



Healing the Heart Through the Creative Arts, Education & Advocacy

Hope, Healing & Help for Trauma, Abuse & Mental Health

“Out of suffering have emerged the strongest souls; the most massive characters are seared with scars”. Kahlil Gibran

The Surviving Spirit Newsletter September 2021

Hi Folks,

Twenty years ago today at this time of the morning I was getting ready to leave for Ellenville, New York to perform and speak at the Annual New York Association of Psychiatric Rehabilitation Services, Inc. [NYAPRS] Conference. I was conducting my last minute routine of checking my two guitar cases-making sure that each one had plenty of guitar picks/tuners/strings, cleaning cloths and spare batteries for the tuners and guitar electronics. I had already conducted this checklist the night before and earlier in the morning, but now it was time to leave and one last “Idiot check” as it was affectionately called in my days as a drummer in a performing rock band. Professional musicians were well aware of the many times a band or a musician had forgotten to bring or left behind at a gig-their snare drum, mixing sound board, guitars, power amplifiers, drum sticks, guitar picks, etc. I left nothing to chance-I had a typed up Checklist on a clipboard to review as well as having checklists in my two guitar cases, gig bags and in the cable crates...hmmn, some might think that is a bit obsessive and overly cautious—but one cannot perform if you are missing part of your equipment.

Just as I was closing the guitar cases, my phone rang. My neighbor's voice was quite excited and it was difficult to understand what she was saying to me, but I did hear “turn on the TV.” I did and there it was-the smoldering World Trade Tower and soon the second plane hit...

Surreal sounds cliche, but that was what I felt in seeing this take place. And a lot of confusion-what was going to happen to the conference? The news reporters were talking of bridges and highways being shut down and my journey was to take place along the Massachusetts Turnpike into New York state towards the Catskills.

I know I tried calling the folks at NYAPRS and the hotel itself, but I was not getting through to anyone. And then the professional musician part of me kicked into gear and knew that “*The show must go on.*” I decided that I would travel there and hope for the best-if the conference had been canceled at least I tried to get there. Then the logistics of how to get there-I knew that the planned highway route was not a good choice.

Fortunately I had the experience of performing throughout New England and New York in my drumming days in the 70's and early 80's. There were many gigs along the Vermont-New York border and Massachusetts-New York border and I knew of several border crossings via the back roads. So armed with my maps I sent out on the great adventure to Ellenville, NY. From Manchester, NH, I

traveled to Keene, NH to Bennington, VT and then towards Troy/Latham NY via Rt. 7.

Most of my remembrances from the long drive to Ellenville are tucked away in the recesses of my brain-but I do recall the feelings of “What the hell has happened? and What else is going to happen?” My stops along the way for gas, bathroom breaks, and to stretch are memorable-the openness and concern from fellow travelers-strangers engaging in dialog of care and confusion. Despite the tragedy-walls of separation and silence between one another came down....I also had lots of time to reflect upon the times I stayed at the Vista Hotel that was tucked between the Twin Towers when I was in the business end of music and the simple act of staring up at them left me awe-struck...and now they along with the hotel were gone.

I arrived six–seven hours later and felt great relief to see that the conference was still taking place-despite the fact that many of the presenters were stuck at an airport and many attendees were unable to get out of New York City or Long Island. Again the memory banks are a bit fuzzy, but I do believe about five hundred folks were able to get there.

Here again was magic taking place-everyone stepping-up to help out-filling the slots where presenters were missing, helping out with all of the needs of putting on a conference now short-staffed, etc...and throughout it all, the never ending conversations and questions of “What just happened and what is going to happen?”

I had been hired to perform and speak about my healing journey for this event-now I was honored to be asked to help run the Open Mic nights and be a part of several workshop presentations due to the shortage of speakers because of the grounded flights and closed off bridges.

Prior to my trip to New York I had shared with some fellow advocates in New Hampshire of presenting at the NYAPRS Conference – one of whom said, “*Now you'll get to see some real advocacy in action.*” Truth be told, I've seen great advocacy by so many all across this country and elsewhere-but there was a true passion and commitment coming from the folks of NYAPRS and all of those in attendance.

Now here it is twenty years later and I am forever humble and and grateful to still be a part of the NYPARS family when they hold their annual conference-it is indeed my longest running gig hosting the Open Mic Nights and so darn thankful. A twenty year gig is a rare event for any musician and speaker. I've also had the good fortune to present and co-present workshops on healing trauma, [The Silence of Suicide](#) and trauma informed peer support over the years. I have given to this event, but have gained back so much more from all that I have learned and witnessed by my presence at these forums. For me, it is about a community, it is a gathering of the tribes, the many who are downtrodden, maligned, blamed, shamed and shunned and yet...here in these conference halls are the constant reminders and examples of Hope, Healing, Kindness, Advocacy and Caring taking place. For me it is going back to the high school or the family reunion that one wants to be a part of. My advocacy and trauma-informed knowledge is always strengthened when I am at the NYAPRS Conference- **I listen, I learn and I listen to learn.**

A shout out of **Thank You!** to all at NYAPRS and everyone I have met over the past twenty years at these healing conventions of the tribes.

Take care, Michael

The 2021 NYAPRS Annual Conference is again going virtual this year. September 21, 23, 28, and 30.

[United in Hope, Together for Justice and Wellness for All Tickets @ Eventbrite -
https://www.eventbrite.com/e/united-in-hope-together-for-justice-and-wellness-for-all-tickets-163080673685](https://www.eventbrite.com/e/united-in-hope-together-for-justice-and-wellness-for-all-tickets-163080673685)

[NYAPRS- 2021 Program + schedule](#) – PDF

[New York Association of Psychiatric Rehabilitation Services, Inc.](#)

Mission Statement - NYAPRS is a change agent dedicated to improving services, public policies and social conditions for people with mental health, substance use and trauma-related challenges, by promoting health, wellness and recovery, with full community inclusion, so that all may achieve maximum potential in communities of choice.

Vision Statement - NYAPRS envisions a world where all people enjoy rights and opportunities to achieve our maximum potential – a world where access to resources, freedom of movement and civil liberties are guaranteed and dignity and social justice are promoted for everyone. We work to help create a world where all, including those of us with mental health, substance use and trauma-related challenges are seen as more than our challenges and are recognized for our gifts and cultural identities that we can bring to our communities.

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“Shout out to everyone who is trying right now.

Trying to do the right thing. Trying to stay open. Trying to hold on. Trying to let go. Trying to find their flow. Trying to stay afloat. Trying to meet each new day. Trying to find their balance. Trying to love themselves. Trying new things and new ways.

I see you. I'm there too. We're in this together.” - S.C. Lourie

1] **There will be days** by - S.C. Lourie

There will be days
when your heart will break.
And there will be days when

your heart will soar.
There will be days when
your heart will doubt.
There will be days when
your heart will believe.
There will be days when
your heart fatigues.
There will be days when
your heart pulsates thunder.
You just keep going.
Keep walking.
Because that's how we find
beautiful places.

[About S.C. Lourie](#) - S.C. Lourie is a free-spirit mama living both magically and simply with her childhood sweetheart and three gorgeous girls in London, UK (although she pines for the beach most days!). Apart from being incredibly passionate in the journey to find both the goddess/god and being of humanness inside the heart, she is also a keen lover of doing very little and getting lost in the breathtaking world of her little loves.

After experiencing her first and late miscarriage in early 2016, her world forever changed and has been a catalyst for a new wave of art and writing in her work. She thoroughly enjoys making beautiful things for the beautiful folk that support and follow her work. And you can find all the beautiful things she makes and writes (soulful books, journals, diaries, calendars, prints and greeting cards) at her Etsy shop: [ButterfliesnPebbles](#)

1a] [Goddess Woman Butterfly Human](#) by SC Lourie @ Goodreads - Some wonderful romantic poetry illustrated by the author's black and white line drawings.

“Talk to yourself like you would to someone you love.” - Brené Brown

“As long as you live, keep learning how to live.” - Seneca

2] [When Depression Wears a Smile, Even Psychiatrists Like Me Can Be Deceived](#) by Rebecca Lawrence @ The Guardian and Pocket

By the time mental ill health is visible, it's probably very bad. The best risk assessment is to listen rather than look.

“The strain of keeping up appearances can be one of the most onerous aspects of mental ill health.”

In my everyday life, when I see someone who looks happy, I expect them to feel like that, too. I don't think about it particularly – it's a reflex. I glance casually at a smiling face and am reassured that all is well. It takes a conscious effort to remind myself of a fact that psychiatrists know very well on an intellectual level but should perhaps recognise more: a cheerful demeanour can be profoundly misleading.

The concept of the “happy” depressive is familiar in art and life, with examples ranging from Pagliaccio to [Robin Williams](#). It seems strange to think that people can be very depressed – with all the debilitating symptoms that entails – yet manage to hide this, sometimes even from family. Is their depression as real, or as valid, because they manage to go to work, to smile, even to crack a joke? I think it is. There may come a point when even the happy depressive will crack, unable to maintain that facade any longer. But does that mean they suffer less when smiling? No: in fact, the strain of keeping up appearances, the weight of a misplaced sense of responsibility to others, can be one of the most onerous aspects of mental ill health. The loss of the smile may even be a relief.

All this is relevant to psychiatrists, because we spend a lot of time assessing risk. I have no argument with this, as of course we want to save people from harming themselves and, far more rarely, hurting others. Risk assessment is not an exact science, and we may have to be over-cautious about many to save one. At times, despite all our best efforts, we get it wrong.

The problem is that risk assessment becomes paramount, and in stretched services it may be the main purpose of contact with patients. No health professional wants to bear the heavy burden of death, possibly compounded by an inquiry and fear of loss of livelihood. This isn't wanting to keep out of trouble, though. We don't forget the people who die; we can't suffer the pain of their families, but there will always be regret and sorrow.

When I learned about depressive disorder, I heard about melancholia. I read that people slow down, look sad or flat, their movements ponderous. They talk quietly, often with gaps. Sometimes they are agitated. Their sleep is disturbed, they may barely eat, and their thoughts are black. We have all seen these people, and they are often very unwell. But what of the smiling depressives?

It can be more complicated to assess their risk: a rigid approach may lead the psychiatrist to believe that it is negligible, and it will look negligible when recorded. But a broader, less focused conversation might reveal more. It's just difficult for the psychiatrist, with limited time, to achieve that.

My own experience is certainly that what you see is not always what you get. I feel depressed before my appearance follows suit. And at that time, if I say I feel depressed, the response will be: Well, you look fine, you seem really well. I know that people want me to be well, and that it's often no more than that, but it's quite discomfiting. Later, I may feel no worse, but haven't bothered to put makeup on, and am told: *You look dreadful*. That's not cheering either.

I am very aware that making an effort and slapping on some makeup does change how I am perceived, and patients are often categorised using this kind of visual shorthand. But there are pitfalls. Looking unkempt can be a sign of depressive apathy. But it could also be normal for that patient. And there can be a great deal of pressure to look reasonable, including when going to see the doctor or [psychiatrist](#). Good presentation doesn't necessarily signal all is well.

All of these cautions apply to the often long process of recovery, too. There can be moment in depression when things start to feel better, when there is a little fragment of a thought that says: I might get well again. For me, this is one of the hardest of times. I may have started as a smiling depressive, and tumbled into classic depression, but what am I now? The advice, rightly, is often to embrace as much normality as you can, to exercise, try to see people, do things you enjoy. The problem is that you

can't do these things while wearing a depressed look – you won't manage to do them, and they won't help. So if someone is foolish enough to say that I am looking well, and this jars with my still-sluggish thoughts, I will be plunged into self-denigration. I will feel pressure to return prematurely to work and my normal life. I don't know how best to solve this; unfortunately my face doesn't always map my inner feelings, and I am often heavier at this point from medication. And gaining weight – seeming “hale and hearty” – is another condition that can be mistaken for cheerfulness.

So beware the false reassurance of the smile. Appearance is less helpful a diagnostic tool than we have been led to believe. By the time mental ill health is outwardly obvious, it's probably very bad indeed. The lesson, for psychiatrists and for all of us? Listen to people; hear what they say. They may be telling you something their face can't express.

Rebecca Lawrence is a consultant psychiatrist.

In the US, the National Suicide Prevention Lifeline is 1-800-273-8255. In the UK, Samaritans can be contacted on 116 123 or email jo@samaritans.org and you can contact the mental health charity Mind by calling 0300 123 3393 or visiting mind.org.uk. In Australia, the crisis support service Lifeline is 13 11 14. Other international helplines can be found at www.befrienders.org.

2a] [I thought mental illness meant I'd never be a doctor. Now I'm a consultant psychiatrist](#) by Rebecca Lawrence @ The Guardian

“I also know what it's like to take psychiatric drugs, to experience their side-effects. And I know that people stop them without daring to tell their psychiatrist. I have.”

I'm a consultant psychiatrist. I have a job I love, in the specialty I love, and it probably all looks like I've been living the dream. But it isn't as straightforward as it might look. My career in psychiatry actually started on the other side, as a psychiatric inpatient going through multiple admissions, medications and courses of electroconvulsive therapy (ECT). When I was first admitted to a psychiatric hospital, I stepped from one world into quite another – even though I was in the same long, gray building where I had been a medical student.

I was 26, training to be a GP, and I didn't think I would ever work as a doctor again. I wanted to become a psychiatrist, but felt certain that was now closed to me. I experienced burning envy of psychiatrists I met as a patient. They wore their roles easily, carelessly, as I believed I never would.

I was given a diagnosis of psychotic depression and later bipolar disorder, the trigger having probably been my first pregnancy. I felt terrible shame, and also fear that people saw me as attention-seeking and personality-disordered. I could not relate my chaotic and tortured feelings to the textbook descriptions of depression at all, so doubted that anyone else believed my diagnosis. I had been a doctor, and I had heard some mental health professionals talk of those with personality disorders. It wasn't always kind. I became convinced they also spoke like this of me.

How I got better I will never know – ECT, lithium or luck? My family and friends? Perhaps all of these. My initial attempts to return to work, two years after my first admission, met with failure. Finally, and desperately, I applied for a full-time junior hospital post with resident on-call in an attempt to finish my GP training. There was minimal induction and no phased return, and I still don't know

how I managed. In my mind I had no other choice.

After I completed the GP training, I had no prospect of a further job. I felt I had nothing left to lose, and made the decision – unpopular with my family – that I would, after all, apply for psychiatry. I asked one of my previous treating doctors for his opinion; he listened patiently, but said he thought it would be too stressful for me. It was almost a relief to realize that expectations of me were so low, and I proceeded to ignore his advice. Years later I'm very glad of this, and not so long ago we spoke about what he said. He told me he had been wrong.

I applied for a junior psychiatric training job in my home city, but wasn't even shortlisted. I think my experience as a patient there stood against me. But I was undeterred, and even a bit relieved not to have to work there, so I applied for two more jobs, further away but within driving distance. At my interviews I confessed my psychiatric history and the first hospital offered me a shorter contract than usual, to see if I would cope. At the other one the staff were entirely unfazed and welcoming, and offered me a normal contract. I took it and I worked there for two years.

I passed all my exams, first time, and even did a further degree, about the history of psychiatry. I felt driven to do well and to show people I could be a good psychiatrist, as well as a patient, and I worked very hard, probably too hard. But despite my anxieties, I experienced little stigma or discrimination, and ultimately gained the consultant job that I wanted most, in my home city – in the very hospital where I had been a patient. Even now I have a love/hate relationship with this hospital: it contains some of my worst memories but it has also given me a great deal back. I have been ill again, over the years, but am lucky enough to usually be well in between. I have also had huge support from colleagues, all of whom know about my illness.

My memories of illness are blurred, and I can't remember everyone who cared for me. Sometimes I haven't been sure whether nurses I have worked with were ones who nursed me. But I don't think that matters much any more, or not to me. I have one particular memory of seeing a patient on a ward, who shouted: "She's a doctor, but she used to be a patient, how's that?" I couldn't answer her, but I've thought about this a lot since.

I work in addiction psychiatry, because I felt that general adult psychiatry might trigger painful memories. Even so, over the years I have inevitably met patients who remind me of myself, and that can be challenging. But soon after I was first ill, I realized that no two people's experiences are the same and I should not make assumptions about others. Their depression is different to mine. Often all we need to do is just take time with people, to listen and hear what they say. Though it might seem kind, the response "I know just how you feel" isn't helpful. Because you never will.

The risk of becoming unwell again casts a cloud and can make me hesitate to take on new projects. I was last treated with ECT two years ago, and continue to take lithium and antidepressants. But the truth is that I love my work, and with the support I have, I usually feel able to take those chances.

I have been asked if being a patient has made me a better psychiatrist. It has undoubtedly influenced the way I work and think. I often see patients for whom the medicine we give provides limited, if any, benefit but I believe passionately that we must still listen to them and hear their stories. Kindness can bring solace when medication can't. I also know what it's like to take a wide variety of psychiatric drugs, and to experience their side-effects, and I know that lots of people stop them without daring to

tell their psychiatrist. I've done it.

The odd thing is that I am now the senior consultant, the one people look up to. But I want other trainees to know what happened to me, so that they can see what is possible. So every few months I give a short talk about my illness, how I got through, what helped me. After the first time I did it, I thought I could never do it again, it felt so exposing. But the feedback was good, and I haven't looked back.

One in four people experience a mental health problem of some kind each year. To demand that psychiatrists come from among the mentally unblemished is not only unrealistic, it would mean a potential waste of talent and empathy that we can scarcely afford. If my story helps anyone unsure of their capacity to take on the job, or worried about the "dark secret" of their own psychological troubles, then I think it's worth telling.

2b] [Befrienders Worldwide](#) - Emotional support to prevent suicide worldwide – volunteer action to prevent suicide.

We believe in giving a person the opportunity to explore feelings which can cause distress, the importance of being listened to, in confidence, anonymously, and without prejudice.

We value that a person has the fundamental decision about their own life.

"Believe in yourself. You are braver than you think, more talented than you know, and capable of more than you imagine." - Roy T. Bennett

"In the sweetness of friendship let there be laughter and sharing of pleasures. For in the dew of little things the heart finds its morning and is refreshed." - Khalil Gibran

3] [Why we need a broad a definition of trauma that includes emotional injury](#) by Robyn E. Brickel, MA, LMFT

The word trauma is so important to help those who suffer from emotional injury. Yet people so often think of trauma as only including physical or sexual injury. Many overlook its role in their overall health and quality of life. They don't know they are struggling with a changed nervous system that leads to a wide range of physical and emotional symptoms. Confusion about the emotional injury we call trauma is a barrier to care.

That's why it's important to help more people understand the emotional side of trauma. By being clear that we use a definition of trauma to include the impact of mental and emotional issues, we can help more people better understand and talk about their mental health care.

Promoting an inclusive definition of trauma - When I talk about trauma survivors, I am speaking about anyone who has survived any type of physical, emotional or sexual trauma. Working with a trauma survivor means working with anyone who seeks to heal from the resulting personal impact on their lives. It doesn't matter whether the impact looks like PTSD, CPTSD, coping mechanisms, dissociation, difficulty in relationships, addiction, eating disordered behavior, a myriad of other "symptoms," or any of all of the above.

Recently I tried to bring clarity and dive a little deeper into the exact terminologies and what they look like. I've addressed [complex post-traumatic stress disorder \(CPTSD\)](#), [PTSD](#), and [how CPTSD is different from PTSD](#). These specific terms have their place in describing deeper aspects of trauma. However, we also need a way to talk in general about injuries that disrupt healthy ways to regulate our thoughts and feelings.

I use the words “trauma” and “trauma survivor” to encompass all types of trauma and include all of those whom it has impacted.

Here's why... **Why a broad definition of trauma is so important**

Trauma is not always easily definable. It doesn't always fit into a certain category. Trauma is an individual's perceived lack of safety. Whether an event or a relationship leads to trauma depends on what other sources of stability or health were available to the individual.

No one is in a position to say whether another's experience amounts to trauma or not. What anyone perceives as trauma is up to each individual. Nobody gets to determine how a trauma impacted you besides YOU!

By requiring diagnoses and definitions up-front, like *single incident trauma*, attachment trauma, *complex trauma*, PTSD or CPTSD, I believe we are asking people to address their trauma before they understand anything about the nature of trauma! It can sometimes place further barriers where they are not helpful or necessary.

Clinical terminology can be limiting - I believe that sometimes, the terminology and diagnoses can hinder people from getting the help they need. It's why I don't like the borderline diagnosis or the terms [Big T and Little T](#). (Did you know that complex trauma often falls into the category of *Little T*?!). Many complex trauma survivors — those with CPTSD — don't even realize they've experienced trauma, which is why I've written articles like, [“You might be a trauma survivor if...”](#)

I believe that ultimately, [it's important to own the term “trauma survivor.”](#) But it is unrealistic to expect people to promptly self-diagnose as a complex trauma survivor, or single incident trauma survivor, or a person with PTSD or CPTSD. If we jump into a specific definition of trauma too soon, we may confuse and lose people who otherwise would be willing to take that first step - noticing their coping skills are no longer working in their current daily life and reaching out for help.

Being inclusive when it comes to trauma... When I talk about trauma, I am talking about all trauma. I use the term *trauma survivors* because it's inclusive. It covers everyone with the symptoms (coping skills) we talk about. It covers those who have experienced single incident trauma, or complex relational trauma as children - and every shade of gray in between. CPTSD, PTSD: It's all trauma. All deserve help and healing.

For some people, learning about CPTSD as a diagnosis can be helpful. Knowing others share this diagnosis can help them feel less alone, and more supported knowing there are others who feel similarly.

A therapist's role... It's so important for therapists to be able to sit with their clients, and make space to witness their struggle. Trauma-informed therapy opens a safe space to hold their emotions, and understand what they are experiencing, feeling and what their perception is.

Bullying could be traumatic to some. It might not be to others. It could be a case of complex trauma. It might not be. This is why it's so important that we be present to listen to a client's story and understand their perspective. How does it impact their life — then and now?

Our first responsibility is to open and hold that safe space. Not try to check a box or categorize people.

The term "trauma survivor" for me, encompasses a very large umbrella. [It takes time](#) to be able to understand the depth of the trauma that developed for people, and the continued impact on their everyday life. Trauma that is complex and relational in nature presents symptoms that are relational. And just like the concept of relational trauma, helping a trauma survivor requires a more complex understanding and being present with the client.

"[N]o recovery from trauma is possible without attending to issues of safety, care for the self, reparative connections to other human beings, and a renewed faith in the universe. The therapist's job is not just to be a witness to this process but to teach the patient how." - [Janina Fisher, Ph.D.](#)

"To my children, I'm sorry for the unhealed parts of me that in turn hurt you. It was never a lack of love for you. Only a lack of love for myself." - Teresa Shanti

"Self-compassion is simply giving the same kindness to ourselves that we would give to others." - Christopher Germer

4] [Rehabilitation Through the Arts - RTA](#)

Our Mission - RTA helps people in prison develop critical life skills through the arts, modeling an approach to the justice system based on human dignity rather than punishment.

BREAKING THE CYCLE OF INCARCERATION - There are 1.8m people incarcerated in the US. Over 95% will eventually be released.

RTA members use their time productively in prison, and when released reconnect with their families and strengthen their communities, breaking a generational cycle.

SAVING MONEY - The US spends over \$80 billion a year on incarceration.

RTA's proven impact on recidivism saves taxpayers millions of dollars each year.

Our Values:

1] **Dignity** – We recognize the universal humanity of all people and treat everyone with respect and compassion.

2] **Creativity** – We are creative problem solvers and turn imaginative ideas into reality. We believe that the arts are an essential part of our humanity and make life better.

3] **Commitment** – We take responsibility for our actions and understand the effect our actions have on the whole. We uphold our obligations to each other and to our work.

4] **Collaboration** – We listen, share, and depend upon each other. We believe that change and growth happen when we work in partnership.

The US prison system is based on punishment. The problem is, it doesn't work – more than half of people released from prison are back within three years. This revolving door breaks down families and communities and costs taxpayers billions.

RTA offers a better approach. Founded at Sing Sing in 1996, RTA works with professional teaching artists to lead year-round workshops in theatre, dance, music, creative writing, and visual arts. The RTA model provides an intensive, comprehensive arts program that builds critical life skills so that people can meet the challenges of connecting with family and community when released.

RTA demonstrates that an approach based on human dignity is vastly more successful than one based on punishment. Less than 5% of RTA members return to prison, compared to the national recidivism rate of 60%.

How RTA Works - RTA's program is dynamic and richly varied, incorporating a wide range of art forms, including theatre, dance, music, creative writing, and visual arts. Led by a steering committee of incarcerated members at each facility, RTA offers customized curricula, ranging from a one session master class in jazz guitar to a year-long project of script and character analysis.

What ties these varied offerings together? Community.

RTA is not a drop-in activity. RTA is not about becoming a professional artist. RTA is a commitment to a community of peers that uses the arts as a tool to support emotional, social, and cognitive growth.

Two published evidence-based research studies have measured the effects of RTA. [John Jay College of Criminal Justice and NYS DOCCS](#) found that rates and severity of infractions within prison were significantly reduced among RTA participants, as compared to a matched group of non-participants.

A study conducted by [Purchase College, SUNY and NYS DOCCS](#) demonstrated that RTA is a catalyst for learning, with participants pursuing and completing more education after starting RTA, as compared to a matched group.

[Learn more](#) – scroll down to [Turn the Skill Wheel](#) and Who RTA Serves

4a] [A formerly incarcerated artist's Brief But Spectacular take on rehabilitation through art](#) – PBS Newshour - YouTube 3:12 minutes

4b] [Unlocked - The Power of Arts in Prison](#) – Watch the Film – 7:38 minutes

Unlocked captures the unsparingly honest stories of formerly incarcerated men and women who participated in RTA’s prison arts program. The film offers a different model for criminal justice, emphasizing life skills that lead to success after prison. Accompanying *Unlocked* are ten additional videos that introduce us to more RTA alumni stories.

4c] [People in Solitary Confinement and Volunteers Team Up to Garden, Imagine a World Without Prisons](#) - In a small patch of green space on Andry Street in New Orleans’ lower ninth ward, nine garden beds lay next to one another, each six feet by nine feet, each the size of one standard solitary confinement cell. Each garden bed grows a mix of herbs and flowers, among them pansies, stinging nettles, onions, mugwort. They are a mix of plants with medicinal properties and some that just bring pleasure to the eyes, and their growth is limited to the parts of the tiny space where a person would be free to move in a solitary cell, with space blocked off for where the furniture - nothing more than a bed and a toilet - would be. The plants in each garden are chosen by someone in solitary confinement and planted by a volunteer gardener on the outside. [Read the entire article](#)

The article is part of “*For Whom, By Whom*,” a series of articles about how creative placemaking can expand opportunities for low-income people living in disinvested communities. This series is generously underwritten by the Kresge Foundation.

“No man can think clearly when his fists are clenched.” - George Jean Nathan

“We cannot direct the wind, but we can adjust the sails.” - Dolly Parton

5] [This Is What Happens to Your Brain When You Declutter Your Home](#) by Kelsey Clark

There’s more to cleaning than just aesthetics.

For many of us, decluttering serves as a sort of mental palette cleanser. Stressed out? Tidy your apartment. Unfocused and frazzled? Clear the mess on your desk. Down in the dumps? Reorganize your closet for a sense of accomplishment.

It turns out there’s [plenty of science](#) behind this sentiment. “Our brains can process information more clearly and efficiently in an organized space,” said Manhattan-based psychotherapist [Dana Dorfman](#). “Human beings like to feel in control of themselves and of their surroundings. We prefer predictable environments that provide a sense of stability and calm.”

A deep clean can also help you let go of certain things - a particularly appealing benefit as we stare down 2020. “Possessions represent the emotions or experiences attached to them,” she adds. “A cluttered or disorganized accumulation of possessions may make it difficult to ‘move on’ from the past or live in the present.”

Whether you’re decluttering to start a new chapter or you simply appreciate an orderly apartment, here’s what you can expect from a mental health perspective.

After One Day - “On day one, people can experience a range of emotions - from overwhelming

sadness to relief to invigoration,” notes Dorfman. But no matter what the nature of your project, she adds that you’ll most likely feel energized and motivated as the day progresses. Because organizing involves problem-solving and decision-making, people feel a sense of mastery and accomplishment.

While the presence of a mess may overload all of the senses, it impacts the visual field most significantly. “When the visual field is cluttered, the brain must ‘sift through’ everything and weed out the interfering stimuli,” Dorfman explains. “[Studies](#) show that people experience a significant decrease in the stress hormone cortisol when items are removed,” helping you to feel more stable, clearheaded, and relaxed as you clean.

After One Week - Believe it or not, you may find yourself looking for your next organizational project after just seven days or so. “System creation can provide ongoing motivation - it builds on itself,” Dorfman notes. “If you design an entryway space equipped with a place for your coat, keys, and bag, you’ve mitigated future misplacements. The sense of mastery and competence prompts the mind to want more.”

With that said, your new lifestyle may take some getting used to, both on a personal and practical level. It can take time for the brain to adapt to a fresh environment and you just might forget where certain items are, for example. But there are additional benefits: “This change may require an updating of one’s self-narrative,” adds Dorfman. “If you’ve always identified as a ‘messy’ person, you may view your habits and capabilities in a new light.”

After Three Months - In addition to feeling less stressed, less overwhelmed, and more in control, sticking to an organizational system may lead to newfound feelings of capability and empowerment. “Conquering a procrastinated task like cleaning may remind a person that the anticipation is usually worse than the reality,” explains Dorfman. “This realization and resulting sense of competence can flow into other areas of your life.”

Above all else, most research indicates that it is simply beneficial to live in a consistently neat and organized space. Any steps you take toward curating a healthy environment for yourself are well worth the effort. That’s one compelling reason to do a deep clean and donate unwanted items before the year’s end.

“One of the greatest regrets in life is being what others would want you to be, rather than being yourself.” - Shannon L. Alder

“When I loved myself enough, I began leaving whatever wasn't healthy. This meant people, jobs, my own beliefs and habits – anything that kept me small. My judgement called it disloyal. Now I see it as self-loving.” - Kim McMillen

6] [When work and stress collide, a break might be the answer](#) by Katie Hawkins-Gaar @ CNN

Work can wait. Your mental health can't. How to make the most of a break.

Deciding to take time off of work isn't easy. Taking a leave of absence for mental health reasons is even harder.

Making the choice to step back for your mental well-being when you happen to be the youngest member of Britain's Parliament? That's an especially bold and brave decision.

In late May, 24-year-old [Nadia Whittome shared](#) that she had been diagnosed with post-traumatic stress disorder. She announced that she was taking several weeks off as advised by her doctor.

"Through being open about my own mental health struggle, I hope that others will also feel able to talk about theirs, and that I can play a small role in creating greater acceptance and facilitating healthier discussions around this issue," she wrote on her website.

Days later, tennis star Naomi Osaka announced she was [withdrawing from the French Open](#) after refusing to speak with the media. Osaka revealed she had "suffered long bouts of depression" since winning her first Grand Slam title in 2018.

Whittome and Osaka aren't alone in their decisions to step back from work for their mental health. [Healthcare workers](#) and [teachers](#) are leaving their positions in droves, citing burnout from the Covid-19 crisis. Journalists are stepping back from their high-stress jobs too; Stacy-Marie Ishmael [wrote about her decision](#) on Twitter in March.

"I'm taking a break," she wrote. "I'm stepping down from @TexasTribune, where I've spent the last year operating at a relentless and breakneck pace to ensure that our journalism could rise to the demands of the moment."

"It did. We did," Ishmael continued, "And in the process, I **totally** burned out."

In the United States, there's a shared sense of optimism as Covid-19 restrictions are being lifted across the country and people are returning to their old routines. But experts warn that there's [a second wave](#) of mental health challenges to contend with — the long-term effects of heightened anxiety, depression, stress and isolation that countless Americans have faced throughout the pandemic.

Considering this, it's not a surprise that many people who can are choosing to take time off from work.

Although it's a privilege not afforded to everyone, temporarily stepping away from our jobs can have some major benefits. Taking time off can improve long-term job performance and avoid short-term burnout. [Research shows](#) that people who take sabbaticals not only benefit from reduced stress during their time off, but also experience less stress after returning to work.

I would know. In 2017, a few months after my husband unexpectedly passed away, I found myself struggling at work. I was having trouble concentrating, found it difficult to care about tasks, and I had to escape to the office bathroom to cry more times than I could count. After a few weeks of going through the motions of my job, I asked my bosses for a three-month sabbatical from work. Thankfully, [they agreed](#) and paid half of my salary during my sabbatical.

When I returned to the office, I was more engaged and productive. I was better able to focus on tasks and once again cared about the work I was doing. Most importantly, I was in a better spot mentally and emotionally. Although I had a long road of healing ahead of me, I had given myself some much-needed time to lean into my grief instead of trying to push aside my emotions at the workplace.

According to a 2020 [report from the Commonwealth Fund](#), Americans suffered more mental health consequences from the Covid-19 crisis than people in nine other high-income countries. Thirty-three percent of respondents reported experiencing stress, anxiety or major sadness that was difficult to cope with alone.

These are feelings that shouldn't be ignored. I know that, unfortunately, taking time off of work isn't an option for everyone, but I do wish we were granted more opportunities to prioritize our mental well-being over personal productivity.

Here are the lessons I learned from my sabbatical. Perhaps you can use them, too.

Have a plan in place - When I asked my bosses for time off, I had already written out what projects I was responsible for and had offered up ways to delegate those tasks while I was out. Presenting this solution made it a lot easier for higher-ups to grant my request. It also alleviated some of the guilt I felt about temporarily abandoning my responsibilities.

Whittome, the British politician, did the same. "While I am away, constituents should continue to contact my office as normal. My fantastic staff team will still be there to support you with any issues you may have."

Before you take time off, explore what options you have for financial support. You might be able to use accrued paid vacation, sick leave or family leave. Workers may also be covered under the [Families First Coronavirus Response Act](#), which requires some employers to provide employees with paid sick leave or expanded family and medical leave for reasons related to Covid-19.

If paid time off isn't an option, consider setting aside some money to cover costs while you're not working. Again, not everyone has the privilege of doing this -- but if it's possible, it's a smart idea. Figure out your monthly costs, and set a savings goal.

Allow yourself to feel your feelings - Work takes up a lot of our time. And if we stop working? There's a lot of time to fill. Some of the emotions you may have been pushing aside in order to get things done will likely come bubbling up. Grief, anger, sadness, fear, depression, and so on. Even though it's uncomfortable, try and feel those feelings. This is where the real healing begins.

During my sabbatical, I worked through my grief and other difficult feelings through a mix of journaling, therapy and lots of long walks in nature. It all helped. Even though facing my sadness was scary, it was exactly what I needed — and exactly what I wasn't able to do in a bustling office.

Identify ways to support yourself upon return - Taking time off allowed me to assess what I missed about work and what routines were unhealthy for me. Catching up with coworkers over lunch? Great! Eating a sad desk lunch alone in front of my computer? Not so good.

Before I returned to the office, I made a list of work resolutions, including avoiding screens at certain hours, limiting the number of meetings in a day, and turning off Slack and other distractions when I needed to do some deep thinking. All of these things made for a smoother and less stressful transition back to the workplace.

While not everyone can take time off from work, there are steps people can take when it feels like burnout is on the horizon.

Prioritize your mental health - Even if you don't have the option to step away from your job, you can still set boundaries that support your mental well-being, like Osaka did in choosing not to speak with the media.

Many mental health advocates have applauded Osaka for her bold decision. "Let's allow Naomi Osaka to be a shining example of holding your boundaries to prioritize peace," therapist Nedra Glover Tawwab [posted on Instagram](#). "Your mental health is more important than pretending to be okay for others."

If you're suffering from depression, anxiety or having trouble focusing, it's worth seeking support. Your workplace might have an Employee Assistance Program that offers free, confidential counseling. You could start a meditation practice or begin journaling about your feelings. Or you could take a page from Osaka's book and identify a specific work stressor and look for ways to step away from it.

Can you stop responding to emails after dinnertime? Block off time in your calendar to avoid back-to-back meetings? Negotiate for a hybrid work schedule so you don't have to commute to the office five days a week? Look for ways to set boundaries that work best for you and your mental well-being.

Make time for gratitude -This final tip is the simplest and, perhaps, the most effective. Time and again, research has proven the benefits of gratitude. People who take time for gratitude tend to be [happier and healthier](#) and have [better relationships](#) with others. At the same time, they have lower levels of negative emotions such as anger, depression and shame.

Right now might feel like an odd time to be grateful. We're still in the midst of a pandemic. There are still thousands of people dying from Covid-19 worldwide each day. But it's during the darkest times that gratitude can benefit us most. As I wrote [in November 2017](#), months after returning to work from my sabbatical, "Gratitude has saved me."

"In the months since my husband unexpectedly died, I've struggled," I wrote. "I've felt hopeless and scared. I've been angry and lost. I've hit plenty of low points. But I've pulled myself out of those ruts time and again by finding things to be thankful for."

Taking a bit of time each day for gratitude works wonders. You could start a gratitude practice at the dinner table, where everyone shares something they're grateful for. You could set aside five minutes each morning to give thanks over a warm cup of coffee. Or you could do what I did in 2017, and list three things at the end of each day that you appreciated. I still look at that gratitude journal from time to time; it reminds me how lucky I was, even when life was impossibly hard.

We were all thrown into the pandemic at the same time, but we're emerging from lockdown at different paces and in different ways. Some of us have lost loved ones to Covid-19. Almost all of us have lost a sense of safety and security that we once had. We've all been through major changes and we are all feeling the effects of those adjustments.

I'm heartened by the fact that leaders like Whittome, Osaka and Ishmael are talking openly about their mental health. It's a silver lining of the pandemic — more of us are publicly admitting when things are not OK.

If we don't take care of ourselves, we can't take care of other things — including our jobs. As we continue to readjust to life after lockdown, I hope we can all find ways to attend to our mental wellbeing and to encourage others to do the same.

Katie Hawkins-Gaar is an advisory board member for the Rosalynn Carter Fellowships for Mental Health Journalism. She writes a weekly newsletter called ["My Sweet Dumb Brain."](#)

"Sometimes we try so hard that we fail to see that the light we are seeking is within us." - As We Understood – Al-Anon

"I am an old soul. I love genuine kindness. I love compassion. I love poetry. I love soul connection. I love old books. I love deep conversations. I love depth. I love rawness." - Unknown

7] [This advocate says justice system is our failure to imagine anything besides punishment](#) by Jorge Antonio Renaud - PBS NewsHour video - 4:10 minutes

Jorge Antonio Renaud says that the United States is enamored with the idea that certain individuals are just "crime prone." At 20, he was arrested and put in jail, where he survived a traumatic attack. Feeling lost led him to drugs, theft and decades in prison. Now the national criminal justice director at [Latino Justice](#), he shares his Brief but Spectacular take on re-imagining incarceration.

7a] [LatinoJustice PRLDEF - Champions of Civil and Human Rights](#)

LatinoJustice works to create a more just society by using and challenging the rule of law to secure transformative, equitable and accessible justice, by empowering our community and by fostering leadership through advocacy and education.

"Instead of avoiding your pain, work through it. Instead of withholding your tears, let them flow. Instead of closing your heart, open it. Instead of expressing hate, show love. Instead of judging another, appreciate them. Instead of being uptight and serious, be playful. Instead of fearing the unknown, move into it." - Jake Woodward

"Shout-out to all the men going through a lot, with no one to turn to, because this world wrongly taught our males to mask their emotions and that strong means silent." - Alex Myles

8] [All Drinking Aside: The Destruction, Deconstruction and Reconstruction of an Alcoholic Animal](#) by Jim Anders

Denial, anger, fear, depression, self-pity, doubt: a toxic cocktail of emotions enflamed by alcohol, narcotics and prescription drugs. Where does one begin? Where will it all end? In this 90-piece orchestration of autobiographical flashbacks, the author describes his descent into alcoholism while three fictional alter egos (unnoticed by him) discuss his prospects for recovery. This intense, introspective and illuminating fiction looks at alcoholism and addiction from the inside out and back

again. In three parts, the Destruction, the Deconstruction and the Reconstruction, the alcoholic beast is revealed. The vicious cycles of alcoholic addiction: hospitals, detoxes, rehabs and relapse. Repeat, repeat, repeat. A textbook case of chronic chemical dependency, "All Drinking Aside" will provoke, deceive, disturb and annoy you while it entertains and informs. "All Drinking Aside" is "Everybody's Autobiography," if you're an alcoholic and "Someone You Know," if you are not.

Jim Anders is a former advertising copywriter and graduate of Moravian College in Bethlehem, Pennsylvania. His degree in English led him into the advertising field where for a decade he was an advertising copywriter in a small advertising agency and later the coordinator of advertising for what was then Merv Griffin's Resorts Casino. All Drinking Aside is his first full-length work. His work has also appeared in The Sober World magazine and his book reviewed in Keys to Recovery Newspaper. Rowan University and Stockton University have previously interviewed him on radio and television broadcasts. Two other New Jersey radio interview shows have also had him as their guest. Jim currently resides in Atlantic City, New Jersey.

"There can be a deep loneliness that comes from not having a family that has your back. I hope you can find supportive people who show up for you." - Laura Mohai

"Be the reason someone feels welcome, seen, heard, valued, loved, and supported." - Unknown

9] [Paul G. Quinnett Lived Experience Writing Competition 2021](#)

Participant Guidelines - Writing must be: A personal essay describing the author's experience with suicidal ideation and/or attempt(s). The writing describes impact on the writer, and tells the story in a way that is accessible and understandable to the greater community. Poetry, creative fiction, and biography are not accepted. The Paul G. Quinnett Writing Competition is committed to centering marginalized voices. These voices can include people who have been harmed by the mental health system or psychiatric industrial complex, people with disabilities, and Black & brown queer women, femmes, trans and non binary people. We prioritize the perspectives viewed through the lens of intersectionality as it is crucial to ensure that our perspectives have a platform where our creative contributions and ideas are honored.

Prizes - First place: \$1500 Second place: \$1000 Third place: \$500

Deadline - To be considered, the submission must be electronically submitted as .pdf, .doc, or .docx format through the AAS website on or before 11:59pm EST on September 30th, 2021.

Word limit - 2,500 words

Waiver - Writers must waive copyright restrictions and must allow AAS and others to reprint or reproduce the writing.

[Learn more](#) @ The American Association of Suicidology website

9a] [The American Association of Suicidology](#) - Preventing suicide every day

September is National Suicide Prevention Month and National Suicide Prevention Week is September 5

- 11, 2021. The American Association of Suicidology believes we need to focus on suicide prevention every day, of every year. And we can do this by continuously spreading awareness, advocating for research funding, developing innovative and effective treatment tools, being kind, and helping to educate others on things like resources and warning signs. It's time to get involved, but not just this week and not just the month. It's time to make #AAS365 a priority. And it's time to make our efforts count.

For 2021, we want to know what action, behavior, activity, or other event you think creates suicide prevention. We want to hear from you - [send us](#) one word, or your videos, songs, art, drawings, poems, essays, however you can express what suicide prevention means to you - and we'll post your creations here. Post on social media what suicide prevention means to you and use the hashtag [#aas365](#) or [#spm21](#) and we'll make sure to share your content.

#AAS365 #SPM21

National Suicide Prevention Lifeline: 800-273-8255

Crisis Text Line: Text HOME to 741 741

9b] [Suicide Attempt Survivors](#) – American Association of Suicidology

In 2014, AAS took the historic step of approving a membership division for people who have been suicidal and their supporters. Our goal is to make sure people who've been suicidal are central to research, policy-making, public messaging, treatment and support. We're colleagues and friends.

As we become more open and confident in discussing suicidal thinking, the resources for us grow. We are encouraging and supporting people who want to step forward to share their stories and their hope.

[Live Through This](#): A national series of portraits of attempt survivors, by division member Dese'Rae Stage.

[Michael Skinner](#) - Live Through This - *Michael Skinner is a musician and mental health advocate who lives in New Hampshire. He was 59 when I interviewed him in Boston on April 5, 2014.*

"Feeling safe in someone's energy is a different kind of intimacy. That feeling of peace and protection is really underrated." - Vanessa Klas

"You just never know what someone is dealing with behind closed doors. No matter how happy someone looks, how loud their laugh is, how big their smile is, there can still be a level of hurt that is indescribable. So be kind. Even when others are not, choose to be kind." - Andrea Russett

10] [Brussels doctors prescribe museum visits to treat Covid-19 stress](#) by Catherine Hickley - The Art Newspaper

Research "has proven that art can be beneficial for health, both mental and physical," the city's head of culture tells a Belgian newspaper.

Patients suffering from stress in Brussels may find themselves under doctors' orders to visit museums in a three-month pilot project inspired by a similar programme in Canada.

Delpine Houba, the city's head of culture and tourism, devised the project in partnership with the Brugmann Hospital in Brussels, according to an article in the Belgian newspaper *L'Echo*. Doctors at the Brugmann can prescribe museum visits to individual patients and the hospital's stress clinic will also organise collective visits for in-patients receiving therapeutic treatment, the newspaper said.

The five museums taking part in the pilot project are the Brussels City Museum, the Fashion and Lace Museum, the Sewer Museum, the Garderobe Manneken-Pis and the Centrale museum for contemporary art, Houba told *L'Echo*.

Treatments for mental health are particularly relevant during the coronavirus pandemic, Houba said, adding that research "has proven that art can be beneficial for health, both mental and physical." The project will be evaluated at the end of 2021 and extended to other Belgian museums willing to cooperate if deemed successful, she said.

Houba said she was inspired by a pioneering project at the Montreal Museum of Fine Arts. Since 2018, participating doctors have been able to prescribe up to 50 free museum visits a year to their patients, offering "a safe, welcoming place, a relaxing, revitalizing experience, a moment of respite, and an opportunity to strengthen ties with loved ones," according to the museum's website.

The MMFA, which describes itself as "a real research laboratory for measuring the impact of art on health," extended its project in July this year to offer digital museum access to health professionals engaged in the fight against the pandemic.

"After an extremely overwhelming year for all health professionals, it was important for us to offer a little art and beauty to those who have contributed to the well-being of the population and who need a chance to catch their breath," said Mélanie Deveault, the director of education and wellness at the MMFA.

"The most beautiful things in life are not things. They're people and places and memories and pictures. They're feelings and moments and smiles and laughter." - Unknown

"Remember, being happy doesn't mean you have it all. It simply means you're thankful for all you have." - Unknown

11] [SESAME Stop Educator Sexual Abuse Misconduct and Exploitation](#)

DON'T BE A BYSTANDER - Educators can prevent much of the sexual misconduct in schools if they know how to recognize and respond to suspicious patterns and if administrators enforce an environment of high expectations for behavior.

EDUCATORS & ADMINISTRATORS - Learn about how you can become a more involved and engaged advocate for children.

FRIENDS & FAMILY - If a friend or someone in your family has been the victim of sexual abuse or misconduct, you may be wondering what you should do (or if there's anything you CAN do)...

TECHNOLOGY IN SCHOOLS - A Double-Edged Sword. All too often, technology that can be used to organize class projects or supervise students on a weekend field trip can be misused by predatory individuals...

One out of Ten K-12 students is a victim of educator sexual misconduct

One child sex offender can have as many as 73 victims in their lifetime

[RESOURCES](#)

If you suspect abuse report abuse

[SURVIVOR STORIES](#) - Sad as it is, it helps to know that what happened to you, happened to lots of other people too. This is a place to read their stories.

[SUBMIT YOUR STORY](#) - If you would be willing to share your story with other survivors, please do! To protect yourself and others in your story, you may want to omit or change your names. We respect your right to privacy and confidentiality - you are not required to provide your personal information when submitting a story.

S.E.S.A.M.E. understands the courage it takes to tell one's story. We also know in telling one's story there is a risk in reliving the trauma experienced. In that regard we encourage the writer to have a strong support network during the writing and submission process. Whether it be family, friends, colleagues or mental health professionals, support networks have many benefits.

[OUR MISSION](#)

S.E.S.A.M.E. is the leading national voice for the prevention of sexual exploitation, abuse, and harassment of students by teachers and other school staff. Ending the practice of "passing the trash," a phenomenon where educators investigated for abuse are able to resign and get a new job at a new school, is S.E.S.A.M.E.'s top priority for ending abuse in schools. Our organization works toward the following goals:

- Increasing public awareness of educator sexual abuse by breaking the silence in a strong and united voice.
- Fostering recovery of survivors through mutual support and access to information.
- Encouraging survivors of educator sexual abuse to report their offenders to local law enforcement officials and state education department credentialing offices.
- Insisting upon implementation of and adherence to child-centered educator sexual abuse policies, regulations and laws.
- Directing attention to the maintenance of proper boundaries between school staff and students by promoting annual training, the adoption of professional standards and codes of ethics.

“Bravely, I broke the silence. I boldly shared the truth. I empowered myself to create healthy boundaries. I became a badass. I no longer tolerated being shamed, blamed, and manipulated.” - Dana Arcuri,

“Count your age by friends, not years. Count your life by smiles, not tears.” - John Lennon

12] [A new 'leash' on life: Government program will train dogs for veterans with PTSD](#) by By Patrick Martin @ NBC News

As many as 20 veterans out of 100 from the Iraq and Afghanistan conflicts have PTSD, according to the Department of Veterans Affairs.

Bobbi keeps her soft brown eyes on Becca Stephens while patrolling the aisles of a grocery store, ever-vigilant of potential threats. She walks slightly behind, making sure no one can get the jump on the person she is there to protect.

Once the mission is over, Bobbi will head home, get a nice treat and play with her favorite toy, a bright orange traffic cone.

Bobbi is a service dog who has been by Stephens' side for the last three years. The golden Labrador is specially trained to help veterans with post-traumatic stress disorder, like Stephens of Clearwater, Florida.

Stephens is a 36-year-old combat veteran who served in Basra, Iraq, from 2009 to 2010, working on radio equipment for her unit. She was diagnosed with PTSD in 2011.

“She just always has my back, and she knows” when Stephens needs reassurance, the veteran told NBC News.

This month, Congress passed a bipartisan bill — the Puppies Assisting Wounded Servicemembers, or PAWS, for Veterans Therapy Act — to help connect veterans with their own service dogs. The [bill](#) is now headed to the desk of dog-lover President Joe Biden, who is expected to sign it.

At that point, the Department of Veterans Affairs would work with organizations like [K9s for Warriors](#), a Florida nonprofit organization that provides service dogs to veterans, which is where Stephens trained with Bobbi. The five-year program would take effect Jan. 1, 2022, said Rory Diamond, CEO of K9s for Warriors.

“We’re encouraged by the passage of this bill by both houses of Congress as an integral first step in the fight against veteran suicide,” Diamond said.

Of the more than 700 veterans who have been through the K9s for Warriors program, 72 percent had attempted suicide before being paired with their service dogs, Diamond said.

"We're incredibly good at keeping them alive," Diamond said. "So why wouldn't the VA want to be part of that?"

The program comes at a critical time. As many as 20 veterans out of 100 from the Iraq and Afghanistan conflicts have PTSD, [according to the VA](#). The pandemic has caused even more [stress for veterans](#), with calls to the veterans crisis line surging more than 15 percent last year. And experts agree PTSD is underreported.

Veteran suicide continues to plague former service members. From 2005 to 2018, nearly 90,000 veterans have died by suicide, and the number continues to rise, according to the most recent [report from the VA](#).

While Stephens may not have visible injuries, she is still wounded from the tolls of combat. After her deployment to Iraq, she said, she could never relax and always experienced a heightened sense of awareness. Medication prescribed after her PTSD diagnosis didn't really help her.

"I was constantly having mood swings, you know, very palpable anger towards anything, extremely irritable, I would have nightmares, almost all the time," she said.

Her PTSD ultimately led to a seven-year drug addiction, she said. Before meeting Bobbi, Stephens said, she contemplated suicide, going so far as to develop a pros and cons list.

"I was sitting on the edge of my bed thinking, you know, 'This is it. I have nothing left at this point,'" she said.

Two things kept her hanging on: the love and support of her girlfriend and the hope of being just weeks away from starting service dog training after being on a waitlist for four months.

At K9s for Warriors camp, Stephens was paired with Bobbi.

"You learn all kinds of things," she said. "We go into the public. We go to malls. We go to restaurants. We do all the things that I avoided."

Training a service dog to help someone with PTSD is an immersive program that helps the veteran and dog form a bond. The dog learns to notice signs of anxiety and how to soothe its owner.

"We found that, by and large, the most important and most commonly used task was to calm or comfort anxiety," said [Maggie O'Haire](#), an associate professor of human-animal interaction at Purdue University who works with K9s for Warriors.

Her [research](#) shows service dogs can help reduce the severity of PTSD in veterans. In a 2020 [report released by the VA](#), participants paired with service dogs trained for PTSD had fewer suicidal behaviors and ideations within the first 18 months, compared to people with emotional support animals.

The tasks performed by these specially trained service dogs vary widely and are specific to the owner. One common task is called "lap," a dog's version of a weighted blanket.

"It's basically deep pressure therapy for our warriors," said Air Force veteran Christel Fleming, a trainer at K9s for Warriors. "We want the dog to get up, put its two front limbs across the warrior's lap and to stay there calmly."

The dog is taught not to jump up or lick the owner's face.

“Instead of looking at the outside world and being really freaked out about what's going on, [the veteran] can look at their dog, scratch their dog, love on their dog and calm down,” Fleming said.

The dogs aren't intended to replace doctor visits or medication. In fact, O'Haire said the animals help their owners get out of the house for treatment appointments.

With Bobbi by her side, Stephens said, she is now three years sober and out in public all the time. She said the dog has given her a new “leash” on life.

“When I started to trust myself and respect myself and treat myself right, she could see that,” Stephens said.

Patrick Martin is an associate producer in the NBC News Health & Medical Unit. He is a combat wounded veteran who has served multiple tours in both Afghanistan and Iraq

“You could have grown cold, but you grew courageous instead. You could have given up, but you kept on going. You could have seen obstacles, but you called them adventures. You could have called them weeds, but instead you called them wildflower. You could have died a caterpillar, but you fought on to be a butterfly. You could have denied yourself goodness, but instead you chose to show yourself some self-love. You could have defined yourself by the dark days, but instead through them you realized your light.” - S.C. Lourie

Thank you & Take care, Michael

PS. Please share this with your friends & if you have received this in error, please let me know – mikeskinner@comcast.net

Our lives begin to end the day we become silent about things that matter. Martin Luther King, Jr.

A diagnosis is not a destiny

[The Surviving Spirit](#) - Healing the Heart Through the Creative Arts, Education & Advocacy - Hope, Healing & Help for Trauma, Abuse & Mental Health

[The Surviving Spirit Facebook Page](#)

mike.skinner@survivingspirit.com 603-625-2136 38 River Ledge Drive, Goffstown, NH 03045

[@SurvivinSpirit](#) Twitter

[Michael Skinner Music](#) - Hope, Healing, & Help for Trauma, Abuse & Mental Health - Music, Resources & Advocacy

Live performance of “By My Side”, “Joy”, “Brush Away Your Tears” & more @ [Michael Skinner – You Tube](#)

"BE the change you want to see in the world." Mohandas Gandhi