



PIVOT

A FORUM FOR MENTAL HEALTH AND SOCIAL SERVICES

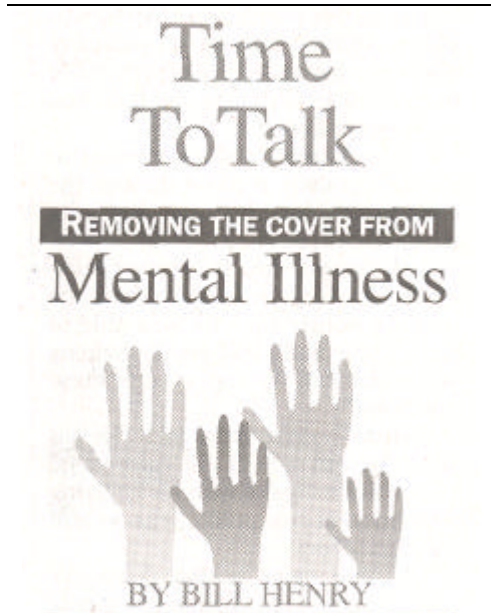
Sun Times puts a human face on mental illness

Recently the Sun Times featured a 5-part series on mental illness that was insightful, accurate and enlightening. Bill Henry, author of "Time to Talk", provided readers a brief yet purposeful glimpse into the world of people whose lives have been touched by mental illnesses such as schizophrenia and bipolar disorder formerly known as manic depression.

Not only does he explore the personal journeys of those who have experienced mental illness but he sheds light on the impact that these illnesses have had on family members. Henry artfully blends these personal journeys with facts and information about the disease as well as information about local mental health resources. The final product is a series that is informative, touching and full of inspiration.

The public response to "Time to Talk" has been overwhelming, not only during the run of this series but in the last two weeks. We have heard from so many people about the positive impact of these stories.

The staff of the Pivot and the people who work in the Family Support Initiative and the Consumer Survivor Development Project, extend their deepest gratitude and appreciation for the recent work of the Sun Times and Bill Henry. Without a doubt the 5-part series on mental illness presented a vivid overview of how mental illness, in particular bi-polar and schizophrenia, so adversely affect the lives of those with it and the lives



of families who support and care for them.

Our thanks and admiration go out to the people who have put a face on mental illness within Grey and Bruce counties. The courage of those living with the disease, the love and energy of the families who care for them and the compassion and dedication of the health care providers is to be applauded. Bill Henry and the Sun Times are to be commended for their commitment in dealing with such a serious and often overlooked issue.

Copies of the Sun Times complete series of "Time to Talk" are available at the Community Network Support Team, 371-4551. We recommend that you read them!

Shane Barker, Director

INSIDE : STRESS Relief



- 2 Mental Health and Addiction System Chart
- 4 Across Grey-Bruce
- 6-7 Resolution tips and coping

Fight stigma Create smoother rides with purpose

Refuse to be helpless; don't accept the role of a victim. There is much you can do to make it better for yourself.

Life continues even in times of stress, regardless of your attempts at anger management and assertive actions. **The magnitude of loss differs over time as families and relationships change around you.**

Adapting strategies to make sure your current efforts are appropriate starts with being receptive to change. Readiness, willingness and commitment might take time, but in the meantime, ask yourself, "What is the purpose of positive changes?"; "What is the necessary action to achieve successful results?" and "What positive change could **I** make to ease my reality?"

When differentiating Mental Health and Mental Illness, don't ignore yourself. Take time to know what is right for you and don't let stigma stop you from following through with change.

"Act as if what you do makes a difference. It does!"

William James, American psychologist and philosopher

Read about chronic worry on page 5.

System Profile

Adult Mental Health and Addiction Services in Grey/Bruce

BRUCE PENINSULA HEALTH SERVICES HOUSING CORP.

534-4388
 Marlon -Dorina Pettigrew-Heppum
 Executive Director

Mental Health Programs

Workable (Supported Employment and Group Services)
 534-4388, x228 Leslie Martin Ellis

Residential Services
 534-5127

Community Outreach
 534-4388

GREY BRUCE HEALTH SERVICES

376-2121
 Owen Sound-Caroline Tykoltz
 Administrative Director, Mental Health Services

Mental Health Programs

North Grey Community Mental Health Team Owen Sound
 371-8850
 Jeff Franks

North Bruce Community Mental Health Team Warton
 534-4388
 Louise Kang

Brief Counselling
 x2470
 Jeff Franks

Aftercare, x2460
 Karen Croker

Sexual Assault Care Centre x2458
 Jeff Franks

Assertive Community Treatment Team
 x2386
 Karen Croker

Crisis Team
 x2450
 Craig Olynyk

Dual Diagnosis Coordinator, x2857
 Jennifer Healey

Community Outreach Treatment Team
 x2430
 Craig Olynyk

Mental Health Service Coordinator, x2480
 Dianne McKenzie

Psychiatry 4-6, x2420
 Intensive Care 4-4, x2410
 Psychogeriatrics 8-4, x2340
 Leah Hood

Department of Psychiatry, x2463
 Dr. Gormandy

Addiction Programs

Addiction Day Treatment
 x2036
 Paul Wagler

Grey Bruce Withdrawal Management Services
 Paul Wagler

CANADIAN MENTAL HEALTH ASSOCIATION

371-3642
 Owen Sound-Marion Wright
 Executive Director

Mental Health Programs

Bruce Shoreline Community Mental Health Team, 797-2880
 Southampton, Pam Gidman

Grey Bruce Distress Line
 371-8485
 Hazel Lyder

Youth Net Grey Bruce
 371-3642
 Michelle Patterson

Friends And Neighbours Club of Grey Bruce (F.A.N.)
 371-3642 Todd Anderson

Leisure Links
 Linda Lankin 371-3642

Sites
 Union Place, Owen Sound: 376-8433
 The Loft, Hanover: 364-0184
 The Upper Deck, Kincardine: 396-4823
 The Greenhouse, Warton: 534-4423
 The Coach House, Markdale: 986-7491

Good Grief
 Grief support after suicide/bereavement support 371-3642

GREY BRUCE COMMUNITY HEALTH CORPORATION

371-4120
 Owen Sound-Sandy Stockman
 Executive Director

Mental Health Programs

South Grey Community Mental Health Team, 986-3030 Markdale, Ed Bastian

Central Grey Bruce Community Mental Health Team, 364-7788 Hanover, Jeff Blyth

Community Connections: Housing and Support, 371-2390
 Owen Sound
 Jacque Schwab

Community Network Support Team, 371-4551
 Shane Barker

1. Residential Services Brooke House Riverview Apartments Apartment Program
2. Group Services
3. Housing Support
4. Outreach Community Support Workers

Family Support Initiative
 371-4802 Judy Kroes

Mental Health Evaluation Group
 371-4557 Pat Curckshank

Addiction Programs

Choices: Drug and Alcohol Counselling for Youth
 371-5487 Elle Jenks

New Directions: for Alcohol, Drug and Gambling Problems
 371-1232 Jill MacArthur

Other Addiction Services

Centre for Addiction and Mental Health

Owen Sound
 371-8317
 Donna Beatty

G & B House

Owen Sound
 376-4193
 Sue Murdoch

Problem solve it! Discovery questions help you fine-tune your beliefs

MENTAL HEALTH

How is this defined? Remember to put yourself in the definition. Mental health has to do with how you feel about yourself, how you feel about others, and how you are able to meet and handle the demands of life. It is not the absence of problems. It is the ability to balance problems with appropriate coping skills. We do know that the right amount of sleep and exercise, a proper diet and appropriate medical care can go a long way toward handling stress and improving both our physical and mental health.

What is normal? Conforming with, adhering to, or constituting a norm, standard, pattern, level, or type; typical: *normal room temperature; one's normal weight; normal diplomatic relations.**
What is Serious? Important; weighty; not trifling; grave.*

WHAT IS MENTAL ILLNESS?

A mental illness is a disease that causes mild to severe problems in thinking, feeling, and/or behavior. These problems may significantly impair a person's ability to cope with life's ordinary demands and routines. Just like other health problems, mental illnesses vary greatly by type and severity. or The psychological state of someone who has emotional or behavioral problems serious enough to require psychiatric intervention Source: *WordNet* ® 1.6, © 1997 Princeton University* or

Any of various conditions characterized by impairment of an individual's normal cognitive, emotional, or behavioral functioning, and caused by social, psychological, biochemical, genetic, or other factors, such as infection or head trauma. Also called **emotional illness, mental disease, mental disorder.** Source: *The American Heritage® Dictionary of the English Language, Fourth Edition* © 2000*

WHAT IS THE MOST COMMON TYPE OF MENTAL ILLNESS?

Anxiety disorders are the most common mental illnesses. They include phobias, panic disorder, post-traumatic stress disorder, generalized anxiety disorders and obsessive-compulsive disorder.

DOES STRESS CAUSE MENTAL ILLNESS?

Living under constant stress and not using stress management techniques (for example, relaxation, exercise, talking to a trusted person) can lead to physical, emotional and behavioral problems. Stress can affect your health, peace-of-mind, and enjoyment for life, as well as personal and professional relationships. It is estimated that 75 - 90% of visits to primary care physicians are stress-related.

CAN MENTAL ILLNESSES BE CURED?

It depends on the type and severity of the mental illness. With proper care and treatment, the person can learn to cope with the illness, improve symptoms, or experience a full recovery.

HOW DO I GET HELP FOR A MENTAL ILLNESS?

The first step is to talk to your doctor to see if there are any physical causes for your symptoms. If none are found, your doctor may refer you to a mental health professional. Mental health professionals include psychiatrists, psychologists, counselors and social workers who have expertise in psychological and behavioral talk therapies. Doctors and psychiatrists may also prescribe medications to treat mental illness. For some disorders, medica-

What is stigma?
Any mark of infamy or disgrace; sign of moral blemish; stain or reproach caused by dishonorable conduct; reproachful characterization.*

tions and talk therapies work best together, but not all people with mental illnesses need medication.

Mental Health Questions and Answers, www.acmhdds.org/pages/pdf/infocntr/mhqa.pdf

Definitions () found on dictionary.com*

Self coaching thoughts

- "Motivation is what gets you started. Habit is what keeps you going" Jim Rohn

If the need to take action is compelling enough, take heed:

- "If you want change, make it project status."
- "Acknowledge what you're doing to contaminate and make the changes you need to eliminate it."

www.drphil.com

and when setting goals, remember

"Values lay the groundwork for your goals; Goals lead to the fulfillment of your mission; Your mission leads to the realization of your life's work — your legacy."

Gary Ryan Blair, author, motivational speaker, coach and consultant

Get mental health information at sessions

Mental Health Information and Resource Sessions are a collaborative project held conjunctively between the Consumer/Survivor Development Project, the Family Support Initiative, the Community Network Support Team and Grey Bruce Health Services Owen Sound Site. It operates from the Conference Room on the Psychiatric Inpatient Unit, weekly, on **Tuesday and Thursday evenings from 6:30-8:00 pm**. The purpose of these sessions is to provide mental health information to the general community, consumers, family members, and service providers alike. Information provided might include updates on the Ontario Disability Support Plan and the Extended Health Benefit., handouts of the Where to Find Help in the Grey Bruce Area, and the Pivot newsletter, a regional

mental health publication. There may be other information on schizophrenia, bipolar disorder and first episode psychosis to name only a few. A number of people often ask for information around a variety of medications, the mental health act and housing issues. Our purpose for being there is to provide people with the information that they need that will help them navigate the system, or simply understand their situation or find a piece of the puzzle that they did not know or hear before. It is a tremendously rewarding Project to be involved with. Education is often the most progressive stimulus towards potential and positive change. Why not drop by and see us!

*Jim Lonie, Project Coordinator,
CSDP, 371-4582*

1 out of 4 people have a depressive disorder

CMHA Depression Info

Symptoms of Depression

- loss of interest in hobbies or spending too much time on them, to the point of compulsion;
- feelings of sadness, often for no reason at all;
- loss of enjoyment in spending time with family and friends;
- loss of appetite, or compulsive overeating;
- difficulty getting to sleep with sleep restless and broken;
- feeling extremely tired and loss of energy;
- loss of interest in sex;
- thoughts of death or suicide;
- feelings of worthlessness;
- trouble concentrating or making decisions.

Symptoms of Mania

- experiencing persistent "highs" or persistent irritable moods;
- feelings of boundless energy but little need or desire to sleep;
- racing thoughts;
- greatly increased interest in sex;
- speech feels "pressured" as if you can't get the words out fast enough;
- making decisions too fast without factoring the consequences.

If these feelings have been persistent for two weeks or more, please call your family doctor for help. Why live with the pain? There's hope, there's help, and there's effective treatment.

Mental Health

Stress, anxiety and depression information series starts soon

Are you feeling overwhelmed?

You can learn more about stress, anxiety and depression, how it affects people, and what can be done for it.

- FREE in MEAFORD
- 3 THURSDAY evenings,

Jan 15, 22 and 29, 2004

Interested?

Please phone to inquire about the exact location and to register by calling the *Community Network Support Team* 371-4551.

Workshop with lunch Tools for Change

Mental Illness and Smoking Issues Committee presents "Tools for Change". This one-day workshop (lasting until 3:30 p.m.) is for people living with a mental illness and who are trying to change their smoking habits. Take a whole health approach by exploring strategies in self-help, nutrition, physical fitness, and nicotine replacement

treatment. Assistance with transportation is available. Please indicate your needs when you pre-register. Registration Fee of \$2.00

- Wednesday, Feb. 18th, 2004
- 10:30 Registration
- *Stone Tree Fitness Club*,
Hwy 6 & 10 in Owen Sound
Pre-Register through *CMHA*,
371-3642 by Feb 9, 2004.

**New Team Leader to
the Central Grey
Bruce Mental Health
Team
Welcome
Jeff Blyth!**

Mental Health Implementation Task Force (MHITF) Reports released publicly on Dec 12, 2003

Mental illness affects people of all ages and from all walks of life. According to the Canadian Institute for Health Information, patient days related to mental illness totalled 2,131,341 in Ontario (2000/2001).

In 2000 and 2001, nine regional task forces were established by the Minister of Health and Long-Term care. The task force's mandate was to focus on developing recommendations for regional and local improvements to mental health services across the province, in accordance with the ministry's mental health policy, *Making It Happen* (1999). The following Mental Health Implementation Task Forces were established: Northeastern Ontario, Northwestern Ontario,

Champlain Region, Southeast Region, Central South Region (Hamilton), Toronto-Peel, Central East (Whitby), Central East (Penetanguishene) and Southwest.

The MHITFs were designed to serve as mechanisms through which recommendations would be developed for the ministry with respect to Provincial Psychiatric Hospital (PPH) restructuring, community reinvestments and the implementation of mental health reforms.

The South West Mental Health Implementation Task Force (SWMHITF) catchment area includes Essex, Kent, Lambton, Middlesex, Elgin, Oxford, Huron, Perth, Grey, Bruce, Waterloo, Wellington, and

Dufferin counties. The sectors represented include consumers, family members, general hospitals receiving tertiary services, Schedule 1 hospitals, community physician/psychiatrists, Community Mental Health Agencies, the business community, the aboriginal community, police services, District Health Councils, Community Care Access Centres, as well as ex-officio representatives from the Ministries of Health, Community, Family and Children's Service, and Corrections. The report was submitted to the Ministry in November 2002. SWMHITF Final Report can be viewed at www.health.gov.on.ca/english/providers/pub/mhitf/south_west/outh_west.html

Chronic worry can be reduced

Chronic worry can lead to a host of physical ailments: heart attacks, high blood pressure, ulcers, gastrointestinal problems, muscular aches and pains, skin rashes, eczema, respiratory problems and asthma. Close to one in four people, at some point in their lives, meet criteria for diagnosable anxiety disorders related to worry which require professional treatment.

Indeed, **worry appears to be rampant in our society** - the result of living in a fast-paced, high-pressure, rapidly changing world. People worry mainly about their children, job security, relationships and health but there are other, smaller worries that gnaw on us all. Distant events such as wars and famines in other countries, air disasters, crime and random acts of

violence, even volatility in the stock market.

So how can you control your anxiety level so that it doesn't reach toxic proportions which can become harmful to your health? Here are some things you can do:

•**Get the facts.** Often worry is based on a lack of information or misinformation.

•**Take action.** Set up an emergency cash reserve if you worry over finances. Talk to your boss about problems at work. See your doctor if you have medical concerns that have been worrying you.

•**Never worry alone.** Talk to someone about your anxieties. Men and women will worry about the same things but men will bottle up their worries.

•**Get exercise.** Exercising at least 3 times a week is not only good for your physical state - when you exercise, your mental state changes, reducing anxiety and depression.

•**Have quiet moments.** Go for a walk in a quiet place. Being outdoors, having a change of scenery and fresh air can change your perspective. Listen to music that is calm and soothing, take up meditation or try a warm bath with some aromatherapy.

Most of these steps will bring your anxiety level down to a manageable level. However, if you find no improvement, or if you have an anxiety disorder or panic attacks, you should seek professional help.

<http://www.vcn.bc.ca/rmdcmha/worry.html>

Self esteem fosters trust in your own being

Self-esteem stems from the experience of living consciously and might be viewed as a person's overall judgment of himself or herself pertaining to self-competence and self-worth based on reality. Most feel that a sense of competence is strengthened through realistic and accurate self-appraisal, mean-

ingful accomplishments, overcoming adversities, bouncing back from failures, and adopting such practices such as assuming self-responsibility and maintaining integrity which engender ones sense of competence and self-worth. National Association of Self Esteem (NASE) state that affirmations

boost self esteem along with remembering past successes and associating with positive, supportive people.

www.self-esteem-nase.org/whatisselfesteem.shtml

Every family can take action to prevent and deal with alcohol and other drug problems

If you want to talk to your family about the use of alcohol but don't know how, or if you need more information about how to cope better with problems your family may be having it's important to take action. The *R. Samuel McLaughlin Addiction and Mental Health Information Centre web site* lists lots of things you can do right away -- and it doesn't matter if you're a mom, a dad, a kid, a grandparent, or just someone who cares about a special family you know.

Click away and start today!

www.camh.net/mclaughlin/take_action/index.html

What Does A Typical "Family" Look Like?

There is no one picture. Families are different. They come in every shape and size and they are changing all the time. Whatever "family" means to you, your family is important to your health and happiness. While every family has its problems, most families can be a source of great happiness, love, and support when difficulties arise. This website was designed to help you and your family take action to prevent and deal with problems related to the use of alcohol and other drugs.

Are you interested?

- I'm interested in **preventing** alcohol and drug problems in our family.
- I'm interested in **dealing with** alcohol and drug problems in our family.
- I'm interested in **getting help** with alcohol and drug problems in our family.
- I'm interested in **information links** about alcohol and other drug problems in the family.

Meditation can help you cope with stress

Approaching mindfulness one step at a time

Most of the people who get on meditation do so because of its beneficial effects on stress. Stress refers to any or all the various pressures experienced in life. These can stem from work, family, illness, or environment and can contribute to such conditions as anxiety, hypertension, and heart disease. How an individual sees things and how he or she handles them makes a big difference in terms of how much stress he or she experiences.

Research has shown that hormones and other biochemical compounds in the blood indicative of stress tend to decrease during Transcendental Meditation (TM) practice. These changes also stabilize over time, so that a person is actually less stressed biochemically during daily activity. This reduction of stress

translates directly into a reduction of anxiety and tension. Literally dozens of studies have shown this.

Meditation, especially passive meditation, brings us face to face with our subconscious. Not unlike opening up a Pandora's box full of mischief, if we are not ready to encounter our inner selves, it could end up being a disastrous experience instead of an enlightening one! And the most vulnerable seem to be people with overwhelming anxiety, who are emotionally or psychologically disturbed, those who have problems accepting reality, people who suffer from acute paranoia and even those who develop delusions of grandeur from the altered states of consciousness that meditation tends to produce.

To avoid such psychosis or simply getting lost in our thoughts and ending up confused and disturbed, it is necessary to begin meditation sessions with formal practice. Different schools of thought prescribe different methods of such preparation, but they all agree on the absolute necessity of concentration exercises preceding meditation. These preparation techniques are as varied as praying, chanting mantras, performing pranayama (*breathing*) or even visualizing. **Once the mind becomes trained for concentration, actual formless or mindfulness meditation can proceed**, such as sitting in silence, practicing self-inquiry or performing devotional meditation.

Taken from: www.lifepositive.com/meditation.asp

To learn more about approaching mindfulness, check out:

www.vcn.bc.ca/rmdcmha/stressa.html

Nicotine withdrawal symptoms

Prepare yourself if you are trying to quit

Withdrawal symptoms begin as soon as four hours after the last cigarette, generally peak in intensity at three to five days, and disappear after two weeks. They include both physical and mental symptoms.

Hunger, Cravings

Craving for a cigarette can be confused with hunger pangs or a simple craving for oral stimulation. For years, your mouth was stimulated every time a cigarette landed between your lips. This has now been removed.

How long will it last?

Up to several weeks

What can I do?

Drink water or low-calorie liquids. Be prepared with low-calorie and low-fat snacks (celery, pretzels, carrots, popcorn, melba toast); chew a toothpick, chew gum, munch on raw vegetables.

Irritability, Grouchy, Tense

The body is craving for nicotine. Tobacco smokers are in a chronic state of nervous stimulation. Many of the symptoms quitters experience are the result of the nervous system returning to normal.

How long will it last?

1 to 2 weeks

What can I do?

Deep breathe, take walks, exercise, use relaxation techniques, use nicotine gum, cut down on coffee and pop.

Lack of Concentration

The body needs time to adjust to not having constant stimulation from nicotine.

How long will it last?

A few weeks

What can I do?

Change activities, get some fresh air, exercise, deep breathe, listen to music, watch TV, do more physical activity, cut down on coffee and cola, plan workload accordingly, avoid situations that may trigger your desire to smoke.

Lack of Sleep

Nicotine affects brain wave function. This can influence sleep patterns and dreams about smoking are common.

How long will it last?

1 week

What can I do?

Take a hot, relaxing bath, avoid caffeine (coffee, tea, pop) after 6:00 pm. Try relaxing at bedtime with a

glass of warm milk, deep breathing and relaxation techniques. Work on a hobby.

Loneliness

Cigarettes are seen by many people as a close friend. *Call a real friend. Go for a walk or a drive.*

Restlessness

Work on a hobby. Catch up on your chores. Do some extra jobs at work. *Be active.*

Tightness in the Chest

It is probably due to tension created by the body's need for nicotine; may be caused by sore muscles from coughing. Part of the recovery process may be the lungs attempt to remove mucus and tar. The normal mucus transport system will start to reactivate itself, which can initially cause coughing.

How long will it last?

A few days.

What can I do?

Deep breathing and relaxation techniques. Be patient. Wait it out! Your body wants to return to normal. www.quitsmoking.support.com/withdrawal1.htm

Keeping a new year resolution?

Don't Try Everything at Once!

There's a temptation, with the New Year, to run off a list of everything we've ever wanted to change. Don't fall for it! You'll have better luck fulfilling one or two goals than you will with a list of fifty. You can always add new resolutions to your list later.

Take one thing at a time.

Word it Carefully. Let's say your resolution is to relax more in the coming year. Word this carefully. Try not to think of it as "This year I am going to relax." That's a stress-inducer waiting to happen. It forces you into thinking of the resolution as something you must do, not something you want to do. Try to make it sound a little gentler: "This year I'm

going to explore different ways of relaxing." It also suggests more of a plan—you'll fulfill the resolution by experimenting with relaxation techniques. The first resolution sounds as if you're going to force yourself to relax by sheer willpower.

Make a Plan. Once you know what your resolution is, try to break it down. Nobody accomplishes anything of significance by trying to do it all at once. This doesn't have to be a complicated plan; just brainstorm enough to give you a place to start. For relaxing, you might devise a plan like this:

- 1) Surf the Internet to find different relaxation techniques.
- 2) Make a list of all the techniques

that interest you.

3) Pick one of these techniques—meditation, progressive relaxation or self-hypnosis, for instance—and try one for a month.

4) *Try a different technique every month until you find one you like.*

Write it Down. Write down your resolution and your plan of action. Stick it up on the fridge, in your locker, wherever you know you'll see it. That way you'll have a constant reminder of the resolution. You may want to change the wording as time passes and your goal changes.

www.how-to-keep-your-new-years-resolution.com/html/success.html

PIVOT

The *Pivot* is published by the Community Network Support Team, **371-4551**, which operates under the umbrella of the Grey Bruce Community Health Corporation.

It is published about the 15th of the month in **January, March, May, July, September, and November.**

Click-View and Print

You can now access the *Pivot* Newsletter and Where to Find Help in Grey Bruce on-line at www.mhagb.ca under resources".

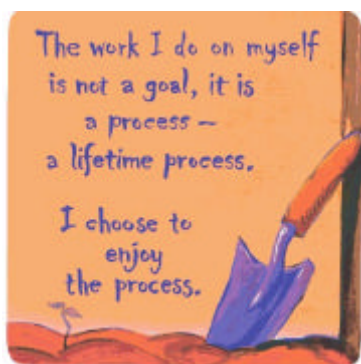
Staff

Director - Shane Barker
Community Development
Worker - Tom Jenks
Program Secretary -
Joanna Depencier

Submission Deadlines

January 1st
March 1st
May 1st
July 1st
September 1st
November 1st

Submissions are subject to editing. Opinions expressed are not necessarily those of the Grey Bruce Community Health Corporation



Louise Hay (positive thinking and affirmation writer) *Wisdom Cards* can be found at www.libralion.com/hay.htm

Removing roadblocks by listening Feelings communicated effectively build bridges

Communication is a two-way street. Not only is it important to express yourself clearly but it is equally important for the listener to hear and respond in a manner that is clear, non-threatening and helpful. Below are some suggestions from the web site umpi.maine.edu that you can reflect on and incorporate into your interactions with others.

People should be allowed and encouraged to express their own feelings without others directing, limiting, contributing to, or evaluating. Listeners need to acknowledge hearing another's verbalizing; and accept it. Often times quick responses can be misunderstood;

- 1. Directing, ordering, or commanding.** ie: "you must...", "you have to...", or "you will..." *provokes defensive or retaliatory communication.*
- 2. Persuading with logic, arguing, instructing, or lecturing.** ie: do you realize..., "here is why you are/were wrong...", "that is not right...", "the facts are...", "yes, but..." *makes a person feel wrong or stupid and elicits resistance.*
- 3. Advising, recommending, providing solutions,** ie: "what I would do is...", "why don't you...", "let me suggest...", "it would be best for you..." *makes a person feel you don't understand.*
- 4. Evaluating, disapproving, blaming, name calling, or criticizing.** ie: "you are lazy...", "you are not thinking straight...", or "you are acting foolishly..." *Elicits feelings of inadequacy, inferiority, or incompetence; makes a person feel unworthy, bad, or unloved.*
- 5. Judging or evaluating positively, or approving.** ie: "you're a good girl/boy...", "you've done a good job...", "that's a very good drawing...", "I approve of...", or "that was/is a nice thing to do... stops communication; a condescending attitude creates feelings of being the "underdog."
- 6. Diagnosing, analyzing, interpreting, reading-in, or offering insights.** ie: "what you need is...", "what's wrong with you is...", "you're just trying to get attention...", "I know what you need...", "you don't really mean that...", or "your problem is... *questions a person's competency to figure out her/his own problems.*
- 7. Questioning, probing, cross examining, prying.** ie: "why...", "where...", "what...", "how...", or "when" *makes a person feel defensive and causes resistance.*
- 8. Diverting, avoiding, or shifting** ie: "let's not talk about it now," "not at the dinner table...", "forget it," "that reminds me...", or "we can discuss I later" *makes a person feel you are not interested.*

IF UNDELIVERABLE RETURN TO:
Community Network Support Team
1139 2nd Avenue East
Owen Sound, Ontario N4K 2J1

Publication Sales Agreement
OL005913
Owen Sound, ON