

University of Arizona
Recovery thru Integration,
Support & Empowerment-RISE
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Recovery Support Specialist Newsletter

Issue #16
February 2008



My Five Minutes of Fame

By: Ken Rogers, CRSS, CPRP



I was recently given a wonderful opportunity to spread the word throughout Arizona that people with disabilities **can** be fully capable of returning to or gaining meaningful employment of their choice. One way is the person can choose to utilize the numerous programs offered by Arizona Health Care Cost Containment System (AHCCCS) which help people return to work.

This occasion came as a result of my participation in a joint project between the Medicaid Infrastructure Grant administered by AHCCCS and PRFect Media Advertising. PRFect Media Advertising is in development of the statewide media campaign that will be used in television commercials, radio announcements, print ads and health care practitioner training. A DVD will also be distributed in various outreach settings.

It was intimidating when the advertising crew first arrived at my office and reorganized the furniture to accommodate the lighting and cameras, but it soon turned out to be fun. All the crew members were great people. The camera man had such a unique sense of humor that it was difficult to say my lines without laughing. The favorite part of my life story interview was identifying crucial points that practitioners and clinicians might use when working with people with disabilities.

Also I was able to use the opportunity to educate the advertising crew on person first and hopeful language and about how difficult it is to face stigma and discrimination because of a disability. I believe that I put a new "face" on disability issues because one of the most effective ways to deliver a message is through the media.

Points for practitioners:

- ◆ **Be willing to hold the hope for the people that you are working with**
- ◆ **Challenge and encourage people to take risks**
- ◆ **Believe in the principles of recovery and that people are capable of positive change and growth**

To receive the RSS Newsletter please reply with the following information to:

RISE
1450 N Cherry, Tucson, Arizona 85719-4207 or
E-Mail: bcurrie@email.arizona.edu
Telephone: 520-626-7473 Fax: 520-626-7833

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____



This newsletter is for anyone interested in the ongoing and growing RSS Program.

Advisory Committee

Salma Ballesteros
CRSS

Linda Hicks
CRSS

Kathy Lewis
CRSS

Ken Rogers
CRSS

Patricia Porras
CRSS

Dan Steffy

All Certified Recovery Support Specialists are invited to join the Advisory Committee.

Please call RISE at 520-626-7473 for the date and time of meetings.

News of Note

New Student Assistant at RISE



Hi all. I would like to take this time to introduce myself. I am **BreAnn Currie** the new student assistant at RISE. As a student at the University of Arizona I am a Family Studies and Human Development major with a minor in Speech and Hearing Sciences.

At RISE, I plan to have the newsletter up and looking flawless on our [website](#). If you have any suggestions about the Newsletter please feel free to reach me at my email bcurrie@email.arizona.edu or at RISE 520-626-7473.

Institute 13 is going on in January and February in **Benson**. We are looking forward to seeing old friends and meeting new ones. If you are in the area and would like to join us, then please come to the graduation on **February 25th, at 3:00 pm at the SEABHS Administration Office, 611 W. Union St., Benson, AZ.**

Five year Review for Title 9, Chapter 21, Arizona Administrative Code (Behavioral Health Services for Persons with serious Mental Illness)

Arizona Department of Health Services is currently drafting a five-year-review report for rules in Arizona Administrative Code, Title 9, Chapter 21, which governs "Behavioral Health Services for Persons with Serious Mental Illness." (**The Blue pages**) Pursuant to A.R.S. 41-1056, the Department is *required to review* all of its rules at least once every five years to determine whether any rule should be amended or repealed.

If you are interested in participation in a meeting, please submit your name, telephone number, and email address by email to rogissr@azdhs.gov by February 21, 2008. If you do not have an email address, please submit the information by February 21, 2008, to Raymond

Beth C. Stoneking, PhD, CPRP
Beverly McGuffin, RN, MS, CPRP
BreAnn Currie

Publisher
Editor
Page Designer



Word Search

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CANIDATES	JOB	MEMBER	HOSPITAL
COMMITMENT	MEDIA	STRENGTH	EXTRAORDINARY
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Q	E	L	B	A	E	G	D	E	L	W	O	N	K	S
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Did you Know...

Thomas Eagleton

Thomas Francis Eagleton (September 4, 1929 – March 4, 2007) was a United States Senator from Missouri, serving from 1968-1987. He is best remembered for briefly being a Democratic Vice Presidential nominee, sharing the ticket under George McGovern in 1972. He was an adjunct professor of Public Affairs at Washington University for over a decade.



Between 1960 and 1966, Eagleton checked himself into the hospital three times for physical and nervous exhaustion, receiving electric shock treatments twice. The hospitalizations, which were not widely publicized, had little effect on his political aspirations, although the *St. Louis Post-Dispatch* was to note, in 1972, immediately after his vice presidential nomination: *He had been troubled with gastric disturbances, which have led to occasional hospitalizations. The stomach troubles have contributed to rumors that he had a drinking problem.*

In 1972, Richard Nixon appeared unbeatable. When Senator George McGovern won the Democratic nomination for President, virtually all of the "name" Democrats such as Ted Kennedy, Walter Mondale and Birch Bayh turned down offers to run on the ticket.

Having been declined by the "name" Senators, McGovern turned to lesser-known candidates, and Eagleton, who had opposed the Vietnam War, was selected on July 14 with only a minimal background check. Eagleton made no mention of his earlier hospitalizations. Newspapers soon revealed them. McGovern and Eagleton initially joked about the case with Eagleton saying he would undergo a psychiatric examination if other candidates (e.g., Nixon) would do the same. But the charges kept coming. Columnist Jack Anderson wrote a column falsely accusing Eagleton of being arrested for drunk driving — a charge that Anderson had to retract.

McGovern said he would back Eagleton "1000%", but on August 1, Eagleton withdrew and was replaced by Kennedy in-law Sargent Shriver. The incident was an opening for the Republican campaign to raise serious questions about McGovern's judgment. In the general election, the Democratic ticket won only Massachusetts and the District of Columbia.

Thomas Eagleton died in St. Louis on Sunday, March 4, 2007, of heart and respiratory complications. Eagleton donated his body to medical science at Washington University. He wrote a farewell letter to his family and friends months before he died, citing that his dying wishes was for people to "go forth in love and peace — be kind to dogs — and vote Democratic." Excerpted from Wikipedia http://en.wikipedia.org/wiki/Thomas_Eagleton

10 GREATEST LIES ABOUT BIPOLAR DISORDER

By David Oliver

David Oliver, founder of Bipolar Central, has recently released a free report that uncovers and dispels various widely circulated myths about bipolar disorder. The report, entitled "10 Greatest Lies about Bipolar Disorder," outlines the top ten greatest lies about bipolar disorder—many of which are deadly—as well as the truth about managing bipolar disorder. Here is the list of Lies.

- Lie #1: You can survive without medication.**
- Lie #2: You can't control bipolar disorder.**
- Lie #3: You only need the right medication and a great psychiatrist to be stable.**
- Lie #4: Bipolar disorder is not a real illness, and not that many people have it.**
- Lie #5: All people who have bipolar disorder are violent.**
- Lie #6: People who have bipolar disorder can't hold down a job.**
- Lie #7: There is a machine or software program to scan your body or brain and determine if you have bipolar disorder.**
- Lie #8: Someone with bipolar disorder will never get better.**
- Lie #9: All psychiatrists are the same and give the same quality of care.**
- Lie #10: There are natural proven cures for bipolar disorder that big business is hiding.**

<http://www.bipolarcentral.com/>

Cultural Competence in Health Care

From an essay by [Rebecca Wood](#)

The desire to provide compassionate care, regardless of race, spiritual beliefs, sexual orientation or socioeconomic status is common in many health care providers. This invaluable level of service takes devoted commitment and insight.

Cultural competence is much more than mere tolerance and acceptance. It is more than being sensitive, aware and knowledgeable. “To be culturally aware is to acknowledge and accept differences, to be culturally knowledgeable is to have an understanding of other cultures, and to be culturally skillful is to use knowledge and communication to properly assess and treat [people] in diverse cultural contexts.” Continual improvement through self-assessment is vital. It is important to eliminate potential communication roadblocks that we may unwittingly create from our own prejudices.

“Race does not predict culture, nor does culture predict race or ethnicity... We should avoid over-generalizing, avoid assuming that some ‘fact’ we learned about a certain ethnicity automatically holds true for the individual that is in front of us, and always check our understanding of a [person’s] cultural framework with respectful questions.”

Respectfully engaging individuals on their own terms, inviting them to share in the healing process, honors autonomy and builds mutual trust. It offers compassion. These are elements needed to achieve satisfactory personalized outcomes, and are invaluable benefits of cultural competence.

Read the full essay at <http://www.utmb.edu/drgarcia/2007/RebeccaWood.essay.pdf>

Challenge of being in recovery & Working in recovery

By Patricia Porres, CRSS

I am a person who is in recovery every day from a substance use disorder. My recovery program consists of attending 12-step meetings regularly, building a support system of people, giving a service commitment for the program and having a sponsor who guides me. As I do the 12-steps of recovery I am learning who I am and how to achieve my goals. A statement in recovery which I have been living by is, “One person in recovery helping another person in recovery”. This has helped me give back what was freely given to me before I became employed.

Working in behavioral health as a Certified Recovery Support Specialist (CRSS), I provide peer support to others who are working on their goals and recovery. My past **experience** with an active addiction and my **strength** to get into recovery gives the other person **hope** that recovery is possible. This job has also brought me the challenge of support and the boundaries of working in an agency. After work I continue to support others in recovery from a substance use disorder. When I attend a 12-step community meeting after work I see members that I work with from my job. In these community meetings the rule is what is said in the room stays in the room and I honor this. With my job what members tell me in confidence stays confidential within their adult recovery team. Although when there is danger to self or others with a plan and means I know that I need to report this to my supervisor immediately.

Being a person working a program of recovery and having a job as a CRSS challenges me to be sure that **my supports are in place**. The disease of addiction is cunning and baffling which means that it can show up any time. When a member in the community wants my support I think about my boundaries when I speak to this person. **Boundaries are challenging**, and want to be sure that I keep my job. I respect the boundaries that I have put in place and hope that others understand when **I need to say no**.



Thoughts at Graduation

By Christa St. Peter

Imagine living in a murk. The reality of your environment is shrouded in darkness. You don't own your thoughts, and your mind is overflowing with things that cause terror.

Imagine trying to hide the horrifying cacophony inside your head from loved ones because you know they would be fearful of you, or that if they knew you knew about the conspiracies, they would be in danger. You can't trust anyone, and sometimes the world looks so distorted that you can't even trust yourself to be in control.

Loved ones are suspicious that something is wrong, but they aren't sure what it is.

Imagine, after years of living separately from your surroundings, that a doctor tells you there is a name for what you have, and that he can help you. The doctor gives you some pills, which seems suspicious, but you take them faithfully and within weeks, your mind is clear. So clear, in fact, that it feels empty.

Are you dumber now? Are you no longer acutely aware like you used to be?

After some time, you feel better but feel unfamiliar with your new reality. Things that other people take for granted are excruciatingly difficult. Taking a shower, paying a bill, living alone in your own home. It's all unfamiliar.

This is where supports are crucial to your recovery. Recovery is not the absence of symptoms. Recovery is learning how to cope in a positive way with your world.

I was very fortunate to have a few close friends who weren't afraid to support me, challenge me, and help me live a rich and interesting life. I have many friends now who are very important to my recovery, whether it's just listening to me, challenging me to take on new responsibilities, or reminding me to take care of myself when I start to slip.

I have a tremendously rewarding job now at Café 54 as a job coach. I'm thankful to have this job which not only helps me in my recovery by challenging me to develop personally and professionally, but also allows me to help others who have an extraordinary amount of potential. I see much hope and beauty in the futures of the trainees at Café 54, and I am proud to be a guide for them on their recovery journeys.



Christa in the middle with friends Sarah (on left) and Dominique (on right)

Christa is a Graduate from Institute 12

Capacidad Cultural en el Cuidado de la Salud

Composición hecha por Rebecca Wood

Traducida por Salma Ballesteros CRSS (VIII Instituto)

El deseo de proporcionar cuidado compasivo, independientemente de la raza, creencias espirituales, orientación sexual o condición socioeconómica es común en muchos proveedores del cuidado de la salud. Este invaluable nivel de servicio lleva devoto compromiso y visión.

Capacidad cultural es mucho mas que simple tolerancia y aceptación. Es mas que ser sensibles, conscientes y conocedores. “Para ser culturalmente conscientes y aceptar diferencias, para ser conocedores culturales es tener comprensión de otras culturas, y para ser hábil culturalmente es usar conocimiento y comunicación para evaluar y tratar adecuadamente a la gente en diversos contextos culturales.”

El continuo mejoramiento a través de auto-evaluación es vital. Es importante eliminar posibles barreras de comunicación que podamos crear involuntariamente de nuestros propios prejuicios.

“La raza no predice la cultura, ni la cultura predice la raza o la etnicidad... Debemos evitar la sobre-generalización, evitando asumir que algún ‘hecho’ que aprendimos acerca de cierta etnicidad automáticamente tenga validez para el individuo que está frente a nosotros, y siempre comprobar nuestra comprensión del marco cultural de la persona con preguntas respetuosas.”

Respetuosamente animando a los individuos en sus propios términos, invitándolos a participar en el proceso de sanación, honra autonomía y promueve la confianza mutua. Esto ofrece compasión. Estos son elementos necesarios para lograr resultados satisfactorios personalizados, y son beneficios invaluable de la comprensión cultural.

Lea la composición completa en:

[http://www.utmb.edu/drgarcia/2007/Rebecca Wood.essay.pdf](http://www.utmb.edu/drgarcia/2007/Rebecca%20Wood.essay.pdf)

CRSS Panel



**Christina, Monique,
Fred, and Tom**

Recovery Support Specialist Institute XII



November 28, 2007

**Back Row: Maria Uchtyl, Paris Freeman, Jeffery Hoff, Jacquelena Hansen, Ronald McAllistar, Michele Keller, Ralph Acosta
Front Row: Lorraine Spencer, Christa St. Peter, Cathy Sturgeon, Martha Evans, Monica Castillo, Christene Bozarth**



Dan with flute



**Monique, Tom,
Christina, Kathy,
and Trish**



**Alex Soto, Cyndi Deines,
Sheila McGinnis**