We’ve come a long way since July 2015...

BEFORE

AFTER

Location & Mailing Address:
5411 E. Mill Plain, Suite 4
Vancouver, WA  98661

Tel:  (360) 695-2823
Fax:  (360) 823-1088

Cowlitz Office

Hours: Monday–Friday
9:00 am–5:00 pm

Address

Location:
109 Allen Street
Kelso, WA  98626

Mailing Address:
5411 E. Mill Plain, Suite 4
Vancouver, WA  98661

Tel:  (360) 703-6722
Fax:  (360) 823-1088

Social Media

Email: info@namiswwa.org
Website: www.namiswwa.org
Facebook: facebook.com/namiswwa
Twitter: @namisouthwestwa
Dear Members and Friends,

2016 is off to a roaring start with now two months left until we move into the early adoption phase and really begin to integrate services. This means, in Clark and Skamania counties, that all of you on disability because of mental health issues should be able to get all your health care needs, including mental health and substance abuse treatments, much more easily. All your health care professionals will be able to more readily talk to one another, and there will hopefully be fewer problems with medications and other issues. Of course, it will take a bit of time for a complete transition to occur. Do read your mail carefully as much of your new information will be coming to you through letters. If you need help understanding anything, please feel free to come to NAMI. Just bring your letters with you so we can actually be of assistance.

Twelve SW WA members participated in NAMI Lobby Day in Olympia on Martin Luther King Jr. Day, encouraging legislators representing our three counties to vote for legislation that will make things a bit better for all those affected by mental health disorders. Check out the article on Page 6 to read about those issues. In addition, our members spoke about our activities here in SW WA and especially about our need for mental health beds, a hospital that specializes in working with people in crisis rather than having to go to OR or Western State for intense treatment. We also spoke about our wish to create a diversion and respite center serving SW WA. We have gotten a bit side-tracked on that latter issue because our intern, Mary Seifert, now MSW, moved on to work with Community Home Health and Hospice in Longview. If anyone in the community would like to volunteer to take on this project with us, please contact us. We could really use your help!!!

I want to congratulate our four most recent volunteers who just completed Peer Support training for Adults and Adolescents in a State training program. Congratulations John, Lynette, David, and James. Great job!!!

We also had a nice turnout for our Annual Meeting on the 12th. See the article about our newest board member, Kim Schneiderman on Page 6. In March, we will get back on track with our monthly introduction to other board members. With integration of services, I asked all the current members to stay at least through mid-year this year to reduce the level of change we will be going through as an agency.

I hope by our next newsletter we will have positive word about our application to be a licensed provider of mental health services in WA. It should happen any day now.

This issue of the newsletter focuses on Lyme disease. Why Lyme when our concern is mental health? We hope the information we have provided will help you understand why this information is so very important to people in the Pacific Northwest and across the U.S. as well as in other countries. Although the disease was named some years ago after Lyme, Connecticut, it is endemic around the world now. Last year, one of our local NAMI families was tragically affected by a missed diagnosis of Lyme disease that resulted in the death of a much loved son. NAMI SW WA has made the commitment to create an educational program to help our local health care professionals learn about Lyme disease so that the next time an individual comes to them they will take this possibility into consideration. We would love to hear how you feel about the information in this issue and answer any questions you may have.

Thanks so much to each of you who volunteer with us, are members, or just interested in what we are doing. Have a great new year.

Peggy
10 Common Myths about Lyme Disease

Lyme disease has become one of the fastest growing epidemics in the nation. According to the Centers of Disease Control and Prevention, there are more than 300,000 new cases in the U.S. each year. But getting the facts about Lyme disease isn’t always easy. Here are some of the biggest “myths” about the illness.

**Myth #1:** Lyme always causes a bulls-eye rash.
**Fact:** Although most people associate Lyme disease with the bulls-eye-shaped “erythema migrans” (EM) rash, less than 50 percent of patients develop one. Early stage Lyme may manifest as a mild flu-like illness with a headache, a stiff neck, or a rash that’s so pale or oddly positioned that it’s barely noticeable. If you get a rash, it’s just as likely to look like a simple rash that is easily mistaken for a skin infection or spider bite.

**Myth #2:** Lyme is an East Coast illness only.
**Fact:** Although it’s more prevalent in the Northeast and Midwest, Lyme disease has been reported in all 50 states and is a problem around the globe.

**Myth #3:** You’ll know when you’ve been bitten by a tick.
**Fact:** Ticks have a numbing agent in their saliva so you don’t feel anything when one first bites you.

**Myth #4:** Ticks die in winter.
**Fact:** Many people believe that ticks die in winter, but that’s not true. **Temperatures have to drop below 10 degrees Fahrenheit for a long time** in order for ticks to start dying, and thanks to climate change that’s not the reality even in the northern states anymore.

**Myth #5:** You have to be near deer to be exposed to deer ticks.
**Fact:** If you don’t see any deer and think the coast is clear, think again. Blacklegged ticks (commonly called deer ticks) carry the bacterium that causes Lyme disease. They feed on small mice, chipmunks, squirrels, rabbits, birds, deer, and even on dogs and cats.

**Myth #6:** Ticks fall from trees.
**Fact:** Ticks don’t jump, fly, or drop from trees. They crawl up. If you discover a tick on your head or back, it’s probably because it latched onto your foot or leg and crawled up your body and not because it fell off a tree branch. Minimize your exposure by tucking pant legs into socks and shoes, wear long-sleeved shirts, and tuck your shirt into pants to keep ticks on the outside of clothing.

**Myth #7:** Hiking and camping are the most common ways to catch a tick-borne disease.
**Fact:** It’s important to make tick bite prevention an important part of your outdoor plans whether you are gardening, camping, hiking, biking, or just playing outdoors. Although black-legged ticks live in moist and humid environments, particularly in or near grassy or wooded areas, they will cling to brush and shrubs and live in lawns and gardens, especially at the edges of woods and around old stone walls.

**Myth #8:** If the blood test is negative, you don’t have Lyme.
**Fact:** Tests for detecting Lyme disease are often inaccurate. At present, your doctor will probably recommend two-tiered blood testing requiring a positive ELISA test result. Doctors commonly order an ELISA first to screen for the disease, then confirm it with a Western Blot. The ELISA measures the total amount of antibodies produced by the body in response to the Lyme bacterium (Borrelia burgdorferi). **However, it may miss over half of Lyme cases** because antibodies may not be high enough yet to detect, giving a false-negative result.

**Myth #9:** Antibiotics cure everyone within two to three weeks.
**Fact:** Studies show that as many as 20 percent of patients continue to exhibit symptoms even after they complete antibiotic treatment. What’s more, many of these individuals turn out to have co-infections transmitted by the same ticks that gave them Lyme. These co-infections don’t always respond to treatments for Lyme disease itself.

**Myth #10:** You can remove a tick with a match or by painting it with nail polish
**Fact:** Forget any advice you’ve heard about holding a match to the end of a tick, swabbing it with nail polish or suffocating it with petroleum jelly. You want to remove an embedded tick from your body. **The easiest and safest way is to pull it gently out with tweezers.** Grasp the tick close to its head, then slowly lift it away from the skin. Don’t twist or jerk the tweezers or you risk breaking off the tick’s head.
LYME DISEASE

Lyme disease (deer-tick fever) has become one of the biggest epidemics of the 21st century, and it is largely unrecognized by most traditional healthcare professionals (HCP) in the U.S.

Recent studies show that the disease can be transmitted by both ticks and mosquitoes. The area around the bite from an infected insect may be surrounded by a circular rash, referred to as a bulls-eye rash, a solid rash, or no rash at all. Anyone who sees such a rash after an insect bite should seek treatment from an HCP right away while it can usually be treated fairly quickly and effectively. Some HCPs will treat for Lyme if they see the bulls eye rash; others may want to have a test done to make sure you have Lyme disease.

Lyme disease is caused by a tiny bacterium called a spirochete, very similar to the spirochete that causes syphilis that used to send many people to mental institutions with chronic or tertiary syphilis before antibiotics became available. These organisms, if not treated right away, have the ability to get into the brain and other body organs and will cause all sorts of problems that are then much harder to treat.

Testing for Lyme disease is done through a blood test. There are several, some better than others. Most insurance providers will only pay for the least expensive which may not be the best for you. You want the test that tests for the broadest range of disease causing organisms. Ticks, mosquitoes, and other insects around the world will have different strains of spirochetes; no one test, at this time, tests for all varieties. If your first test comes back negative, select a different test which you may have to pay for out of pocket unless you can convince your insurance provider with the facts such as having a bulls eye rash. If you think you might have acute Lyme disease you will want to be tested with a specific Western blot test. To get this test you will need to seek the help of a naturopathic physician who diagnoses Lyme. NAMI SW WA can provide you with names of these physicians in SW WA.

Treatment usually includes 6-weeks of antibiotic treatment with doxycycline, amoxicillin, or cefuroxime axetil. Treatment at this stage is usually effective. However, it is important that treatment is completed, with each dose of the antibiotics taken exactly as directed because the organism that causes Lyme disease is certainly something we do not want in our bodies. This phase of Lyme disease is called the acute phase.

If undiagnosed and untreated, the organism may travel through the blood stream into many organs of the body (brain, heart, liver, kidneys, etc.) and become established, soon causing a wide variety of other symptoms. Some of the most common early symptoms of chronic Lyme include joint pain, possible skin rashes around the joints that hurt, fatigue and other flu-like symptoms. This is called chronic Lyme disease. Many HCPs in the U.S. don’t believe that this condition exists.
**Lyme disease and mental health**

The Lyme-causing spirochetes seem to love the brain. The brain may become inflamed and this may affect your ability think and act normally. You might develop muscle twitches or tics. You may not be able to concentrate as well as you could before chronic Lyme. You may feel exhausted all the time. Symptoms may also include signs of depression mixed with days of feeling just fine. You might have panic attacks, high anxiety, unusual anger over things that would not normally have bothered you, problems remembering things, mood swings, dyslexia, seizures, and/or trouble sleeping. All these symptoms mimic or may be part of mental health issues meaning that many people may be misdiagnosed with conditions such as OCD, ADD/ADHD, depression, bipolar disorder, and other common mental health conditions. Chronic Lyme can even mimic multiple sclerosis, dementia, and ALS or Lou Gehrig’s disease. Untreated, these symptoms can be constant or go into quiet phases and then recur in cycles probably connected to how well you are taking care of yourself.

With so many symptoms to consider, most HCPs don’t even think about testing for Lyme disease at this point. You have probably forgotten about that tick bite when you were hiking in the gorge or along your local river. If you seek help from a mental health professional, s/he will give a diagnosis based on your mental health symptoms. A recent study in Europe shows that patients in mental hospitals there are nearly twice as likely as the regular population to test positive for Lyme.

**Treating chronic Lyme disease**

Treatment for chronic Lyme disease is complicated and difficult. Successful treatment often includes a combination of antibiotics, immune boosters, anti-Lyme supplements, anticoagulants, hormonal therapies, and other medications that increase the effectiveness of antibiotics. At this time treatment is lasting for six months or more to be successful. Success is not guaranteed, and many people quit treatment because the side-effects are worse than the symptoms they were experiencing no matter how serious those symptoms were. Sadly, women living with chronic Lyme disease should not choose to get pregnant because the spirochete can cross the placenta. Like AIDS, Hep-C and syphilis, Lyme can also be transmitted sexually between an infected and a non-infected partner.

Rather than living with horrible side-effects of very toxic treatment, like many people with mental health diagnoses, chronic Lyme sufferers often choose to live without treatment. Many find that excellent self-care can keep their symptoms in remission much of the time. Excellent self-care means a very clean nutritious diet, lots of sleep, no drugs or alcohol, exercise, frequent saunas seem to help, addressing mental health needs such as stress, depression, anxiety with actions to change the situation causing the symptom, and other acts of good self-care.

These people and others are waiting for an effective treatment, just as those suffering with AIDS, Hep-C, and other serious chronic conditions waited. Now each of those conditions can be treated effectively with fewer side-effects. Our hope is that the traditional medical community and the pharmaceutical industry will get behind this seriously debilitating chronic infectious disease.

To learn more about Lyme disease go to:  
International Lyme and Associated Diseases Society ([www.ilads.org](http://www.ilads.org))  
Lyme Disease Association ([www.lymediseaseassociation.org](http://www.lymediseaseassociation.org))  
Lyme Research Alliance ([www.lymeresearchalliance.org](http://www.lymeresearchalliance.org))
What is AIR?

AIR (Anonymous. Inspiring. Relatable) is the new NAMI app, a free, mobile-based social network designed for individuals with mental health conditions and their family members/caregivers.

NAMI Air is intended to provide another way for people to find and give support, to connect with others through smartphone and computer tablet.

- AIR encourages users to anonymously share their stories and receive feedback in the form of social interactions such as “like”, “hug” and “me too.”
- Also allows users to access information on how to get help, learn more about NAMI and connect with the NAMI HelpLine.
- Air Facilitates personal connections with others who may be going through, or have been through, similar situations. Users are anonymous but not alone.

Go to: https://www.nami.org/Find-Support/Air-App for more information

National Alliance on Mental Illness

SUMMARY OF BILLS BEFORE WA LEGISLATURE

We had a wonderful day in Olympia speaking with our legislators about NAMI SW WA and about the following bills. Many of our Representatives and Senators said they would vote for these bills. Here is a quick summary of each bill.

- **Ricky’s Law: Involuntary Treatment Integration**: Integrate the involuntary treatment systems for mental health and chemical dependency to allow involuntary commitments for individuals who pose a risk of serious harm to self or others due to substance abuse. Fund the creation of secure detox facilities to treat people detained for chemical dependency.

- **Involuntary Treatment Act Standard Change**: Enable early emergency treatment for people with serious mental illness with a change to the Involuntary Treatment Act standard from the “imminent risk” standard to the “substantial likelihood of serious harm” standard to provide better involuntary treatment and early intervention tools.

- **Create an “Achieving a Better Life Experience” (ABLE) Program**: Providing people with disabilities and their families the opportunity to create a tax-exempt saving account that can be used for maintaining health, independence, and quality of life.

- **Certificate of Restoration of Opportunity for People with Criminal History**: Building safer and healthier communities through increased employment and housing opportunities and reduction of recidivism.

- **Legal Financial Obligations**: Revise laws concerning legal financial obligations due to criminal justice system involvement to relieve the financial burdens placed on individuals with mental illnesses.

- **Dynamic Fiscal Impact**: Change the content of fiscal notes attached to bills to include the cost to the taxpayers and state over time of not implementing proposed legislation relevant to mental health, child welfare, and corrections legislation.

We will let you know in subsequent newsletters when these bills pass and will be implemented.

WELCOME Kim Schneiderman to the NAMI SW WA Board

Kim Schneiderman was elected to the Board of Directors at the NAMI SW WA Annual Meeting. We are so very lucky to have Kim make this decision! Kim has served as the Board President for NAMI Oregon for several terms, however she is a resident of SW WA, and we were finally able to get her to come back across the river. We look forward to learning a great deal from her experience.

Professionally, Kim serves as Vice President of Client Services, Geneva Woods Pharmacy and Healthcare which she joined in 2015 after working as Director of PayLess Drug LTC’s Special Services Department that specialized in providing innovative solutions to many customers serving the needs of the behavioral health care community. She has over 25 years’ experience with persons dealing with mental illness and the intellectually and developmentally disabled. Kim is a recognized authority in residential treatment facility, residential treatment home and I/DD group home medication programs. She has also designed programs for mental health clinics in partnership with Cascadia Behavioral Healthcare, Lifeworks NW, Sequoia Mental Health, Luke-Dorf, Lifeways Inc., Lane County Mental Health and Telecare. These are individualized to meet the needs of the varied staff and populations that they serve as well as starting up the pharmacy service at Blue Mountain Recovery Center, Eastern Oregon Training Center, and the State Operated Secure Residential Treatment Facilities.

Like many of our Board members, members, and volunteers, Kim chose to work with NAMI after attending Family to Family.
Psychoeducation and tools for a successful and sustained recovery from mental illness.

Support for friends and family of people who have a mental health diagnosis.

Support for families of military personnel who are struggling with mental health issues.

Peer support group for those affected by mental illness.

NAMI WALKS and TALKS

MONDAY

STRivE—Women’s Group
10:00 am - 12:00 pm

TUESDAY

ANNUAL BOARD MEETING
January 12th
7:15 pm - 8:45 pm

STRivE—Women’s Group
10:00 am - 12:00 pm

WEDNESDAY

NAMI WALKS and TALKS
11:00 am - 12:00 pm

STRivE After Release
3:00 pm - 4:30 pm

THURSDAY

FAMILY SUPPORT GROUP
Weekly
3:30 pm - 5:00 pm

CONNECTION Support Group
3:30 pm - 5:00 pm

FAMILY TO FAMILY
Starts Thursday, January 28th and ends on April 14th
6:00 pm - 8:30 pm

FRIDAY

NAMI WALKS and TALKS
end on April 14th
6:00 pm - 8:30 pm

FAMILY TO FAMILY
1:00 pm - 2:30 pm

CONNECTION Support Group
3:30 pm - 5:00 pm

STRivE
6:00 pm - 7:30 pm

INDEPENDENCE BOUND
6:00 pm - 7:30 pm

MENTAL HEALTH THERAPY
for the uninsured and underinsured. Limited term.

PROVIDED BY JANET AND JEAN

PROVIDED BY APPOINTMENT

MENTAL HEALTH MEDICATION CONSULT

DISABILITY/WORK INCENTIVES COUNSELING

PROVIDED BY APPOINTMENT

HELPLINE
- 9:50 Monday-Friday

CALL 360-695-2823

CLARK/KAMANIA

Southwest Washington February 2016

2823 360-695-2823
Suite 4, Mill Plain

4441 E. Mill Plain
Mon, 360-695-2823
12:00-2:00 pm
Peer Support Group
Discussion on wellness
Every 1st and 3rd
12:00-2:00 pm
Parent and Family Support Group
Move Time (bring your own lunch)
11:00-1:00 pm
Move Time (bring your own lunch)
11:00-1:00 pm
Book Study—The Four Agreements
3:00-5:00 pm
Conversations Open Support Group
4:00 pm-5:00 pm
Peer Support Group for those at-risk of mental illness.
Support for friends and family of people who have a mental health diagnosis.
Provided by Mental Health Therapy for the uninsured and underinsured. Limited term.
Provided by Janet Wednesday Afternoon
Psychoeducation and tools for a successful and sustained recovery from mental illness.
Call 360-695-2823
Call 360-695-2823
Call 360-695-2823
Call 360-695-2823

PROVIDES SUPPORT AND RESOURCES
Call 360-695-2823
Mon-Fri
Helpline - 9:5 Monday-Friday
BENEFITS CONSULT w/Cindy Fater
Call 360-695-2823
BY APPOINTMENT
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Dear Cowlitz Friends & Supporters,

Over years end 2015, our Kelso office staff have been very much awakened to the plight of our community’s homeless in a personal way. The week before Christmas, our local Cowlitz County homeless shelter announced that due to a reduction in expected 2016 grant income, their day program would immediately be cut. This sent their clients to the streets until 8pm every night when they could come back, and line up to get inside for 12 ours. Christmas Week. Most American’s are busy doing last minute holiday shopping, maxing out their credit cards, baking, traveling or going to holiday gatherings. This year we saw another reality. The faces of homelessness. Inadequately dressed, soaking wet tennis shoes without socks; feet white, numb and freezing cold to the touch. Bags and bags of wet stuff. Dirty clothes, blankets, assorted crumpled papers and food items. Faces looking so much older than their stated age, filled with exhaustion, hopelessness, distrust and anger. So many stories with many commonalities. Rejected by family, drug addiction (some treated, some not), mental illness, in and out of jail, lost custody of children.....

First a trickle.... Asking to use the restroom. “Could I get a cup of coffee?” “Do you have any food here?” Quickly, the snow and sub-freezing temperatures brought many more lined up at our door seeking respite from the cold. In response to this "emergent community need", NAMI SW WA Cowlitz office kept its doors open till 8pm for that holiday week. After all, how could any of us go home at 4pm after sending a 63 year old woman on a walker out into the dark in the freezing snow for 4 hours? We couldn’t. We just knew that as soon as the holidays were over, all the Non Profit Directors and the County officials would put their heads together and fix this! So we called out to friends and acquaintances for donations of canned soups, bread, peanut butter and cup a noodles. We took their wet, soiled clothing home to wash, encouraged them to share their stories, discussed local housing possibilities and hurdles and staff shared their own stories of dark days and recovery to plant the seeds of hope.

On January 1st, reminding ourselves that this was only a short term emergency measure, we prepared to return to our previously calm predictable day to day 10am-4pm office routine. Not even close. We’ve all had to examine closely our abilities and responsibilities, question our own values and reaffirm our priorities. Can we look away from these people because they aren’t our problem? Aren’t they the problem of all of us? Isn’t a community only as strong as its weakest values and reaffirm our priorities. Can we look away from these people because they aren’t our problem? Aren’t they the problem of all of us? Isn't a community only as strong as its weakest link? Its sickest? Its homeless? Can we live comfortably in a society that is "uncomfortable" with the whole dirty business of those living with active addictions and/or untreated mental illnesses? We fear them and their behaviors. We want them out of sight and out of mind. We allow our leaders to throw huge amounts of money to sweep them away off the streets and out of sight "warehousing" people 4 to a room overnight, enabling continued drug and alcohol use, no meal service or focus on nutrition, limited bathing and laundry facilities for sometimes months and months ongoing? So how is what we're currently doing working for us? Do we have verifiable and positive evidence based outcomes? I suspect not.

Why not invest that money into our community? Sustained recovery, whether from mental illness or addictions, requires a multi-faceted long term approach. It has to begin with meeting the basic needs for safety and consistent housing, good nutrition, consistent medical care, community and ongoing peer advocacy and support. Expensive? ABSOLUTELY! But invest in the agencies that will case-manage each person, building a program specific that clients’ cultural, spiritual and health needs, built on what strengths s/he have and meaningful and achievable goals. Have case managers who will match them with treatment providers that speak to their individual needs vs who their agency prefers to do business with. Build a WRAP plan (Wellness Recover Action Plan) for each, advocating and walking their road to recovery with them until they're able to fly again on their own.

Am I a dreamer? I don’t think so. We have a wonderful little community here with a lot of folks willing to help when notified of the need. We need to combat complacency, fear, shame and stigma. Roll up our sleeves, join forces working together to make our community a healthy and safe place for all.

Janie Gislason, Cowlitz County Coordinator, NAMI SW Washington
My Super Power

By John Baran

I have a super power. Others may not see it, but I know that it is there. When I get up in the morning, right off the bat I am bright eyed and bushytailed. That is my super power telling me that it is a new day, and with all hopes it will be a good one. My super power gives me the opportunity to see the world in a way that others will never know. For me, math is a musical with different colors representing different number solutions within the spectrum of known fact. With my super power, I have the ability to have a deeper understanding of the world around me and to come to a solution to a problem by using logic alone, but this super power makes me a threat to people that deem themselves to be norms and at time causes problems of understanding.

One thing everyone should be aware of is that every super hero has a weakness, and like every super hero I have my weakness, too. Unlike Super Man and his problem with kryptonite, my weakness is what the rest of the world perceives me to be. I wish I had the super power to make friends and understand what people are feeling just by looking at them or show how I feel when someone cares about me, but that is what I was given as my kryptonite. I do not mean to be rude or disrespectful, I just want to fit in and be helpful. What you might find annoying keeps me in control of the spaces around me so I feel safe and so roadblocks can’t derail me.

I know there are other people with my super power, but what is cool is that no one is alike. Everyone with my super power looks different, acts different, and are different. The saying that if you see one of them you will understand all of them has nothing to do with my super power.

The next time that you deem a person to be weird, stop and think what super powers they may have and how your interaction with them can change their whole outlook on life. I know I have a super power and that super power is being autistic.

John won the 25th Annual ADA Act Salmon Creek Competition with this poem.
Resources:

NAMI SWWA Help Line
M-F 9am-5pm
(360) 695-2823
(800) 273-TALK  Suicide line
(800) 950-NAMI Info line

Mental Health Ombuds:
(360) 397-8470
(866) 666-5070

Teen Talk; (after 4pm)
(360) 397-2428

NAMI SWWA Help Line
M-F 9am-5pm
(360) 695-2823
(800) 273-TALK  Suicide line
(800) 950-NAMI Info line

Bulletin Board

- **Building Resiliency Training by Jody McVittie, MD and director of Sound Discipline.** Dr. McVittie is providing a training on strategies to engage children and youth who have been exposed to trauma at the **Battle Ground Baptist Church 1110 NW 6th Ave, Battle Ground, WA on Wednesday, February 10th from 8:30 am - 12:00pm.** Register at www.connectbg.org/events.html. Class size is limited.

- **BASICS class** February 20th and 27th, 9-5. Lunch will be provided. Call 360-695-2823 to register or for more information.

- **SCIENCE ON TAP PORTLAND - THE EVIL HOURS: A BIOGRAPHY OF POST-TRAUMATIC STRESS DISORDER**
  
  with David J. Morris, author, war correspondent, and former Marine
  
  **Date:** Tuesday, February 2, 2016
  
  **Time:** Doors at 6 p.m. event at 7 p.m.
  
  **Location:** Alberta Rose Theatre, 3000 NE Alberta Street, Portland, O.
  
  **Cost:** $10 for general admission, tickets available online or at theatre box office
  
  **Food & Drink:** Beer, wine, popcorn, hand pies, and an assortment of sweets and snacks available

- **There will be a Educational Seminar on Genetic Testing, Tuesday, March 22nd from 7-8:30pm.** The presentation will basically describe how a person metabolizes medication and how our individual DNA plays a role in this process. The presenter will also explain Pharmacogenomic Screening, how it works, give examples of potential test results and then walk through how someone can get tested.

- **The next Genetic Testing day will be Wednesday, March 23rd.** This testing requires paperwork to be filled out. Please stop by the office, or call 360-695-2823 to get paperwork and instructions. People attending the Educational Seminar on March 22nd will not be eligible for the testing the next day unless they have completed paperwork.

- **Art Show at Clark County Youth House 1012 Esther Street, Vancouver 98660**
  
  ** Becoming YOUniquely ARTISTS’ RECEPTION**
  
  TUESDAY, FEBRUARY 2ND, 4 PM—8 PM
  
  (Art will remain on display through Friday, Feb. 5th. call ahead to set an appointment!)
  
  ** Youth artist meet and greet
  
  ** Youth created canvas paintings, rock paintings, sculptures
  
  **A small number of pieces will be available for purchase
  
  ** Light refreshments
  
  ** For more information contact: Elizabeth Hill elizabeth.hill@clark.wa.gov (360) 397-2130, ext. 5133

- **Paper Tigers - Wednesday, March 16th at 5:30pm.** This movie will be showing at the Liberty Theatre 315 NE Fourth Avenue, Camas, WA 98607. **Sponsored by the Washougal School District, this movie is Free to the public—first come, first served**. **Paper Tigers** chronicles a year in the life of Lincoln High School in the community of Walla Walla, Washington. The kids who come to Lincoln have a history of truancy, behavioral problems and substance abuse. After Lincoln's principal is exposed to research about the effects of Adverse Childhood Experiences (ACEs), he decides to radically change the school's approach to discipline. With the aid of diary camera footage, the film follows six students. From getting into fights, grappling with traumatic events in their lives, and on the cusp of dropping out, they find healing, support and academic promise at Lincoln High.

ATTENTION!!! New fund raising App for smart phones.
http://quipley.com/

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