Tonier Cain is a woman with a mission. “Six years ago, I was a very angry person; I acted out,” she said. “I lived on the streets for nineteen years. People would spit at me and shake their head at me in disgust. Then someone said, “I believe in you, which helped me believe in myself.”

Cain’s life and incredible recovery is the subject of a new documentary entitled Healing Neen. The oldest of nine siblings, Cain was the de facto protector from the age of nine while her alcoholic mother was absent, passed out or otherwise unavailable. There was abuse at the hands of her mother’s male friends and even after social services placed her with caring relatives, she turned to drugs and alcohol. This eventually led to 83 arrests, 66 convictions and the loss of her four children. A fifth child, a daughter that she is raising, was born in prison.

Cain’s recovery began at the Maryland Correction Institute for Women in Jessup where the affects of her traumatic childhood were finally addressed. According to Ms. Cain, someone finally said, “what happened to you” and assured her abuse that happened in her childhood was not her fault.

Today Ms. Cain works for the National Center for Trauma Informed Care and travels nationwide as a recovery speaker. In September she will speak on a program with President Obama. This will be her second presentation at a NAMI Missouri conference.

“Young, I’m the first homeowner in my family,” she said. “Treating my trauma not only kept me out of a mental institution, it broke a generational curse for my daughter. She doesn’t know what its like to live in a ghetto or to be homeless and hungry.”

Cain recently started a nonprofit to open trauma centers around the country. She’s also in discussion with a major film studio interested in her story, and she plans to write a book and training tapes. Hers is one presentation you will not want to miss.
IN THE KNOW

Board of Directors
Kay Rittenhouse - President
Tim C. Harlan - First Vice President
Ken Jones - Second Vice President
Carol Evans, Ph.D. - Secretary
Eric Pahl - Treasurer

Members At Large
Cinda Holloway • Mike Jones, Ph.D.
David Lackey • Dora Cole • Wanda Smith
Dennis Fogleman • Kevin Haggerty

Nominating Committee
Wanda Smith • Dora Cole • Joyce Johnston

Staff
Cindi Keele
Executive Director
Sherry Fischer
Director of Operations
Sonya Baumgartner
Membership Services Coordinator
Alice J. Kliethermes
Director of Consumer Services
Ruth Thompson
Parent Education & Support Coordinator
Jennifer Hudson
Community Outreach
Sharon Groner
Office Support Specialist
Barbara French
Outreach Specialist
Provider Education Coordinator
NAMI Basics Coordinator
Karren Jones
Office Support Volunteer

Affiliates
NAMI Greater Kansas City • NAMI Jefferson City
NAMI Columbia • NAMI Joplin
NAMI Southwest Missouri • NAMI St. Louis
NAMI Central Ozarks • NAMI Moberly
NAMI Cape Girardeau • NAMI Southeast Missouri
NAMI Lake Ozark • NAMI Boonville
Emerging Affiliate: Marshall

All NAMI affiliates have support groups.
A NAMI support group also meets in Branson.

WARMline Responders
Rita Owens • Sharon Groner • Randall Evers
Karren Jones • Barbara French • Ruth Thompson

NAMI Missouri is the chartered state organization of the National Alliance on Mental Illness

Impact of Family Support Groups Studied

Parents of adults with serious mental illness who participate in education and support groups such as those offered by NAMI affiliates experience more positive outcomes and less burden than those who do not according to the June issue of Psychiatric Services.

Data from this study were presented at the annual conference of the Society for Social Work and Research in New Orleans in January.

While there have been studies on the long-term toll of coping with an adult child’s mental illness, few have focused on both the subjective burden and personal gains associated with this particular parenting role.

This study focused on older parents.

There were stressors associated with the amount of care provided. The adult child and parent living under the same roof was also identified as a stressor, though to a lesser degree. Parents who were support group members reported less subjective burden and more gains. Also parents who have a higher number of confidants reported a higher number of gains.

The study concluded “findings suggest that recovery-oriented approaches to supporting families in later stages of life may involve creating opportunities for adults with serious mental illness to play positive roles in the lives of aging parents and in helping older parents recognize ways in which successfully coping with care giving challenges may lead to personal gains.”

Call (800) 374-2138 for more information.

Family-to-Family Course Turns Twenty

It’s hard to imagine, but NAMI’s wonderful 12-week course for family members of adults with serious mental illness just turned twenty. The course originated in Vermont, home state of course author Joyce Burland, Ph. D. By 1994, the course was being piloted (under the name Journey of Hope) in a handful of states, including Missouri. Dr. Burland came to Jefferson City that year and trained our first 16 teachers. Those teachers went on to teach 9 courses, graduating 111. At the close of fiscal 2010, volunteer Family-to-Family teachers taught 21 courses, graduating 268.

The course has become an evidence-based practice and is kept fresh by annual updating.
NAMI Missouri’s Areas of Focus – We Want to Hear From You

Annually the NAMI MO board gathers input from members to develop its primary areas of focus. These items inform our budget development process and allocations of staff and volunteer time. These are not ranked by priority. The 2010 list appears below.

1. NAMI provides a wealth of services to individuals and families throughout Missouri, yet few know much about what we do. Increasing statewide awareness about our organization and its mission is an area of focus.

2. NAMI's signature programs are based in best practice research. Experience shows these programs strengthen NAMI’s efficacy, credibility, name recognition and membership. A commitment to NAMI signature programs is an area of focus.

3. Programs and services important to children and adults with mental illness and their families were cut from Missouri Medicaid in 2005. These cuts left thousands with no access to health care. Restoration of cuts to Medicaid and promoting access to treatment for the uninsured is an area of focus.

4. Cuts to Missouri’s community recovery services and state supported hospitals seriously undermine our state’s psychiatric safety net. Rebuilding Missouri’s psychiatric safety net is an area of focus.

5. Ignorance and stigma continues to impede the daily lives of children and adults with mental illness, their families and mental health providers. Eliminating stigma is an area of focus.

6. Research confirms early diagnosis and treatment will make a significant impact on an individual’s ability to pursue the American dream. Promoting early detection and access to best practice based treatment is an area of focus.

7. Persons with mental illness in institutional settings (residential care, hospitals, jails, prisons) are among the most vulnerable citizens in our state. Advocacy on behalf of these individuals is an area of focus.

8. Far too many Missourians have no access to NAMI services. Fostering the development of NAMI affiliates in unserved and underserved areas is an area of focus.

9. Adequate funding is essential to NAMI’s stability and growth. Raising funds is essential to NAMI’s ability to address all of its areas of focus. Increasing funds raised is essential to our ability to respond to the ever-increasing requests for help. Assuring adequate funding is an area of focus.

10. NAMI supports the findings of the president’s New Freedom Commission and its efforts to transform mental health systems. One of the most important initiatives is to create a system that is consumer and family driven. Making Missouri’s mental health system consumer and family driven is an area of focus.

11. Evidence based practices and emerging evidence-based practices produce results. Individualized Supported Employment, Assertive Community Treatment, Police Crisis Intervention Teams, Family-to-Family, Mental Health First Aid are just a few. Supporting evidence-based practices is an area of focus.

Do these eleven areas of focus meet your needs? Is there something you feel the NAMI Missouri board should add? Subtract? We want to hear from you. Write to the address in this newsletter or email us at namimockj@yahoo.com
IN REMEMBRANCE

Memorial Tribute
In loving memory of my dear friend
and early board member
Ann Carr Sheehan
of St. Louis by Cindi Keele.

IN REMEMBRANCE

NIMH Genetic Study of Schizophrenia

Missouri’s study sites are based in
Springfield, Kansas City, St. Louis and
Columbia. Interested individuals may call
Helene Dubov at (301) 594-0874 or the
numbers listed below.

The Schizophrenia Research Program at the
National Institute of Mental Health located
at on the campus of the National Institutes
of Health in Bethesda Maryland is seeking
healthy adults diagnosed with schizophrenia
or schizoaffective disorder (depressed type)
to participate in a two-day outpatient study.
Travel and lodging assistance is provided
and a stipend is also given to participants.
This study seeks to identify the genetic
and environmental factors that increase
the risk of developing schizophrenia. The
procedures include confidential interviews
and a blood draw, a neurological exam and
neuropsychological testing, neuroimaging,
and recordings of eye movements and
brain waves. Siblings are also invited to
participate in these procedures and parents
are invited to give a sample of blood if
possible. For more details, call the toll-free
schizophrenia studies referral line at 1-888-
674-6464 (TTY: 866-411-1010) at NIH,
Department of Health & Human Services.

Missourians Turn to NAMI in Record Numbers, Please Help

A personal message from Cindi Keele

In preparation for our annual audit we tallied the programs conducted, services
provided and people served over the past 12 month period. In doing this, one thing
was clear. Without a doubt, NAMI is providing significantly more programs, services
and direct assistance to individuals than ever before.

It’s a fact more Missourians are finding out about NAMI and the value of our
education and support programs. When NAMI serves a family, we improve the lives
of every family member. When an individual finds a NAMI Connection support and
recovery group, hope returns. This is cause for celebration.

We celebrate because we know every person we help; every volunteer we recruit,
every member we sign up brings us closer to our goal of making recovery a reasonable
expectation. Our dream of a stigma-free society looms large. We celebrate because we
know a tipping point WILL COME someday if we just keep on.

But our joy is tempered by some harsh realities. Our state fails to make the mental
health of its citizens a priority. Important mental health programs and services are
falling victim to the economic crisis and far too many are turning to NAMI are for the
first time because they have nowhere else to go.

Thanks to the selfless efforts of hundreds of volunteers and gifts from donors, NAMI
is still here. We remained constant. At a time when many state NAMI organizations
are cutting back, we continue to fund the statewide HELPline, volunteer trainings,
outreach, advocacy, educational programs of the highest quality and more.

We need your help if NAMI MO is to continue to provide this level of support. The
need is increasing and we need your help.

If you are not a member, please consider joining today. Whether you join or not,
please consider sending a tax-deductible donation in the enclosed envelope. If you
don’t, who will?

I thank you,

Cindi Keele
2011 Nominating Committee Announces Slate

Big thanks to chairperson Wanda Smith and her committee members Joyce Johnston and Dora Cole for their work in developing this year’s slate of candidates.

The NAMI MO Board will have five openings. Four were created by current member’s terms ending. One member was unable to complete her term due to illness.

**The Committee recommends the following candidates for three-year terms on NAMI Missouri’s Board of Directors**

- **Leslie (Les) Joslyn** - member of NAMI Southwest MO in Springfield for ten years. Mr. Joslyn is an active Family-to-Family teacher and a recently certified Family-to-Family teacher instructor.

- **Virginia Hess** – member of NAMI Kansas City for four years. She is employed as a Peer Specialist with the Hope Project in conjunction with NAMI Kansas City, UMKC and Rediscover Mental Health Services. In 2009 Ms. Hess was named Volunteer of the Year by NAMI Kansas City. She has also distinguished herself as a NAMI In Our Own Voice stigma reduction speaker and a NAMI Connection support facilitator.

- **Michael Jones, Ph.D.** - Long time member Mike Jones is a former president of NAMI Missouri and NAMI Southwest MO. Dr. Jones’ NAMI career is extensive. He is a Family-to-Family teacher, NAMI Provider Workshop presenter, Mental Health First Aid instructor and NAMI family support group facilitator trainer. He is also a retired college professor and a Marine veteran. He currently serves on NAMI’s National Veteran’s Council and is NAMI Missouri’s veteran’s representative.

- **David Lackey** - President of NAMI Jefferson City, David Lackey has been a member for more than 10 years and a board member for three years. He is employed as a staff therapist providing occupational therapy services within a Dialectical Behavioral Therapy framework at Fulton State Hospital. He has also served a family support group facilitator.

- **Cinda Holloway** - Visions for Tomorrow and NAMI Basics Parent Course teacher Cinda Holloway has been a member of NAMI Central Ozarks for seven years and a NAMI Missouri board member for three years. She is a veteran and is employed at Fort Leonard Wood as a Special Families Coordinator.

**NAMI Missouri Consumer Representative**

- **Rick Roberts** – Rick has been a member for four years and serves as NAMI Moberly’s NAMI Connection consumer support group facilitator. Rick is also a state NAMI connection trainer and has traveled to assist in the development of consumer support groups in nearby towns. Rick is also a part-time pastor.

---

**Upcoming Volunteer Trainings**

NAMI Missouri covers 100% of the cost for volunteer training and program materials for affiliates to provide NAMI’s signature programs. Enroll now and bring these programs to your community. All trainings are held in Jefferson City. Contact your local affiliate or call 1 800 374-2138 for more information.

**Family Support Group Facilitator Training (October 1-3)**

A team of two trained facilitators facilitates family groups. Attendees are trained in group process, problem solving, handling “hot potatoes”, keeping groups on track and addressing disruptive behaviors. Training is similar, but not identical to NAMI Connection training.

**NAMI Basics Parent Course Teacher Training (August 20-22)**

This 6-session course is designed to meet the special needs of direct care providers (parents, foster parents, custodial relatives) of children and adolescents with mental health needs. Like all NAMI courses it is peer taught. Applicants must be a direct care provider of a child or adolescent, or have been the direct care of an adolescent that is now a young adult. A teaching team of two teaches this course.

**IN THE KNOW**

Upcoming Volunteer Trainings

NAMI Missouri covers 100% of the cost for volunteer training and program materials for affiliates to provide NAMI’s signature programs. Enroll now and bring these programs to your community. All trainings are held in Jefferson City. Contact your local affiliate or call 1 800 374-2138 for more information.

**Family Support Group Facilitator Training (October 1-3)**

A team of two trained facilitators facilitates family groups. Attendees are trained in group process, problem solving, handling “hot potatoes”, keeping groups on track and addressing disruptive behaviors. Training is similar, but not identical to NAMI Connection training.

**NAMI Basics Parent Course Teacher Training (August 20-22)**

This 6-session course is designed to meet the special needs of direct care providers (parents, foster parents, custodial relatives) of children and adolescents with mental health needs. Like all NAMI courses it is peer taught. Applicants must be a direct care provider of a child or adolescent, or have been the direct care of an adolescent that is now a young adult. A teaching team of two teaches this course.

**Eligible to run for another term**

- **Michael Jones, Ph.D.** - Long time member Mike Jones is a former president of NAMI Missouri and NAMI Southwest MO. Dr. Jones’ NAMI career is extensive. He is a Family-to-Family teacher, NAMI Provider Workshop presenter, Mental Health First Aid instructor and NAMI family support group facilitator trainer. He is also a retired college professor and a Marine veteran. He currently serves on NAMI’s National Veteran’s Council and is NAMI Missouri’s veteran’s representative.

- **David Lackey** - President of NAMI Jefferson City, David Lackey has been a member for more than 10 years and a board member for three years. He is employed as a staff therapist providing occupational therapy services within a Dialectical Behavioral Therapy framework at Fulton State Hospital. He has also served a family support group facilitator.

- **Cinda Holloway** - Visions for Tomorrow and NAMI Basics Parent Course teacher Cinda Holloway has been a member of NAMI Central Ozarks for seven years and a NAMI Missouri board member for three years. She is a veteran and is employed at Fort Leonard Wood as a Special Families Coordinator.

**NAMI Missouri Consumer Representative**

- **Rick Roberts** – Rick has been a member for four years and serves as NAMI Moberly’s NAMI Connection consumer support group facilitator. Rick is also a state NAMI connection trainer and has traveled to assist in the development of consumer support groups in nearby towns. Rick is also a part-time pastor.
Help for the Explosive Child

Parents of children with extremely challenging behaviors have been reporting good results with a behavioral method called Collaborative Problem solving. So much so, that NAMI recruited Ross Green, Ph. D., author of The Explosive Child and Lost at School to speak at the NAMI National Convention in D.C. in early July.

Thirty years of research is beginning to provide some clarity as to why some children have significant behavioral challenges and others do not. Evidence indicates behaviorally challenged children are lacking crucial cognitive skills. They tend to have difficulty with flexibility/adaptability, frustration tolerance and problem solving. Not all children with these characteristics are diagnosed with ADHD, oppositional defiant disorder, conduct disorder, or autism spectrum disorders or any other mental health diagnosis. It is informative to know that a child lacks the skills to:

- shift easily from one mindset or task/activity to another
- do things in a logical sequence or prescribed order
- stick to challenging or tedious tasks
- reflect on multiple ideas or thought simultaneously
- maintain focus
- consider outcomes or consequences
- consider a range of solutions to a problem

Children with challenging behavior tend to be very concrete, literal, black and white thinkers and have trouble handling new situations or unpredictability. Again, lagging skills set the stage for meltdowns. In short, these children lack the skills not to be challenging or to put it another way they lack skills to respond appropriately or cooperatively. Their behavior represents a form of developmental delay. Their responses are more extreme than children who do not have this delay.

Typical approaches to challenging behavior often involve unilateral problem solving (imposing one's will) or providing rewards and incentives. In children with cognitive developmental delay, these approaches often make the problem worse. They provide the child no opportunity to learn the lacking skills that caused the meltdown in the first place.

Dr. Greene's Collaborate Problem Solving (CPS) approach applied to common meltdown producing situations (preferably proactively) can prevent the undesired behavior and build skills. Published research on the approach in outpatient and inpatient settings indicates the model is quite effective. Parents and other caregivers can learn more by going to Dr. Greene’s website www.livesinthebalance.org.

Elements of Dr. Greene’s approach have been added to the NAMI parent course, NAMI Basics. For information about attending a NAMI Basics course, call 1 800 374-2138.

Thank you Governor Nixon!

2010 Children’s Mental Health Month proclamation signing

Pictured left to right, Back row: Patrick Martin, Brianna Buckner, LaRay Thompson, Alex Wilka, Danielle Peterson, Barb Schiegidder, Lauren Hull, Angie Wilka. Front row: Simona Martin, Patrick Martin, Penney Heckes, Sherry Fischer, Trystan Turner, Cindi Keele, Governor Jay Nixon, Erica Heckes, Maria Richardson, Marc Richardson, Ruth Thompson, Benton Goon
Health Care Reform: What Does it Mean for Kids with Mental Health Needs?

The federal Patient Protection and Affordable Care Act became law in late March. The new law includes provisions that will benefit children, youth and families by improving access to coverage and the quality of health care including the following:

- Establishes a temporary high-risk pool for people whose preexisting conditions make the high cost of insurance unattainable. To qualify an individual must have been without coverage for 6 months. Premium costs will be average.
- Extends the Children's Health Insurance Program (CHIP) through 2019. Helps to insure that children from low-income families receive health coverage.
- After September 23, lets kids stay on their parent’s plans up to age 26 if their employer does not offer coverage. This applies even if they are married.
- In 2014, extends Medicaid coverage to all kids who were in foster care 6 months or more up to age 25.
- In 2014, expands Medicaid coverage eligibility to 133% of the federal poverty level.
- Health insurance coverage for all by Jan. 1, 2014. Requires all Americans to buy health insurance. This is expected to bring down costs by bringing younger, healthier individuals into the risk pool.
- After September 23, insurance companies cannot drop you from coverage because you got sick.

Missouri children and parents can benefit greatly from the new law, but only if they know what is available to them. There is plenty of misinformation out there. The Health Care Reform bill or “Obama Care” being bantered around by certain radio talk show hosts and some politicians bears little or no resemblance to the actual plan.

As with mental health issues misinformation and myths abound. Getting the facts is essential in making sure our families get good coverage and care.

Mayor McDavid, We Apologize

We inadvertently left Bob McDavid, newly elected mayor of Columbia off our list of mayors issuing Children’s Mental Health Week proclamations. Thanks for doing this mayor McDavid. The television coverage was great!
JOIN US!

Every membership strengthens our effort. If you belong to a NAMI chapter, you are already a member of NAMI Missouri. If no chapter exists in your area, or you prefer to join independently, you may take out an at-large membership. All members receive the quarterly NAMI Missouri newsletter and the Advocate, the bi-monthly magazine of NAMI and other member benefits such as Affinity low cost long distance service and Advocacy Online (by request) and reduced NAMI Missouri Conference fees.

All Donations and Contributions are Tax Deductible

Enclosed are my dues for (check one):

☐ At Large Membership ($28)
☐ Professional Membership ($50)
☐ Low Income (open door) ($5)
☐ Additional Contribution _________

Name __________________________________________
Address __________________________________________
City ____________________ State _____  Zip __________
Phone ___________________
Email: ___________________________

Total Contribution Enclosed ___________

Please Send Payment to:
NAMI Missouri
3405 W. Truman Blvd., Suite 102
Jefferson City, MO 65109