



# NAMI News

The County's Voice on Mental Illness 10730 Connecticut Avenue, Kensington, MD 20895

March 2006

Volume 28, Issue 3

### Inside this issue:

Support Groups	2
Treatment for OCD (continuation)	3
OCD and the Decision to Become a Parent	4
OCD Study at NIMH	5
OCD Support Group	6
Who Should You Call During a Mental Health Crisis?	7
The Role of School Personnel in an OCD Intervention	8
Recommended Reading About OCD	8
Education Program Announcements	9
Calendar of Events, Happenings Around Town	10
Announcements and Acknowledgements	11

## Treatment for Obsessive Compulsive Disorder

We thank Dr. Charles Mansueto of the Behavior Therapy Center of Greater Washington who spoke at our February Education meeting about behavioral treatment for OCD. Below is an excerpt from the NAMI fact sheet (on [www.nami.org](http://www.nami.org)) about OCD that discusses both pharmacologic and behavioral treatments for OCD.

OCD can be treated with medication and behavior therapy. Both affect brain chemistry, which in turn affects behavior. Medication can regulate serotonin, reducing obsessive thoughts and compulsive behaviors.

**Anafranil (clomipramine):** A tricyclic antidepressant, Anafranil has been shown to be effective in treating obsessions and compulsions. The most commonly reported side effects of this medication are dry mouth, constipation, nausea, increased appetite, weight gain, sleepiness, fatigue, tremor, dizziness, nervousness, sweating, visual changes, and sexual dysfunction. There is also a risk of seizures, thought to

be dose-related. People with a history of seizures should not take this medication. Anafranil should also not be taken at the same time as a monoamine oxidase inhibitor (MAOI).

Many of the antidepressant medications known as selective serotonin reuptake inhibitors (SSRIs) have also proven effective in treating the symptoms associated with OCD. The SSRIs most commonly prescribed for OCD are Luvox (fluvoxamine), Paxil (paroxetine), Prozac (fluoxetine), and Zoloft (sertraline).

**Luvox (fluvoxamine):** Common side effects of this medication include dry mouth, constipation, nausea, sleepiness, insomnia, nervousness, dizziness, headache, agitation, weakness, and delayed ejaculation.

**Paxil (paroxetine):** Side effects most associated with this medication include dry mouth, constipation, nausea, decreased appetite, sleepiness, insomnia, tremor, dizziness, nervousness, weakness, sweat-

(Continued on page 3)

If the weather is bad, please call 301-949-5852 for information about program cancellations on our voicemail.



**General Education Meeting, Thursday, March 9, 2006**

## In Home Services for People with Mental Illness

Panel will include representatives of Threshold Services, Institute for Family Centered Services and Housecalls, Inc.

Social Time: 7:30 pm, Program: 8:00 pm

Cedar Lane Unitarian Church, 9601 Cedar Lane, Bethesda, MD 20814

The cost of printing this issue of the NAMI News was donated by

## Gloria and Richard Berher

To NAMI, an expression of our appreciation for educating us about the ravages of mental illness.

To honor our Son, a valiant, very decent, long suffering Good Soul

If you value our NAMI News and would like to help our cause by donating an issue, we are eager to discuss this with you. Call Susan or Leah in the NAMI office.

## NAMI Support Groups

### Family Support—General

2nd Wednesday of each month, 2:30-4 p.m., Unitarian Universalist Church, 100 Welsh Park Drive (off Manna-kee St), Rockville. Contact: Ursula 301-384-8208

4th Tuesday of each month, 7 p.m., NAMI office. Contact: NAMI office 301-949-5852

2nd Saturday of each month, 9:30 a.m., Mont. General Hospital Conf. Room C, 2nd Floor (Community Learning Center) Contact: Helen 301-963-9472.

### Family Support—For Families of Persons with Mood Disorders

2nd Tuesday of each month, 7:00 p.m., Holy Cross Hospital, PDR #2, 2nd floor, to left of cafeteria.

Contact: Ed and Margo Smith 301-680-0918

### Child & Adolescent Family Support

2nd Tuesday of each month, 7 pm, NAMI Office.  
Contact: Brenda 301-949-5852

### Spouse Support

Group meets one Friday each month, 7 p.m., NAMI Office. Contact: Bill 202-482-1287.

### Daughters and Sons of Persons with Mental Illness Support

2nd Monday of each month, 7:30—9:30 p.m., NAMI Office. Facilitator: Anne Rossheim. Interested individuals should speak with the facilitator. Please call the NAMI office to leave your name and number and Anne will call you back.

### NAMI C.A.R.E. Consumer Support

Consumers Advocating for Recovery Through Empowerment is a peer-based, mutual support group program for individuals facing the challenges of recovering from mental illness.

#### Silver Spring Group:

2nd and 4th Saturdays of each month, 3:00-4:30 pm  
Location: Silver Spring Drop-in Center, 7961 Eastern Ave., Silver Spring, MD 20910  
Contact Person: Miriam Yarmolinsky: 301-589-2303 x311 or dropincenter@santegroup.org

#### Rockville Group:

1st and 3rd Thursdays of each month, 6:30-8:00 pm  
Location: Saint Mark Presbyterian Church, 10701 Old Georgetown Road, Rockville, MD 20852  
Room 109, Contact : Sarah O'Brien: 301-949-5852 or sobrien@namimc.org.

## New Group!

### Family Support - En Español

Date: 4th Wednesday of each month (through May)

Time: 7:00 - 8:30 p.m.,

Location: Charles W. Gilchrist Center, 11319 Elkin Street, Wheaton.

Contact: Elizabeth 301-949-5852.

## Other Support Groups

### For Consumers:

#### All Disorders:

- On Our Own of Montgomery County has a drop-in center, many activities and sharing groups. Call 240-683-5555.
- Silver Spring Drop-in Center at Affiliated Sante Group. 301-589-2303 x311 or dropincenter@santegroup.org
- Recovery, Inc. offers free weekly support group meetings for people with all types of mental, nervous and emotional problems. Tuesdays 7:30 pm, Glenmont United Methodist Church, Silver Spring. Call Joan 301-460-4287. Saturdays 10:30-12:30 pm, Saint Mark Presbyterian Church, 10701 Old Georgetown Rd, Rockville. Call Frank 301-949-1327. For additional groups, call (301) 431-1818 or check [www.recovery-inc.org](http://www.recovery-inc.org).

#### Schizophrenia

Thursdays 6:30-7:30 p.m. Hughes United Methodist Church, Wheaton - Call Linda 301-571-7386

#### Schizophrenia/Schizoaffective

Thursdays 6:30-8 p.m., Wildwood Baptist Church, 10200 Old Georgetown Rd., Bethesda. Contact: Richard 301-977-3507

#### Depression/Bipolar/Schizoaffective

DRADA (Depression and Related Affective Disorders Assoc.). Main number: 410-583-2919.

Bethesda chapter of DRADA is a peer support group for people with a primary diagnosis of depression or bipolar disorder. Group meets from 7-9 p.m. on alternate Wednesdays at Christ Lutheran Church, 8011 Old Georgetown Road, Bethesda. **Next meeting: March 1.** For more information, contact Richard Lewis at (240) 401-2764.

- Tenleytown Group, contact Kristin at 202-885-5653.
- Georgetown University Group, contact Barbara at 301-926-6913.
- George Washington University Group, contact Alvin at 301-975-3169.

Potomac Ridge Mood Disorders Psychoeducation Group. Ongoing group for adults suffering from depression. Tuesdays, 6-7 pm. Call 301-251-4545 to register.

#### Obsessive Compulsive Disorder

2nd and 4th Tuesdays, 7:30 pm, 2424 Reedy Dr., Wheaton, Rm. 223. For information call Bruce 301-497-1589. (See page 6 for more information)

### For Families and Friends:

#### All Disorders:

Family Support—every Thursday except the 2nd Thursday of each month, 7:30 p.m., Bauer Drive Rec. Center. Contact Susan at 301-738-2448 to confirm that group is meeting.

#### Borderline Personality Disorder

Metro Washington Borderline Personality Disorder Education and Support Group. For information call Diane at 301-469-610. Next meeting: Mar. 21, Suburban Hospital, Lower Level, Room 6.

#### Depression/Bipolar/Related Affective Disorders

Group meets twice a month in Potomac. See [www.drada-potomac.org](http://www.drada-potomac.org) for information on meeting schedules and location. Call Diane at 301-299-4255 or Jennifer at 301-570-9065 for more information.

OCD: Families meet in area homes. Call Nancy at 301-340-1452.

## Treatment for Obsessive Compulsive Disorder (continued)

(Continued from page 1)

ing, and sexual dysfunction.

**Prozac (fluoxetine):** Dry mouth, nausea, diarrhea, sleepiness, insomnia, tremor, nervousness, headache, weakness, sweating, rash, and sexual dysfunction are among the more common side effects associated with this drug.

**Zoloft (sertraline):** Among the side effects most commonly reported while taking Zoloft are dry mouth, nausea, diarrhea, constipation, sleepiness, insomnia, tremor, dizziness, agitation, sweating, and sexual dysfunction.

**Celexa (Citalopram)** Side effects may include dry mouth, nausea, or drowsiness .

SSRIs should **never** be taken at the same time as MAOIs.

### How long should an individual take medication before judging its effectiveness?

Some physicians make the mistake of prescribing a medication for only

three or four weeks. That really isn't long enough. Medication should be tried consistently for 10 to 12 weeks before its effectiveness can be judged.

### What is behavior therapy, and can it effectively relieve symptoms of OCD?

Behavior therapy is not traditional psychotherapy. It is "exposure and response prevention," and it is effective for many people with OCD. Consumers are deliberately exposed to a feared object or idea, either directly or by imagination, and are then discouraged or prevented from carrying out the usual compulsive response. For example, a compulsive hand-washer may be urged to touch an object he or she believes is contaminated and denied the opportunity to wash for several hours. When the treatment works well, the consumer gradually experiences less anxiety from the obsessive thoughts and becomes able to refrain from the

compulsive actions for extended periods of time.

Several studies suggest that medication and behavior therapy are equally effective in alleviating symptoms of OCD. About half of the consumers with this disorder improve substantially with behavior therapy; the rest improve moderately.

### Will OCD symptoms go away completely with medication and behavior therapy?

Response to treatment varies from person to person. Most people treated with effective medications find their symptoms reduced by about 40 percent to 50 percent. That can often be enough to change their lives, to transform them into functioning individuals. A few consumers find that neither treatment produces significant change, and a small number of people are fortunate to go into total remission when treated with effective medication and/or behavior therapy.

## OCD Family and Friends Support Group

OCD Family and Friends Support Group meets every three months in homes in Potomac/Rockville/Bethesda area. They discuss the latest research, behavioral therapy techniques and medication (what works/what doesn't). OCD sufferers can be parents, children, young adults, or other family members. Their next scheduled meeting is **Tuesday, March 7th, 2006, at 2:00 p.m.** For further information, telephone Nancy Wells at 301-340-1452.

## Join over 1000 Marylanders for the 4th Annual

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

In 2006, thousands of concerned citizens in more than 50 communities across the nation will join NAMI's Campaign for the Mind of America and walk together to raise money and awareness about our country's need for a world-class treatment and recovery system for people with mental illness. **Won't you join us?**

**Registration  
Form Inside this  
Newsletter. Call  
301-949-5852  
to register  
today!**

- If you need a ride to the Walk, you must contact the NAMI office so we can put your name on the list.
- If you can provide a ride to the Walk, please let us know!

## OCD and the Decision to Become a Parent

*Excerpted from the booklet, **OCD and Parenting**, by Hugh F. Johnson, M.D., and J. Jay Fruehling, M.L.S.*

The presence of OCD (or any other illness) in a prospective parent is clearly a factor that merits consideration in making a decision to have children. It raises several concerns: (1) the risk of bringing a child into the world who will later be troubled by OCD, (2) the capacity of the parent's OCD to interfere with child rearing, (3) in the case of a mother with OCD, issues surrounding pregnancy and breast-feeding, and (4) the possibility that the addition of a child to the family will worsen the parent's OCD symptoms.

We do recommend that parents with OCD do their best to make plans regarding starting a family. It is unrealistic, however, to assume that this will always be the case. Quite commonly, parents do not actually decide to have children at all; "it just happens"! The news of a pregnancy is usually greeted with a mixture of joy, worry, and just a bit of amazement. For parents with OCD, there is the added concern of how to cope with their disorder in the face of a new addition to the family. So, making an effort to prepare for the "unexpected" just may be of particular benefit to those with OCD, because it allows them to focus on joy and amazement rather than worry or fear.

There is little doubt that OCD often runs in families. However, it appears that genes are only partially responsible for causing the disorder. If OCD were completely determined by genetics, pairs of identical twins would always either both have the disorder or both not have it. For example, eye

color is completely determined by genes, and identical twins always have the same color eyes. However in the case of OCD, if one identical twin has it, there is a 13 percent chance that the other *twin will not be affected*. This strongly suggests that genes are only part of the cause of OCD, and that some other factors are also important. At this point, no one really knows what the other factors might be, although some have suggested that one could be a viral infection that occurs at a critical point in a child's development. Another could be an exposure to an environmental toxin.

Some experts have speculated that there may be different types of OCD, and that some types are inherited while other types are not. Although the findings are preliminary, there is evidence that OCD, and that some types are inherited while other types are not. Although the findings are preliminary, there is evidence that OCD which begins in childhood may be different than OCD that begins in adulthood. Individuals with childhood-onset OCD appear much more likely to have blood relatives that are affected with the disorder than are those who have OCD that first appeared when they were adults.

If a parent is affected with OCD, we can roughly estimate how likely it will be that their child will also have the disorder. If one parent has OCD, the likelihood that the child will be affected is about 2 to 8 percent. It is important to remember that this statistic is an approximation, and several other factors would be considered when attempting to estimate the risk of an offspring developing OCD. One factor is whether or not the parents themselves have a family history of OCD. For example, if a parent who has OCD also has blood rela-

tives with the disorder, the risk for the child increases somewhat. Conversely, if a parent has OCD but none of his or her blood relatives are affected, then the risk decreases. Another factor, mentioned above, is if the parent has OCD that began once they were an adult or began when they were a child. If the parent's OCD did not start until adulthood, it is probably less likely that his or her offspring will be affected. Conversely, if the parent's OCD is the "variety" that starts in childhood, the chances of passing the disorder on are increased.

Another factor to consider is the family history of tic disorders (such as Tourette's Syndrome) or other anxiety disorders. If a child has parents or other blood relatives with tic disorders or anxiety disorders, then the child is probably at some increased risk of OCD. Conversely, having blood relatives with OCD means that not only does the child have increased risk for OCD, but may also have some increased risk for developing a different anxiety disorder, or perhaps a tic disorder. To summarize, having blood relatives with OCD, anxiety disorders, and tic disorders increases a child's risk of developing any of these same disorders.

As the information above indicates, it is difficult to precisely estimate the chances that a parent will pass OCD on genetically to his or her offspring. This is an area of very active research, and new developments appear frequently. Most major medical centers have genetic counselors available. Those counselors are highly trained individuals whose job dictates they stay abreast of current literature in this area. They can be an excellent resource for prospective parents who have OCD (or any other disorder

*(Continued on page 5)*

## OCD and the Decision to Become a Parent (continued)

(Continued from page 4)

with an inherited component). We advise prospective parents to contact a genetics counselor if they would like the most precise estimate possible regarding whether they might transmit a psychiatric disorder, including OCD, to their offspring.

Some would argue that the increased risk of bearing a child with OCD (or any other psychiatric disorder) is reason enough to not have children and that, if anything, people with OCD should consider adoption. We disagree, since having children is always a gamble, and that if families only consider bearing children when it is risk-free, *there would be no children!* Furthermore, adopting a child involves many similar risks.

Ultimately, the decision to have children is a very personal and

sometimes difficult value judgment that prospective parents with OCD must consider. The risk of the child developing OCD is but one factor involved in the decision to have a child. We propose that other factors are equally important in the decision-making process. This is especially true given the fact that today, effective treatment is available, and most people with OCD lead productive, fulfilling lives.

All things considered, we feel the most important factor in deciding to have children is a realistic appraisal of the parents' abilities to meet their child's needs, physically, emotionally, and spiritually. This is always an overriding concern, whether or not parents have OCD. Beyond this, everything is speculation, and no one has a perfect crystal ball. When anyone makes a decision to become a parent, he or she is deciding to take a risk. He or she is gambling on a

hope that things will turn out well, and, if not, that there will be no disasters.

Taking a big risk is difficult for anyone, and it can be especially difficult for someone with OCD. We know that there are individuals with OCD who are longing to have children and who are fully capable of excellent parenting, yet they are paralyzed by doubts. These individuals are faced with two difficult tasks. The first is assessing whether their doubts and worries are realistic or simply a manifestation of their OCD. If, upon reflection, the doubts seem to be OCD-related, the second task is to muster their courage and forge ahead, knowing that their OCD will continue to nag and make them doubt their judgment. A therapist familiar with OCD, together with other parents with OCD, can often provide help and support in taking on these difficult tasks.

## You can help scientists understand OCD

### The Family/Genetic Study of Obsessive-Compulsive Disorder at the National Institutes of Mental Health (NIMH)

Earlier studies suggest that a tendency to develop OCD runs in some but not all families. However, most relatives will never develop the illness. In these families studies, researchers examine DNA patterns for evidence of genes or chromosome regions that may increase the risk for, or for some be protective against, risk of a psychobiological disorder. Better knowledge of this genetic typing may eventually lead to better understanding of treatments.

#### How does a Family get into the Study?

A person who suffers from OCD or a family member should call or write to the study recruiter. The study staff do an initial screening and ask permission to contact a relative, explaining the program and inviting participation. Those who accept send back a consent form noting the best time for them to call.

Participants contribute by completing a confidential questionnaire packet, an interview, and a sample of blood. There is a small payment for providing information and the blood sample.

**To participate, call or e-mail Mrs. Kazuba at 1-866-644-4363 (1-866-NIH-GENES) or [kazubad@intra.nimh.nih.gov](mailto:kazubad@intra.nimh.nih.gov).**

# OCD SUPPORT GROUP

**Dates of Meetings:** Second and Fourth Tuesdays of every month

**Time:** 7:30 pm, until approximately 9:15 to 9:30 pm

**Location:** Mid-county Services Center at 2424 Reddie Drive, Wheaton, MD, Room 223 (second floor conference room)

This is next to the Wheaton Metro and just down the block from Westfield Shopping Center.

**Parking:** A large public lot is directly across from the Mid-county building on the other side of Reddie Drive. The lot is free in the evenings.



## DESCRIPTION

Our OCD support group is a free-standing, self-run group for those with OCD. The group has been ongoing for over 13 years, with a mixture of “old-timers” and newcomers at most meetings. We are a group for adults with OCD, but family members sometimes attend and are welcome. Occasionally, a family member will even come by themselves, without the person with OCD, to get information, advice or support. There is a group specifically for family members of OCD in Montgomery County. For more information about that group contact Nancy at 301-340-1452 (See page 3 of this newsletter).

Our group is run in a fairly unstructured manner, with people sharing experiences, information regarding treatments, medications, symptoms and related issues. We have experimented with having a discussion for part of each meeting on a specific topic related to OCD. Recent topics have included: OCD and relationships, Perfectionism, and Making Transitions. Occasionally, we have guest speakers on various aspects of OCD, such as a researcher from NIH, a psychologist specializing in behavioral treatment, or a therapist who does coaching. Group members have some information on OCD resources, such as therapists, treatment centers, books, etc. We welcome newcomers with OCD and their family members or other people who are part of their support system. We are flexible and open to new ideas or suggestions. Ideas for topics and speakers, for instance, come from the group. The meetings are led by members, and all decisions about the group’s functioning are made collectively by those who attend the meetings. There is no charge for the group at this time.

(Note: As of January 1, 2004, our group became sponsored by the Montgomery County Department of Health and Human Services. They agreed to do this so that we could avoid paying fees for room reservations. This sponsorship has no material effect on the operation of our independent group.)

For more information about our group, contact Bruce at 301-497-1589 or e-mail Randy at [ranbol@comcast.net](mailto:ranbol@comcast.net)

If you have OCD or know someone who does, please check out our group, or pass this information along.

Thank you,  
Randy.

## Who should you call during a mental health crisis?

**By Officer Joan Logan  
MCPD Crisis Intervention Team  
Coordinator**

When a family member or friend is having a mental health crisis who should you call for assistance? In most communities law enforcement and the 911 system has become the default option for those in mental health crisis to receive assistance. In Montgomery County we are not limited to just having a law enforcement option, we have a Mobile Crisis Team (MCT) available to assist persons suffering from a mental health crisis in the community. The MCT works out of the Crisis Center at 1301 Piccard Drive in Rockville. The MCT is available between 8 am and midnight to respond to the com-

munity. They are mental health professionals who bring years of experience to the scene and the knowledge of resources available in our community. A person suffering from a mental health crisis or their family member or acquaintance can call the **Crisis Center at 240-777-4000** to request the MCT respond to their location. When the MCT responds to a request for assistance they coordinate with the police department for support. MCT members are experts in the field of crisis mental health services and can offer a range of options from completing an Emergency Evaluation Petition to simply providing on site de-escalation, assessment and recommendations for accessing services in the community. Between the hours of midnight and 8 am the

Crisis Center is open and available for walk-ins and assistance over the phone but the Mobile Crisis Team is not currently available. When the MCT is not available the police can be contacted on the non-emergency number which is 301-279-8000 or by dialing 911. Family members and acquaintances should also consider their option of requesting an Emergency Evaluation Petition be served through the District Court during business hours and through the commissioner after hours. In Montgomery County we have the ability to bring the most appropriate and effective services to assist persons suffering from a mental health crisis. It is up to us to spread the word about these services and how to access them.

## MEDICARE HELP

**If you are having difficulty with Medicare Part D call the Hotline 1-877-RxHELPO (1-877-794-3570) for help.** In addition, the Medicare Rights Center has a tremendous amount of Medicare Part D information.

<http://www.medicarerights.org/drughelp.html>

## Some Websites about OCD

**Obsessive Compulsive Foundation**  
[www.ocfoundation.org](http://www.ocfoundation.org)

**National Institutes of Mental Health**  
<http://www.nimh.nih.gov/HealthInformation/ocdmenu.cfm>

**Kidshealth.org**  
<http://kidshealth.org/kid/feeling/emotion/ocd.html>

**Spring  
Clothing will  
arrive in the  
NAMI Thrift  
Store in  
March!**



# The Role of School Personnel in an OCD Intervention

Childhood Obsessive-Compulsive Disorder (OCD) once was perceived as a rare disorder. We now know it is far more prevalent than previously thought. It has been estimated that at any given time, 1 in 200 young people suffers from OCD – 3 or 4 youngsters in an average-sized elementary school, or up to 20 in a large urban school. Because childhood OCD commonly is misdiagnosed and undiagnosed, however, prevalence rates may be even higher than reported.

The typical age of onset for OCD is 6 to 15 for males and 20 to 29 for females. Approximately one third to one half of adults with OCD began during childhood. There appear to be two peak ages of onset during the childhood years: (1) between approximately 5-8 years of age, characterized by a predominance of males who frequently have high rates of tics, and (2) during adolescence, when more females tend to present, frequently with such internalizing problems as depression and anxiety disorders other than OCD.

School personnel can play an integral role in the process of identifying, assessing, and treating children and adolescents with OCD. Classroom teachers, in particular, may be key players in the identification of OCD due to their extensive interaction with and opportunities to observe students. School staff are also in a position to receive verbal reports from other stu-

dents concerning the behavior of a student with OCD. Staff can effectively document social, academic, and behavioral problems in the school setting by keeping written records. Before school personnel can successfully identify OCD, however, they first must become knowledgeable about the disorder by: keeping abreast of current information, reading literature, attending lectures and seminars on OCD.

After a concerned teacher refers a student to the school psychologist or assessment team, it's important that school staff contact and involve the parents early in the process. The student, also, can be a source of much useful information and valuable insights.

School personnel frequently are concerned about the best way to approach parents about this and other very sensitive issues. In some cases parents may welcome the opportunity to speak to school personnel about their child; it may be that they are observing problem behavior at home, and want to discuss these difficulties with school staff. Other parents may be more hesitant to acknowledge that a problem exists. Some general guidelines for conferring with parents may be helpful:

First, keep in mind that families of youth with OCD, particularly parents,

frequently experience great emotional pain and frustration as they grapple with their child's illness. Therefore, it is important to approach parents with an attitude of caring and concern. Blaming parents for a child's OCD is unwarranted and inappropriate.

Second, it is important to provide parents with specifics regarding a student's behavior. A discussion of information gathered from assessment procedures, for example, will be much more meaningful to parents than subjective impressions. [Keeping in mind that it is the task of health care professionals to make a diagnosis of OCD.]

In addition, it may be helpful to have more than one school staff member present at the meeting with the parents. For example, the teacher and one or more individuals who have been involved with the student might attend the conference. In this way, information from several sources may be shared, and a more comprehensive picture of the student presented.

*Notes from: "School Personnel: A Critical Link in the Identification, Treatment and Management of OCD in Children and Adolescents," by Gail B. Adams, Ed.D. and Marcia Torchia, R.N.*

## Recommended Reading about OCD:

Freeing Your Child from Obsessive-Compulsive Disorder. Tamar Chansky, Ph.D. Crown Publishers. 354 pages. Chansky "cracks the code" of the peculiar rules and customs of OCD and describes how to find the right therapist partner, to tailor treatment options to the client's needs, and for parents - how to manage their child's behaviors and cope in moments of crisis.

Obsessive-Compulsive Disorders: A Complete Guide to Getting Well and Staying Well. Fred Penzel, Ph.D. Oxford University Press. 428 pages. After describing the symptoms of this disorder the author takes the reader through each step of the most effective behavioral therapies, detailing how progress is made and how to avoid relapse. He also discusses the use of medication.

## EDUCATION PROGRAM ANNOUNCEMENTS

On March 30, 2006, NAMI will co-sponsor an event presented by Suburban Hospital entitled

### Helping Congregations Honor and Support Members Living with Mental Illness.



This is an evening workshop for clergy and lay leaders in the faith community. All denominations are welcome. Experience has shown us that religious leaders are most responsive to their own congregants' requests for gathering information about mental illness. If you would like a brochure for this event to provide to your religious leader personally, please let us know. If you would like us to invite your religious leaders, please call or e-mail the NAMI office with their name, affiliation and address.

#### NAMI FAMILY TO FAMILY EDUCATION PROGRAM

Family to Family is a free series of 12 weekly classes for family members, partners and friends of individuals with mental illness. It helps caregivers understand and support individuals with serious mental illness, while maintaining their own well-being. The course is taught by a team of trained NAMI family member volunteers who know what it is like to have a loved one struggling with a brain disorder. Classes fill up quickly, pre-registration is required. For more information, or to register, please call Dagmar at (301) 949-5852, extension 4.

#### REGISTERING NOW FOR SPRING CLASSES

- **NAMI Office**, Kensington, MD  
begins Wednesday, March 8, 7 to 9:30 p.m.
- **Asbury Methodist Village**, Gaithersburg, MD  
begins Saturday, March 18, 2006, 10 a.m. to 12:30 p.m.

Register Today! When the Spring classes conclude, Family to Family classes will be on hiatus until Fall 06.

#### Has Mental Illness Touched Your Life?

Free nine-week peer-led recovery education course for people with mental illness:

#### Peer-to-Peer.

Course starts April 5th  
Registration ends March 28th

Also try our drop-in mutual support groups for people with mental illness called **NAMI-C.A.R.E.** (see page 9 or [www.namimc.org](http://www.namimc.org) for the schedule). People of all diagnoses welcome!

For more information about Peer-to-Peer and NAMI-C.A.R.E. contact Sarah O'Brien at the NAMI office or send an email [sobrien@namimc.org](mailto:sobrien@namimc.org).

### *For caregivers of children with mental illness:*

NAMI Montgomery County, in collaboration with Montgomery County Federation of Families for Children's Mental Health, offers

## VISIONS for TOMORROW

**FREE One-day Workshops:**

**April 29, 2006 and July 29, 2006**

**from 9:00am to 3:00pm, Cedar Lane Unitarian Church, 9601 Cedar Lane, Bethesda**

Who should enroll? Direct primary caregivers of a child or children with mental illness or suspected mental illness.

What is the cost? NO CHARGE for participants. (program includes light breakfast, lunch and all materials)

Who teaches the classes? Four trained caregivers (all parents) who themselves have taken the course, as well as volunteered to be teachers.

What is taught? The workshop will include discussion of such topics as: very basic brain biology; typical childhood-occurring mental disorders; empathy and sharing; organization of data and record keeping; coping and self care; problem management; recovery and transition; advocacy; judicial issues; stigma.

How to get more information/register? PHONE OR E-MAIL the NAMI office: 301-949-5852 or [namioffice@namimc.org](mailto:namioffice@namimc.org)



## NAMI Montgomery County Calendar of Events

10730 Connecticut Avenue, Kensington, MD 20895

Phone: 301-949-5852 FAX: 301-949-5853

E-mail: [namioffice@namimc.org](mailto:namioffice@namimc.org) Web: [www.namimc.org](http://www.namimc.org)

**For information about any of these events/activities,  
please contact the NAMI office.**

### March

- 2 NAMI C.A.R.E. Support Group, 6:30 pm,  
St. Mark Presbyterian Church, Bethesda
- 7 **Board Meeting**, 7:15 pm, Stein-Sperling Law Office,  
25 W. Middle Lane, Rockville
- 8 **Outreach Committee Meeting**, 10:30 am, NAMI Office
- 8 **Family Support Group**, 2:30 pm, Rockville Unitarian Church
- 9 **General Education Meeting**—Topic: In-Home Services (See p.1)
- 11 NAMI C.A.R.E. Support Group, 3:00 pm, Silver Spring Drop-  
In Center
- 11 **Family Support Group**, 9:30 am, Montgomery Gen. Hosp.
- 13 **Daughters and Sons Support Group**, 7:30 pm, NAMI Office
- 14 **Family Support –Mood Disorders**, 7:00 pm, Holy Cross  
Hospital, PDR#2, 2nd floor, to the left of the cafeteria.
- 14 **Child & Adol. Family Support Group**, 7:00 pm, NAMI Office
- 21 **Education Committee Meeting**, 1:30 pm, NAMI Office
- 16 NAMI C.A.R.E. Support Group, 6:30 pm,  
St. Mark Presbyterian Church
- 25 NAMI C.A.R.E. Support Group, 3:00 pm, Silver Spring Drop-  
In Center
- 28 **Family Support Group**, 7:00 pm, NAMI Office
- 31 **Spouse Support Group**, 7:00 pm, NAMI Office

## NAMI National Convention in Our Own Backyard

The NAMI National Convention will take place **June 28-July 2, 2006 at the Washington Hilton Hotel in Dupont Circle** and will offer four days of the latest information on new treatments and groundbreaking research, as well as new developments in critical public policymaking. .

The program will feature plenary sessions offering the latest information from some of the sharpest policy and scientific thinkers in the country, learning tracks on such topics as putting consumers and families in the driver's seat of the mental health system, our ever-popular ask-the-doctor sessions, and dozens of workshops from the NAMI grassroots. Portions of the program will be offered in Spanish.

One of the special programs happening during the convention is the Multicultural Strategic Summit: Eliminating Disparities. The Summit will focus on disparities in mental health care for communities of color and explore viable solutions.

To learn more or register for the NAMI Convention, go to [www.nami.org](http://www.nami.org) or call: 1-800-950-6264.

## Happenings Around Town



**Mar 9 and 23—Mental Health Core Service Agency Education Forums.** These forums are designed to inform individuals about the services available in the public mental health system, especially housing.

Next forums:

March 9—11:00 am –12:30 pm

March 23—11:00 am –12:30 pm

All forums are held at the Mental Health Core Service Agency at 751 Twinbrook Pkwy, 1st floor (blue awning), Rockville, MD 20851.

Call 240-777-1400 to confirm the meeting before coming.

**March 17—Conference Call with Dr. Ken Duckworth.** Every third Friday of the month, Dr. Ken Duckworth, NAMI Medical Director, holds conference calls relating to children and mental illness. The March call will be about the project **schoolpsychiatry.org** - A Discussion with the Project Developers at Massachusetts General Hospital. Time: 11:00 a.m. - 12:30 p.m. EST. Call-in Number: 1 - 888-858-6021 (Toll Free), Access Code: 309918#

**Mar 21—Metro Washington Borderline Personality Disorder Education & Support Group** will meet at Suburban Hospital, Room 6 Lower Level, 7:30-9:30pm.

**Mar 31—National Association of Social Workers - Maryland State Conference.** Board member Pat Harvey will present a workshop entitled "Using DBT Skills Training to Support and Educate Parents of Mentally Ill Children". Location: BWI Airport Marriott, 8:45 am - 3:45 pm. For information call 1-800-867-6776.

### Attend the NAMIconvention for FREE!

NAMI National is looking for volunteers to help staff the convention. Volunteers are needed to handle a variety of tasks, including helping with registration, acting as floor hosts, and stuffing registration packets. Volunteers receive free attendance at the convention in exchange for working two 4-hour shifts. NAMI MC members have done this before and it is a wonderful opportunity to attend a NAMI Convention at very little expense.

If you are interested, contact Hanem Ali at NAMI National: [hanem@nami.org](mailto:hanem@nami.org) or 703-524-7600.

Thank you to all of the members and friends of NAMI MC who gave generously in January 2006

**Benefactors (\$250-\$499)**

Lawrence & Lois Movshin

**Contributors (\$100 to \$249)**

William & Moira Davenport  
Daniel & Isabel Dolan  
Kevin & Vicky Fay  
Donnie Gross  
Jane Handler and her Sculpture Class, *in memory of Shirley Lynne*  
Amy Kerxton

**Friends (up to \$99)**

Louis & Mary Belliveau  
Ed Erikson  
Sally Granieri, *for the Thrift Shop*  
Darshan & Raj Krishna  
Frances Loftin, *in memory of James Collins*  
Bill & Karen O'Brien, *in memory of William K. Boardman*  
Margaret Taylor, *in memory of Philamena Mosner*

**In memory of James Collins:**

Joseph & Kitty Cammisa  
Peggy Hormberg  
Gary & Marge Lawrence  
Joseph & Mary Reiff  
Alex and Carol Waganheim

***Ways to Give to NAMI MC***

**Bequests**

Leaving a lasting legacy through a bequest in a will enhances the lives of others for years to come.

**Combined Federal Campaign**

Current and retired federal employees and those in the military can give through their paychecks to #8116

**Matching Gifts**

Many corporations match charitable contributions. This is a simple way to make a contribution have double the impact.

**Stock**

Gifts of appreciated stock can lower income taxes by reducing capital gains tax liability. This can be done simply through an account transfer arranged by a broker

**Online Donations**

Visit [www.namimc.org](http://www.namimc.org) and click on the "Donate Now" button to make a secure donation.

[www.namimc.org](http://www.namimc.org)

NAMI MC expresses condolences to our support group facilitator, Bill Herrmann, on the loss of his wife,  
**Ronnie Herrmann.**

**Please help us keep up with our large NAMI Family!**

If you know of significant events in the lives of our NAMI members such as births, deaths, marriages, etc., please let us know. We would like to acknowledge these important changes in our members' lives.

NAMI MC is seriously looking to move the thrift shop and office to a larger location. If you know of any place that might be available, please contact Esther at 301-949-5852.

**Welcome New Mem-**

Toni Barrient  
Peggy Clapp  
Jeannette Feldner  
Joyce Hanula  
Mim Sihvonen  
Ann and Jim Von Bargaen  
Joan Warren

**NAMI MC's Wish List:**

1. LCD projector
2. Gift card for purchase of books for our library
3. Signage for the Thrift Store
4. Cordless drill
5. TV with a remote control that works (for testing equipment)

**If you can donated one of these items, please call the NAMI office.**

**The Bethesda Beatniks  
Dinner Club**

for people with psychiatric disabilities, their families and friends is now meeting at

**Alfio's  
Restaurant**

4515 Willard Avenue, in Friendship Heights at 6:30 pm



**Next Dinners:**

**Mar 8**—Holistic Psychiatrist Dr. Robert Hedaya discusses the efficacy of individualized nutritional, vitamin, allergy and neurological profiling of psych patients with the goal of greatly reducing the load of psychotropic meds necessary to control symptoms

**Mar 22**—Fitness expert and personal training Jim Coughlin discusses simple workouts to stay fit and trim, with a special focus on weight loss to combat weight gain caused by psychotropic meds.

For more info, call "Beatnik Pete" Warner at 301-279-2578.



# NAMI Montgomery County

The County's Voice on Mental Illness

10730 Connecticut Avenue

Kensington, MD 20895

Phone: 301-949-5852

Fax: 301-949-5853

Email: namioffice@namimc.org

Web: www.namimc.org

Thrift Shop: 301-949-5731



United Way  
Campaign Participant

#8116

NON-PROFIT ORG.  
US POSTAGE PAID  
PERMIT NO.3818  
SILVER SPRING, MD

ADDRESS SERVICE REQUESTED

## NAMI Thrift Store

75% off winter  
clearance  
clothing with  
yellow tags



Next time you're in, please sign our  
guest registry so we can let you know  
about upcoming sale events.

### NAMI Montgomery County Board of Directors

Ellen Menis	Co-President
Joanne Milobsky	Co-President
Margy Lawrence	Vice President
Suzan Kern	Secretary
Sy Miller	Treasurer

Kippi Fagerlund	Susan Kneller
Amy Goldberg	Joan Logan
Pat Harvey	Alison Malmon
Jennifer Hirsch	Robert Maman
Alan Kerxton	Anne Rossheim
Shantelle Stroman	

### Staff

**Esther Kaleko-Kravitz**  
*Executive Director*

**Brenda Bickel**  
*Child & Adolescent Program Coord.*

**Dagmar Lemich**  
*Family-to-Family Program Coord.*

**Brenda McArthur**  
*In Our Own Voice Program Coord.*

**Sarah O'Brien**  
*Consumer Program Coordinator*

**Elizabeth Salazar**  
*Latino Outreach Coordinator*

**Leah Nichaman** *Outreach &  
Communications Coordinator*

**Anne Core** *Bookkeeper*

**Rhona Sollod** *Thrift Shop Manager*

Become a part of a 26-year old grassroots organization — with over 220,000 national members and 800 members in Montgomery County alone.

### Membership Benefits:

- Support from people who understand
- Concurrent membership at local, state and national NAMI levels
- Our informative monthly affiliate newsletter
- Our influence in advocacy at County, State and Federal levels
- Reduced fees for programs

Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Referred by: \_\_\_\_\_

### Membership Dues:

\_\_\_\_\_ New Membership \_\_\_\_\_ Renewal  
 \_\_\_ \$35 Basic \_\_\_ \$50 Sustaining \_\_\_ \$55 Professional \_\_\_ \$100 Patron  
 \_\_\_ \$1000 Lifetime \_\_\_ \$3 Open Door (Limited Income)  
 Additional contribution \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_ (dues and donations are tax deductible)  
 \_\_\_ Check enclosed  
 \_\_\_ Please charge my Mastercard/VISA:  
 Acct# \_\_\_\_\_ Expiration Date \_\_\_\_\_

Make check payable to: **NAMI Montgomery County (MD)**  
**10730 Connecticut Ave, Kensington, MD 20895**

Please \_\_\_ Parent of Adult \_\_\_ Child of Mentally Ill Parent \_\_\_ Sibling  
 Check: \_\_\_ Consumer \_\_\_ Parent of Child under 21 \_\_\_ Spouse  
 \_\_\_ Friend \_\_\_ Mental Health Professional \_\_\_ Other