I decided to go to Camp Wellness, a program sponsored by University of Arizona’s R.I.S.E. and CPSA, because I wanted to learn about becoming healthier. I found out that people who live with mental health issues live an average of 25 years shorter than those without mental health issues. This concerned me a lot and made me want to change that in my life. I almost never paid attention to health issues before I came to Camp Wellness. I learned that eating right, exercising and meditation play a big part in living a healthy lifestyle.

The camp brought together people with common issues to help tackle improving our health. From weight loss to quitting smoking, we all came to seek help in order to improve our health. The camp provided informational tools that will help me and many other people learn how to live better.

I met a lot of wonderful people, both campers and staff, who strive to make life better for people with mental health issues. We not only worked on serious health problems, but we had fun doing it as well. I am glad I went to Camp Wellness because it helped me have better self awareness. I can work on my issues with the tools I received at Camp Wellness.

I would like to thank Camp Wellness for working hard to support and guide the students, including myself.

-Tyrone Scercy, CRSS
On a regular basis I engage with many people in recovery; when any of them asks me what I know or think about the Recovery Support Specialist Institute, I respond by saying, “Do it! If there is any way for you to attend RSSI, go! It was the best learning experience of my life!”

- Tim Kness, CRSS
I am Barbara a parent of a consumer, spouse of a consumer, and consumer. I have been in family support for a long time and in my own recovery for many years. I have lived with 13 children, not at the same time, through therapeutic foster care. My husband and I adopted two girls with behavioral health needs extraordinaire, and that’s how I was able to be hired as the Family Support Partner, seven years ago, and then a FSP Coordinator six years ago. Many times I have requested, on behalf of the Family Support Partners, training that would give us some insight into recovery from an adult’s perspective. Needless to say with 4 years of this request, my husband (SMI) encouraging me, and the definition of the Recovery Support Specialist, we were given the opportunity to join others in the RSS Institute. For me, this was a validation of my life as I know it. Receiving the information we read, discussed, and shared to use in our tool box is a good reason for all staff to have this training. Using our own observation and real life experience of family members that are in recovery, and our own personal experience, even when we didn’t know we were in recovery ourselves, makes up the basic peer support we can all share. We learned sooo much! Here are just a few things:

1. To use the principles and strategies for recovery in Mental Health and Substance Use Disorders.
2. Person first respectful language.
3. Added to our knowledge of engagement, developing natural supports and community resources useful in recovery.
4. To discuss the rights of those in the behavioral health system.
5. The Ethics and Laws especially in substance use.
6. Documenting support activities, supporting the outcomes and goals in a more positive way.
7. Becoming inspiring and using mindfulness in our daily lives.

These are just a few of the Institute’s lessons we took from each other and the training materials we shared. We practiced and debated. We were team and individuals at the same time. Team work along with the Consumer or Family Member, sharing recovery, and connecting in a trustful way is Recovery outreach multiplied.

The Family Support Partners would like to thank all who gave us a chance to develop our practice in recovery, gave us an opportunity to make changes in our behavioral health care service, and took that chance to be out of the box with us as the unknown. Our family members wish to thank you for giving an opportunity to have their stories told, sharing their family support and life daily with challenges and barriers, and the positive impact on our communities.

-Barbara Kern, FSPC, RSS
A Rewarding Learning Experience

I came to the RSSI with an open mind, if only barely open. My position with SAVAHCS (a.k.a. the Tucson VA Hospital), required that I obtain certification as a Health Technician (Peer Support). There are various certifying bodies nationwide that I researched, and even though it meant losing out on travel to exotic locales like St. Louis, Atlanta or Indianapolis, it was obvious that the Recovery Support Specialist Institute here in Tucson was my best option.

Having lived in recovery from my substance use disorder of alcoholism for over seven years, and having been employed as a Recovery Specialist/Peer Support Specialist/Health Technician (Peer Support) for roughly four years; my attitude was, “You can make me go through the motions to satisfy the bureaucratic need for certification, but you can’t make me learn anything; in fact, I could probably teach the course!” It is sadly true that the above is an actual quote. My mind was open, but just a crack. Luckily, I have learned that my recovery, and my life, depends on my remaining teachable; and that tiny opening in my mind was enough.

On day one of the institute Bev, Beth and Dan were able to pry my mind fully open with their enthusiasm for, their knowledge of, and their trust in the proven value of experiential support in the recovery process. During the introductions that day I stated that I hoped to become more effective and efficient on the job, it seemed like what they’d like to hear. What followed over the course of the seven days of the institute was truly the single most rewarding learning experience of my life, in no uncertain terms.

The focus on interaction with the class demonstrated strengths-based conflict resolution, as well as person first language and thinking, better than any lecture series or PowerPoint presentation could have done. I experienced the satisfaction of finding common ground, (hence empathy), firsthand with my classmates and by the example of flexible co-operation among the staff. Those three primary instructors share an intuitive grasp of when to stay the course and when to take a detour that will pay off; not to mention their innate comic timing that keeps the mood from getting too heavy.
Dealing with life threatening diagnoses as we do, the mood does get heavy; it was great to learn that by keeping it light and focusing on strengths, we are able to get past some of the stigmas that add to the burden, (keeping it light also validated my firm belief in the healing power of humor.) The ability to move past stigma and allow ourselves to help others lead rewarding and fulfilling lives is a subtext to the curriculum that I hope all who attend the institute will pick up on.

After day two I was back on the job, putting what I had learned to use! This established a trend; learn at RSSI, take it to the VA and put it to work. Lo and behold! I was able to be more effective and efficient; what had been lip service became a new reality for me.

The ensuing days at RSSI helped to broaden the scope of my own recovery and thereby increase my ability to assist my peers. Little things have had a lasting impact and served to inspire me to further my education; a thing like starting every day with a mindfulness exercise, has encouraged me to follow up and register for an eight week mindfulness based stress reduction class offered on campus at UA this summer.

Mindfulness is just one of the things that I would not have been able to teach prior to attending the institute; there are literally dozens of recovery topics that I want to learn more about now that my mind has been flung open by the Institute. Topics like Cognitive Behavioral Therapy, Wellness Recovery Action Plans, Motivational Interviewing, GAF Scores, SMART Recovery and Dialectic Behavioral Therapy are the tip of the iceberg as far as knowledge I didn’t even realize I was lacking; this admission from someone who thought they could teach the course!

On a regular basis I engage with many people in recovery; when any of them asks me what I know or think about the Recovery Support Specialist Institute, I respond by saying, “Do it! If there is any way for you to attend RSSI, go! It was the best learning experience of my life!” Of course I don’t tell them about the travel to exciting downtown Indianapolis they will miss out on; that would be mean, wouldn’t it?

-Tim Kness, CRSS
Top Row (left to right):
Steve Conn
Michael Loghry
Maxx Raymond
Tim Kness
Edward Taylor
Dan Lunn
Rollie Girton
Richard Thomas

Middle Row (left to right):
Tammy Bushman
Irene V. Johnston
Kristin Woodall
Martha Hunt
Terry Davis
Jeanne Bishop

Front Row (left to right):
Lorna Hudson
Cynthia Ruiz
Rosa Chacon
Leslie Silverstein
Mike Harvey

Congratulations Graduates!

CRSS Panel

Front row:
Monique Royball, Arnoldo Aguila
Back row:
John McElroy, Bud Blanchard
My name is Irene V. Johnston. I am a U.S. Army Veteran and I attended the RSS Institute in March 2010. What a wonderful experience it was for me.

At first I was a little uncomfortable being in a classroom setting with civilians. At that time I had 18 months clean and all of those months were spent at the VA Hospital which is also where I attended long term treatment. My environment was sheltered by other veterans and staff (predominantly vets).

Attending the Institute was something I had wanted to do my first few months clean. Everything happens in God’s time. When my work program part of my treatment was about to end, I was informed that the VA and CPSA started something new, sending a few veterans to the RSS Institute. I was honored to be one of four selected for the first class.

As far as being uncomfortable, once I expressed that in class, it quickly became a thing of the past. Being in the institute has expanded my support network in a way that I never thought was possible. There is a bond formed with classmates that I will forever hold dear. The instructors Beth, Beverly and Dan were more than I could have asked for. Compassionate, kind, warm and extremely knowledgeable are only a few words to describe them. I have a special place in my heart for each one of them.

I will be attending school this summer full time for a degree in Social Services. Working part time at the VA Hospital as a Peer Support Technician. Continuing my recovery and doing what is important to me, working on myself such that I can effectively help others.

I would like to thank Bonner P. Raskob at the VA for having faith in me. I need to say that I lost my mom in 2008, my biggest supporter, I LOVE AND MISS YOU MUCH!!!

- Irene V. Johnston
After graduating from the RSSI, Class 21, I began working as a volunteer in the mental health department of the Tucson VA hospital. I’ve been assigned to the PRRC (Psycho-social Rehabilitation and Recovery Center) and the MHICM (Mental Health Intensive Case Management) team. This dual team program helps veterans with serious mental illness gain the skills to progress in their recovery and integrate into their communities. As a veteran with her recovery from bipolar disorder and PTSD well in hand, it seemed natural to volunteer here.

Preparing to begin, I anticipated two major challenges. First, I’m the first RSS to work in this dual team program. While the VA has sent out national guidelines, they had not yet been implemented here. The second challenge is more personal. Would I be able to maintain my recovery? I haven’t worked in 20 years, since being diagnosed with bipolar disorder. When life changes occur, it triggers an elevated mood swing. Left unchecked, this can destabilize my recovery. I am confident that my coping skills and support resources will help me stay on track.

The first challenge is that no one here knows what an RSS is. While I have full access to the information in the records, I will not chart notes. A staff member will be with me in all interactions with the veterans. I expect these limitation to ease over time, as they conflict with the suggested tasks the staff have in mind for me. The second challenge has already shown to be manageable. I had the expected mood upswing which was pointed out to me by the veterans, just as they do to help each other. While it caused the staff to worry, it gave me the opportunity to model the skills we’re teaching. They watched me contain the reaction and settle my mood. It’s one thing to be told, and quite another to be shown, so this was powerful for the veterans. The results of my volunteer time are easy to see, in the veterans and me. They have a stronger sense of hope, and I have a feeling of competence that has been missing from my life for two decades. The staff members I work with are thrilled with the improvements in the veterans, and my friends are delighted to see my own improvement.

After only 1 month, I’d say we’re on the right track.

- Jeanne Bishop, RSS
The National Institutes of Mental Health reports that one in every four adults – approximately 57.7 million Americans – experience a mental health disorder in a given year. One in four, and that’s just the U.S.! And for every person in the world diagnosed with a mental disorder there is at least one, probably more, trying to help, cope and support that person any way they know how.

Mental illness is often a family issue. Parents, siblings, spouses and extended family provide housing, care and support, emotional and financial, sometimes to the point of becoming proverbial case managers. It’s hard enough when the chronic illness is something everyone recognizes, like diabetes. It’s a whole other thing when the disease is a mental illness which is ripe for misunderstanding, misinformation and stigma.

By helping yourself you will help your loved one better. Care givers often have a hard time with this concept. Here are a few tips:

1) **Be informed.** Go to the library or do a Google search to learn more about whatever diagnosis our loved one has. Be judicious, however. Go to reliable websites like the Mayo Clinic, National Institutes of Mental Health. I am proud to be part of the Psych Central community primarily because the information you find here is accurate, responsible and scientifically supported. As you do your research, remember that mental illness falls along a continuum of severity. One person’s depression, bipolar or borderline personality disorder may be quite different from someone else’s.

2) **Join supportive organizations.** Before you reject the idea of support groups because you are “not a joiner” or you “can’t relate to those people,” go to at least two meetings. I’d bet my favorite pair of shoes that you will be surprised who is there and what you get from them. Mental illness and addictions touch people everywhere from all walks of life.

The National Alliance on Mental Illness, NAMI, provides thousands of families with much needed support. NAMI’s mission statement says: From its inception in 1979, NAMI has been dedicated to improving the lives of individuals and families affected by mental illness. They have a terrific website and local meetings.

Al-Anon also has a great tradition of fellowship and comfort. Al-Anon and Alateen are a fellowship of relatives and friends of alcoholics who share their experience, strength, and hope in order to solve their common problems. There are meetings everywhere, at all times of the day and night, all
around the world.

3) **Keep healthy boundaries.** Boundaries are hard to maintain when you love someone with a mental illness, but it is crucial. Take time out for yourself. Nurture yourself by exercising, keeping involved in activities that bring you pleasure, getting respite and taking a trip. Keep up your connections to friends. Such actions are not self-indulgent, they are your prescription for good health and resiliency like food, water, and air.

4) **Do not work harder than your loved one.** It is their job to do what they can to get well. You cannot make them well. You cannot do their therapy homework. You cannot force them to go to sessions, groups or meetings. As much as you wish you could, you cannot take their medication for them.

Two good books to help you let go, even as you maintain a relationship with the person with mental illness, are *Co-dependent No More* by Melody Beattie and *Stop Walking On Eggshells* by Paul T. Mason and Randi Kreger. It doesn’t matter whether or not your mentally ill love is an addict or a borderline personality disorder. The insight and advice in these books are reassuring and practical and transcend diagnosis.

5) **Find a therapist for yourself.** Caregivers often get depressed themselves and could use a professional’s eyes and ears to help them gain perspective again. Please do not wait until you are down for the count before you give yourself this valuable gift.

Elvira G. Aletta, Ph.D. is a clinical psychologist, wife, and mom to two teenagers seeking the balance in Amherst, New York. To learn more about Dr. Aletta and Explore What’s Next, visit her website, [http://explorewhatsnext.com](http://explorewhatsnext.com)

Aletta, Elvira, Ph.D., 3 March 2010., “5 Tips If You Love Someone with Mental Illness.”

Recovery thru Integration, Support & Empowerment (RISE) is located in the Department of Family and Community Medicine at the University of Arizona.