Boundaries
By Kathy Wyman, RSS

Setting boundaries has helped me with my recovery, personal life, and my job. Setting boundaries at work has made my job easier. Working at the Haven as a House Manager I spend much of my time with the clients and found that it is easy for the boundary lines to fade. Setting boundaries lets the clients grow. It keeps the clients and me safe and lets them know where we stand. When the clients get upset with me they can say what they feel and I don’t take it personally. I know that they are learning how to deal with all these new feelings and learning to set their boundaries. Since I have set my boundaries, they know that they can come back later after they cool off and we can let it go and get on with the rest of the day.

Setting boundaries has made a big difference in my life. It has helped me to be able to say “NO” and feel good about it. It lets people know where I stand. Setting boundaries with my family was the hardest, but by doing that, it has made it easier to set them at work. Setting boundaries at work is important because it allows me to do my job to the best of my ability and lets the clients find their own path in life. I don’t always set boundaries gracefully but I do it because in the long run it is best for all. It is not going to be easy all the time and it may hurt a little but sometimes the things that hurt us make us stronger.
Salma Ballesteros, CRSS has spent much time and effort using her bilingual skills in translating one article for each of the Recovery Support Specialists’ Newsletters. Her contributions have allowed Spanish speakers to be able to read at least one article from the RSS Newsletter in Spanish. Ms. Ballesteros’s contributions have been totally voluntary and those of us who publish the newsletter, as well as all of the readers have greatly appreciated her time and efforts. We thank Salma for her contributions and wish her the best of luck in all of her future endeavors.

By Beth Stoneking

News of Note

Come Visit the Website!
www.fcm.arizona.edu/outreach/rise

To view:
- RSS Newsletters
- RISE’s Mission and Vision
- RISE’s Faculty and Staff

The newsletter comes out every other month. If you have not received it by the end of the month please call, email bcurrie@email.arizona.edu, or go to the website to view a copy.

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By Beth Stoneking

Word Hunt
Find all 16 words

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Did you Know...
Margaret Trudeau
Adapted from an article in the Vancouver Sun

Quitting cannabis has been an important part of her recovery from mental illness, Margaret Trudeau said at a press conference in Vancouver for the Canadian Mental Health Association's upcoming Bottom Line Conference. Trudeau, who has bipolar disorder, spoke openly with reporters about her experience with depression and the effect of her long-term marijuana use.

It is not uncommon for people with mental illnesses to self-medicate with alcohol or marijuana, she said, rather than reach out to family and friends or seek medical assistance.

"Marijuana can trigger psychosis," said Trudeau. "Every time I was hospitalized it was preceded by heavy use of marijuana."

Trudeau was hospitalized three times for mental illness. Her most recent hospitalization followed the deaths of her son Michel, and Pierre Trudeau, former Prime Minister of Canada. Although she has had the mental illness for 35 years, it was not until the most recent hospitalization that she was diagnosed with bipolar disorder.

While delivering a message of hope, Trudeau admitted recovery isn't easy.

"I have found a spiritual replacement," said Trudeau, who studies Buddhism and the teachings of the Dalai Lama.

Spirituality is just one cornerstone of a healthy lifestyle that includes eating well and remembering that "your mental health is just as important as your physical health."

Trudeau wants people to know that "you can change the course of a depression if you catch it early."

She advocates "recognition, acceptance and compassion" as the three fundamental elements of the disclosure and recovery process.

Trudeau, who is a committed advocate for mental health, spoke further on her own journey through mental illness at a conference in Vancouver.

For more information go to www.bottomlineconference.ca, dryan@png.canwest.com

DO YOU HAVE DIABETES AND MENTAL HEALTH ISSUES?

Yes, I do. It's like being in a circus on the high wire, trying to balance the baton.

When I was diagnosed with diabetes in 2001, it was devastating! I worked hard to adapt to my new lifestyle. By attending diabetes classes at St. Joseph's Hospital and communicating with my diabetes health team, I have gained skills and knowledge about my disease. I am on a mission to prevent neuropathy, kidney disease, periodontal disease, glaucoma and/or heart attack.

In 2005 I was diagnosed with mental illness. Part of the diagnoses was due to trying to cope with finances and working at getting my diabetes under control. I attended dialectical behavior therapy (DBT) classes at La Frontera Center and followed my provider's instruction while building up my support system over the years. I never want to be hospitalized again. I have realized that there is too much to experience in life.

By checking my blood sugars, communicating with my diabetes and mental health teams, keeping appointments, taking my meds as prescribed, eye exams, asking for help when needed, dental exams and physical exams, I feel like I can cope with any bump in the road.

I still have "bad" days, but not as frequent as in the past. When I'm feeling "bad", I check my blood sugars and check to see if I have taken my medications; if that is not the issue, then I put my coping skills into action and my day is not so "bad."

I attended the RSS Institute 5 in September, 2005. I am now a CRSS and work full time at La Frontera Center, Inc. It took time and patience to accomplish my goal of full time employment, but I did it and I love my job.

KATHY LEWIS, CRSS
An Autobiography in Five Chapters
By Portia Nelson

Chapter 1: I walk down the street. There is a deep hole in the sidewalk. I fall in. I am lost. I am helpless. It isn't my fault. It takes forever to get out.

Chapter 2: I walk down the same street. There is a deep hole in the sidewalk. I pretend I don't see it. I fall in again. I can't believe I'm in the same place but it isn't my fault. It still takes a long time to get out.

Chapter 3: I walk down the same street. There is a deep hole in the sidewalk. I see it is there. I still fall in. It's now become a habit. My eyes are open. I know where I am. It is my fault. I get out immediately.

Chapter 4: I walk down the street. There is a deep hole in the sidewalk. I walk around it.

Chapter 5: I walk down another street.

Released from Prison
By Michele Keller, RSS
Adapted from the Tucson Citizen

While in prison...
While serving her first two prison sentences in the late 1990s and shortly thereafter, Michele Keller said she didn't care what programs were offered inside the prison. 
"Each time I went in, I had a different mentality," said Keller, 37, who was convicted of drug offenses. "Yes, I did the classes, but I needed the mentality to change," Michele Keller said.
"While I was in the walls, I found out where to get help for every scenario I knew of because I knew when I got out, I would have to do it on my own". Keller is determined to stay sober and out of prison. She recently defied some occupational advice and completed training at the Recovery Support Specialist Institute (RSSI).
"They told me I couldn't do that," Keller said. "But I did it. They told me I needed to find work in fast food, but I refused to believe that. I'm reaching out. I'm helping others do what they want to do, because I know what it's like to get out and take the easy road. I know what it's like to struggle for what you want."

Thoughts after prison...
It can be really hard for one who is released from prison to reach out and seek help; either due to our pride of "I can do this all on my own-I don't need help", or our fear of being rejected by another. For me, I realized that I could not do this on my own. I needed help mentally, physically, emotionally, financially, and most of all spiritually. Despite my fear of rejection I reached out to several
agencies for help; knowing that if one door closes another will open.

I believe my desire to help others stems from my past; my past life of addiction, the streets, homelessness, and prison. To reach out and help others through peer support is now my addiction, a natural high; a passion in life. If I can help save another from being hungry, homeless, cold, or from a relapse from an addiction, I know that I am doing what God has called me to do.

Today I believe in a power greater than Michele. Through persistence and perseverance I have been clean and sober for a little over 2 1/2 years. I have a job at La Frontera Center as a RSS. I could have never of made it without faith in my Higher Power.

Points to follow:

♦ Recovery IS possible! Believe in yourself and NEVER give up!
♦ Take it one day at a time!

One Friday Night
Antigone Books Featured Nadia Shivack, CRSS

Antigone Books had a book signing that featured Nadia Shivack for her book Inside Out: Portrait of an Eating Disorder. Nadia was accompanied by Beverly McGuffin, who helped Nadia get back into work.

Nadia’s book depicts her life with ED, her eating disorder, who she met when she was fourteen years old. Nadia shares that “work is at the core of my recovery and has helped me to define myself for the first time as more than an eating disorder and more than a label.”

Nadia’s supporters in the audience included Beth Stoneking and Cynthia Aspengren, a new graduate of the RSS Institute 13 (see centerfold page 6 & 7). Nadia was well received by the audience and had the opportunity to answer questions and speak about her book.

Newest Achievement

Nadia’s Inside Out has just been named to the New York Public Library’s annual Books for the Teen Age list. The book will appear in the 79th edition of the list, which honors the best books of the year published for readers 12-18 years of age.

To purchase the book and read more about Nadia go to www.simonsays.com

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First Institute where all graduates are working

From Left to Right: Tom, Shawnette, Cynthia, Julie, Belinda

RSS Graduates

Shawnette Martinez, MORE SEACRS
Belinda Boring, SEACRS Safford
Julie Bishop, Willcox Outpatient

Tom Summers, Sierra Vista Outpatient

Cynthia Aspengren, Bisbee Outpatient

Robert Lopez, Douglas Outpatient

SEACRS Safford
Belinda and Adrian Molina, Supervisor

SEABHS = South Eastern Arizona Behavioral Health Services

Dana Jonhson CEO of SEABHS, between Cynthia on left, and Julie on right

CRSS Panelists

Pam Riggs, Sierra Vista Outpatient

Sheldon Cowles, Comfort Zone SEACRS

Sierra Vista Outpatient

Pam, Tom, and Darlene Mehegan, Supervisor

SEABHS = South Eastern Arizona Behavioral Health Services
MORE = Mobile Outreach Recovery Empowerment

SEACRS = South Eastern Arizona Consumer Run Services