



# OUT OF THE FOG

The monthly newsletter of NAMI San Francisco

## February General Meeting Notes

By Suzanne Brady

The speaker at our February General Meeting was **Alisa Kriegel, Ph.D.** speaking on Dialectical Behavioral Therapy and Borderline Personality Disorder. Kriegel, the Training Director for San Mateo County Behavioral Health and Recovery Services, has worked in community mental health settings for twenty years.

In her job in San Mateo County, Kriegel works with mental health professionals-therapists, social workers-to destigmatize Borderline Personality Disorder (BPDJ) and educate them about Dialectical Behavioral Therapy (DBT), a treatment that specifically addresses the challenge of working with clients with BPD.

Among the negative stereotypes that exist about clients with BPD are they are difficult, manipulative, and treatment resistant. According to statistics, 8 to 10 percent of people with BPD will successfully commit suicide and up to 75 percent will attempt suicide. Some mental health facilities won't treat those with a diagnosis of BPD. However, Kriegel said that both mental health professionals and people close to those diagnosed with BPD can benefit from learning some of the DBT skills.

Kriegel said, people with BPD are in an incredible amount of pain. She mentioned two metaphors for what it's like to be a person with BPD, (1) a person without skin and (2) a person with third degree burns all over their body. The DBT approach to BPD views BPD as a biological dysfunction in a person's ability to regulate

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## Treatment Crisis Feared In Sonoma

### Memorial's psychiatric unit closure alarms mental health workers.

*Reprinted from The Press Democrat, Feb. 16, 2008*

Memorial Hospital announced this week it would close the only acute inpatient psychiatric care unit in Sonoma County in 60 days, forcing patients to travel out of county for care.

Dr. Terry Scannell, clinical director of Creekside Mental Health Program in Santa Rosa, said the planned shutdown makes it even more difficult to respond to the closure in June of the county's own acute inpatient psychiatric facility.

"Shutting things down is not the answer," said Scannell. "When somebody is ill, they're not just a danger to themselves, they can be a danger to other people."

She and others said the closure likely will put greater pressures on local emergency room personnel, as well as law enforcement officials who often come into contact with patients with severe mental problems.

Art Ewart, the county's mental health director, said such concerns are overstated and that the county is trying to find ways to set up an alternative 16-bed, nonhospital psychiatric health facility.

Ewart acknowledged that closure of Memorial's Fulton Road facility could create severe inconveniences for patients and their families because they could be forced to go outside the county for care.

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3rd Wednesday of each month  
6:30 - 8:00 pm  
1010 Gough St.  
(between Eddy & Ellis)

## The Monthly Meeting

### March 19

Dr Firestone,  
Forensic psychiatrist and  
attorney will speak on Health  
Insurance Portability And  
Accountability Act  
Of 1996 (HIPPA) laws.

### April 16

Dr. Kiki Chang from Stanford  
University will speak on  
pediatric bipolar.

Sign up for the  
NAMI Walk -

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

May 31  
in Golden  
Gate Park

# Sister's Struggle with Mental Illness "Devastating": Crooks

By Jeff Lee, Reprinted from The Vancouver Sun, 2/20/08

VANCOUVER -- When Canadian Olympian Charmaine Crooks gives her frequent motivational speeches she almost never talks about the darker, sadder motivations in her life. Instead, she tells people about how her drive to succeed on the track helped lead her to a silver medal in track and field at the 1984 Los Angeles Olympics. She talks about the need to never give up, and of her coping mechanisms, such as her irrepressible joie de vivre and the need for a good laugh.

But for a brief time today, Crooks let her guard down and talked about how her eldest sister Patricia's long battle with mental illness helped shape her own long and illustrious career as an athlete and motivational speaker.

Crooks, who was the luncheon speaker at the Canadian Mental Health Association conference on mental illness in the workplace, said her sister, who died last year at the age of 54, was institutionalized for most of the last 30 years of her life.

Coming from a family of nine children, Crooks said Patricia, eight years her senior, naturally took up the job as "my second mom" when the family emigrated to Canada from Jamaica. The Crooks found themselves in unfamiliar territory in Toronto. Patricia's sense of responsibility ran strong, and she helped guide her younger siblings. "My best memories are of when she was a healthy woman, taking us to a movie or to the park. She was mother's helper," Crooks said.

So when the Crooks family received a phone call when Patricia was 20 saying that she'd suffered a mental breakdown and had been institutionalized, the effect was devastating. "I saw my mother well up in tears," she told the audience. "It was devastating to all of us."

Crooks, who was 12 when her sister was committed, said the family didn't know what to do. "As a family there weren't the kind of support systems there are now to help people deal with mental illness," she told The Vancouver Sun in an interview. "To me personally it was a big loss. I felt like I'd lost a parent."

Crooks said her sister's broken mind led her to want to know what caused Patricia's mental instability. She took courses in psychology, and at one point considered a career as a psychologist. But in her studies, she said, she also learned about the power a healthy mind can radiate.

"Studying psychology and learning about the human mind made me realize the human potential to be an athlete as well, and to set goals and to strive," Crooks said. "It taught me about mental focus, mental fitness, about that balance in life we always talk about."

Bev Gutray, the executive director of the CMHA, said mental illnesses such as mood and anxiety disorders affect nearly one in five people in the workplace.

"We believe if you can get awareness for both employees and employers you can, for some people, stop the spiral down into short and long-term disability," she said. "As soon as you have the awareness, you can begin to intervene."

Crooks said her sister was too sick to ever hold a job, and spent most of her adult life in and out of institutions. But she said the conference raised a valuable point about the need for managers and co-workers to help identify and get treatment for employees suffering from mental illnesses such as depression.

"I just think there is just not enough awareness of people with mental illness and we have these preconceived notions of how they act," Crooks said. "Sometimes they are just great loving beings that have been trapped inside a mind that doesn't function anymore on a day-to-day basis."

## County Mental Health

The County mental health access line  
for all consumers is

**415-255-3737**

The Mobile Crisis Unit is

**415-355-8300**

### *Treatment Crisis Feared from page 1*

Scannell and other mental health professionals said relying on outside facilities, including hospitals with secure psychiatric units in Napa, Marin and San Francisco counties, as well as in Vallejo and Berkeley, is a poor solution and more inpatient beds are needed.

"If you're sitting in your emergency room, and you call down to Marin General and they don't have any beds, and then you call San Francisco to St. Luke's and they're full, you don't have any choice but to patch the person together and put them into the community," said Scannell. She said "patching" someone up usually means an aggressive use of medication and setting up an outpatient appointment as soon as possible, which may not be for 72 hours.

Memorial Hospital announced Wednesday that it would close the psychiatric unit within 60 days as part of a cost-cutting plan that includes closing two other off-site patient care units and laying off 212 employees.

Officials at St. Joseph Health System, which runs Memorial Hospital, said closing the psychiatric unit was necessary because the operation has lost almost \$22

*Continued on page 3*

million in the past three years, largely because of the cost of providing unreimbursed care.

St. Joseph Health officials said closing the facility will not undermine Memorial Hospital's ability to take over Sutter's health care access agreement with the county. The impending shutdown of the acute care facility, however, drew expressions of deep concern from mental health professionals. "It's a disaster for all segments of society; we're not just talking about people living under a bridge," said Dr. Richard Kirk, a practicing psychiatrist in Sonoma.

Kirk said that about half of the population will experience some sort of depression at some point in their lives; about 1%-2% has manic depression and about 1% has schizophrenia.

Kirk said that relying on facilities outside the county is "irresponsible," because psychiatric facilities such as the one at Marin General are "experiencing the same problems we are."

Michael Fraga, clinical director of Ananda Institute, a nonprofit organization that provides psychological services in Santa Rosa, agreed. Fraga, a psychologist who said he's also on staff at Marin General, said budget constraints have forced the local mental health system to resort to "case management."


"We've been having to go outside the county for years," Fraga said. "When you have to place somebody, it's bed-shopping time."

Dr. Jain Fairfax, a Santa Rosa psychotherapist, said sending people out of the county would be "disastrous."

"They're going to be far from their families, far from their support group, and then it makes the way back much more difficult," Fairfax said.

Ewart conceded that sending people out of the county creates a burden for families and patients. But he said local alternatives to hospitalization have lessened the need for acute inpatient care. "Do we think the impact is going to be severe on the community? No," he said. But there will be problems. "There are going to be times

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**The SFGH CAB  
CLOTHING PROJECT**

**This program is a big help to  
consumers who are in need of clothes  
while they are at SF General Hospital.**

**Just call and they will pick up your donation or meet you at  
the front door of the hospital when you bring it in.**

**Please call Amelia Truman, 415-206-4465**

## Consumer Poetry

These poems were created from exercises in which, round robin, everyone contributes just one line to the poem; each writer only sees the line immediately prior to their own line, then a poem unfolds:

### *First BH Group exercise*

The way I talk is the way I act  
My words are footsteps on our stage  
The thimble thumps of my thump  
Eternal ways and means  
Fatal time we all have  
Sometimes there good and sometimes bad  
Sad tears shed when things were in the palm of my  
hands  
The red sun feels too black and cold folks dream  
another life away

### *Second BH Group exercise:*

This morning I woke up tired and broke  
So many things seem like such a joke  
Fuck it I'll go light a smoke - Yes I see what you mean  
If you know what I mean  
How could I howl if I bow before a master  
On the outside looking in  
Desperately found myself  
Self, Self ..... What is the self?  
This unknown territory sometimes so confusing  
Makes me glad that I'm no longer using  
Abusing and misconstruing the value of my true  
self...  
Beautiful blue hues all turned sour  
Dreams of desire for flowers in the bath and shower

## Volunteer at SF General

San Francisco General Hospital's Department of Psychiatry and Program in Prevocational Rehabilitation are looking for dedicated volunteers looking for a rewarding, hands on experience helping people with chronic and persistent mental illness learn useful life and social skills. The program currently serves 30-40 clients, and runs a clothing cart, coffee cart, and quilting program in the hospital, with plans to open a hot dog stand this spring. Volunteers are need to help with supervision and support of clients. No experience is necessary, as volunteers will be supported by Amelia Truman, head of the Prevocational Rehabilitation program, and various members of the inpatient Psychiatry staff.

Volunteers are asked to make a 6 month commitment to the program and volunteer at least 3 hours per week. Please contact Sarah Altman MD, MPH at 415-206-5158 or [sarah.altman@ucsf.edu](mailto:sarah.altman@ucsf.edu) or Amelia Truman at 415-206-5962 or [amelia.truman@sfdph.org](mailto:amelia.truman@sfdph.org).

# Neurostimulation

## Is it a good idea to drill holes in people's heads to treat them for depression?

By Sarah E. Richards, Reprinted from Slate, 2/19/08

Doctors long have struggled over what to do with severely depressed patients who don't respond to treatment. Give them more medications that haven't worked so far? Recommend more talk therapy or another round of shock treatment?

Here's a new idea: open up a depressed head, find the brain parts that aren't working, and fix them with electricity. It's not all that far-fetched. Earlier this month, the Food and Drug Administration gave a medical device manufacturer the green light to recruit patients for a large-scale clinical trial of an electrode implanted deep inside the brain to alleviate severe depression. As invasive and Frankenstein-ish as it may seem, deep brain stimulation, as the method is called, may offer real hope for the 20% of depressed Americans whom Prozac can't help.

Anti-depressant drugs carpet-bomb the entire body. Electroconvulsive therapy jolts the whole brain. Deep brain stimulation aims to pinpoint the malady. Neuro-surgeons drill through a patient's skull, place the DBS electrode's eight contact points directly on the trouble spots and connect them to an electrical current from a pacemaker embedded in the chest. This allows doctors to rev up sluggish areas or calm overactive regions.

DBS has been used for a decade to control symptoms of Parkinson's disease. Using it to treat depression poses a different challenge. While neurologists may have found the region of the brain that controls tremors, they haven't yet confirmed where those magic buttons are for mental illness. How do you isolate something as all-consuming as depression—the grief, irritability, self-defeating thoughts, and irregular interest in food, sex, and sleep—in a few millimeters of gray tissue?

Despite the obstacles, the results of small studies testing DBS on depressed patients are promising. For example, researchers are honing in on the region known as the subgenual cingulate, which scans show is overactive in the brains of depressed patients and subsides when they undergo ECT or take antidepressants. (The same area lights up when nondepressed people experience extreme sadness.) Critics caution that highlighted areas on a scan don't necessarily correspond to the loci of depression, yet early research shows that depressed patients feel better when the area is continually stimulated. One such study of brain implants, by Emory psychiatric neurologist Helen Mayberg, found striking and sustained improvement in four of six patients. They reported feeling suddenly calm, aware, and interested in social activities. Some talked more spontaneously, louder, and with more emotion. Others said the colors in the room became brighter and details were more vivid.

Another research team is targeting a different but nearby part of the brain—the network of nodes in the frontal lobe and base of the thalamus and basal ganglia, where emotion, attention, and anxiety are believed to converge. In a recent study for another device manufacturer, researchers

from Brown University and Cleveland Clinic found that five of 10 patients treated with DBS between 2003 and 2006 showed a 50% reduction in the severity of their depression one year later. Patients said they had less anxiety, more energy, and felt more connected with themselves and people around them. One said simply, "The fog has lifted." The researchers are waiting for approval to start enrolling patients in a bigger trial later this year.

Despite this early encouragement, there are reasons to be cautious. Parkinson's researchers were able to induce and treat tremors in animals before embarking on DBS in humans. But animal research on depression doesn't really work, because we don't know how to measure animals' mental states. That means human trials from the outset. The two major ones proceeding so far are being sponsored by companies—St. Jude Medical and Medtronic—that make the implants and so have a vested interest in the results. The legacy of psychosurgery is not exactly reassuring, either. DBS may be a far cry from the days when lobotomies robbed patients of the ability to feel emotions like love and compassion. But not long ago, patients receiving ECT suffered serious memory loss.

It's also unsettling that scientists can't account for why the patients in the small initial studies felt better—or why some showed dramatic changes and others improved only slightly or not at all (although no one got worse). Theories abound about whether the DBS voltage changes the firing pattern in the brain or affects a larger depression "circuit" that other treatments can't reach. There are no data on the long-term risks of continuous stimulation, and it's uncertain if the results could be replicated on a larger scale. "This is certainly not yet ready for prime time," says Mayberg, who has enrolled 20 more people in her study. DBS also carries a 1%-2% risk of intracranial hemorrhage and a 5%-10% risk of infection or a malfunctioning pacemaker. At the highest voltage, some patients temporarily felt lightheaded or mentally slow. Also, there's the potential for brain damage from gliosis (the brain's version of scar tissue), which can develop around the contact points.

At the same time, autopsies of Parkinson's patients who received DBS implants revealed no significant changes in the areas around the electrode contacts, according to Cleveland Clinic neurosurgeon Dr. Ali Rezai. He also points out that his depressed subjects tested the same in terms of cognitive functioning before and after getting implants. In some cases, the current even improved their memories. (Again, scientists don't know why.)

On balance, the FDA is right to move forward with this precarious research. The history of antidepressant drugs is full of examples of treatments that scientists didn't—and still don't—precisely understand and that nonetheless have brought relief to millions of people. And unlike other neurostimulation therapies for depression on the market or in development, the brain pacemaker has a track record. Some 40,000 people worldwide have undergone DBS, mostly for Parkinson's and other movement disorders. Researchers testing it for mental illness say they follow strict protocols by admitting only subjects who have tried and failed to respond to numerous rounds of drugs, psychotherapy, and ECT. In other words, like a lot of people willing to try

experimental treatments, these patients have less to lose.

None of this means, however, that DBS is likely to be used to treat depression on a wide scale. Researchers currently are looking for brain markers that might flag which patients would respond best to it. The treatment also isn't a cure-all, and patients may need to supplement it with more traditional talk therapy. Meanwhile, neurologists are exploring the use of brain pacemakers to treat drug addiction, anorexia, obesity, Tourette's syndrome, and obsessive-compulsive disorder. We have to simultaneously become more comfortable with poking around in people's brains without letting ourselves forget just how mysterious and delicate this all is.

Remember to donate to the

**Community Thrift Store**



This is our *best source* of income  
for the NAMI SF Chapter!!

**625 Valencia Street at 17th Street**  
**415-861-4910**

*Treatment Crisis Feared from page 3*

where our psychiatric services are backed up with an inability to find a bed in Northern California."

Gary Bravo, medical director of Sonoma County Mental Health, said losing the Memorial facility would be "a shame," but that the county has sufficient resources to deal with local mental health issues.

He said the county still operates psychiatric emergency services at a temporary holding facility at the otherwise closed Norton Center, where patients can be stabilized and can stay for up to 23 hours. The county has residential crisis units that offer an alternative to hospitalization for people undergoing psychiatric emergencies, he said.

Bravo and Ewart both said the county is trying to find a location for its planned psychiatric health facility.

But several mental health professionals said Friday that much more is needed.

Guy Gullion is a psychiatrist who worked for the Marin County mental health program for 13 years and for 10 years was also a doctor at Norton, formerly known as Oakcrest. Practicing psychiatrists are facing a "diminishing" safety net for their patients, Gullion said.

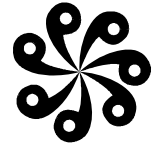
"Someone with a new onset of bipolar mania needs at least a week in a good psychiatric hospital," said Gullion. "That was frequently done at Fulton and Oakcrest. When you're manic, you tend to do things that are against the law or are publicly disruptive. You wind up in jail. It's a public safety issue. It's a public safety issue that the private sector hospitals don't find it profitable."

—Source: *The Press Democrat*

## Bonita House Client Poetry

12/5/07

A dark cloudy night  
The moon shines bright  
Yellow in space  
It almost looks fake  
Pale white skin  
Red eyes again. —J.R.



Pain stench the stew of many things  
And how do I revenge my sting  
I fly on the air. I float on the joy of redemption  
I want to be friends again and friends cause irritations  
To each other, so I'm content to be good friends. —D.C.

I look to the left  
I look to the right  
Nothing but feelings of fright  
Open the third eye of the mind  
Burning insanity  
Don't you know I'm just a little boy?  
I still wish to this day that there was nothing there  
For me to find.—Chris Turner

I awaken each morning  
Happy and free  
Just glad that God made me  
I sometimes wonder how He made trees  
And all the different Bumble Bees  
And at night I close my eyes  
And think of all the things  
Today I said goodbye  
And again I wonder why  
My God above has made us  
Yes I wonder why! —A.S.

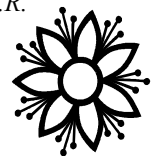


Cry for help time  
Sometimes they say  
Sometimes they don't  
To come out of where they say  
They come out. —A.A.

The way love is  
The way I talk is the way I act  
SO let me know your dreams and your goals so we can  
share our love —R.M.

Voices mania  
Medicine and therapy  
Working out my problems free—J.R.

MY REALITY  
Every day of my life  
I try to live and feel and breathe  
To really experience and perceive  
All that makes up the Reality  
Although some may say that Reality  
Varies from person to place to thing  
Still the task remains, to experience and live to give  
Each day ever more fully



I know that time is against me, and one day will overtake me  
Still I live to feel and perceive each day  
And create my own Reality  
—Rashad Omar Shaheed (Counselor)

## Support Groups



### Family Members' Groups

#### *African American Family Support*

1st Thursdays, 5:30-7:30 pm at  
1380 Howard St., Rm 537. Call Wanda at 255-3694

#### *San Francisco Family Support Group*

Tuesdays, 5:15-6:45 p.m. at SF General Hospital, 1001 Potrero St., Room 7M30. Info: Susanne at 415-558-5900

#### *Sibling & Adult Children Network*

Call Mary Gullekson at 474-7010 for information

#### *Berkeley Sibling Support Group*

Call Carolyn Defay at (510) 644-8579

#### *Support Group for Family Members, Friends & Care Givers*

Tuesdays, 5:30- 7:30 pm at Mission Mental Health,  
2712 Mission St. Child care and refreshments provided.  
Call Carmen Burgos at 415-401-2733

### Bilingual & Monolingual Support Groups

*Chinese Families Mental Health Alliance.* Ed Koo 352-2047

### Consumer Self-Help Groups

#### *Depression & Bipolar Support All. (formerly DMDA)*

Saturday afternoons at 1:30-3:00 and  
1st Mondays at 6:45-8:00 pm in the Saint Francis Hospital,  
900 Hyde St., 2<sup>nd</sup> Floor Conf. Room. Call 519-0171

#### *OASIS (Office of Self Help)*

1095 Market Street at 7<sup>th</sup>, Suite 202 (415) 575-1400

#### *RECOVERY, Inc.* for nervous ailments

(415) 333-6454 Community Miracles Center,  
2269 Market Street (between Noe and Sanchez)

#### *Consumers with Schizophrenia*

3rd Wednesday of each month, 5:30 pm  
1380 Howard St., 5th floor. Info: Susanne at 558-5900

#### *Hoarding & Cluttering Support*

2nd Monday and 4th Wednesday of each month.  
Antonio (415) 421-2926 x306

#### *Health and Wellness Action Advocacy*

1st Thursday of each month, 1-3pm. Antonio at  
(415) 421-2926, x306

#### *Alcoholics Anonymous:* San Fran: (415) 621-1326

Marin: (415) 499-0400 San Mateo: (650) 573-6811

*Narcotics Anonymous SF Helpline:* (415) 621-8600

NAMI-San Francisco is a self-help organization of family members, mental health consumers, friends, professionals and other interested citizens, united to provide support, education and advocacy for persons with severe mental illness. NAMI-San Francisco is a private, non-profit organization.



## NAMI-SF Support Groups

- 1) **For Caregivers and Friends Only**  
1010 Gough  
2<sup>nd</sup> Wednesday at 6:30  
Contact Vickie at 661-5208
- 2) San Francisco General Hospital  
7<sup>th</sup> Floor, Room 7 M 30  
Tuesdays, 5:15 – 6:45 p.m.  
Call Susanne Killing at 558-5900

### Asian Mental Health Resources

The Culture to Culture Foundation's directory of Asian-American mental health services in the Bay Area can be accessed at [www.asianmentalhealth.info](http://www.asianmentalhealth.info). The Culture to Culture Foundation is a nonprofit, community-based organization dedicated to promoting mental health and emotional wellness within the San Francisco Bay Area's Asian-American community. For more information go to [www.culturetoculture.org](http://www.culturetoculture.org) or call 925-938-9988

## DBSA

### Depression and Bipolar Support Alliance of San Francisco



#### **Regular Support Group:**

every Monday at 6:45-8:15pm and  
every Saturday at 1:30-3:00pm.

#### **Young Adults Support Group:**

1st and 3rd Monday of each month at 6:45-  
8:15pm for 18 to 25+ year old people.  
Contact Harry at 650-430-2909 for information.

#### **Friends And Family Support Group:**

1st and 3rd Monday of each month at 6:45-  
8:15pm. Contact Jane at 415-519-0171 or  
Harry at 650-430-2909 for information.

#### **Location:**

2nd floor of St. Francis Hospital  
900 Hyde St.

between Pine and Bush in San Francisco  
Conference rooms B, C, and D

Meetings are on a drop in basis and are open to peers, please note we do not allow observers. You do not need to be a member to attend, however memberships are \$20.00 a year and you are encouraged to join and support the organization.

their emotions. As a result, people with BPD have a lower threshold for emotional reaction, react more extremely, and their extreme emotional reaction can last hours or days.

Those with BPD also grew up in an "invalidating" environment. Such an environment can range from a family too busy to cope with a highly sensitive child to a history of actual physical or sexual abuse. (Statistically, 71 percent of those with BPD have experienced physical trauma and 68% have experienced sexual trauma.)

Due to their extreme emotionality and sensitivity, people with BPD may turn to drugs or alcohol to dull their emotional pain. More overtly self-harming behavior such as cutting or burning is also a coping mechanism to relieve pain. Kriegel explained that cutting or burning causes the body to release endorphines that relieve the client's intense emotional pain.

"These behaviors take them out of that pain, but cause a host of other problems," Kriegel said.

DBT begins by understanding that a professional can not work with a client's logical/cognitive mind when they are in a state of extreme emotionality. Instead, clients are encouraged to use mindfulness skills to observe and describe the immediate physical environment and, eventually, label their own feelings. However, at the same time clients have to resist their impulse towards extreme emotional reactions.

The extreme emotionality of people with BPD is also a challenge for the people close to them and the mental health professionals who treat them. They can also benefit from learning the mindfulness skills of DBT, Kriegel said. Once people with BPD learn the bio-social theory of their illness it can be a starting point for communication with their therapist. Clients can begin to recognize what triggers their emotions or how to reduce their sensitivity. She recalled one client who had not had a full night's sleep in ten years.

"Teaching a client this model can be a relief in itself," Kriegel said.

The goal of DBT is to help the client define "a life worth living." Mental health professionals have to work collaboratively with the person with BPD and help clients move away from the "black and white thinking" that characterizes this disorder.

"This is a treatment model about removing judgement and letting go of control," Kriegel said. "People with BPD need to learn how to do things effectively rather than getting caught up in what's right or wrong."

The DBT model was developed by Marsha Linehan. Anyone interested in more information can go to the website: [www.behavioraltech.com](http://www.behavioraltech.com). Linehan also has a book called, "Skills Training Manual for Treating Borderline Personality Disorder." Kriegel also recommended a website created by BPD clients, [www.dbtselfhelp.com](http://www.dbtselfhelp.com). Alisa Kriegel, Ph.D. can be reached at 650-573-2306 or [akriegelphd@sbcglobal.net](mailto:akriegelphd@sbcglobal.net).

*Out of the Fog* is published 10 times a year by NAMI-San Francisco, a non-profit organization affiliated with the National Alliance on Mental Illness, which goes by the acronym NAMI, and NAMI-California, the statewide affiliate.

**NAMI San Francisco**

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San Francisco, CA 94109  
415-905-NAMI (6264)  
[www.namif.org](http://www.namif.org)  
Contact us at [namif@fsasf.org](mailto:namif@fsasf.org)

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External: Florence Fee  
Governance: Dr. Gifford Boyce-Smith  
Family to Family: Vicki Evans  
Hospitality and Support Groups: Vickie and Bob Evans  
PLAN: Baron Miller  
Out of the Fog: Renee Deger and Ruan Frenette



## Please Join NAMI SF

NAMI-San Francisco is moving to a system where members renew in their anniversary months, but many of you are on the calendar-year system.

Please let us count you. There is power in numbers. We need the support of families, friends, consumers, professionals and others who share our goals. Your dues help us pay for the printing of the newsletter, educational materials and mailings and the Family-to-Family Education Course, an invaluable resource for people who love someone with a mental illness.

Checks may be made out to "NAMI San Francisco"

Please mail to:

NAMI-San Francisco Treasurer  
1010 Gough St.  
San Francisco, CA 94109

NAME \_\_\_\_\_

(Please Print)

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

This is a: •New Membership •Renewal •Address change

What is your relationship to a person with a mental illness?

•self • parent • sibling • spouse • health care/professional  
Other \_\_\_\_\_

Please Check One:

- \$10 Consumer
- \$45 Individual or Family Membership
- \$100 Organization or Benefactor Membership
- \$250 or more for Patron Membership
- \$500 or more for Sustaining Membership

• I cannot join NAMI-San Francisco at this time but I would like to receive ***Out of the Fog*** or **I am enclosing a donation of \$ \_\_\_\_\_ to help cover the cost of *Out of the Fog*.**

## NAMI SAN FRANCISCO

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