Mid Shore Behavioral Health, Inc. ISSUE 34

# The Steering Wheel

Resources in Behavioral Health Trainings, Events, Program Info, News, & More Around the Shore

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## ABOUT MID SHORE BEHAVIORAL HEALTH, INC.

MID SHORE BEHAVIORAL HEALTH (MSBH) is a private, not-for-profit 501(c)(3) regional Core Service Agency that serves five counties (Caroline, Dorchester, Kent, Queen Anne's, and Talbot), making us the largest regional CSA in the state.

OUR MISSION is to continually improve the provision of behavioral health services for residents of Caroline, Dorchester, Kent, Queen Anne's and Talbot Counties through effective coordination of care in collaboration with consumers, their natural support systems, providers and the community at large.

OUR VISION A rural behavioral healthcare delivery system that is clinically and culturally competent. This system will ensure access, have a community focus, be cost-effective, and be integrated to serve the community as a whole.

WHAT WE DO We strive to enhance the regional behavioral health system of care through effective collaboration with consumers, their natural supports, providers, and community leaders. It is our goal to develop a full array of accessible services and **resources** for the consumer through partnership with our providers and other agencies. We offer **guidance** in understanding and navigating all that is available in our community. Beyond our primary responsibility for local publicly funded mental health services, MSBH understands that behavioral health is essential to overall health, and many domains of life contribute to one's behavioral health, especially having a home, purpose and community connection. As such, MSBH seeks to address the needs of the **whole** person and collaborates to improve the systems of care of the whole community throughout the region. The most important core value of our organization is **hope**: The belief that resiliency and recovery are real provides the essential and motivating message of a better future – that people and communities can, and do, overcome the internal and external challenges, barriers, and obstacles that confront them in order to achieve wellness.

MESSAGE FROM EDITOR

# THE HEALING POWER OF GROWTH

- Sherize Urquhart, Editor-in-Chic

**"Life's challenges are not supposed to paralyze you, they're supposed to help you discover who you are."**
**- Bernice Johnson Reagon**

Do you remember when you were a little child? Remember fantasizing about getting older and all the great goals you had set for adulthood? We had no idea, the true power behind growth (in this case, we are referring to personal). In fact, how many of us actually became what we imagined? I can only speak for myself - but Prince Charming never came, and I am still not the beloved Queen of some tropical Caribbean Island (*yet* lol). But, I will say that my vision for myself has not only grown, but it started to take on a mind of it's own. Today, I walk in so many crowns (as Queens don't wear hats), that sometimes I forget that with each action, I am literally planting a seed of growth! What do I mean? Every choice, deed (good or bad), decision, etc causes a ripple within the universe that will eventually come to fruition. These 'seeds' will grow according to how we 'water them'. What we focus on, we manifest, and through growing... it's often a good practice to stop and evaluate your progress! This is necessary so that you can choose the best course to continue your journey. Don't merely go through life, grow through life! Even 'glow' through life in the glory of trusting the process.

"There are two ways of spreading light: to be the candle or the mirror that reflects it."
- Edith Wharton

Disclaimer: The information presented in this newsletter is intended for general use only. The content, views, and/or opinions expressed in the following newsletter originates from many different sources and contributors throughout the community. Please note that content does not represent or reflect the views and opinions of Mid Shore Behavioral Health, Inc. Mid Shore Behavioral Health, Inc. makes no representation or warranty as to the accuracy or any other aspect of material prepared by third parties, nor the information contained on linked sites

**"If there is no struggle, there is no progress."**
**- Frederick Douglass**

# HOW WE INTERFERE WITH OUR OWN MENTAL HEALTH CARE

**STIGMA IS A MAJOR DETERRENT TO MENTAL HEALTH CARE.**
- Robert C. Smith, M.D., Psychology Today

While many are aware of the national problem of poor mental health care, how might we as individuals and as a society be contributing to it? We do so in spades by stigmatizing those who suffer from mental health problems. Stigma is a negative emotional (attitudinal) reaction to a person or to their situation, one we're often unaware of —even as we're acting on it. Beyond negative emotional reactions to others, stigma also reflects our need to categorize things, creating the sometimes harmful "self-other" dichotomy.

> **When depression is telling you you're not worthy, even if we're trained to combat those false beliefs in others, it's really hard to be able to stop and do that for yourself — especially if you've been doing**

Erving Goffman described three categories of stigma:
1. aberrations of the body (short/tall)
2. tribal (race, religion)
3. character blemishes, which includes mental disorders and everyday emotionality.

Gordon Allport, on the other hand, identified the closely related concept of prejudice. Most now believe that prejudice is the unrecognized negative emotional or attitudinal component of the stigmatizing process. One of the least discussed ways in which prejudice is expressed is in how we stigmatize people with mental health problems.What's the problem? Often unaware, we view the stigmatized person with a mental disorder as quite unlike ourselves, sometimes not quite human. This skewed perception leads to discrimination and diminution of the person's opportunities as they are labeled, for example, as inadequate or even dangerous. Shame, victimization, alienation, and plummeting self-esteem increasingly infect and dehumanize the unhappy person. Indeed, the discrimination against the person is often more deleterious than the mental condition itself.

Where did this negative perception arise? And why do we stigmatize people with mental health problems?

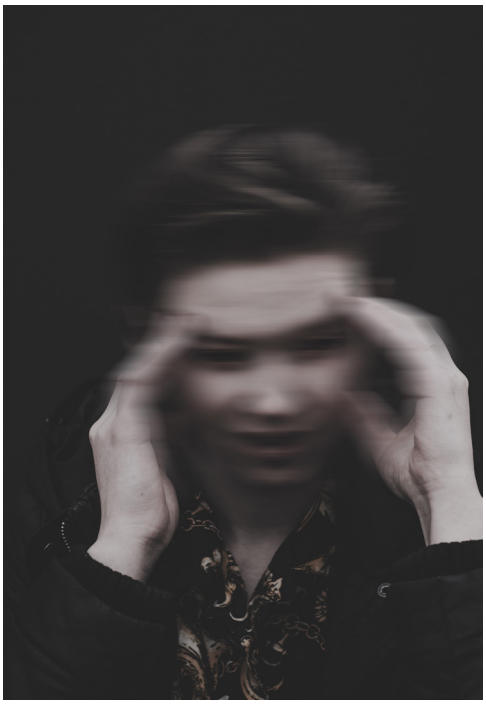
The dehumanization of the mentally ill can be traced to the 17th century, when medicine and science permanently exiled the personal and emotional aspects of humanity from its purview. In a ripple effect, individuals and society followed suit.

Eighteenth century philosophers, especially Hobbes and Locke, applied mechanistic principles to our human nature. Reason and rationality prevailed during this appropriately named Age of Reason.

By the 19th century, the mechanistic idea permeated society so much that it devalued all subjective phenomena, especially emotional and mental issues. This view was so pervasive that the mechanistic approach extended to government and economics. Just as the Cartesian influence on medicine benefits us to this very day, the Age of Reason inculcated individualism, property rights, free markets, and representative government.

However, our stigmatizing biases sprung unintended from this time, like ugly weeds, progressively distracting from what had begun as a beautiful garden. The mind and emotions banished, society and its individuals gravitated to the objective and measurable. Because they flouted the basic precepts of the Age of Reason, patients with mental disorders were viewed as unreasonable, irrational, and "mad." The mind was internal, inaccessible to rational evaluation and understanding. Stigma for all emotional and mental issues had become cemented into the culture in the 18th and 19th centuries so that it lurks in the subconscious of us all, stealthily infiltrating our psyches to this very day.

Stigma, once established, has far-reaching consequences. For example, Thomas Eagleton's forced withdrawal as a Vice-Presidential candidate in 1972 illustrates the damaging effects of stigma. Eagleton had been selected by George McGovern as his running mate, despite his having been depressed in the past. Democratic operatives feared the public's negative reactions and forced him to withdraw, concerned that the public would view him as weak and unstable. That's stigma.



But stigma isn't limited to people in the public eye. It's right here in our own lives. Haven't you heard someone say of another who is still grieving after a year that the bereaved is being a martyr, weak, or wallowing in self-pity? Or that someone with an anxiety disorder should just "calm down"? We do it all the time. And we don't just stigmatize adults—we stigmatize children, too. One-third of people would not want their own child to befriend a depressed child, and one-half believe that depression treatment would produce negative effects on the child's future.

Given these stigmatizing attitudes and behaviors, depressed patients begin to stigmatize themselves and avoid care, and many expect depression to have an adverse impact on their friends and a negative effect on their employment. Depressed patients even avoid care because they expect that the physician is not interested.

Read more here...

# COMMUNITY EVENTS

"We have a new events page on our website. Please check out all upcoming events & more information on the events below..."

## 10/15

### YOU ARE NOT ALONE (CHESTERTOWN)

Oct 15, 7:00 PM – 08:30 PM

NAMI Kent & Queen Anne's, the local organization of the National Alliance on Mental Illness, is offering the NAMI Family Support Group program this fall.

## 10/16

### HAUNTED CRACK HOUSE 30TH ANNIVERSARY COMMITTEE

Oct 16, 7:00 PM – 08:00 PM

Kennard African American Cultural Herita, 410 Little Kidwell Ave, Centreville, MD 21617

## 10/17

### FALL & WINTER SUICIDE PREVENTION

Oct 17, 12:00 PM – 01:00 PM

Vocational Rehabilitation Building, 55 Wade Ave, Catonsville, MD 21228

## 10/18

### ASIST (APPLIED SUICIDE INTERVENTION SKILL TRAINING) WORKSHOP

Oct 18, 8:00 AM – 05:00 PM

Calvert County Behavioral Health, 280 Stafford Rd, Barstow, MD 20610

## 10/19

### ASIST (APPLIED SUICIDE INTERVENTION SKILL TRAINING) WORKSHOP

Oct 19, 8:00 AM – 05:00 PM

Calvert County Behavioral Health, 280 Stafford Rd, Barstow, MD 20610

## 10/24

### HAUNTED TRAP HOUSE

Oct 24, 12:00 AM – Oct 26, 3:00 AM

Check our events page for more info.

## 10/24

### BOONANZA W/ ICE SKATING

Oct 24, 6:00 PM – 08:00 PM
Talbot County Community Center, 10028 Ocean Gateway, Easton, MD 21601, USA

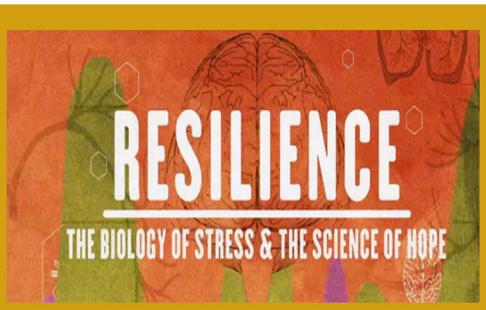
Together We Are Stronger

a film screening & panel & community discussion

Free Food & Childcare Provided

# Resilience:

The Biology of Stress & The Science of Hope




Researchers discovered that childhood abuse and neglect or Adverse Childhood Experiences (ACEs) are common precursors to adult health problems. You are invited to watch this documentary on effective ways to addess ACEs.

Join us for a film discussion facilitated by trauma expert Alisha Saulsbury.

Wednesday
November 13
6 - 8 PM
Tilghman Volunteer Fire Co.
5996 Tilghman Island Rd
Tilghman, MD 21671

Proudly Sponsored by:

Mid Shore Behavioral Health, Inc. | Healthy Tilghman | For All Seasons | TAYA | The Family Tree | Phillips Wharf Environmental Center | Mariah's Mission Fund

# COMMUNITY OPPORTUNITIES

JOB OPPORTUNITIES

## Full Time School-Based Mental Health Therapist/ School Year Position in Cambridge

&

## Part Time Clinic Based Therapist in Cambridge and Centreville (Must be LCSW-C)

Competitive Salary and Excellent Benefits. Employment.

&

## Employment Specialist w/Mobile Treatment Team

&

## Mobile Treatment Substance Use Specialist

Application can be found on line at crmhsinc.com under Employment tab. **Contact: Brenda Chronister, Administrative Assistant. Chronisterb@ccinconline.com 410-758-3050 ext. 1002**

## School-Based and Clinic Based Mental Health Therapist

Competitive benefits, quality supervision and training opportunities are offered in a diverse and rich team-oriented environment.

Full-time or Part-time positions available (Must be a Master 's Level Clinician) **Contact: Christy Butcher, Administrative Assistant c.butcher@espsmd.com 410-822-5007 ext. 1201**

## Director of Programming for Homelessness and Housing Services

The Director of Programming for Homelessness and Housing Services serves as the senior level management person in charge of creating, implementing and managing all programming related to homelessness, housing services and emergency family shelter. Submit resume & cover letter to **snewsome@stmartinsministries.org**

## Transitional Age Youth (TAY) Mentor Specialist

Send resumes, cover letter and salary requirements to: **Lauren Grimes, Director of Network & Peer Services lauren@onourownmd.org**

## Caroline County Department of Social Services

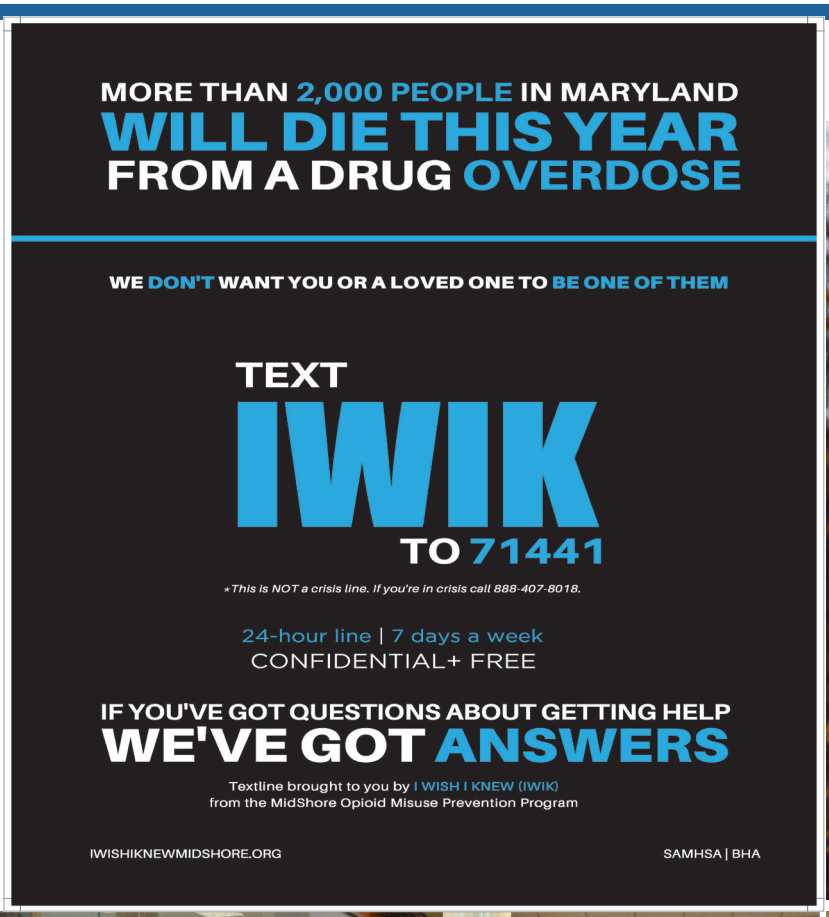
Located in Denton, Maryland. This position is a full-time State merit position with all State benefits. Position is supervisory level of professional social work providing preventative or protective services to vulnerable adults, children or families. **See full desciption and apply at www.dbm.maryland.gov.**

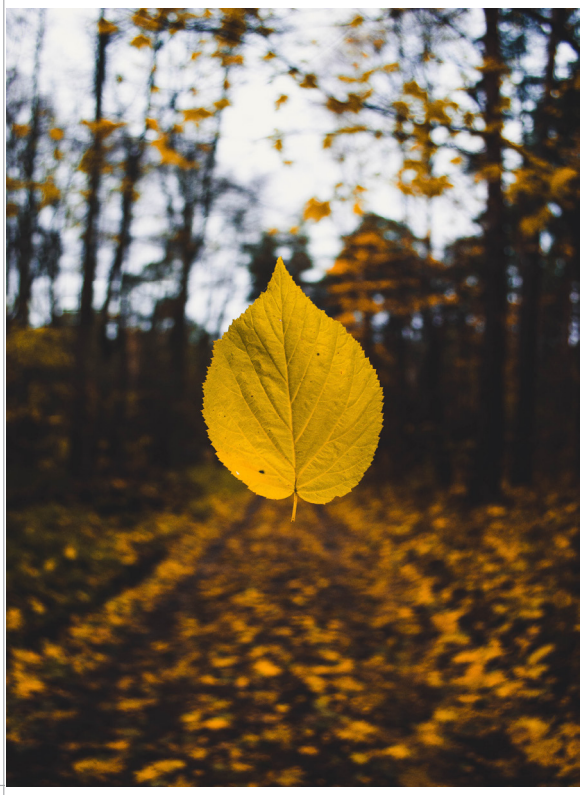
## OMPP TEXTLINE UPDATE

Δ The IWIK text line is still active, please continue to share this wonderful resource with the community.

Δ IWIK has secured an in-kind donation to continue services at no cost until September 30.

Δ IWIK subcommittee seeks interested partners in marketing and outreach initiative. Email: **erin.hill@maryland.gov**



## Congratulations MSBH!

On September 25, 2019 Worcester County Health Department held a Safe Station Recognition Ceremony hosted by the 15th Street Ocean City Fire Department.

beacon health options

## Provider Alert

## Maryland Provider eNewsletter

[Please click here for the Maryland Provider eNewsletter.]

# MOTHER MATTERS

## THE BIRTH OF AGENCY IN THE SPACE BETWEEN MOTHER AND CHILD.

**- TANYA COTLER, PH.D., PSYCHOLOGY TODAY**

Human beings thrive when they feel that they have free will, their mind matters, and that they are seen and understood. This experience—termed personal agency—is particularly important during phases of vulnerability, life transitions, and times of identity development and change, such as new motherhood.

> "There are two ways of spreading light: To be the candle or the mirror that reflects it."
>
> —Edith Wharton

The journey to motherhood has been termed "matrescence" due to similarities with adolescence in terms of hormonal, physiological, and psychological changes. In her recent New York Times article, Alexandra Sacks describes how a mother gives birth to a new identity and life along with her new baby. In his book, The Birth of a Mother, prominent psychoanalyst Dr. Dan Stern (1994 ) described the major identity shift that occurs when a woman becomes a mother and how her mind vastly changes. He highlighted the likelihood of increased vulnerability, which causes a heightened need for validation and love. Vulnerable due to all that has changed within her (physiologically, hormonally, and psychologically) and the unknown ahead of her, the mother looks for guidance. When she looks inward, her guide includes memories of how she herself was parented. These can appear as either "ghosts in the nursery" (Fraiberg, 1975), symbolizing moments when the mother felt sad, scared, and even traumatized or unloved. Alternatively, Alicia Lieberman (2005) studied the antidotes to the ghosts—memories of "angels in the nursery"—times she felt loved, seen, and that she mattered. In both instances, when the mother looks inward, she is distracted by efforts to either fix or repeat

her own parenting experiences through her child. The mother's internal landscape intersects with the rampant social, cultural, and historical advice she receives—advice which is often replete with paradox. She is told that "it takes a village," but is expected to do it all herself (with a smile and an apron on); to be sensitive and empathic to her babies—but with strong limits so they don't end up entitled. And, of course, there is the ever present juxtapositions in the mommy-group conversations (both online and offline) related to nursing vs. bottle feeding, sleep training vs. co-sleeping, working vs. staying at home, and countless other contradictory guidelines. The competitive noise can easily strip a mother of access to her own mind as well as distract her from presently attuning to the separate mind of her developing baby. There is momentum building around sharing the "real of motherhood" and demystifying the allure of the sacred all-perfect mother. Central to this notion of real motherhood (with all its inclinations and imperfections) is the concept of personal agency of both mother and baby. The mother is a mother in relationship to her baby. She has her own needs for her baby, as well as desires, thoughts and feelings about her baby and herself. Equally, her baby has his or her own mind from the very beginning. Denying this turns the baby to a mere blob and renders the mother to feel similarly invisible (Pinterest-worthy parties and joining parent council for recognition—anyone?).A mother is unlikely to feel—or parent—in one specific way, and mostly experiences rapidly changing emotions in response to the recurrent rhythmical pattern of exchanges with her baby. A mother is likely to feel both love and hatred, both empowered and helpless, both excitement and resentment, both hope and hopelessness, and both revival and utter depletion at various moments.

Prominent psychoanalyst and writer Jonathan Slavin (2015) explains that personal agency is developed alongside other "agents" in our lives—teachers, therapists, doctors, friends, and family members—who fill us with hope when we are hopeless, and who accept us when we are blinded by self-doubt. Alternatively, our agency can be undermined when others do not acknowledge us as separate, capable, and unique beings.

Interestingly (and beautifully), the best agent to help a mother realize her own capacities and potential is, often, her own baby.

[Visit this article here!]