



University of Arizona Recovery thru
Integration, Support & Empowerment-RISE
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This newsletter is for anyone interested in the ongoing and growing RSS Program.

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Recovery Support Specialist Newsletter

Issue #12 June 2007



I'm Out for the First Time



My name is Nadia Shivack and I became a RSS in May 2006. I cannot begin to express the effects of having hope again; it has changed my life. I am "out" for the first time with my mental illness which began to "collapse" my life in my early teens. I have more hospitalizations than I can count- for an eating disorder and bipolar illness. The isolation, secrecy, lack of treatment and shame were deadly.

Becoming a RSS helped me to realize I had something to offer and my work began on the employment team as a job coach at LFC Mountain Site. My self esteem, courage and professionalism grew. I joined NAMI and learned how to speak in public. Knowing all too well the "deadly, isolative and destructive" nature of eating disorders.

I decided, with the help of COPE, CPSA and LFC, to begin an open community group for women with eating disorders. The group began on April 24th and now runs the 1st and 4th Tues. of the month at Bookman's on Campbell and Grant from 5-6:30 pm. I am thrilled! The weekend before the group began, my book came out after eight years of struggle and work. It is published by Simon and Schuster and is called "Inside Out- Portrait of an Eating Disorder." I cannot tell you what it means to me, to have a way to REALLY reach women and young girls. The book is 80+ pages of drawings on napkins done during hospitalizations! It is true...recovery can begin at any age and can take off like a magic carpet to show parts of yourself to others and the world you had never imagined!

Thank you CPSA, RISE, Beth, Dan, Bev and all who made the RSS Institute a reality. It is changing the face of treatment of mental illness and I am an example!

Advisory Committee

Salma Ballesteros
CRSS Institute 8

Angela Dingledine
CRSS Institute 1

Linda Hicks
CRSS Institute 1

Kathy Lewis
CRSS Institute 5

Ken Rogers
VP RSSAG
CRSS Institute 1

Tyrone Scercy
CRSS Institute 3

Patricia Porras
CRSS Institute 9
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.

BIT\$ BY BETH

We would like to welcome the newest member of the UofA R.I.S.E. team. Brittany Martell is taking over the position of Student Assistant after our previous Student Assistant, Rebecca, graduated this spring. Brittany just finished her first year at the University of Arizona. She hopes to graduate with a double degree in Psychology and Physiology and is also interested in the field of Health Sciences. Brittany is an avid dancer who also enjoys reading in her spare time. This will be the first newsletter for Brittany, but certainly not her last.



New of Note

**Recovery Support Specialist Institute 11
August 13, 14, 23, 24, 27, 28, & 29, 2007**

Applications are due by close of business on July 23, 2007

To request applications or for questions contact:
Dan Steffy
Phone: (520) 618-8811
Or
daniel.steffy@cpsa-rbha.org

Beth C. Stoneking, PhD, CPRP
Beverly McGuffin, RN, MS, CPRP
Brittany Martell
Rebecca Steiner

Publisher
Editor
Page Designer
Page Designer



Issue 12 Word Search

Find all 18 words

Alcoholic	Application	Celebration	Challenge	Change
Client	Clinical Liaisons	Contribution	Courage	Depression
Eating Disorder	Frida Kahlo	Graduation	Hospitalization	Invincible
Overdose	Painter	Stereotypes		

V	O	W	Y	F	U	M	G	Q	Q	P	E	Y	C	P	M	N	O	E	Y
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Stigma, Discrimination and Mental Disorders Continued

Compiled from Voice Pro Mental Health
translated by: Salma Ballesteros, CRSS, Institute 8
<http://portal.vozprosaludmental.org.mx>

Nature of Mental Disorders

Many different explanations for psychiatric disorders have been given, and this is because physical, psychological and diverse sociological ---bio-psycho-social--- elements are involved. Before, mental disorders were thought to be willfulness and defects of character; it is now known that these disorders are real and treatable and caused by biological factors and social surroundings. According to data from the Pan-American Organization of Health, of earth's six billion inhabitants, 400 million of us have a mental disorder.

Media Impact

Mass media has the potential to sensitize and educate large numbers of people about the truth of mental health disorders. Lamentably, they often seem to perpetuate the false beliefs and stereotypes, making the task of improving knowledge and promoting a change in attitude of the general population almost impossible.

Realities

People with mental disorders can be employed. Many, especially the families and patients themselves, believe that the disorder prevents work ability. Nevertheless, many people with mental disorders can work in and outside their homes, even when symptomatic. In fact, work helps recovery because it increases self-esteem, establishes new social relations and facilitates social integration. Here psychosocial rehabilitation is fundamental. People with mental disorders can marry and have children.

ALWAYS LET US REMEMBER

BIO-PSYCHOSOCIAL REHABILITATION WORKS.

RECOVERY IS POSSIBLE. LET US CELEBRATE RECOVERY!

ALONE WE ARE INVISIBLE, UNITED, WE ARE INVINCIBLE.

Accepting Change

By Patricia Porras

Many things change daily and I have been changing as I travel my journey of recovery. Accepting change has been the challenge for me. I want to have what I want, when I want it and the way I want it. I expected others to act the way I feel they should act. Well, in the real world it doesn't happen that way and I learned the hard way. I chose drugs over people, places, things and situations. There is a quote that was suggested for me to read from the Big Book of Alcoholics Anonymous.

“Acceptance is the answer to all my problems today. When I am disturbed, it is because I find some person, place, thing or situation-some fact of my life-unacceptable to me, and I can find no serenity until I accept that person, place, thing or situation as being exactly the way its suppose to be at this moment. Nothing, absolutely nothing happens in God's world by mistake. Until I could accept my alcoholism, I could not stay sober; unless I accept life completely on life's terms, I cannot be happy. I need to concentrate not so much on what needs to be changed in the world as on what needs to be changed in me and my attitudes.”

This quote gave me a new perspective on things. My biggest problem was ME. I had to accept that and change my attitude towards things in order to move forward.

Today when I see myself with an attitude or my friends tell me that something is not right with me I have to ask myself “What is bothering me?” Usually it is me not accepting the person, a place I am not happy with, or not getting my way.

The way I learned this is with the tools of recovery that were given to me. That was to attend 12- step meetings, get a sponsor and work the 12 - steps. I am employed as a Recovery Support Specialist and this is a change and a challenge for me. I have the awesome job of doing peer support and letting others find their solutions. I have to keep with my own program of recovery separate from my job. Members come to La Frontera for support, not for me to run their life for them.



Did you Know...

Frida Kahlo (1907-1954)
by Tyrone Scercy, CRSS, Institute 3

Frida Kahlo was a very inspirational personality in history who made great creative art and lived a richly colorful life. However, she also faced a difficult life as she was born with a physical impairment that caused her to lean towards various forms of substances to deal with her chronic depression and medical woes. Although she lived a tragic life, she defiantly gave the world many beautiful and stunning portraits of the loving and bright woman that she was.

Born outside Mexico City, at age six Frida Kahlo was struck with Polio affecting the use of her right leg. She attempted to move on with her life by wearing pants, long skirts, or two pairs of socks on her right foot. This disability did not stop her from pursuing her dreams. At age fifteen in 1922 Frida commuted to Mexico City to begin classes at the National Preparatory School. Frida was one of only thirty-five girls to attend the prestigious school with hopes of becoming a doctor. During this same period, Frida became a member of "Las Cachuchas," a political group that supported socialist-nationalist ideas. In 1925 Frida was injured in a bus accident which made her a convalescent. During this period she began to take her already talented painting skills seriously.

In 1927 Frida recovered and became a member of the Young Communist League. This allowed her to meet her friend, companion, and future husband Diego Rivera, a great celebrity in Mexican history. Together they both become exceptional artists who traveled through Mexico, America, and France exhibiting Mexican period art. Frida painted many self-portraits which became great national treasures in Mexico and throughout the world.

Throughout Frida's life she had a series of surgeries to correct her deformed leg, the cause of great physical and emotional pain. In 1954 on April nineteenth Frida was admitted to a hospital for reasons unknown. Some say it was a suicide attempt while others say it was just failing health.

"A pill count the following morning after her death revealed that she did in fact take four more pain pills than were prescribed by the doctor. Was it intentional to commit suicide...or was it because at that point she was in so much pain and just wanted relief at any cost...or was it an accidental overdose...? And was it really the cause of her death...or was she really a victim of pneumonia?"

It is believed by some that after years of smoking and drinking, too many surgeries (more than thirty), too many pills, an acute case of pneumonia, and a declining will to endure the suffering of her failing body, she finally gave up. Frida left all of us with beautiful paintings to last through humanity and an unsolved mystery about the end of her life. Her story has left us to only guess about her fascinating, creative soul and some believe that this is how she would have wanted it.

Source: "<http://www.fridakahlofans.com/chronologyyenglish.html>"

A Variety of Contributions

By Paul Tomasovich & Joe Springer, CRSS'S Institute 9



Paul

Team Associates (RTA), and Case Manager Aides (CMA) supplying such services as: peer mentoring, transportation to and from the clinic, home visits, pharmacy errands, sitting in on doctor's appointments, observing clients taking their medications and filling their meds boxes.

For some clients, coming to the office twice a week may pose a hardship. It is at times like this when we make a home visit or transport them to the office to meet with their recovery team. We also assist the doctor's and nurse practitioner's by sending faxes to the pharmacy regarding needed medications and then picking up the medications and delivering them back to the site for the doctor's and nurses to dispense.

On occasion, when a clients RTA is unavailable and with the clients permission we as RSS's will attend a psychiatric appointment with the client. The first important aspect of our job is –Peer Mentoring. The second important aspect of our job is keeping Data Assessment Plans (DAP Notes). Every encounter that we have with clients must be documented for several reasons. Primarily these are used to provide accurate assessment of the client's progress.

All of this may seem a bit overwhelming, but actually much can be accomplished in an eight hour work-day by planning and scheduling. We haven't jeopardized our own recovery. On the contrary, we feel work has supplied us with a larger support network and is teaching us new coping skills.



Joe



CRSS Panel:
 Back Row: Brenda Morris, Robert Arbuckle
 Front Row: Christina Jasberg, Fred Ortega,
 Angela Dingledine

RSSI 10 Graduate: Robert Shope, pictured with Beth,
 Bev, and Dan



Names Of Graduates:
 Third Row (left to right): Ronald Schmidt, Andrew Mendoza, Thomas Halm, Alicia Murillo, John McElroy
 Second Row: Polly Jeffries, Dion Boyer, Alyson Cichy, Sharon Larkin, Daniel Kennedy, David Ropp, Dan
 First Row: Beth, Althea Rosewood, Valerie Garmon, Patricia Williams, John Lullo, Holly Minard, Bev
 Missing from the photo: Raechell Flamm

**Characteristics of The Tenth RSS Institute: Equal number of men and women,
 83% already employed (15 out of 18), and the largest number of RSS in a graduation class.**

Moving On

Angela Dingleline, CRSS is moving to Gainesville Florida this month. Angela was one of the first people hired by Compass in 2004 to become a recovery support specialist. As a participant in the first Institute she had many questions about the trainers and what they could possibly offer her. At graduation, she ran up, grabbed her certificate and dashed back to her seat. She made it very clear that she would not be speaking in front of anyone about anything because she didn't have anything to say. That has changed! Angela now speaks up most of the time and her wisdom has reached many people in the three years since becoming a RSS. For the last year she has been a Member Advocate Assistant at CPSA and her supervisor, Stephanie, is amazed at her knowledge, wisdom and perception about people and situations. We wish her well and hope she will keep in touch with us. Best Wishes from all of your friends.

Stephanie and Angela



Tucson Nurses Week Presentation

Hope Gonzales, CRSS and Connie Proctor, RSS presented at the Tucson Nurses Conference and Healthy Fare May 11, 2007. The title of their presentation was **"Double your Distress: DID (Dissociative Identity Disorder) and the People who Live with It"**. Hope and Connie described challenges from their past with DID and then answered questions to over 20 nurses in attendance. The nurses more than filled the time allotted with their interest and questions about DID. Presenters were delighted with how well they were received. Beverly, RN, acted as moderator for the event.

Connie and Hope



USPRA – Orlando

Christina Jasberg, CRSS from La Frontera, presented at the United States Psychiatric Rehabilitation Association's International conference in Orlando on May 22, 2007. The title of the presentation was **Curriculum, Evaluation Results, and Lessons Learned: A Peer Support Workforce Development Program**. Beth and Beverly provided the history and philosophy of peer support in Southern Arizona, along with empirical evidence supporting the efficacy of peer support. Christina shared her story of moving towards personal recovery and overcoming the disability and stigma of mental illness. She also talked about what she does as an RSS at La Frontera. Her living example of her healthy life was inspiring to all.

Beth, Bev, and Christina



Estigma, Discriminación y Trastorno Mental Cont.

Por vpmgc & Recopilado de Voz Pro Salud Mental
por Salma Ballesteros, CRSS, Institute 8
<http://portal.vozprosaludmental.org.mx>

Naturaleza de las Enfermedades Mentales.

Se han dado muchas explicaciones diferentes a los trastornos mentales. Esto es porque la enfermedad mental tiene dimensiones físicas, psíquicas y sociales diversas. Las tres explicaciones básicas son una confluencia de estos tres elementos: BIO-PSICO-SOCIAL. Antes considerados de manera errónea como defectos del carácter o de voluntad, se sabe ahora que los trastornos mentales son reales y tratables, provocados por factores biológicos y del entorno social. De acuerdo con datos de la Organización Panamericana de la Salud, en la actualidad de los 6 mil millones de habitantes del planeta, 400 millones de personas sufren de trastornos mentales.

Importancia de los medios de comunicación.

El potencial de los medios para promover mayor información sobre la salud mental, mejorando los niveles de educación, sensibilización y conocimiento de la población, es evidente para todos los grupos involucrados en esta área. Lamentablemente, a menudo los medios de comunicación parecen desarrollar la labor contraria, perpetuando las falsas creencias y los estereotipos, haciendo que la tarea de mejorar el conocimiento y fomentar el cambio de actitudes en la población general con respecto a enfermedades mentales sea casi imposible.

Realidades.

Las personas con enfermedad mental pueden ser empleadas. Muchas personas, especialmente las familias y los propios pacientes, creen que la enfermedad mental incapacita a los enfermos para el trabajo. Sin embargo, (muchas) personas con enfermedad mental pueden trabajar dentro y fuera de casa, incluso aunque tengan síntomas. El trabajo ayuda a las personas con enfermedad mental a recuperarse porque tienen síntomas. El trabajo ayuda a las personas a recuperarse porque aumenta la autoestima, establece nuevas relaciones sociales e integra al enfermo en la sociedad. Aquí la Rehabilitación PSICOSOCIAL es fundamental.

RECORDEMOS SIEMPRE

EL TRATAMIENTO BIO-SPSICOSOCIAL FUNCIONA.

**LA RECUPERACION ES POSIBLE, ¡CELEBREMOS LA RECUPERACION!
SOLOS, SOMOS INVISIBLES. UNIDOS, SOMOS INVENCIBLES.**