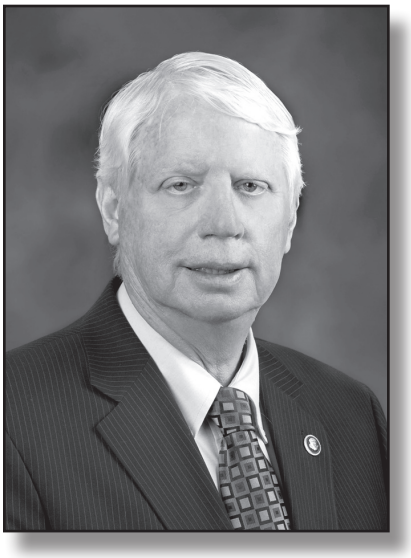
Michigan Association of Community Mental Health Boards

SUMMER 2013

Connections
for communities that care

A HEALTHIER MICHIGAN

James Haveman, Director, Michigan Department of Community Health



Here in Michigan and all across our country, the healthcare industry is facing a major transformation in the way services are delivered and how care is provided. With all of the changes in the Affordable Care Act, and no matter where your party affiliation lies, there's no denying that right now is an important and historic time in this industry. Looking towards the future, we at the Michigan Department of Community Health, are busy preparing for all of the changes headed our way.

We are seeing a major shift in the focus of health care services. We are moving away from a curative model, and instead towards one focused on prevention and overall wellness. We know that in order to be a healthy individual, we simply cannot treat one illness or disease. Instead, we are looking at root causes, environmental impacts, community planning, and how all of our daily personal options and choices are shaping our lives.

In Michigan, we are fortunate to have the leadership of Governor Snyder who recognizes the critical importance of overall health and wellness, and also has taken a personal interest in the health of our state. We know that in order to build a stronger Michigan, we need to be a healthier Michigan. Healthier communities and residents lead to a stronger workforce and a more competitive economy. Additionally, healthcare is a huge economic engine. Healthcare providers are big employers in our communities. Good health decreases our healthcare costs associated with chronic diseases, and wider healthcare benefits attract talent to our state. And with the Governor's focus on reinventing our state, it's empowering to see his commitment to reinventing our healthcare system included in that focus.

Recently, the Michigan legislature made a decision on the future of an exchange in our state and we will now be pursuing a federally run exchange. With this, our focus at MDCH has turned to expanding healthcare coverage to an additional 470,000 currently uninsured Michiganders and working with our legislative partners towards accomplishing this. We know that our uncompensated care costs in Michigan have skyrocketed over the years and in turn our healthcare system has suffered. Businesses are now facing higher healthcare premiums, and as our residents go uninsured, our population as a whole has become much unhealthier. Focusing on reducing the number of our uninsured population is crucial to making Michigan a healthier state.

Our mission at MDCH is to protect the health, wellness, and safety of Michigan residents. In order to do so, we have to educate them about the steps they can take to prevent illness and disease, as well as prepare our state for any unexpected outbreaks or health risks. Healthcare is not solely focused on coverage of services, but also ensuring that our residents are routinely receiving checkups to detect problems earlier, or are leading healthier, more active lifestyles to prevent chronic diseases. In addition, we need to treat our residents through integrated care systems. Someone who may need treatment for a mental health issue as well as a physical health issue should not be treated separately. The more we can integrate our care, the better equipped we are to protect and improve the health of our residents. We compliment the many mental health providers who are planning or already

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working on such integration.

In the fall of 2011, Governor Snyder charged the MDCH with addressing the rising obesity rate in our state and the chronic diseases associated with obesity. Since then, MDCH has released the Michigan Health and Wellness 4 x 4 Plan which includes a variety of strategies to improve the health status of Michigan residents. One of those strategies includes an awareness campaign to educate and motivate Michiganders.

MI Healthier Tomorrow was designed to do just that and since its launch in January 2013, more than 24,000 Michigan residents have pledged to lose 10 percent of their body weight, 17,000 have opted in to receive regular health tips via email, and 20 public and private partners have joined in the effort to improve the health and wellness of our state. An awareness campaign will not move the needle on its own but we know that by giving Michiganders the tools, encouragement, and motivation to make changes in their lives, we are helping them to improve their overall physical health. You are welcome to join in our efforts for a healthier Michigan at www.michigan.gov/mihealthiertomorrow.

We have a number of important health items in the Governor's proposed budget for fiscal year 2014 as mentioned above, and MDCH is working daily to educate both our legislative partners and Michigan residents about the critical importance of good overall health and wellness. Rising healthcare costs affect every Michigan citizen. Even the business community has begun to recognize the importance of good health for their employees and its effect on their bottom line. Employers can influence their healthcare costs and slow their growth by focusing on the health and wellness of their employees and encouraging healthy behaviors.

This also means that Michigan needs healthier communities with quality health and wellness opportunities, but our hospitals and providers cannot do this alone. In our local communities, we need to activate better urban and rural planning that incorporates activity into health. Gyms, buildings, parks, schools, and shopping areas must encourage and welcome social motivation and activity.

A strong health infrastructure is critical to an overall strong state and we all need to be a part of the conversation as Michigan moves forward. With all of the changes we are facing in the healthcare industry today, now is not the time to sit by and wait for the changes to sort themselves out. We need to be active in shaping the growth and future of Michigan. As Governor Snyder has said, a healthier Michigan is a stronger Michigan, and we will improve both our economy and healthcare system by working together.

SANCTUARY VOLUNTEER OF THE YEAR

Ashley Potrykus accepts her award as Thunder Bay National Marine Sanctuary's 2012 Volunteer of the Year with her parents Claire and Verne Potrykus at her side.

The Thunder Bay National Marine Sanctuary honored its 2012 Volunteer of the Year, Ashley Potrykus, with an award and a luncheon on Wednesday, March 6, 2013, at the sanctuary building. Potrykus has been volunteering at the sanctuary for over two years and has worked her way up the ladder from working on exhibits, to the office, and now the artifact lab.

"I always asked about working in the lab, I love it here," she said. "The artifacts are fascinating and I thought it was a cool operation…my dream has always been biology."

Potrykus started volunteering through community mental health at the sanctuary and she continues to make a difference with all of her volunteer hours. Her parents, Verne and Claire Potrykus, have supported her from the beginning and heard many stories from Ashley about her volunteer hours at the sanctuary building.

"Ashley is a very valuable, very much appreciated part of our team," fellow volunteer Chuck Wiesen said. "There are only 13 sanctuaries worldwide and only one volunteer of the year in each sanctuary. This is a big honor for her."

The Thunder Bay National Marine Sanctuary has over 3,000 volunteer hours per year and choosing a single person from those hours is a hard task.

This article originally appeared in The Alpena News *and is reprinted here with permission. Photograph by* News *photographer Nicole Grulke.*

Michigan Participates in the National Core Indicator Project

Nora Barkey, Policy Specialist
Division of Quality Management and Planning, Behavioral Health and Developmental Disabilities Administration
Michigan Department of Community Health

The Behavioral Health and Developmental Disabilities Administration (BHDDA) planned and conducted Michigan's first year of participation with National Core Indicators (NCI) Project. The purpose is to provide Michigan with a better understanding of the experience of persons with developmental disabilities who are served by the community mental health system.

Who are we serving? What is their experience? How can we better provide support? By gathering information from individuals and families who receive services and support related to an intellectual and/or developmental disability, we are able to provide substantial answers to questions like these.

Over 400 persons in Michigan were randomly selected – all have a developmental disability and receive services from their community mental health system. These individuals took an hour of their time to share ideas and experiences by responding to questions about relationships, activities in their community, health care, reaching individual goals, making choices, and how well the service staff and system meets their needs.

Not only did these respondents generously agree to participate but they asked that the results be shared and used to make improvement where needed. Fortunately, we have much to celebrate and some promising opportunities for improvement.

Survey and Data Sources

Information was gathered through Adult Consumer Surveys which were conducted through face-to-face interviews with people receiving services and their families, friends or other representatives. The Consumer Survey is organized into distinct sections and proxy responses are allowed only for background information and a section of questions about objective measures.

The background questions served to provide information about disability, residence, behaviors and employment. Staff of the CMHSP system completed this portion of the survey.

Selected NCI Results 2011-2012

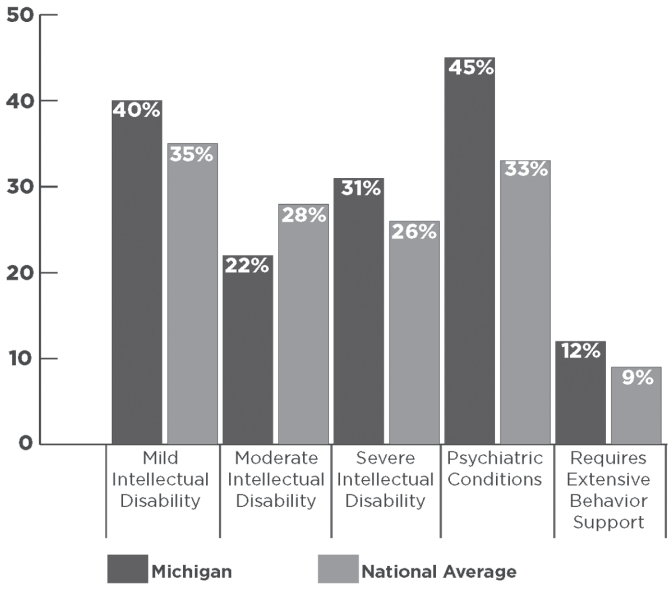
One subject rose to the forefront as a value shared by individuals who receive supports and stakeholders: Self-determination. We were pleased to find that results for the State of Michigan fall in the "significantly above average" category.

FACT: 16% of participants indicated they use a self-direction option.

"Self-directed services have made a difference. I'm able to accomplish more, get counseling for life problems, help with school, and prepare for graduation and college. It's helped me with new ideas of things I can achieve." —Tamara, Services Customer, Cheboygan County

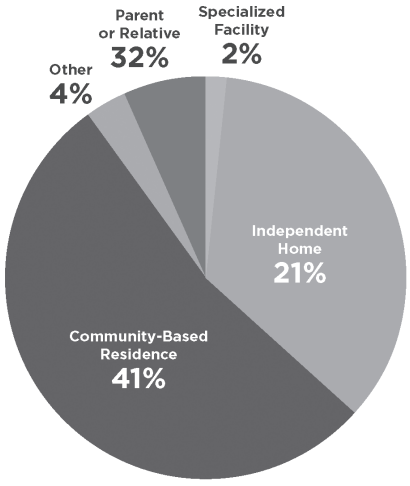
Characteristics/Demographics

Intellectual disability



This is the first time that we have been able to access statewide data on levels of intellectual disability.

Residence



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Definitions used by NCI: a community based residence includes a group home, apartment programs or foster care.

Employment

The results of the Michigan sample are as follows:

- 17% Are employed. (33% of these individuals are competitively employed.)
- 22% Have an employment goal in their service plan.
- 60% Want a job.

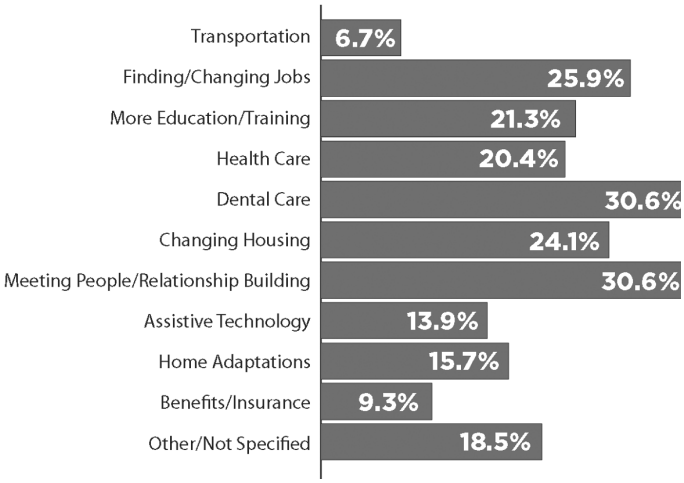
Choice and Decision-Making

In this area, Michigan results are very similar to the NCI average. Many respondents reported that they do not have input in major life decisions such as where and with whom they live and where they go during the day.

- 52% Have input into where they live.
- 40% Have input on their roommate.
- 78% Have input into their daily schedule.
- 88% Have input into how/where they spend free time.

System Performance

The following numbers indicate how respondent needs are being met by system. A majority of them (90%) feel their staff has been adequately trained. Individuals were also asked if they get the service they need and if not – what would they want. A full 75% reported that they get what they need. Of those who reported they do not get needed services, the following areas were identified:



Health Care and Health

The majority of persons reported to being in good health, with only 7% suffering from poor health. Most people surveyed received routine health care. When it comes to physical activity, we rank significantly below the national average range when compared to other states.

99% Have a primary care doctor.
85% Have had a physical exam in the past year.
8% Use tobacco products.
19% Engage in regular physical activity (at least 30 minutes 3 times a week).

Relationship

NCI results show that only 68% of individuals reported having friends who are not staff or family. For those living independently and in their own home, the number was slightly higher.

When it comes to feeling lonely, 44% stated they feel lonely at least half the time. For those living independently, the rate was slightly higher.

Advisory Committee and Next Steps

The BHDDA convened a National Core Advisory Committee made up of a diverse group of stakeholders including people who receive service and individuals from advocacy organizations, CMHSPs, PIHPs, providers and BHDDA.

The Advisory Group provides input and assistance with disseminations of findings; continued breakdown and analysis of responses; and works closely with the Quality Improvement Council and other stakeholders in the continued effort to improve quality of life for persons served by the mental health system.

Participation in the National Core Indicator (NCI) project was made possible through a grant from the National Association of State Directors of Developmental Disabilities Services (NASDDDS). The survey instrument has been tested and is designed specifically to measure certain core indicators. A sample size of 400 allows valid comparisons to be made across states with a 95% confidence level and a +/- 5% margin of error.

For more information on Michigan results and to look at how Michigan compares to other states visit the NCI website (http://www.nationalcoreindicators.org).

I JUST SHOW UP

A *Connections* Interview with Sister Augusta Stratz

A few years ago I could not help but notice a quiet and calm presence roaming the halls of our MACMHB conferences. Then I began noticing that often we were attending the same workshops, piquing my curiosity further. I'm not sure who initiated our first conversation, but there was an instant connection. We shared many interests, but what was rare was to find someone who spent time hallowing that interior space of consciousness that opens new perspectives of this amazing world in which we are embedded. It provides whole new ways of seeing the value of people. And then Sister Augusta mentioned her work with incarcerated women. I knew I had to find out more about this amazing person. — Clint Galloway, Editor

Connections: *For some time now, I've been hearing of a very successful program you developed for women who have been incarcerated. I understand that when the Department of Corrections became aware of its efficacy, they funded it. But before we get into the nature of this program, we need to get to know you better. This program is really an expression of who you are. Its success is rooted not only in the principles and strategies you developed but perhaps more so in the relationships you were able to establish with these women. Without a clear picture of your compassionate nature, we will not see and understand the program, so help me introduce you to our readers. Tell us about the Order to which you belong and your pastoral training and experiences.*

Sister Augusta: I began my journey with the Sisters of Mercy in 1951, entering the Community of the Sisters of Mercy in Detroit. After four years of study and training, I earned my bachelor of science degree from Mercy College of Detroit. I went on to teach for 13 years, during which time I continued my studies and received a master of arts degree in teaching from Eastern Michigan University. I then embarked on a new ministry of pastoral care.

In 1977, my next ministry was coordinator of the Office of Aging for the Archdiocese of Detroit. While there, I completed a certification in gerontology from the University of Michigan. After that, I held a similar position in the Gaylord Diocese where I completed my masters in public administration and certification in pastoral studies from Loyola Institute for Ministry, New Orleans, Louisiana.

In 1985, I began working for Antrim Kalkaska Community Mental Health and completed my masters in social work from Western Michigan University.

Wow! That's a lot of studying! But that only partially explains the Sister Augusta we know. Wisdom includes more than knowledge. Tell us about your working with people.

Sister Augusta: Well, after I attended Mercy College and got a BS degree, I was sent to teach. I had never taught in my life. We had to go to our Mother Provincial and she assigned us. She said, "I think you'd do well in education." I said, "Oh, I'll try it." So I was sent to Bay City. I was there for five years and taught first grade. The first year I had 62 students, so it didn't take me long to get around and find out what I really had to do. It just came naturally—how to handle the class; how to work with the students. I always feel when you're talking with somebody you have to understand and be very personal with that person. You have to make a connection with them. Those little kids, they really loved me and I still get notes and letters from some of their parents.

Where do you think you acquired that ability to connect with people?

Sister Augusta: I think I really picked it up from my parents, because my father was always involved in a lot of social gatherings, especially through the church; and then he was in the union where he learned how to give of himself to other people. My mother was a nurse on the maternity floor, and she had a wonderful way with people; people loved her. She was there for many years. She had family after family after family; generation after generation, and they all remembered her. When she had her 90th birthday, some of these people showed up. That to me was a miracle in itself. How many people are going to remember you at 90 years old and show up to express their appreciation?

But I can remember, I must have been around 12 years old. I had an aunt, Emily Stratz, who was a public health nurse in Detroit. Once in a while we would go to places with her, and I always remembered that these people looked so depressed, like there was no life there. My question was, "Why is it? Why is it they feel so depressed?" They didn't seem joyful or anything. So my *(continued on page 6)*

I JUST SHOW UP *continued from page 5*

question from then on was, "What causes this?" So all my life I've been searching for why it is that people sometimes aren't really satisfied with life and find it really difficult.

So along the way, one of the choices you made was to get an MSW. Tell us about that.

Sister Augusta: I had worked for community mental health for nineteen years. By 1993, I could see the changes that were going to come because they were asking different questions administratively. I was also aware that they were going to go into care management. The questions became more about money than people, and I thought, "This is the time for me to look at another direction, but still use the experience and the education I have." I was working full time but attended WMU in Grand Rapids and obtained my master's degree in social work. I liked their program because it was more clinically based. And in 1993, I just retired; I resigned.

And then what happened?

Sister Augusta: I took six months and studied what the possibilities were and how to go about doing this. I took an hour every day and did a meditation on how I could use all of my knowledge and experiences within the community. At the end of the six months, the name came to me. I'll use *Health and Healing Ministries*. I still have it.

C: Tell us about the work of Health & Healing Ministries.

Sister Augusta: We had some nurses working for us who volunteered their time doing blood pressures at the church, at the Senior Center, and at some of the apartment complexes. We had a large number of people who came and a lot of them were sent to the emergency room because their blood pressures were high. And then I also had clients coming. We put on a lot of programs like yoga, working with dreams, grief and loss; and we had one for parents. We wanted to help them understand what it meant to be a parent and how to treat the children. We helped them understand that they had to know themselves before they could really treat their children well. It was very successful.

"So all my life I've been searching for why it is that people sometimes aren't really satisfied with life."

I'm interested in how you've navigated your connections with the parish.

Sister Augusta: Well the reason that I incorporated in 2000 was that the priest was feeling that since I was a religious person that I really shouldn't be outside the church. I said, "Well, I understand how you feel, but right now if we're going to be successful we have to have continuity in what we're doing." I said, "You might be gone next year, and then where would I be?" I thank the Lord every day that I incorporated, because there've been four priests there since I opened. I would have never survived.

And how would that have affected your ability to attract people who come to you for services?

Sister Augusta: Well, this gets back to relationships, doesn't it?

It certainly does.

Sister Augusta: So once I looked at it, I took people from the parish to be on the board so they were my ambassadors back to the parish and I could work independently. It became a good thing, doing my ministry with counseling, and the counseling began to really grow.

So you said "retire." Are you retired?

Sister Augusta: Well, *[smiling]* in the order, anyone that is 65 is retired. But that doesn't mean we are, does it?

Right! [laughter] So how did you come to develop a program for incarcerated women?

Sister Augusta: I had some clients who had been in prison, or in jail, and they had to go before the Judge. They would write letters saying they were getting counseling from me. The Judge took note of that, and she said, "Would you mind taking some of my other clients that are on parole?" I said, "Sure, I'd be glad to do that." "Well," the judge said, "that would be wonderful because these other people that come in think that you're just wonderful. They think they've really grown and feel that you have something to give them." So I said, "I'd be very happy to do that." Somehow she got together with the sheriff and so the sheriff said, "Well, you know your name is kind of getting circulated through the courts. What would you think about coming over and doing some work here in the jail?"

So tell us about the program.

Sister Augusta: I called it an *Enrichment Program*. It utilizes a holistic approach with the individual being at the center of a needs-based curriculum. A unique aspect of this program is that it is accessible to their friends and relatives as well as themselves when they are released back into the community. It incorporates many insights from other programs [practices], including parenting, and prison re-entry programming. One of the benefits of this modular design is that individuals who complete 12 sessions are awarded 15 days off their sentences, and *(continued on page 10)*

Defining a Meaningful Life

A Call for Religious and Spiritual Competency in the Public Mental Health System

Dr. Michael Brashears, Executive Director, Ottawa County CMH

This is a very concise and cogently argued article. Each sentence begs reflection as Dr. Brashears has condensed some basic principles into a very few words, omitting references and explanatory, illustrative comments. It reads more like an abstract than a narrative or descriptive article. As such, it provides an excellent framework for the issues that need to be addressed to move this discussion forward. Please pause, savor, and make notes as you read; thinking of how we can move this discussion forward. We would welcome future contributions that address the component issues outlined in this article. —Editor

For over a decade the Michigan public mental health system has had almost an exclusive emphasis and focus on assisting and facilitating individuals with a mental illness or developmental disability to define "a meaningful life." This has mostly been an enterprise of assuring that consumers of care are at the center of determining the focus of care, and to ensure that their individual conceptualization of community participation and integration is realized. An example of this can be seen in the adoption of Self Determination as both a philosophical framework and practice guideline for defining the role and function of the Michigan Public Mental Health System. It goes almost without saying that a "person-centered" approach (as prescribed in Self Determination Theory), including examining Consumer cultural and ethnic influences is paramount in understanding Consumer definitions of a "meaningful life." Ensuring that the Michigan public mental system is "culturally competent" via cultural competency training is at the core of this endeavor. While examining the role of culture or ethnicity is important in the process of defining a meaningful life, the role of religion and spirituality to the same end is equally important and virtually ignored by the State of Michigan or any public mental health system. The following is a brief examination of the role and function of religion and spirituality as essential components of culture competency in the service of assisting Consumers in defining a "meaningful life."

Defining Religion and Spirituality

Froma Walsh (2009) defines religion and spirituality:

> "Religion is an organized belief system that includes shared, institutionalized, moral values, practices, involvement in a faith community, and for most, belief in God or a higher Power.
>
> "Spirituality is a dimension of human experience involving transcendent beliefs and practices…can be experienced outside of religious structures, and is both broader and more personal. Spiritual practices may include such resources as prayer, meditation, and ritual healing."

This definition allows for individuals to be both religious and spiritual or just religious or spiritual. In addition this definition allows for the broad endorsement of religion and spirituality as playing an important role in defining meaning in the lives of the Consumers we serve. In fact, the *2008 Gallop Survey on Religion* reported that 80% of Americans identified themselves as Christian, and 62% reported that they attend a church or synagogue. If the same overall rate of religious endorsement is present in the population served by the public mental health system then it is clear that understanding the role and function religion and spirituality plays in defining a meaningful life is warranted.

Religion and Spirituality as Components of Cultural Competency

If indeed religion and spirituality play a foundational role in defining a meaningful life, it may be helpful to understand this relationship in the context of cultural competency. Religious and spiritual practices are in essence reflecting specific expressions of thoughts, emotive states, and behavior that operate in a similar way as other cultural influences such as ethnicity. In fact, it may be the case that religious and spiritual beliefs transcend ethnicity in informing a definition of a meaningful life; since religious and spiritual beliefs are often associated with life purpose and definitions of morality. It is well established that ethnicity and other cultural influences inform an individual's thoughts, actions, and emotions based on the cultural context of multiple variables such as role definition, family structure and process, attitudes towards seeking mental health services, and definitions of a meaningful life. The religious and spiritual context related to the above stated variables are also equally important in determining how Consumers of the public mental health system *(continued on page 8)*

A Meaningful Life *continued from page 7*

define a meaningful life and engage the mental health system. With this being said it is recommended that the public mental health system include religious and spiritual competency as a component of cultural competency.

Characteristics of Religious and Spiritual Cultural Competency Training

It is a requirement by all major behavioral health accreditation organizations to have a process that assesses the Consumers' utility of religion and spirituality in their lives. Most accreditation organizations require a spiritual assessment that ascertains the degree and importance religion and spirituality plays in the Consumer's life and potential impact in receiving services. What is needed is a clear understanding of the most prevalent religious and spiritual worldviews by providers of care, so that the Consumer's engagement to care and specific interventions can be understood in the appropriate religious and spiritual context. In addition, the providers of care may personally hold religious and spiritual worldviews that are in conflict with the Consumers' held beliefs which will need to be addressed so that the Consumer and provider of care are aware of the conflict and a person-centered-planning process can be truly self-determined by the consumer from his or her own specific religious and spiritual worldview.

Concluding Remarks

There is no doubt that if indeed the public mental health system incorporates religious and spiritual competency training as a robust part of cultural competency strategy many challenges will need to be overcome. First, it will become apparent that the worldview or philosophical underpinnings of the public mental health system in terms of self-determination, recovery, and integrated healthcare may be in direct conflict with the specific worldview or philosophical underpinnings of religious and spiritual belief systems. This will require a discussion on the true definition of "Person-centered" and which worldview truly dictates the choices of care our Consumers are given. Adopting and embracing religious and spiritual worldviews on equal par with other cultural influences will only strengthen the public mental health system's stated beliefs of person-centeredness; and self-determined care by truly allowing Consumers to define and live out their own personal interpretation of a meaningful life. The only question that remains is if the public mental health system has the courage to truly offer this reality.

MORAL INJURY

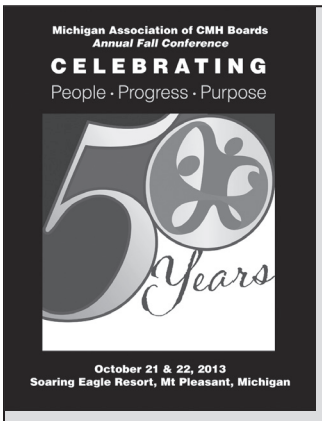
Clint Galloway

For some time now I've been striving to get an article addressing the mental health needs of veterans. The latest statistics indicate that twenty-two veterans commit suicide every day, far more than die in combat. Last December I read an article in *Newsweek* that provided a ray of hope in that it discussed the construct of "moral injury" as having a high correlation with suicides in the military. If we can better understand the conditions that lead to suicide, we can provide better prevention and more effective care. There is growing evidence that conventional treatments for PTSD are not enough as they are not designed to address moral injury and loss.

Although the concept of moral injury has been around for millennia, it is not commonly acknowledged by the public nor the military. However, some voices, supported by growing research, are beginning to be heard. Dr. William Nash, Dr. Richard Westphal and Dr. Brett Litz presented a power point presentation entitled, "Trauma, Loss and Moral Injury: Different Approaches for Prevention and Treatment" at an Armed Forces Public Health Conference two years ago. You can access this below.

http://www.pdhealth.mil/education/2011_Presentations/AFPCH%2011%20Trauma,%20Loss,%20and%20Moral%20Injury.pdf

In my reading I discovered a nugget in our backyard, a retired U.S. Army chaplain who has received national recognition in making the public aware of moral injury. Immediately I knew we needed to hear Chaplain Herman Keizer's voice in Connections. That interview will be in our next issue. For an hors d'oeuvre, read "Soul Repair: Recovering from Moral Injury after War", in which Keizer makes significant contributions.



On October 31, 1963 President John F. Kennedy signed into law the Community Mental Health Act to provide federal funding for community mental health centers and research facilities devoted to research in and treatment of mental retardation, the last piece of legislation JFK signed before his assassination. For millions of Americans with mental illness and developmental disabilities, JFK's final legislation ended the nightmare of being warehoused in institutions and opened the door to a new era of hope and recovery – to a life in the community. The fall conference will be an opportunity to recognize the work Michigan has done in closing all of its institutions for persons with developmental disabilities, and closing most of the institutions for persons with serious mental illnesses.

HEALTHY ANGER

Bob Dillaber

As a very immature young eighteen year old, I took the University of Michigan admissions test. No problem, I naively thought. Afterwards, I met with an admissions counselor. With no preliminaries, he hit me with these words: "Young man, you don't have the ability to go to the University of Michigan."

I was blindsided, my world instantly shattered. This was a double whammy because my brother was already succeeding there. He was the White Knight of the family. I was the Black Sheep. He was great at academics. I struggled mightily, thoroughly convinced I was stupid. My brother was superior at sports. I sucked. He, popular with many friends. I had few. He was 6 foot 2 and 175 pounds. I was 5 foot 10 and 130. Mom used to tell me I was too skinny. That hurt. Perfect storm for insecurity.

When that "counselor" rejected me, I instantly concluded my brother would succeed; I wouldn't. I walked back to my car in a depressed daze. Driving home, tears overwhelmed me. Even though most 18 year old boys would rather die than be caught crying, I didn't care.

Somehow, however, during that drive home, my thoughts began to rearrange themselves. My profound feeling of failure and doom began to be replaced by anger. How could this man, who knew nothing of me other than a bunch of numbers, know I didn't have the ability to succeed? Who appointed him God?

With that anger slowly came a resolve to prove him wrong. I thought back to the question I asked him after he rejected me: "What am I going to do now?"

"Maybe you could go to a community college for a semester or two," he said. When I got home, I had decided to do just that. Only, not just for a "semester or two."

My first and second semesters at Henry Ford Community College went very well—all A's and B's. I now had a successful academic track record. I reapplied and was accepted this time. Guess what? For the next three and one half years, I earned mostly A's and B's. I was so very proud to cross that stage for my diploma. A BA degree in psychology; from the University of Michigan!

Earning that diploma was *incredibly* difficult. I suffered with depression, anxiety, bipolar symptoms, isolation, and substance abuse. In those days, there was no help for those of us who lived in the isolation on an emotional battleground. In spite of this, I went on to earn a master's degree from Wayne State University. Healthy anger motivated me to prove that earlier prediction grossly inaccurate.

As I look back today, I have lived a lifetime of helping others who are challenged by trauma and/or mental illness. My degree from U of M gave me the skills, credentials, and confidence to do that. I sometimes fantasize about meeting up with that counselor. One glance at my resume would show him how wrong (and foolish?) he was. On the other hand, I would likely thank him for giving me the drive to accomplish much more than he predicted for me that morning. Probably, I would do both.

Three cheers for the human spirit! And, for healthy anger.

On Wednesday, May 8, 2013, MACMHB and its PR Workgroup organized the 9th annual ***Walk a Mile In My Shoes*** *rally on the Capitol Steps. This rally, held each year, is a part of Mental Health Awareness Month activities. Designed to educate legislators regarding the importance of supporting mental health, substance use disorder, and developmental disabilities services, and to help combat the stigma related to persons with these disorders, this year's event, drew more than 2,400 participants from across Michigan.*

MACMHB would like to thank these participants for traveling to Lansing, meeting with their state legislators, and advocating for continued support of publicly funded mental health, developmental disabilities, and substance use disorder services. We would also like to thank the CMH boards and provider agencies which helped transport and organize the participation of persons receiving services, and the 30 CMH boards and 3 provider/association organizations which provided funding to support the costs associated with the event.

Finally, a special thanks to the MACMHB Public Relations Workgroup and Georjean Knapp, who provided leadership, organized, and staffed this event. Through their collective efforts, the rally has gotten bigger and better each year!

I JUST SHOW UP *continued from page 6*

they may continue attending sessions.

Help us see more of what you do with these women.

Sister Augusta: I use a blended format, incorporating teaching, counseling, group participation and personal support. I believe every behavior has a reason and a cause, and affects the individual, family, friends, and environment. So topics are presented to provide knowledge to the women about themselves and their behavior. Presentations address depression, anxiety, post-traumatic stress disorder, the grieving process, listening skills, anger management, different temperaments, self-esteem, better understanding of oneself, the addictive personality, building trusting relationships, developmental stages of life, and empowerment. I use books, like *The Power of Now,* by Eckhart Tolle, and books concerning the earth; not so much religious books, but books that have good psychological principles and good faith-based principles, like *Legacy of the Heart,* by Wayne Muller; and *The Good Listener,* by James Sullivan. I tell the girls that's what we're doing: we're doing good psychological work and good faith-based work in whatever I bring you—so we can bring it all together, the science, and theology, and psychology.

> "I believe that every behavior has a reason and a cause."

Tell us more about the group process.

Sister Augusta: The group process has been very helpful. It provides a safe place for the women to interact with one another, form trusting relationships; to share their stories, sorrows, sadness, loneliness, isolation, tears and joy without being judged. They learn how to listen to each other and be respectful of diversity. At the beginning we stress that we are all teachers, we share our gifts; we are in it together. When they "get it" they feel so much better about themselves.

The program encourages the women to share articles and insights they have learned with their family, parents and friends. We provide extra copies of materials and books used in the group, enabling them to relate with their family and friends on a new level. This builds support from family and friends.

The material provided helps to identify those individuals in need of mental health services. Over three-fourths of the women suffered from anxiety disorders and depression. Now, they are able to get help. Many stated that they knew at a very young age that something about them was not right. They didn't fit in. It is difficult to comprehend the suffering some of these women have endured from a very young age.

What kind of feedback do you receive?

Sister Augusta: Several women have reported they have gained insight and self-respect and realize they must make serious changes in order to avoid the situations that caused them to be incarcerated in the first place. These changes may include leaving their present family situations and breaking relationships with other family and friends. These are extremely hard decisions for them. Sometimes I would receive a comment like, "Thank you for believing in me."

So how did the Department of Corrections get interested in this?

Sister Augusta: This was like the first two years [working in the Kalkaska county jail]. Some of these women went to other jails or prisons to serve another sentence, and when they would go to these places they would ask, "Do you have this program called Enrichment?" The staff at prison would say, "No. We've never heard of it." So the girls would write me and say, "Would you continue to send me the information that you offer every week with the girls?" So I continued to send them work, and after about six months, the State called the sheriff and asked if they could come in and see my program. They sent two people down for the evening program. We didn't do anything different. They really liked it. They asked if I would write out more about what I'm doing so they could see it, and then they paid for it.

It takes a special person with some special qualities.

Sister Augusta: Well, it seems like I've always had this ability to look at a person— not look at them in a judging way—so that I know who I'm working with. I'm not there to judge them, so I ask what direction should I go with this person? Should I go very psychologically with them; should I use those kinds of principles, or do I just talk with them for a while and find out what's really going on? I want to know. Then at the end of the day, I sit down and I go over who I saw that day, and then I just give it over to the Lord.

You go over?

Sister Augusta: I go over who I saw during the day, just in my mind. And then at night I just turn that all over to the Spirit, because I have this feeling, and I know that the Spirit is working in all of us. We don't know how he works with us and none of us understand that, but he's working with all of us in his own way and in his own time. Until we get connected— until we have that relationship with the Spirit— things don't always go right.

Have you had any successes in being able to turn around individuals with addictive behaviors?

Sister Augusta: Yes. I've had girls at the jail write back to me that they are now on a different path. Some of them probably had been in jail three or four times; even when I was there some of them would come back before they left, and they'd say to me, "I've had enough of this life. I've got to make a change, and you've given me some tools to do that, and I am trying to get more connected to my spirit within my real self, not my false self."

Obviously, the greatest tool you have is your "real self" Sister Augusta. The books are secondary tools you use to address issues with which they are struggling. Are there any that stand out?

Sister Augusta: I think that one of the classes that really helped them the most was on temperaments. I have this little book that I picked up one time called, *Why You Act the Way You Do*. It has pictures of these temperaments that have little faces, with profiles on them. They read that and just gobble it up. I give them copies of this and say, "Now you can continue this discussion when you get back into your cell," because the women are all in one cell so they can use some understanding of temperament when they're living that close together. The other thing that really helps is that they discuss them with their families. It's like they can't get enough; they want more.

So they understand and learn to appreciate differences.

Sister Augusta: Well, I present it as "this is what the book says" and I believe this— that we are born with a temperament, so it's very important that you know what your temperament is and why you're responding the way you are to things. One of the girls spoke up and said, "You mean all this stuff I'm doing is because I have a temperament? I never knew I was born with anything like that." So she really grasped this and worked it through with herself.

Do you point out that temperaments have strengths as well as weaknesses?

Sister Augusta: Yes. The book gives the strengths on one side and the weakness on the other, and then goes on to explain that temperament affects everything you do. It goes through marriage, how you drive, how you walk, how you meet people, your relationship to God—everything. It all has to do with relationships.

It begins to change their perception of both themselves and others.

Sister Augusta: You mention perceptions. We talk a lot about perceptions. I had a client that was on probation through the Grand Rapids Federal Court. Parolees that come out of a federal prison into Antrim and Kalkaska Counties are referred to our agency for mental health services, then I do some work with them.

One parolee violated her parole by leaving the county with another girl. She drank, and then she went to the casino, and on the way back a fight broke out on a casino bus. She got overwhelmed and started swinging at things, and seemingly injured someone. Anyway, they took the whole group down to jail. They kind of figured out what was going on there and they didn't put her in jail, they brought her back. But she had to go back for her sentencing. I had to let her probation officer know immediately what was going on here. She felt so shameful that she had done all this. She just knew that when the girl asked her that she shouldn't have gone. I said, "Exactly. You didn't listen to yourself talk. You know how important that is. So you've learned some lessons from this, right?" Life is all about lessons. "Yes," she said, "I think I've learned that I have to listen to myself talk." And I said, "That's right."

We keep playing tapes that we created.

Sister Augusta: Yes. She did come back when I said to her, "This is all in your mind. You haven't talked to that woman. You don't know if any of this is true."

And that was such a lesson to me, to think that some of these people come in with all these stories playing in their minds. You want to be sure and check them out. So I always ask questions that encourage reflection. I never use direct kinds of questions, but questions more like, "What is it? What is it?" I guess I've been asking that question since I was 12 years old.

Sister Augusta continues telling stories that illuminate her amazing capacity for approaching people with compassion and mindfulness. Near the end of our chat she remarked: "It just takes a little time and a little effort. When people ask me, 'What do you do?' I say, 'I just show up.' That's my motto, I just show up." Finally, I ask if she has a parting word she would like to express.

Sister Augusta: Yes, I would like to express my deepest appreciation to the Sisters of Mercy for support and encouragement to continue daily to live out my call to sacredness and the journey of invitation; opportunities to observe and witness the wonderment of how God proclaims and manifests Himself to His people through mercy, compassion, joy and peace. Only in prayer and silence are we able to witness the Truth. I would like to extend a blessing to my family and the many persons who have touched my life in so many ways. Today is the day the Lord has made, Let us rejoice and be glad.

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THANK YOU, CHERI KLOPFENSTEIN!

In a previous issue, featuring Hackley Community Care Center, there were three articles derived from over two hours of taped interviews. The transcription of those interviews filled 31 pages and contained over 16,000 words! (The edited articles included less than 8,000.) Fortunately, *Connections* Editor Clint Galloway has a friend without whose work we would not have been able to produce the articles to which you have become accustomed.

"I first became aware of Cheri's skills when she was doing volunteer secretarial work for me back in the late seventies. An amazing lady! With the tiny recorder sitting next to her keyboard, she transcribes the recorded interviews almost instantaneously, capturing every detail of the conversation with amazing accuracy, placing them in a document for easy editing," reports Galloway. She recently finished transcribing another 17 pages for the Sister Augusta interview in this publication.

At one time, Klopfenstein was an executive secretary for Christman Company, a large construction firm based in Lansing, Michigan. Now retired, this is just one of her activities, which she contributes voluntarily; her compensation consisting solely of knowing her work is contributing to the wellness of us all. Everyone on the *Connections* team thanks you, Cheri.