

# Community Counseling of Bristol County's *Mission in Motion*

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## Message from Phil Shea President/CEO

### DMH Selects CCBC for Specialty Program

The Department of Mental Health (DMH) recently selected CCBC to develop a specialized residential treatment program within our Community Based Flexible Support Program (CBFS). The program incorporates an evidence based practice known as Dialectic Behavior Therapy (DBT). The residential treatment program will serve individuals referred by DMH who typically will be referred from inpatient settings.

DBT is a treatment approach developed about twenty years ago by a psychologist named Marsha Linehan, Ph.D. DBT is often the treatment of choice for individuals with a high level of instability in their emotional, cognitive and interpersonal lives. Self-injury is not an uncommon feature. The approach relies heavily on the individual developing a set of skills that can be drawn upon during periods of stress and upheaval, building coping skills, resilience, and confidence over time.

CCBC was chosen to develop this specialty program based upon the expertise with the model in our Day Treatment and Partial Hospital Programs under Trish Bamford's leadership. This new program will incorporate a residential component through our CBFS program and a day treatment component through our Pathways Day Treatment program. We are fortunate to have a well trained and experienced staff delivering this care, including Trish Bamford, Jen Bertocini, Joy Camara, and Jen Troilo. We are proud of the work they have done to bring this level of care to those in our community, and grateful to them for making this new opportunity available to us.

Kelley Wallace, LICSW has been selected to lead the specialty program. A new residence will be purchased in Taunton to serve as home for those enrolled in the program. The DBT staff will include a peer specialist with DBT experience.

It is worth noting that Marsha Linehan herself experienced serious mental illness and is a great example of the possibilities of recovery.

The article that follows first appeared in the New York Times in 2011, in which she breaks her silence about her own experience with borderline personality disorder. It is a candid, powerful, and courageous story of the power of hope and recovery for all those who struggle with mental illness.

### Expert on Mental Illness Reveals Her Own Fight The New York Times

By BENEDICT CAREY, published: June 23, 2011

The patient wanted to know, and her therapist — Marsha M. Linehan of the University of Washington, creator of a treatment used world-wide for severely suicidal people — had a ready answer. It was the one she always used to cut the question short, whether a patient asked it hopefully, accusingly or knowingly, having glimpsed the macramé of faded burns, cuts and welts on Dr. Linehan's arms:

"You mean, have I suffered?"

"No, Marsha," the patient replied, in an encounter last spring. "I mean one of us. Like us. Because if you were, it would give all of us so much hope."

*Continued on page 9*

## Human Resources

### Welcome to New Staff!

CCBC would like to acknowledge and welcome our new hires for September through December 2014.

#### SEPTEMBER

*Robert Curley, CBFS-T*  
*Bryana Donnelly, CBFS-T*  
*Afton Greenidge, CSA*  
*Charleen Melo, CBFS-T*  
*Commie Weathers, CBFS-T*

#### OCTOBER

*Alisse Desrosiers, CSP*  
*Amanda Swartz, CSP*

#### NOVEMBER

*None*

#### DECEMBER

*Oluwaseun Oni, CBFS-T*  
*Melissa Hathaway, AOP*  
*Jasmine Ramirez, CSP*  
*Antionette Zaleski, CSP*  
*Shane Halajko, CSA*  
*Jacqueline Watch, CSA*  
*Christine Taksery, AOP*  
*Michael-Anne Fernandes, CBFS-A*  
*Karen Correia, CSP*  
*Katelyn Costello, CSP*  
*Christine LaPierre, CSP*  
*Jennifer Hall, New Horizons*



## CCBC welcomes New Board Members

Don Smyth, Vice President of Bristol County Savings Bank and Dan LaBrun, Mortgage Originator at BankFive joined CCBC's Board of Directors in 2014. Don Smyth has been a past board member of CCBC and Dan LaBrun, a former fundraiser for a Domestic Violence non-profit and current BankFive executive is a new member.

CCBC wishes to welcome Don and Dan to the agency and thank them for their willingness to serve.

## 403-b Savings Plan



We are pleased to report that CCBC's Board of Directors approved a matching contribution for all staff participating in our 403-b Savings Plan for the Plan Year ending December 31, 2014.

This past year the organization's contribution to your savings account matched your contribution up to 4% of your gross salary. If you contributed less than 4% of your salary the matching contribution was equal to your contribution.



## CCBC United Way Campaign

The grand total for our 2015 Employee United Way Campaign is **\$20,519**. The two teams with 100% participation are CSP and CSA. CCBC would like to thank those who gave for their continued support in our efforts to help our community through the United Way of Greater Attleboro/Taunton.



## PREVENTION AND WELLNESS NETWORK

By Ellen-Bruder Moore, VP  
Community Support Services

**The Prevention and Wellness Network (PWN)** is the new name for the local Community Health Network (CHNA) initiative that serves to bring business organizations, educational institutions, non-profits, and health providers together to work collaboratively on key health issues to help improve the health of our overall community. The CHNA had been known as the Greater Taunton Health and Human Services Coalition (GTHHSC), and prior to that the Greater Attleboro-Taunton Health and Education Response (GATHER). The PWN serves the communities of Attleboro, Berkley, Dighton, Lakeville, Mansfield, Middleboro, North Attleboro, Norton, Raynham, Rehoboth, Seekonk and Taunton.

The PWN recently sponsored its first Health Summit on October 17, 2014, where nearly 100 health professionals and local high school students met at the Taunton Holiday Inn to launch the development of a Community Health Improvement Plan for the area. The Health Summit focused on policies and programs to promote physical activity, prevent falls among the elderly, and address risk behaviors associated with substance use. CCBC was one of the sponsors of the Health Summit. Other sponsors include Morton Hospital, Signature Healthcare, and the United Way of Greater Attleboro and Taunton.

To date, the PWN has successfully coordinated community agencies and formed the partnerships necessary to apply for such grants as: Mass in Motion and most recently the Massachusetts Opioid Abuse Prevention Collaborative (MOAPC). These partnerships have created a network for ongoing joint efforts and improved communications.

Any public or private agency (for-profit or not-for-profit), business, clergy, consumers, students and residents of the catchment area can join the PWN.

Consider joining this Network to share your input towards goals and outcomes in your community.

The PWN meets on the 3rd Tuesday of each month, other than July and August, at the LifeCare Center of Raynham, 546 South Street E, Raynham, MA 02767. Time is 9-10:30 am.

To contact the PWN:  
**Prevention & Wellness Network**  
P.O. Box 792  
North Dighton, MA 02764  
[pwnetwk@gmail.com](mailto:pwnetwk@gmail.com)

You can also like us on facebook:

<https://www.facebook.com/PreventionandWellnessNetwork>



## CCBC Receives Grant Award from Bristol County Savings Foundation

CCBC recently received \$7,500 from Bristol County Savings Foundation to be used towards new vinyl siding at the Dr. Robert Smith House.

The Smith House is a transitional house that provides a safe, stable living environment on a short term basis for twelve adult men in early recovery from chemical addiction. The goal is for individuals to make progress in their recovery, as well as their vocation and social functioning, such that they may transition to a more independent living situation. Based on an average 6 to 12 month stay, the program serves 24 guests in the course of a year. Those enrolled in the program attend regular self-help meetings and are enrolled in substance abuse counseling.



## CCBC Staff “GOING THE DISTANCE.” 5-mile Taunton Turkey Trot raises money for local YMCA

Excerpt from Taunton Gazette article by Marc Larocque

TAUNTON, NOV 16, 2014— Runners warmed into the Thanksgiving mood by going 5 miles in Taunton, to celebrate fitness and to support a local organization.

The 31st annual Taunton YMCA Turkey Trot drew about 200 runners to help raise money for the Old Colony Y’s Annual Campaign, which helps provide membership scholarships to those in need, child care services and other health programs.

“Every year we have a good turnout,” Doherty said. “It’s a good run for a couple of reasons. One, it’s a flat run. The distance is a little longer for people who are used to 5Ks. ... We also try to make it a family event.”

Doherty said that the event is an important fundraiser for the YMCA, with very little overhead.

The winner of the race for the men was Mike Norton (29:06), of Falmouth, who has been running the race for over 20 years. Coming in first for the women was CCBC employee Jennifer Booth (38:09), a Raynham native who now lives in Taunton. Another CCBC employee, Terry Ruby, was also the winner of her division (42:18.)

***Congratulations to both Jen and Terry on their great runs for a greater cause!***

## Another successful toy drive

By Becky Roberts, Newsletter Editor

CCBC wishes to thank management and staff for their generous donations of money and toys that led to another successful toy drive.



A special thanks is given to our tireless leaders, Tara Stuart & Emily Baumgart, who are pictured holding thank you bouquets that were presented by Andy Dawley on December 24th.

The total spent on toys was \$3,500, which includes savings from last year and \$1,300 raised this year. Families served were divided between Tara and Emily—with Tara preparing the gifts for CSP, PACT, HIV, and AOP and Emily for COP, IHT, and CSA. We are pleased to report that over 500 children and 200 families were served this year.

Once again, your generosity helped us make a difference in giving many local families a brighter holiday!

## Flashback to the 70s Era!

**Grab your love beads, your forty-fives,  
Dust off your bell-bottoms, for a party that jives.  
Let’s recall the good times, the memories that last.**

Join CCBC’s HIV Case Management Program  
for an evening of 70s fun!

Saturday, March 14, 2015  
Columbia Cultural Center  
775 John Quincy Adam Rd, Taunton  
Time: 6-11 pm



DJ, Dance, Food, Fun, Raffles  
and more.... Get into  
your best 70s outfit and boogie the night away!  
\$20.00 per person  
For tickets contact Aida Rivera (774) 955-3363



Continuum of Care Award Recipients:

From left to right: Kevin McCarthy, Chair, Continuum of Care of the Greater Bristol County Attleboro/Taunton Coalition to End Homelessness (GBCATCH), Melissa VanHorn, United Way of Greater Attleboro/Taunton, Mary Beth Forshaw and Ellen Bruder-Moore, CCBC, Mark Bilton, DMH and Phil Shea, CCBC.

## ABH Recognizes CCBC with Award for Excellence in Best Practices

By Andy Dawley, COO

Each year the Association for Behavioral Healthcare (ABH), a statewide organization representing over 80 community-based behavioral healthcare provider organizations, recognizes individuals and groups who have made impressive contributions to the field of mental health and addiction treatment. On October 24th over 370 attendees were present at the Westin Waltham Hotel to celebrate the accomplishments of the 2014 award recipients.

**We are proud to announce that the Taunton/Attleboro Continuum of Care was the recipient of the "Excellence in Best Practices" award.**

*"On behalf of ABH, we want to thank all of today's award recipients for the important work that they do," said Vic DiGravio, CEO and President of ABH. "The dedication of everyone in this room to individuals and families struggling with substance use and mental health disorders is truly making a difference in our communities, and we salute you for your life-changing work."*

This nomination for **Excellence in Best Practices** recognizes the exemplary work and achievements of the Taunton/Attleboro Continuum of Care (CoC), a group of individuals representing a network of public and private organizations

working together to decrease homelessness and increase the stock of affordable housing in the community. This network is comprised of CCBC (Ellen Bruder-Moore and Mary Beth Forshaw), the Taunton Housing Authority (Colleen Doherty), the United Way of Greater Attleboro/Taunton (Melissa Van Horn), the Department of Mental Health (Mark Bilton) and the chairperson of the central local homelessness committee (the "GBCATCH"), Kevin McCarthy.

For programs operated by CCBC, the cooperation between organizations promotes an integrated process that addresses the multiple needs of those seeking services through the provision of housing, rehabilitation supports, and integrated MH/SA treatment. For many individuals and families, goals typically include obtaining and retaining permanent housing; increasing vocational, functional, and social skills; increasing income; and achieving greater self-determination.

This nominated network of housing providers and advocates takes great pride in its long-term experience providing community-based housing solutions.



Top, Phil Shea and bottom, Ellen Bruder-Moore gave thank you remarks and spoke about the important work of the Continuum of Care.





## Emergency shelters cause for concern at meeting of Greater Attleboro/Taunton Coalition on Homeless

By Marc Larocque Taunton Gazette Staff Reporter Jan. 21, 2014

With another winter storm blasting the area with snow and freezing temperatures, the Greater Attleboro/Taunton Coalition on Homelessness discussed the need to form an emergency shelter in Taunton during the group's monthly meeting on Tuesday.

The committee also discussed the upcoming "point-in-time count," which will take place at the end of the month to count how many homeless people are in the area, in addition to the group's first "unaccompanied youth count" to take place in Taunton. Ellen Bruder-Moore, vice president of housing and community initiatives for Community Counseling of Bristol County, said that volunteers are needed to help with both counts, which are instrumental in securing government funding for local programs to address homelessness.

During the meeting, Bruder-Moore brought up the need for an emergency shelter in Taunton to provide warmth for the homeless out on the streets in the extreme weather. Taunton City Councilor John McCaul attended the meeting and spoke about his desire to work jointly with churches in the area and advocates for the homeless to establish an emergency shelter system when the weather gets rough. McCaul said that he got permission from Taunton Mayor Thomas Hoye Jr. to use the city's police station lobby as a temporary emergency shelter for the homeless for Tuesday night's storm. It was the second time this year that the police station was designated for emergency shelter use. But it shouldn't be that way, McCaul said. "It's not right," McCaul said. "I spoke up and said, 'It's about time churches come into play and help out the homeless.' I spoke with leaders of local churches who said they want to help. What we really need to do, is have a plan in place."

One member of the committee then objected, saying that there are state regulations and other rules that would prevent churches from serving as temporary emergency shelters, for reasons such as not having emergency sprinkler systems. McCaul said that advocates for homeless in the area need to come together and find a way to make it possible. Also during the meeting, Bruder-Moore provided information about the upcoming homeless counts in the city, which are used to report findings in the group's annual application to the federal Department of Housing and Urban Development for homeless funding and support.

The point-in-time homeless count is set for Jan. 29, the group said. Volunteers for the point in time count will spread across the community to look for potential unsheltered individuals and families in order to interview them. The purpose is two-fold, not only report data on their situation but also to offer resources to help them." Volunteers will visit areas where they know the homeless may be gathering, including soup kitchens, campgrounds, and areas reported to have signs of potential homeless staying in tents or cars," the group said in a statement. "Additionally, the count will include those who are sheltered in individual or family shelters in the area, as well as transitional housing, as HUD considers these individuals still homeless until permanent housing is secured."

This year, in addition to the regular point-in-time count, another count will focus on homeless youth and other "unaccompanied youth," along with the rest of the so-called "continuum of care" networks throughout the state. GATCH is holding its youth count for three days, beginning on Jan. 29. Bruder-Moore said that the GATCH would work with the Silver City Teen Center, opening its doors and offering pizza and prizes, in exchange for youth filling out surveys. The surveys don't focus just on homelessness, but they ask the question, "Where did you sleep last night?" Bruder-Moore said.

To get involved with this year's counts, contact Ellen Bruder-Moore at [ebruder-moore@comcounseling.org](mailto:ebruder-moore@comcounseling.org), or Melissa VanHorn at [melissa@uwgat.org](mailto:melissa@uwgat.org).

Additionally, during Tuesday's meeting, the group discussed the total request that it was making from the federal government for funding this year. The total request, for funds serving several area organizations providing homelessness services, was \$933,537. Board Chairman Kevin McCarthy discussed the cuts that the continuum of care is facing this year, adding that he can't fathom why cuts are being made to these services. The overall difference from current budgets to new budgets for the local organizations serving the homeless was \$48,495, after the prioritization of federal funding, according to a form circulated at the meeting.

## Safety Committee Update

By Andy Dawley, COO

During the past few years CCBC has embarked on a comprehensive safety initiative highlighted by:

- The formation of the Safety Committee in March 2012 comprised of representatives across agency programs;
- The introduction of safety training for all staff with direct client contact via Crisis Prevention Institute (CPI);
- The training of staff to be in-house CPI trainers;
- An Employee Safety Survey receiving over 250 staff responses;
- Safety Focus Groups in Taunton and Attleboro;
- Safety Training “refreshers” conducted at staff meetings;
- Debriefings following adverse events;
- Dedicated safety email and voicemail;
- Safety Policies and Procedures re: workplace violence prevention and weapons;
- The distribution of over 200 personal safety devices via 5Star by Great Call for staff with primary community outreach; and
- Newsletter and email safety reminders and tips.

**Attleboro Forum:** In November, the Safety Committee hosted a very well attended Safety Focus group at the CBFS Bank Street location. At that meeting the agency’s safety initiative was reviewed and a discussion ensued about ways to improve safety at CCBC. Suggestions ranged from enhanced exterior lighting, office based security, parking lot safety, and how to implement a “buddy” system. Since that meeting members of the Safety Committee led by our Facilities Director, Greg Marshall, have been inspecting our Attleboro GLEs and the clinic site at Bank Street to consider ways to respond to the suggestions. Some remedies are simple, such as installing “peep holes” in clinic doors to see hallways, to replacing burnt out exterior light bulbs, while other remedies will require more consideration. The Safety Committee will host a similar event in Taunton at a date and location to be determined sometime in February or March. A meeting notice will be sent out via our “comcounseling” email system.



The Safety Committee has also been working hard at developing a **Workplace Violence Prevention Plan (WVPP)** that synthesizes our overall safety initiative and, going forward, will be a central safety reference resource for all staff. You will receive a hard copy of this plan within the next month and it will also be available electronically.

**Dedicated email and voicemail:** The CCBC Safety Committee wants to again remind staff about the agency’s dedicated email address and voice mail box as another means for employees to share safety concerns or to pose questions on safety at CCBC.

The email address is: [safety@comcounseling.org](mailto:safety@comcounseling.org)  
The voice mail box is: **699**

All employees are also invited to contact our Chief Operating Officer, Andy Dawley at either his desk number of 508-977-8009, via cell at 774-955-3538 or email at [ADawley@comcounseling.org](mailto:ADawley@comcounseling.org) to express any safety concerns or to make suggestions on ways to make CCBC as safe a working environment as possible.

### For 2015:

The Safety Committee will continue much of work referenced above but also plans to host additional safety forums, repeat the employee safety survey, and conduct safety surveys at our sites. Should you wish to become a member of the agency’s Safety Committee please discuss this with your supervisor, then contact Andy at one of the above contacts locations. Safety Committee meetings are also open to all staff. Meetings are the second Friday of every month from 1:00 to 2:30 in the Large Conference Room at our 1 Washington Street location.

**Note:** If your job involves direct client contact via community outreach and you have not yet received a personal safety device, please notify Andy using the contact information provided above.

## CPI: Pathway to Prevention

By Tom Loftus, MS, LMHC  
Quality Management and Compliance Coordinator

### Behavior as Communication

CCBC's CPI Instructor community has been actively looking at ways to continue to develop how we teach CPI's Nonviolent Crisis Intervention (NVCI) model. We realize some staff has taken the course before. Keeping this in mind, as well as committing toward making this training more impactful, one initiative the Team has been looking at is what generates behavior rather than just identifying behaviors associated with the various stages of the Crisis Development Model. There are numerous ways to do this. Whether it's Cognitive Behavioral Therapy (CBT) or other models, there is always something that occurs first; before an escalation in behavior.

In CBT there is a *thought*, which leads to a *feeling*, which in turn generates an *action*. Interventions that examine the thought process focus on helping the client to identify their hopes and interpretations so that more effective strategies can be employed. In another approach of exploring behaviors, finding the *precursors* or *antecedents* provides information to help redirect and/or identify triggers. These various approaches help to recognize what leads to certain choices and what might help contribute toward a client having more favorable outcomes.

The above descriptions are rather simplistic. The point is that just being aware that something generates behavior helps us to not take it personally. Instead we can see this as a *gift*. This reframe can be freeing. The client is telling us something. The behavior exhibited is communication in its own right.

Supervision and program/team meetings are a great opportunity to look at challenging interactions. Other team-members can learn from this review as colleagues gain knowledge from each other.

On a related note, our CPI Instructors want to respond to staff feedback that we have received through attendee evaluations of CPI NVCI training indicating that staff would like to have more examples and assistance with interventions specific to their programs. We would like to use your input in generating program-specific "refreshers" based upon your needs. Stay tuned for further announcements. Feel free to send any training needs to me or other make any other requests to me at [TLoftus@comcounseling.org](mailto:TLoftus@comcounseling.org).

Lastly as a reminder, one of our agency safety initiatives includes a dedicated email and voice mail box to share your safety concerns:

The email address is: [safety@comcounseling.org](mailto:safety@comcounseling.org)  
The voice mail box is: Extension 699

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### BONUS QUALITY QUOTE

*"If violence is the language of the unheard, and all behavior is communication, let us all hear each other when we are simply anxious."*  
*Kendra Stea, MS, NCC, Director of Client Services at CPI*

### Jan—Jun 2015 CPI Training Dates

Upcoming CPI Training Dates at One Washington Street:

- Wednesday, January 28, 2015
- Wednesday, February 18, 2015
- Wednesday, March 18, 2015
- Saturday, April 11, 2015
- Wednesday, April 22, 2015
- Wednesday, May 20, 2015
- Wednesday, June 17, 2015

All sessions are scheduled for 9 am—4 pm, however they will end when the class is finished.

All class registrations are made by staff through Relias (<http://ccbc.training.reliaslearning.com/lib/Authenticate.aspx>).

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“That did it,” said Dr. Linehan, 68, who told her story in public for the first time last week before an audience of friends, family and doctors at the Institute of Living, the Hartford clinic where she was first treated for extreme social withdrawal at age 17. “So many people have begged me to come forward, and I just thought — well, I have to do this. I owe it to them. I cannot die a coward.”



No one knows how many people with severe mental illness live what appear to be normal, successful lives, because such people are not in the habit of announcing themselves. They are too busy juggling

responsibilities, paying the bills, studying, raising families — all while weathering gusts of dark emotions or delusions that would quickly overwhelm almost anyone else.

Now, an increasing number of them are risking exposure of their secret, saying that the time is right. The nation’s mental health system is a shambles, they say, criminalizing many patients and warehousing some of the most severe in nursing and group homes where they receive care from workers with minimal qualifications.

Moreover, the enduring stigma of mental illness teaches people with such a diagnosis to think of themselves as victims, snuffing out the one thing that can motivate them to find treatment: hope.

“There’s a tremendous need to implode the myths of mental illness, to put a face on it, to show people that a diagnosis does not have to lead to a painful and oblique life,” said Elyn R. Saks, a professor at the University of Southern California School of Law who chronicles her own struggles with schizophrenia in “The Center Cannot Hold: My Journey Through Madness.” “We who struggle with these disorders can lead full, happy, productive lives, if we have the right resources.”

These include medication (usually), therapy (often), a measure of good luck (always) — and, most of all, the inner strength to manage one’s demons, if not banish them. That strength can come from any number of places, these former patients say: love, forgiveness, faith in God, a lifelong friendship.

But Dr. Linehan’s case shows there is no recipe. She was driven by a mission to rescue people who are chronically suicidal, often as a result of borderline personality disorder, an enigmatic condition characterized in part by self-destructive urges.

### **‘I Was in Hell’**

She learned the central tragedy of severe mental illness the hard way, banging her head against the wall of a locked room.

Marsha Linehan arrived at the Institute of Living on March 9, 1961, at age 17, and quickly became the sole occupant of the seclusion room on the unit known as Thompson Two, for the most severely ill patients. The staff saw no alternative: The girl attacked herself habitually, burning her wrists with cigarettes, slashing her arms, her legs, her midsection, using any sharp object she could get her hands on.

The seclusion room, a small cell with a bed, a chair and a tiny, barred window, had no such weapon. Yet her urge to die only deepened. So she did the only thing that made any sense to her at the time: banged her head against the wall and, later, the floor. Hard.

“My whole experience of these episodes was that someone else was doing it; it was like ‘I know this is coming, I’m out of control, somebody help me; where are you, God?’ ” she said. “I felt totally empty, like the Tin Man; I had no way to communicate what was going on, no way to understand it.”

Her childhood, in Tulsa, Okla., provided few clues. An excellent student from early on, a natural on the piano, she was the third of six children of an oilman and his wife, an outgoing woman who juggled child care with the Junior League and Tulsa social events.

People who knew the Linehans at that time remember that their precocious third child was often in trouble at home, and Dr. Linehan recalls feeling deeply inadequate compared with her attractive and accomplished siblings. But whatever currents of distress ran under the surface, no one took much notice until she was bedridden with headaches in her senior year of high school.

Her younger sister, Aline Haynes, said: “This was Tulsa in the 1960s, and I don’t think my parents had any idea what to do with Marsha. No one really knew what mental illness was.” Soon, a local psychiatrist recommended a stay at the Institute of Living, to get to the bottom of the problem. There, doctors gave her a diagnosis of schizophrenia; dosed her with Thorazine, Librium and other powerful drugs, as well as hours of Freudian analysis; and strapped her down for electroshock treatments, 14 shocks the first time through and 16 the second, according to her medical records. Nothing changed, and soon enough the patient was back in seclusion on the locked ward.

“Everyone was terrified of ending up in there,” said Sebern Fisher, a fellow patient who became a close friend. But whatever her surroundings, Ms. Fisher added, “Marsha

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was capable of caring a great deal about another person; her passion was as deep as her loneliness.”

A discharge summary, dated May 31, 1963, noted that “during 26 months of hospitalization, Miss Linehan was, for a considerable part of this time, one of the most disturbed patients in the hospital.”

No one knew what was happening to her, and as a result medical care only made it worse. Any real treatment would have to be based not on some theory, she later concluded, but on facts: which precise emotion led to which thought led to the latest gruesome act. It would have to break that chain — and teach a new behavior.

“I was in hell,” she said. “And I made a vow: when I get out, I’m going to come back and get others out of here.”

**Radical Acceptance** - She sensed the power of another principle while praying in a small chapel in Chicago. It was 1967, several years after she left the institute as a desperate 20-year-old whom doctors gave little chance of surviving outside the hospital. Survive she did, barely: there was at least one suicide attempt in Tulsa, when she first arrived home; and another episode after she moved to a Y.M.C.A. in Chicago to start over.

She was hospitalized again and emerged confused, lonely and more committed than ever to her Catholic faith. She moved into another Y, found a job as a clerk in an insurance company, started taking night classes at Loyola University — and prayed, often, at a chapel in the Cenacle Retreat Center.

“One night I was kneeling in there, looking up at the cross, and the whole place became gold — and suddenly I felt something coming toward me,” she said. “It was this shimmering experience, and I just ran back to my room and said, ‘I love myself.’ It was the first time I remember talking to myself in the first person. I felt transformed.”

The high lasted about a year, before the feelings of devastation returned in the wake of a romance that ended. But something was different. She could now weather her emotional storms without cutting or harming herself.

### **What had changed?**

It took years of study in psychology — she earned a Ph.D. at Loyola in 1971 — before she found an answer. On the surface, it seemed obvious: She had accepted herself as she was. She had tried to kill herself so many times because the gulf between the person she wanted to be and the person she was left her desperate, hopeless, deeply homesick for a life she would never know. That gulf was real, and unbridgeable.

That basic idea — radical acceptance, she now calls it — became increasingly important as she began working with patients, first at a suicide clinic in Buffalo and later as

a researcher. Yes, real change was possible. The emerging discipline of behaviorism taught that people could learn new behaviors — and that acting differently can in time alter underlying emotions from the top down.

But deeply suicidal people have tried to change a million times and failed. The only way to get through to them was to acknowledge that their behavior made sense: Thoughts of death were sweet release given what they were suffering.

“She was very creative with people. I saw that right away,” said Gerald C. Davison, who in 1972 admitted Dr. Linehan into a postdoctoral program in behavioral therapy at Stony Brook University. “She could get people off center, challenge them with things they didn’t want to hear without making them feel put down.”

No therapist could promise a quick transformation or even sudden “insight,” much less a shimmering religious vision. But now Dr. Linehan was closing in on two seemingly opposed principles that could form the basis of a treatment: acceptance of life as it is, not as it is supposed to be; and the need to change, despite that reality and because of it. The only way to know for sure whether she had something more than a theory was to test it scientifically in the real world — and there was never any doubt where to start.

### **Getting Through the Day**

“I decided to get super suicidal people, the very worst cases, because I figured these are the most miserable people in the world — they think they’re evil, that they’re bad, bad, bad — and I understood that they weren’t,” she said. “I understood their suffering because I’d been there, in hell, with no idea how to get out.”

In particular she chose to treat people with a diagnosis that she would have given her young self: borderline personality disorder, a poorly understood condition characterized by neediness, outbursts and self-destructive urges, often leading to cutting or burning. In therapy, borderline patients can be terrors — manipulative, hostile, sometimes ominously mute, and notorious for storming out threatening suicide.

Dr. Linehan found that the tension of acceptance could at least keep people in the room: patients accept who they are, that they feel the mental squalls of rage, emptiness and anxiety far more intensely than most people do. In turn, the therapist accepts that given all this, cutting, burning and suicide attempts make some sense.

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Finally, the therapist elicits a commitment from the patient to change his or her behavior, a verbal pledge in exchange for a chance to live: “Therapy does not work for people who are dead” is one way she puts it.

Yet even as she climbed the academic ladder, moving from the Catholic University of America to the University of Washington in 1977, she understood from her own experience that acceptance and change were hardly enough. During those first years in Seattle she sometimes felt suicidal while driving to work; even today, she can feel rushes of panic, most recently while driving through tunnels. She relied on therapists herself, off and on over the years, for support and guidance (she does not remember taking medication after leaving the institute).

Dr. Linehan’s own emerging approach to treatment — now called dialectical behavior therapy, or D.B.T. — would also have to include day-to-day skills. A commitment means very little, after all, if people do not have the tools to carry it out. She borrowed some of these from other behavioral therapies and added elements, like opposite action, in which patients act opposite to the way they feel when an emotion is inappropriate; and mindfulness meditation, a Zen technique in which people focus on their breath and observe their emotions come and go without acting on them. In studies in the 1980s and ’90s, researchers at the University of Washington and elsewhere tracked the progress of hundreds of borderline patients at high risk of suicide who attended weekly dialectical therapy sessions. Compared with similar patients who got other experts’ treatments, those who learned Dr. Linehan’s approach made far fewer suicide attempts, landed in the hospital less often and were more likely to stay in treatment. D.B.T. is now widely used for a variety of stubborn clients, including juvenile offenders, people with eating disorders and those with drug addictions.

“I think the reason D.B.T. has made such a splash is that it addresses something that couldn’t be treated before; people were just at a loss when it came to borderline,” said Lisa Onken, chief of the behavioral and integrative treatment branch of the National Institutes of Health. “But I think the reason it has resonated so much with community therapists has a lot to do with Marsha Linehan’s charisma, her ability to connect with clinical people as well as a scientific audience.”

Most remarkably, perhaps, Dr. Linehan has reached a place where she can stand up and tell her story, come what will. “I’m a very happy person now,” she said in an interview at her house near campus, where she lives with her adopted daughter, Geraldine, and Geraldine’s husband, Nate. “I still have ups and downs, of course, but I think no more than anyone else.”

After her coming-out speech last week, she visited the seclusion room, which has since been converted to a small office. “Well, look at that, they changed the windows,” she said, holding her palms up. “There’s so much more light.”

## We’ve Changed Our Look!

*By Becky Roberts, Newsletter Editor*

**Logo.** When the last newsletter was issued we were close to selecting a winning logo for our rebrand. I am pleased to announce that it is finally here!

After receiving quite a few competitive designs, we selected the one that seems to best portray CCBC’s mission and vision. The new half circle, or “swish” as some call it, represents motion and an openness to lead the agency through the challenging healthcare landscape ahead.

Since many of our providers, partners, and consumers already know us as “CCBC,” **and** we do much more than just counseling, the goal was to place the emphasis on the CCBC acronym. Additionally we added a new tag line **“Behavioral Healthcare Solutions”** that represents our ability to not only give our clients high quality services, but speaks to the experience and expertise of staff to develop and deliver solutions.

**Website.** We anticipate that the website launch date will be around February 1st. Upon review, you will quickly notice that it has a lot of movement and pictures with less text—and has been set up to accommodate different electronic devices. Whether you use a desktop, laptop, tablet, or smart phone, the text and images adjust accordingly to make it a user friendly website.

**Rebrand.** Going forward we will be rolling out our rebrand with new stationary, business cards, forms and signage. Stay tuned for specifics on when and how this will impact your program.

Please contact me with any questions about the transition and roll-out. (508) 977-8117

