, people have the right to destroy themselves.

During my earliest stays in the psych ward, staff made no effort to stop patients from smoking. When my friends visited me, they often shared their cigarettes with the patients. Eventually, smokers were exiled to special smoking pavilions outside, but were otherwise left to indulge their habit. Again, it never occurred to me to complain.

Twenty years later, it is virtually impossible to smoke indoors, and smokers must stay a reasonable distance away from a building's entrance if they want to have a puff. Now that I know about the dangers of secondhand smoke, I must admit that the smell of nicotine annoys me. But, as a type-2 diabetic, it is not my place to play Health Police. I know many fine people, both recipients and caregivers alike, who smoke, some of

whom are close friends. When they smoke, I keep my mouth shut, except at the dinner table, where I insist I be allowed to taste what I'm eating without the added seasoning of tobacco smoke. In return, I expect smokers not to comment on the bad habits of others.

With a little bit of reasoning, smokers and non-smokers can live in peace. Let each side refrain from demonizing the other. In the end, we all die from something. Of course, some deaths are less painful than others.

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## What is a Health Home?

In talking with lots of folks—they are confused about the term “health homes”. For some, when the term “health home” is used, they think it's a residential facility (like a nursing home). Others think it's a physical location where a person can go for health care needs, but really a health home is an approach to how health care is delivered.

A health home is a provider or a team of health care professionals that provide integrated health care. This means that if a person is participating in a health home, that person's health care, from primary care doctor to dentist to behavioral health professional, all share the same information and coordinate treatment based on that information. Health homes operate under a “whole-person” philosophy – caring not just for an individual's physical condition, but providing linkages to long-term community care services and supports, social services and family services. The integration of primary care and behavioral health services is critical to achievement of enhanced outcomes.

Under the Affordable Care Act, a health home provision [Sec. 2703 & Sec. 1945(e)] has been authorized that provides the opportunity for States to build a person-centered care system that results in improved outcomes for beneficiaries and better services and value for State Medicaid and other programs, including mental health and substance abuse agencies. The three types of health home provider arrangements described in the Act are:

*continued on back*

**I** have been interested in meditation since college when I was part of an anxiety reduction group. We were given guided meditation tapes and did various awareness exercises. I thought it was kind of neat to have someone lead you through your inner landscapes. And it was so relaxing.

Years later, I became a Reiki Master and I found myself leading others through meditations. I never had a set script...I just closed my eyes and let the words flow. Each person would talk about how their meditation spoke to what they were going through. I liked the escape part of it. I collected meditation Cd's. As I moved away from the healing field, my interest waned. I had heard about mindfulness and just being, but was confused about how that would be helpful: I spent a lot of time alone staring into space thinking of nothing. I was still depressed. Then one day, I found myself in a DBT group (Dialectical Behavioral Therapy—Cognitive Behavioral with some mindfulness thrown in). It does not include sitting meditation, but it does focus on awareness of feelings and urges. It helps you tap into a wiser, calmer mind. I found some info on mindfulness online, and used my own experiences in this article.

**You are not your thoughts.** It took a while for me to realize what this meant. Feelings are a tricky one for me. I have a lot of them sometimes. For a while, I was only as good as my current emotion. If I was happy, I couldn't remember the day before when I was miserable. And when I was upset, I could not remember ever being content and never imagine it getting better. Before that, I would stuff it down with whatever worked. I realized that some of my perceptions were distorted and thought that if I ignored or fought the feeling, it would eventually go away. It only made it worse.

Awareness and compassion are two new things I am playing with. If you hold a non-judgmental space for the feeling, you can sit with it. Describe what it feels like as if you were separate like a witness. How does it feel in your body? Where does it feel tense? Are you clenching your teeth? What would you say to a friend who was going through something like this?

When I am upset and I'm alone, I try to have compassion for myself. In some of my healing work, I became aware of the inner child. When I feel vulnerable, I picture that scared, sensitive child that wants to be loved and reassured. I feel the tenderness of the issue at hand and try to be gentle. It has taken years of inner work to get to this point, and there are times that I still can't see past the emotions.

**To improve your performance, stop thinking about it.** I went hiking with a friend a couple of years ago. It was a mild Christmas and there was no snow. There were boards on some parts of the trail keeping people from getting stuck in the mud.

I was anxious about walking across the board because of my size. I would get to the plank and hem and haw about it. My friend would cross and walk ahead a bit, then stop and wait for me. For some reason he didn't look toward me. I would muster up my courage and go across; meeting him on the other side (it was not long and probably only a two inch drop, but it seemed scary). I think I partly didn't make a big deal of it because I was embarrassed, but my friend's aloofness kind of took the drama out of things and made it easier to get to the other side. I found that sometimes when you face your fears, you can choose to let your desire to move forward override your anxiety

**To avoid worrying about the future, focus on the present (Savor).**

I saw my former creative mentor who I hadn't seen in ten years on my way home to visit my parents. His kitchen was beyond tiny and we had to cancel the barbecue on account of rain. We had stir fry instead. I was a little anxious about seeing him again and still adjusting to driving for three hours. I was mesmerized though, by the various colors of the peppers, zucchini, eggplant, tomato, and onions. It felt sensuous. It had been a long time since I took the time to really cook for myself that I forgot how creative it can be. I don't normally go this crazy about food, but I was so touched that he took the time to make this feast for me. It was the first time I savored food in a while.

**To make the most out of time—Lose track of it.** Have you ever been so engrossed in a conversation that the next thing you knew, two hours had flown

by? Have you ever been so caught up in a project that when you look up, the sun is rising and you're very hungry? This happens to me when I write. Sometimes hyper-focusing and mindfulness in the moment can be amazing.

**If something is bothering you, move toward it rather than away (acceptance).** Radical acceptance is a part of DBT. There are some things we can't avoid. What we resist persists. I have dental phobia that I was forced to face this year. One time I ran out of the waiting room and my friend had to run after me yelling for me to wait for her. The next time I didn't show up. I went a couple of times to my physician for antibiotics. Finally I was in a lot of pain and I just had to bite the bullet and go. Once I gave up the fight and determined that I was going to do it, it was easier to be there. The dentist was really nice and I explained what was going on for me. She was honest about the condition of my teeth and the importance of coming back. Now that I know who will be my doctor and I've met her, I think it will be much easier next time. Where would I be without my teeth? My smile is my favorite asset!

**Know that you don't know. (Engagement)**

I have taken the trip to and from NYC on the Thruway at least three or four times a year for the past 37 years. Sometimes I will hit a patch and wonder where the last couple of exits went, especially when I have a good book on tape playing. This is called "Automatic Pilot."

Engagement is the anecdote to this mindlessness. It is noticing the world around you: the difference of the seasons, the wildflowers in the median, the hawk flying above, the doe chasing her fawn.

**Don't Just Do Something, SIT THERE!!!**



**4 Ways to feel better!**

**C**hronic pain can be debilitating, all consuming and when frustrating-especially when you've taken every test and tried every Medication and you still hurt. You start to think maybe it's all in your head {it's not} and there's nothing else you can do {not true}! Research shows the best way to control chronic pain is to tackle it from all fronts: in fact, a published review found that comprehensive pain programs-ones that address biological, psychological and social aspects of pain-are most effective at improving quality of life. For many conditions, medications help; to better manage pain you can try these easy strategies too:

Move a little every day. Regular physical activity helps strengthen muscles, reduce stress and improve sleep-all which help you control pain. And every bit of exercise helps even short bursts of activity {such as walking or gardening} has helped people with fibromyalgia feel and function better. Talk to your doctor to determine the safest exercises for you.

Practice mindful meditation. Your negative reactions to pain-such as fear or anger-actually can make it worse. Mindfulness teaches you to observe your thoughts and feelings instead of reacting to them, so you'll learn to experience pain as a moment to moment sensation, which then lessens the intensity. Research shows mindfulness-base stress reduction techniques can reduce chronic pain and anxiety and increase vitality.

Have you ever tried taking a supplement? For example Omega-3 fatty-acid supplements may benefit arthritis, back and neck pain sufferers; and research suggests that vitamin D may help reduce fibromyalgia and bone pain. The dosing for herbal supplements vary, some have side effects and others interact with prescription medications, so be sure to consult your doctor first.

Accept your pain. That doesn't mean resigning yourself to suffer but instead changing the way think about your condition. Research suggests if you stop trying to resist pain and learn to live with it, you'll hurt less and function better. Acceptance is about choosing to move forward and focus on the positives-the things you can do, the parts of your life you are thankful for.

*By Rena*

## Health Screenings

Unfortunately many Americans postpone or even skip key health screening due to fear, lack of awareness or cost concerns. But it is important to know your risk so you can make the appropriate lifestyle modifications to change-or –reverse-the course of chronic disease. Try five simple screenings as a first step in determining whether or not you are at risk for a variety of treatable-and preventable-chronic diseases.

### Diabetes

A simple finger prick is all that is needed to check your blood glucose levels to see if you are at risk for diabetes. If your blood glucose test shows that you are at risk for diabetes, your doctor will work with you to make certain lifestyle changes, particularly involving diet and exercise.

### Blood Pressure

Blood pressure is measured by a quick, painless test using a rubber cuff that is wrapped around the upper arm and inflated. If your blood pressure is consistently high, your doctor will likely recommend lifestyle changes, such as exercise, a healthy diet, quitting smoking, limiting alcohol and/or recommend a maintenance medication.

### Cholesterol

Even though high cholesterol may lead to serious heart disease, most of the time there are no symptoms, which is why it is important to have your cholesterol checked. A rapid cholesterol test involves just a simple blood sample from the finger. As with diabetes and blood pressure, lifestyle changes such as exercise and weight loss, maintaining a healthy diet, and quitting smoking are recommended if your cholesterol levels are not within a healthy range. If the added measure of a maintenance medication is needed to keep your cholesterol at a healthy level, it is important to make sure that the medication is taken regularly, as prescribed.

### Other important screenings: Osteoporosis and vision

Two other important screenings that should not be overlooked are osteoporosis and vision. A simple bone mineral density test done via low-dose X-rays, deter-

mines whether or not you are at risk for osteoporosis, a disease that causes bones to become fragile and more likely to break.

Additionally, a vision screening can help identify whether or not you are at risk for eye disease. So high-tail it out there and get these simple screenings done if you already have not.

By Rena

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## Some Commonly Misdiagnosed Illnesses

Take lupus for example. This is a chronic inflammatory disease. The symptoms range from fatigue to kidney problems, heart and lung damage as well as showing up as a rash and pain in your joints. This sometimes mimics Chronic fatigue syndrome, fibromyalgia and rheumatoid arthritis.

A complete blood count to assess presence of anemia and a decreased white blood count; chest x-ray that may show pleurisy or lupus related pneumonia; anti double stranded DNA test {anti-dsDNA}, currently the most specific test for lupus; ANA and lupus erythematosus cell tests, which may show positive results in active lupus is recommended.

Parkinson's disease is a degenerative disorder of the central nervous system. The most common symptoms are tremors in the hands, arms, legs, or head; stiff muscles; and problems with balance and walking. Sometimes misdiagnosed as Alzheimer's, stroke, stress, traumatic head injury, and essential tremor. Unfortunately there are no lab tests that can diagnose Parkinson's. It is typically diagnosed by a clinical examination.

Celiac disease is an autoimmune disorder marked by an inability to digest gluten, a protein in wheat, rye and barley. Some symptoms include vomiting, abdominal pain and bloating, diarrhea, weight loss, anemia and leg cramps. Which can mimic the symptom of irritable bowel syndrome, Crohn's disease and cystic fibrosis.

In this case, blood tests can detect high levels of certain antibodies, roughly 10 percent of people with celiac disease, however, test negative for it. Plus; small intestine sample biopsy and genetic {DNA} test are suggested. *By Rena*

## Misdiagnosed Illnesses Continued...

Chronic Fatigue syndrome is a complex disorder with a combination of symptoms of unknown cause including loss of memory or concentration, sore throat, painful lymph nodes in neck or arm pits, unexplained muscle and joint pain and extreme exhaustion. This can mimic symptoms of sinus problems, as well as hepatitis, fibromyalgia, lupus, and rheumatoid arthritis.

Diagnosis is based on exclusion of similar disorders. Fibromyalgia is a chronic arthritis-like disorder characterized by widespread pain. The symptoms include anxiety or depression, increased sensitivity to pain and incapacitating fatigue. Which also can sound like rheumatoid arthritis, or chronic fatigue syndrome.

Though no diagnostic lab tests are available, a diagnosis is typically made when patients report two symptoms: 1. a history of widespread pain lasting more than three months; and 2. the presence of at least 11 tender points, spots on the body that are extraordinarily sensitive to pain. Diagnosis is based on exclusion of similar disorders.

Multiple sclerosis is a progressive autoimmune disease that attacks the central nervous system. Symptoms include muscle spasms, lack of coordination, balance problems, blurred vision, and cognitive impairment. This can resemble a viral infection, lupus, Alzheimer's, and even bipolar disorder.

Blood tests to rule out other disorders, a lumbar puncture, and an MRI, which may show the brain and spinal cord damage and lesions characteristic of multiple sclerosis

Lyme disease is a systemic infection caused by a tick bite. The symptoms range from shortness of breath to chest or rib soreness; abdominal cramping; nausea, and vomiting; bull's eye rash at bite site; neck stiffness; twitching of face or eyelids. This can mimic mononucleosis, flu, chronic fatigue syndrome, fibromyalgia, depression and meningitis.

If no rash is visible, a two-step blood antibody test is recommended: the ELISA or IFA blood test followed by the more specific Western blood test.

By Rena

## Go for a Walk

On September 18th 2011 there will be a walk held in the Capital District the "Out of the Darkness Walk for R.I.T.A." R.I.T.A Remembrance - Intervention - Together (we can bring) – Awareness

Dr. Rita Leighton was a woman of substance. She was young, vibrant, and had much to offer the world around her. Though she waged her private battle with depression, she reached an end to her ability to cope, and in October of 2004, Rita died by suicide, leaving behind a grief-stricken partner and a devastated group of friends. <http://www.outofthedarkness.org/>

Please help us in supporting the "American Foundation for Suicide" efforts AFSP is the leading national not-for-profit organization exclusively dedicated to understanding and preventing suicide through research, education and advocacy, and to reaching out to people with mental disorders and those impacted by suicide. Follow the link below to learn more about AFSP's efforts to achieve these goals.

[http://www.outofthedarkness.org/index.cfm?fuseaction=home.viewPage&page\\_id=A8DE350B-9F91-2443-29EB0C26B\\_9197731](http://www.outofthedarkness.org/index.cfm?fuseaction=home.viewPage&page_id=A8DE350B-9F91-2443-29EB0C26B_9197731)

Capital Region Walk for R.I.T.A.

**Where:** Saratoga Flat Track (Race Track) Entrance  
Saratoga Springs, New York

**Starts:** 09/18/2011 @ 10:00 am

**Ends:** 1:00 pm

**Check-in Time:** 8:30 am to 10:00 am

**Registration Cutoff:** 09/17/2011 12:00 pm

**Donation Cutoff:** 12/31/2011 12:00 am

**Contact:** Lisa Riley Phone: 518-221-3901

**E-mail Address:** [lisa\\_riley6@verizon.net](mailto:lisa_riley6@verizon.net)

It is with regrets I say "hope to see you there" I would rather not have such a reason to gather but mental health issues are deadly.

## Recovery Tools on the Internet

By Celeste Trotz

I learned about charting moods a number of years back. Someone handed me a little card where I could check things off a predetermined list of mood levels. I kept losing the card. Then I was given a paper with a bigger chart.. They were simple, to the point. In one quick view I could see a pattern of my moods. That is if you didn't lose the card or if you could still use the paper one. After a while the paper copy became so worn it was near impossible to use. I attempted using both of them only to stop after a short while. It was too messy, the check marks would get smudged and it didn't tell me one thing about what might have been influencing my mood any particular day or period in time... a medication change, I fell in love, I fell out of love, I just got a job, I just lost a job. After figuring out the smudges it would give me a visual on my moods. I thought this was pretty neat. I have the mood disorder Bipolar, seeing a time line of my moods could be a real benefit to me. The goal of charting was right on the mark, the delivery method stunk.

I never considered using my computer to make one or find one on the internet. I had my journal but those entries fly all over the place in temperament. I needed something simple, to the point. Something that told the story right up front. A visual chart of my mood followed by a quick statement of what was happening at that time.

This is where the technologies began to fit into my "Recovery" plan. I was introduced to using an internet based mood chart in February of 2009 having become a participant in a "Recovery" plan program. This plan included the Mood Chart. "The program was developed collaboratively by the Depression and Bipolar Support Alliance and researchers at the Group Health Center for Health Studies in Seattle."

"The *"MyRecoveryPlan"* was an online tool to support people living with bipolar disorder in creating and using personal recovery plans." The research project ended on January 31, 2010. I was 3 weeks short of

participating a year when it closed.

The particular "type" of plan I was a part of included access to chats with an "on-line" coach and other participants of the program and to a discussion board. Not all participants had these options. We were asked to not identify ourselves although after a while we could figure out where in the country someone was from.

Chatting with the coach was of course within reason, she was on the West Coast, but there were times she would get up early to meet my needs if I scheduled it before hand. Her commitment to the study was remarkable. She is a Certified Peer Specialist and CPS trainer with the "Depression and Bipolar Support Alliance" (DBSA) this program being a collaborative project.

When I started the *"MyRecovery-Plan"* I found I had to start it out with simplest of tasks. It amazed me just how simple they needed to be. Then I would see my self slipping a little at a time. Miss one task here, one there. This is where the interactive part of the study came in. Peer Support. No matter where it is occurring it is powerful. Each one of us participants would be out there supporting each other, like giving me that nudge when I needed it. Sharing ideas that worked for us or might not have. When we achieved a goal we gained confidence when we didn't that was ok too. We didn't have to be perfect it was "our" plan

It was and is one of the most impacting events that has occurred in my life living with the mood disorder Bipolar. The program covered all the aspects of a Recovery plan, the mood chart being just one component.

The program started with filling in information. Eating, sleeping and exercise habits, a list of warning signs, creating a MH support network, crisis planning, a list of medications and a way to show adjustments to them, a list of daily activities, short term goals, long term goals etc. Those parts I couldn't fill in completely as time went on they would be.

As I filled in the basics I realized two things. The



first one hit me like a brick between the eyes. I had no organized approach to living and dealing with the Bipolar. I had my meetings with the therapist and my visit with my medication provider, they both would point out to me various aspects of the recovery approach but I never saw the whole picture. The second realization was it meant a commitment to myself. Not something I do well at. I am great at helping others meet their goals but fall way short with those focused on me. This study connected the dots.

There were parts of the study I found more interesting than others. It would go in waves. Sometimes I would realize I needed to look at the whole picture other times I chose to just focus on particular pieces of the puzzle. It was/is a work in progress as all recovery is.

After the study was completed Dr. Gregory Simon chief investigator indicated if anyone was interested we could follow up on what the results of the study showed. I did. It was fascinating.

One outcome of this program/study is an **on-line** “Recovery” plan called “*Facing Us*” now being offered on the Depression and Bipolar Support Alliance website. <https://www.facingus.org/tour/tracker>  
**DBSA Wellness Tracker** is an online tool to help you better recognize potential health problems and mood triggers in your daily life. Each section of the DBSA Wellness Report provides helpful information to help you better partner with your clinicians on treatment plans that address your overall health and well-being.  
**Journal:** Here you can write in your journal. All your journal entries are private and can not be viewed by anyone else on the site.

**Media Room:** In our AV room you can: relax and refresh listening to meditations or yoga; identify with others as you view video stories; be inspired browsing our art gallery; be amused by comedy clips; and access a variety of tools to calm or uplift your spirit.

**Wellness Book:** A collection our personal tips. what works what doesn't. Your personal wellness book is also private, although you can choose to share as you wish, so that others may benefit from what you have learned.

**Wellness Plan:** a map to living a more balanced and healthy life. We'll walk you through, step by step, a program for creating an action plan to help keep your day, and life, on course.

**Connect:** With others you know by sending them an

E-Postcard. Invite them to join the Facing Us Clubhouse, send a birthday greeting or simply let them know you're thinking of them.

I was still looking for just a simple Mood Chart all by itself. I found it, “*MoodChart*” I now have both a “Recovery Plan” which includes a mood chart and then this tool that is focused just on the charting.

**“MoodChart”** <http://moodchart.org> A research study designed to help people with bipolar disorder gain better control over their illnesses. This site was developed by two psychiatrists at George Washington University, Daniel Lieberman, MD, and Frederick Goodwin, MD.

This chart is extremely simple. You enter in your mood for the day before based on a simple list of choices and if you chose to you can rate your anxiety, irritability and list what medications you are on. The hours you have slept and once a month you can record your weight. At the bottom of the page is a section where you can mention events that may have occurred that could be effecting your mood.

The chart is an easy view. Quick and to the point. You can print it out to take with you to a session with your provider.

I receive an email every day to remind me to do it. I need that assistance. Daily situational things will show up there but when I see a pattern I look closer to see what is going on around me. Have I changed my sleeping pattern, eating pattern, putting too much on my plate? Not uncommon for me to talk about the patterns with my therapist to help determine it's root. I reread the text entries to see what was going on at those times.

The “*MoodChart*” plan also contains an interactive component. A discussion board. This board is outside the study. It is an extra feature offered by the doctors after it was realized folks liked using one. Peer to Peer Support.

Doing a “Recovery” plan over the internet isn't easy. Of all those I have tried on the internet the ones with an “interactive component” are the most beneficial to me. Peer Support. Proof of the power of the peer.

## Living on My Own

By Nathan Jewett

On May 1, 1987, my mother informed me that she and my stepfather were selling our house on Keyes Ave and moving to California, and that I might want to think about finding a place to live. With this terse advice, I began the search for my first apartment.

My first mistake was to ask my father if I could live with him on McClellan St, at least until I got on my feet. Dad made it quite clear that he wouldn't share space with a "mental patient" (thanks, Dad), so I started perusing the housing ads in the *Schenectady Gazette*. I narrowed my search to Jay St, because of its central location. The first place I looked at faced City Hall, was managed by a gentleman with an uncanny resemblance to Popeye, and had no refrigerator. A few days later, I stopped in at the Florenton Apartments on Jay, across from the main post office. The landlord, Ulrich F, was offering a furnished, one-bedroom apartment on the 4<sup>th</sup> floor for \$250 a month, including everything. An excellent deal at the time, I snapped it up. He accepted me, albeit begrudgingly, for I was on welfare at the time, waiting for SSI to decide my case.

Most of my neighbors at 26 Jay St were elderly or disabled. I got along with most of them, although the neighbor beneath me, Mr. Crowley, was fond of knocking on his ceiling every time the floor squeaked. I stayed there until October of 1988. When Ulrich threatened to withhold my damage deposit, I threatened to take him to court. A month later, I received 2/3 of my \$250 deposit; I decided to let it lie, being rid of bad rubbish.

I spent the next two years sharing a two-bedroom apartment at 55 N Brandywine Ave, near Baxter's Funeral Home, with my friend Bill Rollins, who also got me a job working with him at Nelson's Books on Jay St. While Bill and I got along well, I found myself playing Felix Unger to Bill's Oscar Madison. His bedroom was in such disarray that my buddies would come over just to see how far the mess had progressed. Bill had so much stuff that I felt as if I were leasing a room from him, rather than sharing an apartment. Still, the two of us had a fun time living together.

After two years of life on Brandywine Ave, and

several encounters with the trashy neighbors down the street, I was ready to move on. I rented a large one-bedroom at 144 Jay St in November, 1990. My new landlord, Pete J, owned several apartment buildings and a chain of gas stations in Schenectady. (I met him through Bill, who moonlighted at Pete's station on Broadway, near I-890.) Pete and his secretary/girlfriend, Carol, were kind and generous folks, although Pete was the more temperamental of the two. When my disability forced me to leave a well-paying job at Trustco Bank, Pete generously offered to let me keep my new place while I applied for benefits. The one drawback of living on Jay Street's pedestrian block was the excessive noise; Pete actually lowered my rent by \$50 to get me to stay. For the four-and-a-half-years I spent at 144 Jay, Pete proved to be an efficient and understanding landlord.

By 1995, however, Jay St was becoming seedy. A Mr. Golden opened a café next to my building, which featured loud music late into the night and obnoxious college students gathering beneath my window to smoke marijuana. My patience wearing thin, my clinician agreed to refer me to RSS, a subsidized apartment program. Linda, a very nice woman at RSS, suggested that I apply to Summit Towers, and set up an interview with Summit's executive director, Barbara Augusta. After a couple of interviews with Barbara, I agreed to rent an apartment there for a more-than-reasonable price. When Pete found out, he hit the ceiling. He swore that I would forever regret leaving 144 Jay to live on Hamilton Hill. Frankly, his angry response steeled my resolve to move out, which I did on May 25, 1995, my 30<sup>th</sup> birthday. To be fair, Pete stopped in on moving day to shake my hand and wish me luck. I've lived at Summit Towers ever since, and I am satisfied that I made the right decision.

I am blessed to have been able to live on my own for over twenty years. I hope that my story will serve to encourage and inspire *Reach Out* readers to live as independently as they can, whether that means a community residence, a supportive housing program, board and care, or one's own domicile. Thanks to all those who helped me over the past two decades. Special thanks goes to Mom, who started me on the path to independence (love you, Mom).

## Live in Harmony?

The key to a life of health, happiness and fulfillment.

**H**ave you ever had a time in your life when everything seemed to be going just right? When everything flows and you feel like you're clicking on all cylinders? Maybe it was when you were on vacation, or when you did something you felt passionate about. Maybe it was when you were absorbed in nature, listening to music, or perhaps even in the middle of a crowded city street. Ultimately, where you are when you experience this isn't so important, because in the end it is really a state of mind. This state, which occurs when your mind body and spirit are in such resonance that you feel like you are in the zone is being in harmony with oneself. When you are living this way, you are more relaxed, less stressed, and calm, clear and focused on an everyday basis. Which can lead to a more enlightened life.

Huh? So, how do we live in harmony you may wonder? Try these 12 steps for a starter: Can't hurt. Some may sound familiar, and you may do one or many of them. But when you put them all together, it is when you really start to get it.

Eat a healthy, whole foods-oriented diet.

Understand and put into practice how to truly take care of your health, and be empowered and proactive in doing so.

Be active and move, especially in ways that accentuate the flow.

Be flexible of body and mind, and don't allow yourself to get caught up in rigid dogmatic thinking.

Be mindful of your actions and reactions-meaning, be fully aware of how you interact with others and whether your actions and reactions are reflexive and reactive, or loving and thoughtful, with no agenda attached.

Carry yourself with integrity in everything you do, and be authentic and real.

Do your utmost to keep a positive attitude about life, and make sure your emotional well-being is tended to.

Have an abundance mindset, as opposed to a scarcity one. In other words, know that there is enough to go around and be willing to share, as opposed to believing that it's every person for themselves and you have to get yours before someone takes it from you.

Have a great sense of humor, don't take yourself too seriously, and laugh easily.

Use your creative powers, your visionary capability, and your genius potential, all of which are innate in everyone. And use your creative intelligence to think outside the box-this allows you to see solutions to problems that bog others down.

Do work you love and feel passionate about.

Connect to the spiritual dimension of life.

If this sounds complicated or overwhelming, try to distill it down to its essence: a harmonious lifestyle is about being fluid and flexible of mind, body and spirit. From that starting point, all the benefits-better health, happiness, self-mastery, more joy and passion fulfillment, success and inner peace-ensue.

*By Rena*



## Reality Check

By Nathan Jewett

In these paranoid times, it's a good idea to constantly monitor our sense of reality. Below are some factual statements. Study them, and see how many you believe are true, or not. Whether or not you're in "the system," the results could determine your sanity.

Lee Harvey Oswald, acting alone, killed President Kennedy.

Bigfoot was a hoax.

Elvis is dead.

Bobby Kennedy had nothing to do with Marilyn Monroe's death.

Darwin's theory of natural selection is true.

Professional wrestling is entertainment, not a sport.

There are no prehistoric monsters in Loch Ness.

The Bible is neither a history book nor a science text.

The Illuminati were suppressed in 1787, and have no influence on current events.

Masonic lodges are social clubs—*period*.

The Bilderbergers/Council of Foreign Relations/Trilateral Commission do not run the world.

No one in the American government or military caused the events of Sept 11, 2001.

Mikey from the Life Cereal commercials did not die from mixing Pop Rocks with Coke.

A military balloon, *not* a spaceship from another planet, crashed in Roswell in 1947.

Space aliens are not kidnapping people, probing their most private areas, or taking sperm samples to create a race of hybrids.

Led Zeppelin's song "Stairway to Heaven" has no reversed lyrics glorifying Satan.

President Obama is not a foreign-born socialist/communist.

The CIA did not invent the AIDS virus in order to kill minorities.

LGBT people do not want to turn anyone LGBT.

Liberals are also patriots.

While this list doesn't begin to cover all of the conspiracy theories floating around out there, space limitations and exhaustion prevent me from going further. I'm sure you can find plenty of odd opinions of your own just by going online. Enjoy surfing the web, but don't stay in the ether too long. Here's to your continued good mental health.

## Some Warning Signs of Bullying for Parents or Anyone

Flipping through magazine and television ads, it seems the definition of beauty in America has been narrowly defined. This unrealistic image is not only offsetting, but also potentially damaging to youth—who are particularly prone to bullying. Here are a few warning signs to look for:

Sleep problems; can include nightmares and insomnia.

Unexplained injuries; physical bullying and/or hurting themselves.

Academic trouble; beware if grades begin to fall.

Depression; feelings of helplessness may be more than just growing pains.

Unusual appetite; missing lunch or dinner

Friends; trouble making and/or keeping pals.

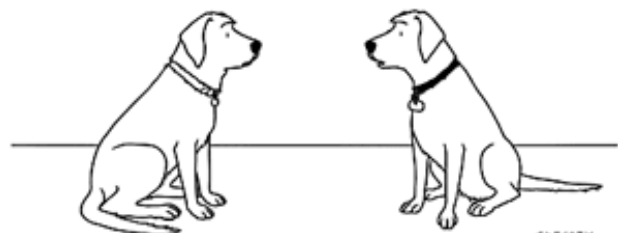
Feeling sick; could be a sign of avoiding going to school or work.

Aggressive behavior; towards siblings and others.

If you suspect someone or even your child may be a victim of bullying, start by listening. Learn the specifics of the situation, then consider the appropriate reaction.

Directly confronting the bullies-or their parents-seldom works. If the bullying occurs at school, work with the teachers and principal. It is the school's primary responsibility to keep students including your child or friend safe.

By Rena



*"I had my own blog for a while, but I decided to go back to just pointless, incessant barking."*

## Stretching a Buck

By Nathan Jewett

**I**n this time of economic stress, when budgets are balanced on the backs of the poor and incompetent executives award themselves million-dollar bonuses, it is especially difficult for folks on fixed incomes to stretch a buck. Most members of our community depend on Uncle Sam for survival, a situation that we didn't ask for but for which others, among them the Tea Party yahoos, excoriate us. How do we get by when some plutocrat wants to disembowel Social Security and Medicare, just so that he can buy that extra Bentley for his spoiled brat of an heir?

As we mental-health recipients know all too well, nobody becomes the next Donald Trump on a government check. SSI and SSDI are designed to provide just enough funds to live modestly for a month. Many of us need extra help from the state of New York, in the form of Medicaid and food stamps, to get by. Folks who live in a group home or a supportive apartment give up a sizeable portion of their income to their housing providers. In a city like Schenectady, where a rat hole in a slum can cost hundreds of dollars a month, there aren't enough places like Summit Towers, where rents are subsidized, or enough room in the Section 8 program, to provide the disabled poor with affordable housing. Unless your parents have provided you with a trust fund, you're stuck with what Congress begrudges you.

An ignoramus might reply, "So? Get a job!" A friend of mine once told me, "I wish I could be on a permanent vacation like you." Let me enlighten you, friend. Having a mental disability *is* a full-time job, with no time off and no benefits of any kind. Added to that is the stress induced by trying to negotiate, often alone, a state and federal system that regards you as a slacker and, frankly, as a piece of shit. Those Americans lucky enough never to have suffered a mental illness assume that you magically acquired a disease like schizophrenia for the sole purpose of taking it easy. On top of all this is the catch-22 that, when we do try to work—and many of us make that attempt—we begin to lose our benefits. While Social Security does offer the disabled the Program to Achieve Self-Sufficiency, most of us don't earn enough wages to qualify. In the late 1980s, I worked

eleven-hour days to pay my expenses. I would give almost anything to be able to do that again, if only to escape the stigma our society places on the disabled.

We all remember last month, when Congress and President Obama played chicken over the debt ceiling. We were terrified, and with good reason, that our monthly checks would be sacrificed because a handful of zealots didn't want the rich to make *any* sacrifices. This situation could easily re-occur, and probably will, as long as disabled citizens are seen as parasites, instead of as unwilling sufferers. For this reason, I urge you to keep an eye on what your government does (or doesn't) do for us. Follow your local representatives and senators. Monitor how they vote on bills that affect our community. You don't approve of their actions? Then vote them out of office. We recipients must hang together or someday we might all hang separately.

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### SHINING LIGHT IN MY DREAM

Joseph D. Marotta 8/8/11

**I**t was told to me once, for he spoke in my dream, of a sacred nature within ourselves. We are quite more than we seem. He spoke very clearly, as he said to me dearly. There is a light of pure love that shines bright from within. It knows nothing of death, hatred or sin. It knows only of beauty, freedom and power, of such is your nature each moment of each and every hour. The might eternal is from whence that you came, it's the light, it's your light. Indeed, it is one and the same. For a great many of these truths remain yet to be seen. But there are those who love deeply that may know what I mean. Your word is your power, your beauty behold. Your freedom lay stretched in a manner untold. Within you is completeness with such coming for express of all that is goodness, in all its excess. Can you now see the point to why you are here? It is for the growth of your expression and understanding. Are we clear? So step forward in love, and trust it for your guide as it is that which you are. Allow it forth from inside and when you awake on the morrow and think what shall I do. Remember my words and know how who has spoken them. Not a stranger. For I am you.



## *Reach Out On the Internet*

<http://www.mycollage.org>

[Reachout@mycollage.org](mailto:Reachout@mycollage.org)

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### **Key Solution** *By Mike Abair*

Recently a friend came to me and said that her computer no longer would accept her password and wanted me to fix it. I didn't know what to say because a password is not a problem it is a feature.

I told her to bring me the computer and her windows disk just in case I had to re install the OS. I hooked up her machine at my place along with her keyboard and mouse. I typed in every variation of her password that I could think of to no avail. I went into troubleshooting mode which is to go back to basics. I exchanged my keyboard for hers because that is what is used to enter a password. Sure enough that worked. All she needed to do is buy a new keyboard.

If she would have brought it to geeksquad the first thing they would do is reinstall the operating system deleting all of her personal files and pictures. When she would bring it home 135 bucks poorer, hooked up her own keyboard and be stuck with the same problem. So before looking at the worst, go bac to the basics and work forward.

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### **Another Take on Eating Healthy**

Let's go for the cultural appeal of food for example. From country to country, traditions, lifestyles and diets vary substantially. If we take a peek at other cultures, we see how simple diet changes can improve our over-all health and wellbeing.

An Asian inspired meal for example:

In Asia, people typically eat 300 more calories a day than their counterparts in the U.S. However, they still tend to weigh less. In America, we see meat as an entrée, and in Asia, it's used as a garnish. Most Asian meals are made primarily with vegetables that are "spiced" or cooked with the flavor of meat. For protein, the Asian culture consumes fish and beans-particularly soy- with very little red meat. So take a cultural cue and use rice and vegetables to replace high-fat meat dishes, not just side dishes to eat along side them.

South American fare

So let's face it, Americans on a whole, love meat. Here's a tip eat from the Argentineans, who eat up to 30 pounds more beef per capita a year. They buy super-lean cuts, and the cows are grass fed, not grain fed like American cattle. Their meat 1/3 naturally lower in fat-just 2.5 grams per four ounces-verses American steaks, in four ounces of meat .which can pack an entire 10.8 of saturated fat. Did you know that South Americans also have a decidedly lower rate of heart disease?

Hearty Greek Origins

If there is one thing we can take from our Mediterranean counterparts-famous for their heart-healthy diet-it's this: Eat from the source. Start by replacing saturated fats like butter with healthy fats like olive oil. In most European cultures, they not only cook with olive oil, they eat the olives. These whole foods allow you to reap the benefits from the olives while becoming full faster. The French and Greeks also supplement the benefits of red wine by eating actual grapes-a common dessert in many countries.

African Roots

In Gambia, nuts make up most meals- a favorite dish is tomato and peanut stew. In the U..., we view stews as fattening, but in Africa they are a main part of the diet. The trick is to combine vegetables, spices and nuts, which can replace meat as protein. As proof to this lifestyle, Gambians have virtually no weight problems, as well as the lowest international incidence of all types of cancers.

By Rena

## Legally Speaking

### *Implementation of Behavioral Health Organizations*

[http://www.omh.ny.gov/omhweb/resources/newsltr/2011/aug/legally\\_speaking.html](http://www.omh.ny.gov/omhweb/resources/newsltr/2011/aug/legally_speaking.html)

by OMH Counsel's Office

The New York State Office of Mental Health (OMH) and the New York State Office of Alcoholism and Substance Abuse Services (OASAS) will be implementing a program designed to introduce care management and coordination techniques into the provision of behavioral health services. The program's origin was a recommendation adopted by the Governor's Medicaid Redesign Team, which was charged with the responsibility of finding means for reducing unnecessary Medicaid costs, while improving program outcomes and quality. It calls for the agencies to jointly select and contract for the services of one or more regional behavioral health organizations (BHOs). These entities will assist in the management of behavioral health services for individuals not enrolled in managed care for the receipt of their behavioral health services. They will also assist in managing those services that are not covered, by a Medicaid Managed Care plan, regardless of whether the recipient is enrolled in a managed care plan that includes behavioral health services or not.

Implementation of the program will be divided into two phases. In Phase I, the program will use these BHO to perform the following functions:

- Monitoring behavioral health inpatient length of stay;
- Reducing unnecessary behavioral health inpatient hospital days;
- Reducing behavioral health inpatient readmission rates;
- Improving rates of engagement in outpatient treatment post discharge;
- Better understanding of the clinical conditions of children diagnosed as having a Serious Emotional Disturbance (SED);
- Profiling provider performance; and
- Testing metrics of system performance.

In addition to reducing the incidence and length of inpatient behavioral health care and increasing the rate of engagement in outpatient care, Phase I is designed to assist recipients, providers, families and localities in making the transition from the current unmanaged, fee-for-service environment for the receipt of behavioral health services by individuals with high need for such services, to an environment in which the delivery and financing of such services is managed. A goal over the next three years is to have every Medicaid recipient enrolled in some form of care management for his or her health and behavioral health benefits.

Under Phase II of the program, the agencies will be developing special needs plans, specialized managed care plans, or some other form or forms of comprehensive plan capable of managing behavioral and physical health services to individuals with significant behavioral health needs.

On June 24, OMH and OASAS requested entities interested in becoming regional BHO to submit offers detailing their proposals to perform the scope of work in Phase I. The deadline for submission was Aug. 5, 2011. Implementation of Phase I is scheduled to begin on Oct. 1, with all BHO scheduled to be fully operational before Jan. 1, 2012.



Designated providers, (physician, clinic, behavioral health organization)

A health team which links to a designated provider

A health team (physicians, nurses, behavioral health professionals)

Health homes are a critical tool in addressing the needs of people with mental health/substance use disorders.

In fact, it is estimated that 70% of individuals with a significant mental health/substance use disorder had at least one chronic health condition, 45% have two, and almost 30% have three or more.

SAMHSA and the Centers of Medicare and Medicaid (CMS) have been collaborating on the implementation of the health home provision and are encouraging States to participate in an innovative way to deliver health care and improve health care quality.

CMS is requiring States to consult with SAMHSA as

they develop their approaches to health homes. By consulting with SAMHSA, CMS and SAMHSA are assuring access to a wide range of physical health, mental health and substance use prevention, treatment, and recovery services in the health home plans. The approaches may include screening for alcohol and certain licit and illicit drugs, identifying available mental health and substance abuse services, discharge planning, care planning that integrates physical and behavioral health services, person/family-centered treatment planning, referral and linkage to other specialty health and behavioral health treatment, and supports that promote recovery and resiliency.

States can start participating in this new provision starting January 1, 2011. Preliminary guidance to assist States with implementing the behavioral health care aspects of health homes are online at SAMHSA's new health home web-page.

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