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PHOTOS & REPORT OF 35TH ANNIVERSARY CELEBRATIONS ON PP. 4-5

SHARE & CARE

THE RECOVERY OF HOPE ~ THE HOPE OF RECOVERY

A FASCINATION WITH OCD

Is there a better way to help people caught in the grip of this complex disorder? Concordia psychologists are soon to find out

Adam Radomsky, associate professor and clinical psychologist, has been a Concordia faculty member since 2001. He's been intrigued with obsessive-compulsive disorder, arguably the most bizarre of mental illnesses, since his graduate student days.

Now he heads a six-member team in the final stages of preparation for a research study to test a new therapy approach for people suffering from the most common form of OCD – compulsive checking. His colleagues include Prof. Stanley Rachman, who has worked on OCD since the 1960s, Prof. Roz Shafran, Prof. Michel Dugas, Dr. Gail Myhr of the Allen Memorial Institute and Dr. Maureen Whittal.

Lab staff works to learn what lies behind anxiety disorders

Most OCD research to date has taken a broad look at the disorder. Radomsky's crew looked at the newest approach to cancer care, which tailors the treatment to the specific type of cancer, and used that model to create their own specialized study.

Mad, evil or dangerous

Obsessions and compulsions almost always stem from someone's belief that they're mad or about to go mad; that they're evil; or if they're not yet dangerous they soon will be.

Compulsive checkers usually have extreme doubts about things they've done or haven't done. Many also believe that they and only they are responsible for protecting their loved ones or preventing some sort of catastrophe. It's their job to stop horrible things from happening.

Is the stove turned off? Did I lock the door? Is the window closed? "I've worked with people who poured water into ashtrays just to make sure there were no cigarette embers left," Radomsky relates. "No amount of checking can convince them that what's done is done." Another client, who had a fear of his house burning down, could never go to bed before spending hours unplugging everything, checking each electrical outlet and covering them all with a baby-proof cap.

A new step for Radomsky and his team

At its most extreme, such incessant rituals can keep a compulsive checker imprisoned at home just in case a dreaded problem, no matter how unlikely, might occur and need dealing with that day.

Part of Radomsky's fascination with OCD is the quest to understand what drives such compulsions. Why must anyone wash perfectly clean hands over and over? The search for that answer is one element in Concordia's research study. A second element concerns therapy.

Sidestepping the fear

Current OCD therapy includes medication treatments, typically antidepressants, and/or cognitive behavioral therapies, such as exposure and response prevention (ERP). The problem is that many people don't like either choice. Some rebel at taking medication for a long period of time; others are interested in ERP but find it moves too quickly or is too scary, as it confronts them with the very thing they find most terrifying. About 50 percent never finish their treatment. Radomsky's project will test a brand new cognitive behavioral therapy designed specifically for compulsive checking. Researchers reason that if it's more acceptable, more clients will stick with it until they show some benefit.

In August, 12 men and women, ages 18-65, will be recruited for the study. These will be people whose primary symptom is extreme checking and doubt — maybe about one particular thing or practically everything they do. They'll participate in 12 treatment sessions for approximately 12-14 weeks, with a followup scheduled one month later.

The study is an open trial. Everyone will receive the same treatment package. "If it

continued on page 6

YOU DON'T HAVE TO BE A SOLDIER

Post-traumatic stress disorder can happen to anyone. Seeing a car accident can be as emotionally disabling as engaging in military combat

You experienced a terrifying event and now, weeks later, you can't stop reliving it no matter how hard you try.

The slightest reminder and your heart races, your stomach's in knots, you're nervous and agitated. You have trouble sleeping and concentrating because the flashbacks keep coming. It's normal to react to a traumatic event, but if your state of ultra-anxiety continues week after week, you may be suffering from post-traumatic stress disorder (PTSD).

What's happening is your brain is over-reacting to triggers that recall the event, a problem that's more common than you think. About 81 percent of men and 74 percent of women in Canada report some sort of past experience deemed "potentially traumatizing" over the course of their lives. Full-blown, lifetime PTSD trauma occurs in seven to nine percent of the population.

Most common triggers

Fear of dying or being severely wounded, suffering critical injuries yourself or witnessing the death or severe injury of another person are all associated with PTSD. Other causes include:

- Natural disasters: tsunamis, hurricanes, mudslides, floods.
- Accidents: drowning, electrocution, car or workplace accidents, severe burns.
- Physical or sexual aggression, domestic violence.
- Death threats.
- Military combat, war-related situations.

The most vulnerable

For some poorly understood reason, women may be twice as likely as men to be diagnosed with PTSD. Their cases also tend to be more severe.

A history of mental health problems and prior exposure to a traumatic event seem to render a person more susceptible.

Those who see themselves as invulnerable and living in a just, good world may be less capable of coping with a calamity that shatters their personal beliefs. On the other hand, people who experience more intense emotional and/or physical reactions are also at greater risk developing PTSD.

Treatment options

Although PTSD difficulties may eventually decrease, they generally tend to be persistent and can last for years or even a lifetime. Fortunately it's never too late to seek help.

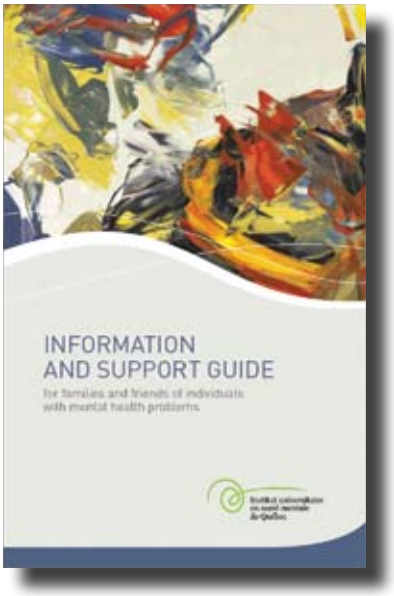
Cognitive Behavioral Therapy focused on Trauma (CBT-T) aims to dampen the memory of the trauma and permit the individual to think and speak about it without becoming distressed. The goal is to allow a gradual return to activities associated with the trauma along with a decrease in the discomfort experienced when facing the situation. If there are no additional difficulties (drug abuse or depression, for example), figure on a weekly therapy session for eight-15 weeks. CBT-T improvements can be maintained for many years, probably the rest of one's life.

Eye Movement Desensitization and Reprocessing (EMDR) is a new form

continued on page 7

New and free at AMI:

an informative handbook expressly for those who care about someone living with a mental illness



Here's a handy guide chock-full of information, tips and advice. It was written to help caregivers, family members and friends — anyone involved with the wellbeing of a person coping with a mental health problem.

There's a section dealing with mental healthcare in Quebec, including an overview of how services are organized, what a CSSS can provide and what to expect if hospitalization is involved.

Another section is devoted to confidentiality and professional privilege and what you should know about these subjects to make things easier on yourself and the person you care about.

There's also practical advice to help you protect your own emotional balance and strategies for coping with the difficult behavioral problems a mental illness can bring on.

An initiative of the *Institut universitaire en santé mentale de Québec*, the guide is available in both English and French. Visit **www.institutsmq.qc.ca/publications/** or call the office, 514-486-1448, to obtain a copy. ❐

IS THERE LIFE AFTER CAREGIVING?

That all depends. Ella Amir's research project examines why some caregivers cope so much better than others

It's been three years since executive director Amir asked principal caregivers in AMI families to participate in a research study she was conducting towards her PhD degree. Now all the results are in and they shed a light on why some caregivers succeed in having a rewarding life despite the problems of a mental illness while the same difficulties can compromise the well-being of others.

A third phase of Amir's research is already being planned

The answer involves personality and coping behaviors.

Amir and her supervisor, Carsten Wrosch of Concordia University's department of psychology, chose three personality traits to investigate.

One is what's known as unmitigated communion, meaning over-involvement with the care of others to one's own neglect and detriment. The second trait studied was goal-adjustment capacities, the ability to give up chasing after goals that are no longer realistic and perhaps substitute them with more appropriate objectives. The researchers were also eager to learn if there could be a connection between a caregiver's wellbeing and where the individual's personality lies on the optimism/pessimism continuum.

They also dealt with the matter of coping: the choices caregivers make, consciously or not, to help them deal with stressful situations. Coping behaviors range widely from acceptance, seeking support and self-blame to disengagement and substance abuse. "We used a scale of 14 different coping mechanisms," says Amir, "and we wanted to see if and how they could be linked to our three personality traits."

What they found was that there is a definite relationship between both coping and goal-adjustment and coping and optimism. Furthermore, basic personality and coping have an impact in determining the quality of life a caregiver experiences.

Findings in a nutshell

- As a general rule, the more optimistic you are, the more likely your chances of coping effectively. Optimistic people experience more moderate levels of depressive symptoms because they accept their situation more readily. They use denial and self-blame less frequently, so experience a higher level of purpose and lower levels of burden.
- The ability to give up unattainable goals is linked to less self-blame. This results in lighter burden, fewer symptoms of depression and greater satisfaction in life.
- You'll help yourself if you increase your sense of purpose in life by taking on new goals to replace the ones you give up as no longer practical. By the same token, don't stretch yourself too thin. Caregivers who take on too much risk feeling burdened because they don't have all the time they need to devote to their caregiving responsibilities.
- Over-involvement with the welfare of others will have a negative impact over time. More depressive symptoms can be expected as a result.
- It may seem like a contradiction, but if you're pessimistic, you'll find higher purpose in life if you stick to your unattainable goals. That's due to the nature of pessimism. Pessimists have what Amir calls low outcome expectancies. They experience higher purpose precisely because they won't let go of goals that are beyond their grasp. Similarly for people overly involved with the wellbeing of others: being too immersed in caring for someone else rewards them with a sense of self-worth they mightn't otherwise enjoy.

continued on page 8

Extra ammunition to help you deal with depression

Even if you're being professionally treated for depression, here's something you can do for yourself. The **Antidepressant Skills Workbook**, produced in B.C., provides an overview of the illness, tips on how it can be effectively managed and a guide to changing patterns that may trigger it.

The workbook explains how to use therapy techniques to change your thinking and behavior, help you emerge from depression and make recurrence less likely. When used in tandem, these methods can increase the effectiveness of your healthcare treatments.

Four ways (three free) to obtain your workbook:

- Read it onscreen and print as needed.
- Download a copy.
- Listen online or download "talking book" audio version.
- Order a print copy to be mailed to you ($15 plus shipping and taxes).

Visit **www.comh.ca/antidepressant-skills/adult/** ❐

OUR 35TH A MILESTONE WORTH CELEBRATING

Looking back and ahead

Board member Joanne Smith presented Sylvia and Bill Klein with a plaque honoring our founding members

It's not every community organization that can lay claim to 35 years of growth and achievement. So we celebrated our anniversary in style with two happy events.

First, on June 5, came a tribute to our founding members and past presidents at our annual general meeting.

Among the agenda items was the announcement of our updated and very user-friendly website, now ready for you to check out.

Appreciation ruled the evening as highlights from our history were reviewed and presenters spoke of the crucial role AMI continues to play in support of families dealing with mental illness.

Especially touching was a nostalgic nine-minute video of events through the years that brought to life faces and voices of members no longer with us. Sylvia and Bill Klein, the last of our four founding couples, received tributes and a gift.

Sylvie Bouchard, Connie Di Nardo, Kimberley Jackson (l-r): their smiles said it all

Every birthday needs a cake. This one had people returning for seconds

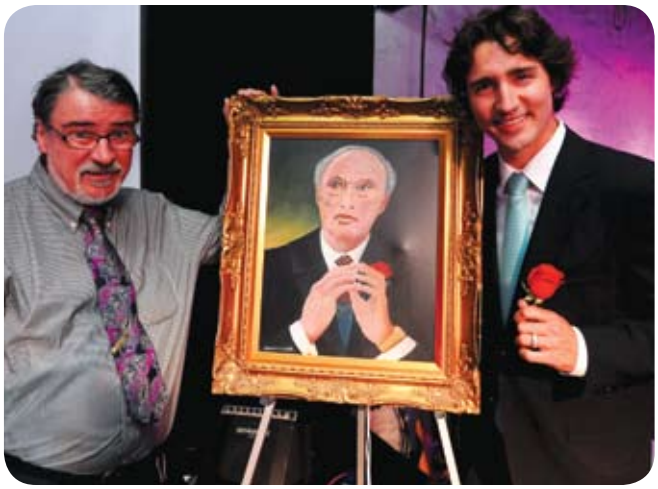
Presidential roll-call (l-r): Annie Young, current office-holder, Elizabeth Tremain, Lorna Moscovitch, Claudia Ikeman, Kay Simpson, Irene Ranti, Paul Rubin

Two days later, we pulled out all the stops with a gala fundraiser evening that featured a silent auction, raffle prizes, dancing to live music, an open bar, yummy food and the presence of special guest Justin Trudeau.

Trudeau recounted his mother's mental illness (bipolar disorder) and how, after the death of his father, the family became caregivers. "How far we've come in 35 years," he noted. "Now it's okay to be open and talk about it, to not be afraid of getting help."

Andy Nulman, in his role as MC, called AMI "a great organization that exists under the radar until you need them. Here's to 35 years," he added, "and 35 more." ❐

A capacity crowd turned out very ready to party



AMI member Robert Cuttle presented a gift, a portrait of P.E. Trudeau that he painted

MC Andy Nulman kept the laughs coming

Honored guest Justin Trudeau had everyone's rapt attention

The music worked its magic and the dance floor saw action

SUMMER 2012

SUPPORT GROUPS
Mondays 7:30pm 4333 Côte Ste-Catherine Road
unless otherwise indicated. No registration necessary.

FAMILY for relatives
July 9, 23; August 13, 27; September 10, 17, 24

SIBLINGS AND ADULT CHILDREN for relatives
July 23; August 27; September 17

BIPOLAR DISORDER for consumers and relatives
July 9; August 27; September 24

DEPRESSION for consumers and relatives
July 23; August 13; September 10

OBSESSIVE COMPULSIVE DISORDER for consumers and relatives
July 23; August 27; September 17

HOARDING GROUP (in collaboration with Quebec OCD Foundation) for consumers and relatives
July 9; August 13; September 24

KALEIDOSCOPE for consumers
July 23; August 27; September 17

ANXIETY for consumers and relatives
July 9; August 13; September 10

PAC Parents of Adult Children
7:00 pm at AMI
No meetings July or August
Resume *September 11*

SOUTH SHORE for relatives
Wednesdays 6:30pm
Greenfield Park Baptist Church, 598 Bellevue North, Greenfield Park
July 11, 25; August 8, 22; September 5

LIFELINE for consumers
Last Tuesday of the month 1:30–2:30
Alternative Centregens, 5770 Auteuil, Brossard

TELEWORKSHOPS
September 19

BOARD MEETINGS
Tuesdays 7:00pm at AMI
July 31, September 4

Your knowledge and experience can make A BIG DIFFERENCE

If attitudes towards mental illness are ever going to improve, greater public awareness and understanding are essential. That's the goal of AMI's Public Awareness program. Formerly called Education & Outreach, our program delivers information on mental health and illness issues to students, professionals and the community-at-large.

It's usually a two-part presentation for any given topic. First a presenter offers the facts. This is followed by an address from someone with a lived experience of a mental health problem. The personal account adds a human dimension and audiences often consider it the highlight of the event.

We are presently looking for both presenters and speakers. Presenters should be familiar with AMI's work. Experience in presenting to groups is desirable but not essential. Speakers should want to share their experiences with others. We will train and coach you so you'll be thoroughly prepared to make a strong impression. And you'll be compensated for your work.

Call AMI at 514-486-1448 and ask for Public Awareness. Or visit **familyoutreach@amiquebec.org**. ❐

OCD *... continued from page 1*

works, it will tell us our treatment is effective, but it won't tell us how effective or compared to what," says Radomsky. That information will have to wait for a future planned randomized control trial. People in that study will be randomly assigned to one of two or three different treatments. One will be the new therapy. One is likely to be traditional CBT exposure and prevention. As the study is at least three years away, Radomsky can't yet confirm the specifics. What he does know is that the study should reveal how well the new treatment compares to the others. If there are fewer dropouts, for instance; if the treatment reduces people's oversized sense of responsibility; and if it works, is it for the same reasons the team thinks it should work?

Rather than the one-month followup of the preliminary open trial, those in the randomized trial will be recalled at six months, one year and maybe even two years later to assess their progress. Once the results have been analyzed, CBT therapists in the field will be informed. But that's still a good way down the road.

In the past Radomsky's lab has worked with other forms of OCD. Compulsive washing, praying and counting, obsessions that occur without compulsions and horrific thoughts and images that arise are some that he mentions. The checking treatment study is the first of its type for his team and they couldn't be more excited. Are they a little obsessed by OCD? You decide. ❐

For more about OCD, visit **http://psychology.concordia.ca/fac/radomsky/index.html** and **http://fqtoc.mtl.rtss.qc.ca/**

PTSD ... continued from page 2

of psychotherapy. It has several similar features to CBT-T, but works by also stimulating the senses (sight, hearing, touch) as a principal tool for change.

At present the effectiveness of other forms of psychological interventions, such as psychodynamic therapy or hypnosis, has not been proven. And research shows that therapies based solely on relaxation techniques or social support do not lead to durable changes in PTSD-related difficulties.

If you go the therapy route, your chances of benefiting will improve if you ensure that the professional you choose is fully trained to evaluate and treat PTSD. Not everybody is.

Medication

The improvement associated with medication usage is generally inferior to that produced by psychotherapy. But medication provides an interesting alternative if you don't have access to psychotherapy or prefer not to participate in it. And there are some advantages. It's more easily accessible, costs less and requires less time than a series of therapy sessions.

What with so many military troops bringing back stories of horrific events from war zones, PTSD has been much in the news lately. But it's not just a military problem. Under the right circumstances, many of us are vulnerable. If that includes you, remember that there's help out there and you don't need to suffer on your own. ❐

Text edited from articles in *Mammoth Magazine*, April, 2012: *The Best Treatments for Post-traumatic Stress Disorder* by Suzie Bond and *Living the Post-Traumatic State from Scientific and Clinical Perspectives* by Robert-Paul Juster, Myra Gravel Crevier & Marie-France Marin.

Federal budget adds new advantages to the Registered Disability Savings Plan.

Even more reason to act on it now

If you still haven't done anything about setting up a Registered Disability Savings Plan for your ill relative, there's no better time than right now.

In the last federal budget, four significant changes to the Plan were announced that improve its flexibility and usefulness. Two examples: qualifying family members are now permitted to act as Plan holders and funds can be accessed without the severe repayment regulations that originally existed.

The RDSP is an important way you can provide your child with a more secure future. It needs professional planning, the sooner the better. Call your accountant, notary or financial planner to get the ball rolling quickly. ❐

TRIBUTES & MEMORIALS

In honor of Andrew Saunders
Andy Nulman

In honor of Bluma Appel
Gloria Kadonoff

In honor of Norma Block
Marylin and Jeffrey Block

In honor of Beppie Boudens
Ling Suen

In honor of Joanne Smith
Sylvie Albert

In honor of Sylvia Klein
Bill Klein

In honor of Annie Young and Sharleen Waxman
The Penny and Gordon Echenberg Family Foundation

In honor of Ella Amir and AMI's 35th anniversary
Marylin Block

In honor of Claire Gaudreau, Mary D. and Antonella D.
Antonella Nizzola

In memory of Monty Berger
Marsha Korenstein

In memory of Stanley Hyman
Pat and Paul Rubin

In memory of Monty Berger
Kay Simpson

In memory of Francis Craig
Kay Simpson

In memory of May Gruman
Kay Simpson
Marilyn Takefman

In memory of Ruth Thompson
Kay Simpson

In memory of Felice Pascal
Pat and Paul Rubin

In memory of Molly Zavelcoff
Pat and Paul Rubin

In memory of Gabriel Regev
Lynn and Andy Nulman

In memory of Anita Miller
Marylin Block
Kay Simpson
Joanne Smith

In memory of Marilyn Cohen
Estelle and Sy Greene

In memory of Gertrude Gerard Dumas
Lynn and Andy Nulman

AMI-Québec extends sympathy to the bereaved and appreciation to all donors for their generosity. For information, please phone 514-486-1448.

AMI-Québec Donation & Membership Form

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ADDRESS APT. #

CITY PROVINCE

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E-MAIL

Donations

(Tax deductible Business Number **89652 4071 RR0001**)

I wish to support your work with a donation

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☐ $250 Patron ☐ $500 Benefactor ☐ Other_____

I wish to make this donation ☐ in honor of: ☐ in memory of:

FOR US TO ACKNOWLEDGE YOUR GENEROSITY, SUPPLY DONEE'S NAME AND ADDRESS

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Our monthly giving program is an easy and effective way of ensuring regular support. (By Visa or MasterCard only.)

☐ $5 ☐ $10 ☐ $20 ☐ Other_____
(minimum $5/month)

Monthly donations will be deducted from your credit card the 15th of every month. You can change or cancel your monthly donation by calling 514-486-1448.

New Membership

Membership includes the quarterly *Share&Care*, other mailings and lecture announcements, access to the AMI library and all other activities. Complimentary membership is available for people with limited incomes.

Existing members receive their renewal notices in the mail

Membership ($25 annual): $_____

Donation: $_____

Total amount enclosed: $_____

Payment may be made by cheque, VISA, MASTERCARD or by phoning 514-486-1448

☐ VISA ☐ MASTERCARD ☐ Cheque

Card number

Name on card Exp. date

Send payment to **AMI-Québec,**
6875 Décarie, Suite 300, Montréal, Québec H3W 3E4
We never share, trade or sell donor information.

Caregiving *... continued from page 3*

AMI members stand to benefit

Amir's next step will be to see how AMI's support and education programs can be adapted to take advantage of the research findings. Although there were no ground-breaking discoveries, she notes that the study did confirm AMI's anecdotal experience. "To work as we do early on with caregivers, to promote family support in the ER, to suggest coping strategies and help people modify the way they look at mental illness — we always felt it was the right thing to do. Now the research confirms it."

On a broader scale, there's been little if any work done to date on caregiving in the context of mental illness. Amir searched and came up empty. The closest she could find was caregiving to sufferers of dementia such as Alzheimer's. But the reality of caring for someone with a mental illness is quite different and exceptionally high-burden, given that it's usually long-term and cyclical, and the stigma that sticks like glue can affect many family members.

So it's good news that there will be a third phase, Time 3, in Amir's research study. Questionnaires were sent out to AMI caregivers in April and the response has been gratifying. "The time span between Time 1 and Time 2 was around 16 months," Amir says. "It was really too short a period to expect a significant change in coping or subjective wellbeing. By adding Time 3 we'll be working with a three-year time span, so there's a better chance of seeing changes." ❐

amiquébec
Agir contre la maladie mentale
Action on mental illness

AMI-Québec, a grassroots organization, is committed to helping families manage the effects of mental illness through support, education, guidance and advocacy. By promoting understanding, we work to dispel the stigma still surrounding mental illness, thereby helping to create communities that offer new hope for meaningful lives.

Mental illnesses, widely viewed as biologically-based brain disorders, can profoundly disrupt a person's ability to think, feel and relate to others. Mental illness affects not only individuals, but also their families, friends and everyone around them.

SHARE&CARE

Share&Care is published quarterly for members of AMI-Québec and mental health professionals.

Ella Amir, *Managing Editor*
Bryna Feingold, *Associate Editor*
Liane Keightley, *Designer*

Articles and comments are invited. Anonymity will be respected if requested. Guest articles reflect the opinions of the authors and do not necessarily reflect the views of AMI-Québec.
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6875 Décarie, Suite 300, Montréal, Québec H3W 3E4
Telephone **514-486-1448** Toll-free **1-877-303-264** Fax: **514-486-6157**
Internet: **www.amiquebec.org** E-mail: **info@amiquebec.org**

Member of La Fédération des familles et amis de la personne atteinte de maladie mentale (Québec)