



Tulsa Alliance News

NAMI-Tulsa (formerly TAMI) is affiliated with The National Alliance on Mental Illness (NAMI) and NAMI-Oklahoma
Email: NAMI-Tulsa@sbcglobal.net
Website: <http://tulsa.nami.org>



Telephone: 918-587-6264

Volume XXV Number I

The Grassroots Voice on Mental Illness

January 2010

Followup on Budget Cuts

Recently, Oklahoma's Department of Mental Health and Substance Abuse Services (ODMHSAS) has had some pretty severe budget cuts due to the state revenue short falls. These shortages are resulting in the ODMHSAS having less money to disperse to all Oklahoma's mental health care programs and services.

Statewide, ODMHSAS funded mental health care providers and organizations are being forced to look elsewhere for funding in order to continue to provide much needed clinical services and care. In several situations, patient care may put our family members in jeopardy due to waiting lists for both inpatient and outpatient services. Currently, state sponsored providers are in the process of reducing or eliminating key clinical programs.

Advocacy organizations including the state offices of NAMI Oklahoma and local affiliates are being forced to endure draconian cuts in program

(Continued on page 4)

January Meeting

Date: Thursday, January 14, 2010

Time: 7:00 p.m.

Place: Fellowship Congregational Church
2900 South Harvard

Speaker: Caroline Z-H. Abbott, Esq. the Legal Outreach Coordinator for the Mental Health Association in Tulsa (MHAT)

Caroline Abbott, is a licensed attorney whose primary focus is on system-wide improvement of justice for these identified persons. She also counsels with and advocates for individuals and groups on such issues as access to justice, guardianships, legal and related resources, healthcare directives, and similar topics. Time will be allotted for questions and answers.

Light refreshments will be served.

*To keep a lamp burning
we have to keep putting oil in it.*

Mother Teresa of Calcutta—1910-1997 — Yugoslav-born Missionary

Book Review

Train Your Mind - Change Your Brain

by Sharon Begley

Ballantine Books, New York (2007)

In this book, Sharon Begley provides a thorough coverage of a number of aspects in which the study of neuroplasticity is providing a revolution in scientific understanding of the brain. The title shows that science is beginning to recognize a difference between "mind" and "brain." But, although science cannot define "mind" in terms of a physical entity, or show how thought can cause a change in the physical neurons of the brain, recent pioneering studies reported in this book show that the brain is capable not only of altering its structure but also of generating new neurons even into old age. This means that we do not have to be slaves to either genes or to neurotransmitters.

The book is the tenth in a series of the Mind and Life Institute, and results largely from the proceedings of the twelfth meeting of that Institute in Dharamsala, India, in October, 2004. It brings together the experience of Buddhist meditative practice and of scientific experimentation.

It was not until the 1990's that science began to realize that the brain is not "hardwired" from birth. The discovery of neuroplasticity puts an end

(Continued on page 3)

Laws Governing Civil Commitment

A very brief history: Let's start with the snake pits of the first half of the twentieth century—those huge, state-run mental hospitals, sometimes holding as many as 10,000 unfortunate persons, many of whom spent decades, if not lifetimes, being warehoused because there was little in the way of treatment for mental illness. Then in the late 1950's, with the discovery of antipsychotic medications such as Haldol, people began to be discharged. Discharge gained momentum during the 1960's; the federal government invested heavily in community mental health centers with the vision of treating individuals in an outpatient setting, allowing them to participate with their families in the community.

During the 1970's, a period marked by giant steps in civil rights for many groups, such as African-Americans, women, and Native Americans, we saw the rise of "mental health law," that is, several major court cases redressing the terrible injustices that had been suffered by those with mental illness. The protections finally given to consumers were very much needed, yet, as the decades passed, these civil rights became more and more hollow and even destructive to those they were meant to protect.

Several national policy changes in the early 1980's unleashed the current wave of homelessness that swept up the mentally ill, together with low-income people who could no longer find affordable housing. Also, federal support of the community mental health centers dwindled, clouding the rosy vision of the 1960's. In our major cities, people with mental illness found themselves with the right to live in cardboard boxes or abandoned buildings, eat out of dumpsters, be beat up or killed, or wind up in prison. After five or six decades of social change, many people with mental illness have come full circle and been reinstitutionalized—either in homeless shelters or in prison.

It doesn't have to be this way! Indeed, it's an outrage that this is so! The 1990's were known as "The Decade of the Brain." Our knowledge of the

(Continued on page 3)



Are you up-to-date on your dues?

Check the date on your mailing label of your news-
letter.

09-01-2009

Joe & Jane Doe
1234 No Where Lane
Your City, Your State Zip



If it is not up-to-date, please send
your dues with the back page
of this newsletter to:

NAMI Tulsa
700 S. Boston, Suite 219
Tulsa, OK 74119

COA Conference Planning Meeting

The COA Conference Planning Meeting, which was scheduled for Friday, December 18th at the NAMI OK office, was postponed until January 8th at 3 p.m. at the NAMI OK office.

Jinneh T. Dyson, M.S.



**Begins January 14, 2010
6:00-8:30pm**

A free 12-week course offering education and support for families and friends of veterans who live with PTSD, or major brain disorders such as depression, bi-polar and schizophrenia.

The course is taught by trained NAMI members who have lived with this experience. It teaches knowledge and skills that help family members cope more effectively.

- Attend with other families like you in a confidential setting.
- Gain insight into how these disorders affect your relative.
- Take a look inside some of today's current brain research.
- Learn how families can become advocates for better treatment.
- Learn about medications and treatment options.
- Gain hope for a brighter future.

Many describe this program as life changing. Join the over 150,000 individuals just like you who have gained information, insight, understanding and empowerment.

Priority will be given to military families

Class size is limited

Call today to register! 918-587-6264

Class teachers are both NAMI members and former members of the military. They have facilitated several Family-to-Family classes and have lived with the family experience for 8 years.

<http://tulsa.nami.org>



Tulsa Alliance News

NAMI Tulsa is affiliated with
The National Alliance on Mental Illness (NAMI)
and NAMI Oklahoma

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The Tulsa Alliance News is published monthly. Opinions expressed in articles, news items, editorials, and letters from our readers are those of the authors, and not necessarily those of the Tulsa Alliance on Mental Illness.

Contributions from our readers are encouraged, and are published subject to availability of space. Authors are responsible for the accuracy of their statements.

Contributions may be e-mailed to NAMI-Tulsa@sbcglobal.net or mailed to:

Tulsa Alliance on Mental Illness (NAMI Tulsa)
700 S. Boston, Suite 219
Tulsa, OK 74119

You can access us through our website at <http://tulsa.nami.org> or NAMI's website at www.nami.org

Funded in part by the Oklahoma Department of Mental Health and Substance Abuse Services

*Action may not always bring happiness, but
there is no happiness without action.*

Benjamin Disraeli, 1804-1881
British Prime Minister and Writer



(Laws—Continued from page 1)

brain is moving ahead daily by leaps and bounds, thanks to the advent of functional MRI's. New and better medications regularly come on the market. Treatment methods have been thoroughly researched, and we have a wealth of evidence-based practices. Now, instead of being doomed, individuals with mental illness look forward to and many are enjoying recovery, something undreamed of in the past. Indeed, consumers in recovery are being trained and certified here in Oklahoma to serve as Recovery Service Specialists so they can aid others to reach their potential.

So why, with all our advances in the field of mental illness, do 40 percent of those with the most severe sickness—schizophrenia and bipolar disorder—go untreated on any given day in the United States? And why do untreated individuals continue to pay the price of suicide, victimization, homicide, incarceration, homelessness, and loss of potential? And why do families continue to suffer the heartbreak of helplessly watching their loved ones deteriorate? As early as 1979, family members and friends started asking these questions, and out of their distress grew NAMI, the National Alliance on Mental Illness, the nation's largest grassroots organization dedicated to improving the lives of individuals and families affected by mental illness. As NAMI grew, its members became aware of the need for improved treatment laws and a way to guarantee that the benefits of inpatient treatment would be continued in an outpatient setting. NAMI created the Treatment Advocacy Center, and in 1998, it was officially formed as an independent organization. The Treatment Advocacy Center quickly grew to become a strong and influential force for changing state treatment laws and practices.

NAMI has shown itself to be a trustworthy organization that is supported day by day by volunteers whose lives are intimately affected by mental illness; consequently, NAMI members know what is working and what isn't. They deserve to be heeded. The Treatment Advocacy Center also is worthy of attention: since it was formed, more than eighteen states have made important changes to their treatment laws, including Louisiana and Florida. Because of NAMI and the Treatment Advocacy Center, states have resources to create mental health laws that have been demonstrated to best serve citizens with brain disorders.

The specific mental health laws at stake in this Interim Study are those defining who is a "person in need of treatment" because it is these individuals who will receive voluntary or involuntary treatment. Involuntary treatment is ordered by the court through a process called civil commitment; the commitment can be either to inpatient or outpatient treatment, whichever is the least restrictive setting to meet the individual's needs.

Three elements commonly define a "person in need of treatment." First, a person who, because of mental illness, is a danger to others as exhibited by direct action toward another, by threats, or by perceived fear on the part of another. Second, a person who, because of mental illness, is a danger to self as exhibited by direct action against self, by threats, or by being unable to provide for basic human needs for food, shelter, health, and safety. Third, a person who has a history of major mental illness or is showing the symptoms of major mental illness and who is deteriorating to the point at which, without treatment, she or he will become a danger to self or to others. Although the language in the definitions of the first two elements can be a help or a hindrance, the language in the third element is critical, as you will hear from other speakers this morning. (Next column)

Tracing the legislative history of the language in Oklahoma's 43A reveals a steady clarification in line with developments in other states. By 1992, Oklahoma statutes clearly outlined the three elements or criteria listed above, even though the third criterion, the deterioration standard, was not widely understood or practiced by the Oklahoma judiciary. Then in 2006, a change was, in my opinion, rushed through

the legislature without the knowledge of or input by advocacy organizations such as NAMI or the Mental Health Association of Tulsa. Speakers today will give firsthand accounts of the disastrous results of the 2006 revision. While other states were recognizing the costly consequences of untreated mental illness and updating their mental health laws accordingly, Oklahoma took a giant step backward in 2006.* In February 2008, Carrie Slatton-Hodges, Deputy Commissioner of ODMHSAS, acknowledged that the Department recognizes the current language of 43A as "limiting," and she promised an overhaul. It's time to improve 43A. It's time for Oklahoma to provide individuals who have mental illness with the treatment they deserve in order to fulfill their potential and become the contributing citizens they wish to be.

—Gloria Dialectic, PhD
House Interim Study, November 19, 2009

*The 2006 revision removed the deterioration standard in Paragraph 13:

- (3) a person who appears to require inpatient treatment:
 - (a) (i) for a previously diagnosed history of schizophrenia, bipolar disorder, or major depression with suicidal intent, or
 - (ii) due to the appearance of symptoms of schizophrenia, bipolar disorder, or major depression with suicidal intent, and
 - (b) for whom such treatment is reasonably believed will prevent progressively more debilitating mental impairment.

In Paragraph 18, the 2006 revision added such wording as "a substantial risk of immediate physical harm" where *immediate* is indefinable, and removed wording that clearly recognized anosognosia: "as manifested by the inability of the person to avoid or protect self from such impairment or injury."

(Book Review—Continued from page 1)

to that dogma. Scientific studies are showing that the genes we are born with don't limit our performance in life. Mental practice can cause neurons in the brain to be rearranged to facilitate their use for other purposes than those which were in their original birth design.

Studies reported in this book show the value of mental exercise, just like physical exercise. They show that the brain can reorganize itself to deal with blindness, deafness, stroke, dyslexia, and traumatic brain injuries, in addition to depression, obsession, and other mental problems. One chapter shows how emotional responses can be transformed and controlled by mental practice. Even the clock of age-related cognitive decline may be turned back.

Until the present time, science has amassed a tremendous amount of knowledge about how the mind and the brain can go wrong. But if the brain can change physically, and if the mind has the power to change it, this portends the possibility for important changes in biomedicine, neuroscience and psychology. The book goes on to speculate on the possibility for improvement in mental capabilities above what has been considered "normal." In the past mental health treatment has been concerned only with returning the brain to "normal." But with proper use of neuroplasticity, it may be possible to raise the level of brain function above normal, to new levels of capability.

But there are also dangers in the misuse of neuroplasticity. A mind that concentrates on its deficits can hinder recovery and improvement. The importance of attention is mentioned, and the book says, "A brain that cannot pay attention is a brain that cannot tap into the power of neuroplasticity." Retraining the brain requires more than one 45-minute session per week. It requires intensive, intentional hard work.

This book is readable and is an important addition to the NAMI-Tulsa library.

-- Oscar Kastner



Anosognosia: Impaired Awareness of Illness

I'd like to take a few minutes to talk about a critical issue in the treatment of people with mental illness. It's called anosognosia, a term used by neurologists to describe impaired awareness of illness. Anosognosia means the person does not recognize that she or he is sick. People with mental illness come to believe their delusions and their hallucinations are real because the areas of the brain that develop insight are damaged or disordered. Among neurologists, unawareness of illness is well known since it also occurs in some individuals with strokes, brain tumors, Alzheimer's disease, and Huntington's disease.

It's difficult for others to comprehend how a person can be sick and not know it when the psychiatric symptoms are so obvious. Equally difficult to grasp is the failure of the person with mental illness to learn from experience about how much more lucid and in control she or he is after treatment, but to learn from experience requires insight, which is sadly lacking in many with brain disorders.

Studies of individuals with schizophrenia report that approximately half of them have moderate or severe impairment in their awareness of illness. Studies of bipolar disorder suggest that approximately 40 percent of individuals with this disease also have anosognosia. This is especially true if the person with bipolar disorder also has psychotic symptoms.

Understanding the brain impairment called anosognosia is essential for creating a mental health system that works for Oklahoma citizens. Studies have demonstrated that anosognosia is the single biggest reason why individuals with schizophrenia and bipolar disorder do not take medication—it's not the side effects; it's not the ability to get the meds; it's not stigma. If a person does not believe he or she is ill, why take meds or even seek treatment of any kind?

Consequently, people with mental illness are often hampered by anosognosia from seeking the therapies that would help them toward recovery. Rather than reaching out for treatment, such individuals actively, sometimes violently, resist treatment or even the suggestion of treatment. This resistance is heartbreaking to families who know the dramatic transformation that current mental health treatment can make in the lives of their loved ones. Anosognosia is the central reason why Oklahoma needs a mental health law with clear and understandable definitions of "person in need of treatment" to assist those whose lack of insight keeps them trapped in darkness.

—Gloria Dialectic, Ph.D. November 19, 2009

Note: This article is based on a Treatment Advocacy Center Fact Sheet: Anosognosia (www.treatmentadvocacycenter.org)

Celebrating the Holiday Season

Gathering at the Holiday Party were people far and near. Union High School Psychology students were successful again this year in their collection of donations. Besides bringing themselves and their school instructor, some also brought their parents. We appreciate what the students do in helping those that will be hospitalized during the holidays.



Music was provided by William Fosterr and Amy Sebran and with the help of the elves who divided and sacked up the donations to be divided between Parkside and TCBH, it was quite a festive event.

Judy Smith drew the tickets from her basket for the NAMI-Tulsa cups and other items, we had the pleasure of the assistance from Deborah Hunter, poet, spoken word artist and actor, guiding us through the list of songs played by William and Amy while we sang along.



—Vi Gunnells



We want to give a sincere thank you to Mrs. Jolyn Stroup and her students for all the help and donations for our Christmas party.

(Budget—Continued from page 1)

funding. Recently, the Dept of Mental Health notified NAMI-Tulsa of funding cuts. These cuts are only the beginning. This means signature programs offered by NAMI such as Family-to-Family, Peer-to-Peer and NAMI Basics now need to be funded by other sources or be discontinued. NAMI's signature programs have always been free of charge to consumers and family members/caregivers through funding from the state NAMI office and grants from ODMHSAS. Estimated cost per participant currently exceeds \$50, each which includes participant materials, books, handouts, operation cost and office staff time. Now, it is time for us to determine the importance of these programs and which ones our members find crucial. Hopefully, with your help, we will be able to offer these programs and continue to be offered at no cost.

In January 2010, as part of its cost-cutting effort, NAMI-Tulsa will eliminate its regular monthly newsletter mailout and begin offering a quarterly newsletter mailout. The monthly newsletter will continue to be published on a limited basis and offered online on the NAMI-Tulsa Web site.

<http://tulsa.nami.org>

Things you can do to help

Contact your state legislator at (405) 521-2711 or state senator at (405) 524-0126 and ask them to stop cutting funds for our ill family members. Let them know that these cuts literally mean life or death for our loved ones.

Please feel free to call Rose at (918) 587-6264 to offer your help by volunteering at the NAMI-Tulsa office, at NAMI events, or assisting with the NAMI monthly meeting. We are always looking for someone to be trained as teacher/facilitator in one of our signature programs and we always need resource people to support these programs.

Also, please take a moment to support NAMI-Tulsa by clicking the Pay Pal donation button or show your support by participating as a sponsor for the upcoming NAMI walks. And don't forget to renew your membership when the time comes, as every little bit helps.

—Ken Gunnells





Membership Registration Form

Please check the "Membership paid to" date on your mailing label. If it says 00-00-00 or an expired date, would you consider sending us your membership? If your membership is current, then we **thank you!** New memberships or renewals are valid for one year and expire at the end of the same month in which your check is dated.

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP CODE: _____

HOME: _____ WORK: _____

E-MAIL: _____

Your participation will help NAMI-Tulsa and NAMI-Oklahoma in our efforts to improve the quality of life for persons with mental illnesses and for their families. Please indicate the appropriate area(s) of interest if you are able to take an active part:

Legislative Issues (Grassroots Leaders) Anti-Stigma Efforts

Local Advocacy Program Committee

Newsletter Children/Adolescent Network

Hospitality Family-to-Family Teacher

Fund-Raising Family-to-Family Course Participant

Office Volunteer Support Group Leader

Your dues entitles you to membership in NAMI-Tulsa, NAMI-Oklahoma and NAMI (the National Alliance). You will receive informative newsletters from all three organizations. Together, we can make a difference. Thank you for your support!

Please choose your membership category below:

- Family \$ 35.00
 - Sponsoring 50.00
 - Corporate 100.00
 - Sustaining 500.00
 - Extra Contribution _____
- TOTAL \$ _____

- Renewal New Member

Please mail this form with your payment to:

NAMI Tulsa
700 S. Boston, Suite 219
Tulsa, OK 74119

NAMI Tulsa is a non-profit organization. Your contributions are tax-deductible.

NAMI requests the following optional information:

Relationship to Consumer:

- Parent of Adult Child Consumer
- Parent of Child Under 18 Sibling
- Offspring/Adult Child Spouse
- Friend Professional
- Other: _____

Ethnicity:

- White
- Hispanic
- Native American
- African American
- Asian
- Other _____

Would you like information about specific disorders such as:

- Schizophrenia
- Bipolar
- Depression
- Anxiety
- PTSD
- Other _____

Comments: _____

Veterans find peace working on San Diego area farm

By JACOB ADELMAN Associated Press Writer © — 2009 The Associated Press — Dec. 18, 2009, 8:50AM VALLEY CENTER, Calif. — When Carlos Rivera returned from fighting in Iraq and found work as an electrician, he felt co-workers who knew about his military experience were gawking at him. He went home angry each day. That's not a problem at his current job working alongside other combat veterans picking avocados, mixing organic fertilizers and gathering basil amid northern San Diego County's undulating ochre hills.

"I'm outdoors, not stuck inside somewhere feeling suffocated," said Rivera, 25, who returned from Iraq in 2007 after four years as a Marine. "There's always someone to talk to, someone there to understand."
<http://www.chron.com/disp/story.mpl/ap/business/6776999.html>

Editors Note: So many articles are sent to me relating to these subjects that I can not do them justice by cutting them down and rewriting the article. By visiting the NAMI-Tulsa website (<http://tulsa.nami.org>) and go to the newsletter section, this link will be active to finish reading this article.

—Vi Gunnells

LIFELINE TELEPHONE SERVICE

You may have heard about LIFELINE phone service at your home (known as a "landline") for as little as \$1 per month, but did you know LIFELINE is also available on cellular phones?

In the Tulsa area U.S. Cellular offers an "UNLIMITED" calling plan for \$20 per month and cell phones for as little 1cent (for those who qualify).

For more information on qualifying and providers [landline and cellular] visit www.lifelinesupport.org or call the U.S.Cellular LIFELINE department at 1-800-447-1339 . In 2010 www.safelink.com (operated by TracFone) begins with service for \$1 per month, 68 FREE minutes, and FREE cell phone.

I will be glad to assist anyone needing help, just call the NAMI-Tulsa office, 918-587-6264. No one living with SMI should be without a phone!

—Kevin D. Lee

NAMI Tulsa
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NAMI SUPPORT GROUPS FOR FAMILY MEMBERS AND OTHER CAREGIVERS

South Tulsa/Bixby Support Group - Home of Bob and Jo Ann Flake - Meets the first Monday from 7:00 to 8:30 p.m. at the home of Bob and JoAnn Flake. For information and directions, call 369-2371.

Owasso Support Group - Westport Mennonite Church — Old 169 & Hwy 20 - (German Corner) — Meets the second Monday evening of the month from 7:00 to 8:30 p.m. Call Joan Stuckey at 272-9290 for more information.

Saturday Support Group - Crossroads, 1888 East 15th St.
Meets the second Saturday of each month from 9:30 to 11:00 a.m. Call Mary Ellen Jones (743-9124) for information.

NAMI-Washington County Support Group - Torrey Place I
Meets 2nd Thursday of each month at Torrey Place I, 901 SE 3rd Street in Bartlesville. For information call Toni Harjo (918)336-1288 or Charles (918) 337-8080, ext. 2202.

NAMI CONNECTIONS SUPPORT GROUPS

NAMI Connections Support Group — Meets every Monday evening at **6:30 p.m.** at the Fellowship Congregational Church, 2900 South Harvard. For information, call 258-1684 or Laurie at 836-0701.

NAMI Connections Support Group — Meets every Thursday afternoon from 1:30-3:00 p.m. at Whiteside Community Center. For information, call Martha at 607-3104.

Sand Springs NAMI Connections Recovery Support Group — Meets every Wednesday, 12:30 p.m.—2 p.m. at 117 Main Street, Sand Springs, OK. A.C.T. Drop In Center. 918-245-5565.

OTHER ADULT SUPPORT GROUP MEETINGS

Asbury United Methodist Church Mental Health Support Group for Families Who Are Caregivers — Meets in the church parlor the 4th Thursday from 1:30 to 3:00 p.m. - 6767 S. Mingo. Use south door to enter.

Bipolar/Depression Support Group — Asbury United Methodist Church, 2nd & 4th Thursdays, 7:00 p.m., room 2821. For information call William Camp 640-1272.

Christian Depression and Bipolar Support Group — Call “Bright Tomorrows” at 744-5761 for information and address.

Postpartum Depression Support Group — Meets 1st Monday each month 7:00 to 8:30 p.m. Boston Avenue United Methodist Church — call Anita Campbell 865-7824 or EvaMarie Campbell 699-0120. Free child care 699-0140.

Parkside Family Support Group — Meets every other Tuesday 6:00 pm to 7:00 pm at Parkside Outpatient Clinic, 2nd floor, 1620 East 12th Street, in Tulsa, 582-2131.

Get Connected Military Family Support — For more information, contact (918) 492-2554 x750 or militarysupport@actcares.org.

FOR PARENTS OF CHILDREN

Children and Adults with Attention Deficit/Hyperactivity Disorder (CHADD) meets on the 2nd Saturday of the month from 9:30-11:00 a.m., Hardesty Library. For more information, call Robin at (918) 857-2095 or Robin4CHADD@sbcglobal.net

Talk To Me Support Alliance Group - for parents who have children with mental & behavioral problems. Meets every Monday night at the Kendall-Whittier School Cafeteria from 6-8 p.m. Call Grace at 850-7185.

Hands to Success Support Group for children -- meets every Monday night at the Kendall-Whittier School. Call Luke Handley at 948-5050 for more information.

Oklahoma Attachment and Bonding Coalition Support Group - for parents and advocates sharing ideas to help foster and adopted children with **Reactive Attachment Disorder** — Meets the 3rd Tuesday each month at Hardesty Library at 7 p.m. www.okabc.org

MENTAL HEALTH ASSOCIATION OF TULSA

1870 South Boulder	585-1213
Bipolar Support Group 1st & 3rd Tuesday	6:30 p.m.
Depression Support Group 1st & 3rd Thursday	6:00 p.m.
Anxiety Support Group 2nd & 4th Tuesday	6:30 p.m.
Survivors of Suicide 1st & 3rd Thursday	6:30 p.m.
Families in Touch Support Group (Caregivers of Family Members) 2nd & 4th Wednesday	6:00 p.m.