

University of Arizona  
Recovery thru Integration,  
Support & Empowerment-RISE  
1450 N Cherry  
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in **April**

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**Telephone: 520-626-7473 Fax: 520-626-7833**

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

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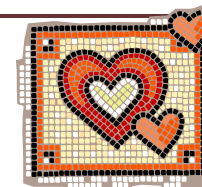
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**Recovery Support Specialist  
Newsletter**

Issue #22  
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**The “No” Muscle**

**John Sowersby, CRSS, LFC**



I remember early on in my recovery from drugs and how hard it was to say “no”. At first I avoided saying “no”. I would just avoid situations where I would have to say it. My “no muscle” was non-existent. Then slowly I began to say “no” when I was offered whatever drug was around. It was a weak “no” barely more than a whisper. When I said “no” like this I had to repeat it a few times, people didn’t believe me. It was an uncertain and small “no” but it was getting stronger.

As time went on my “no” got louder and I didn’t have to say it as often when I was offered drugs. I looked people in the eye and said “no”. Then “no” grew into “no, I’m clean”. This held more power than just “no”. When I said this to people that offered me drugs they mostly did not ask again. As time went on I did not even have to say “no”. People knew that I had become clean and did not bother to ask about drugs anymore.

The word “no” is an expression of our will and the force with which we say it is in proportion to our will. The will can get stronger, like a muscle, and the more you exercise it the easier it gets. Then saying “no” becomes effortless.

**Advisory Committee**

- Angela Dingle-dine  
CRSS
- Kathy Lewis  
CRSS
- John McElroy  
CRSS
- Ken Rogers  
CRSS
- Patricia Porras  
CRSS
- Dan Steffy



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**

Congratulations to Brenda Morris for Receiving the **Golden Flame Award** from La Frontera Center.

**Partners in Recovery Award**

Brenda Morris, CRSS  
Southwest LFC



My Supervisor walked into my office with this big smile on her face. I had no clue why she was smiling. She handed me an envelope and I read the letter titled **Golden Flame Awards**. “Congratulations, you have been chosen along with 27 other members to be honored from 9 different categories for demonstrating outstanding achievements in the past year at La Frontera Center, Inc.” I was speechless! “Is this really for me...what did I do to deserve this honor...who did this...my co-workers...supervisor?” I had heard about the Golden Flame Awards, but never thought I would be nominated.

I was given the opportunity to attend the ADMIRE+ Program where I now work and realized that it was possible for me to give back. I’m blessed that I was chosen for the Award and have work I truly enjoy doing.

Thank you La Frontera Center, Inc. for the gift card, thoughtfulness and efforts put into the ceremony to honor 27 members of La Frontera.

Beth C. Stoneking, PhD, MSW, CPRP Publisher  
 Beverly McGuffin, RN, MS, CPRP Editor  
 BreAnn Currie 2 Page Designer



**Word Hunt**

Find all 16 words

Advocacy	Dimensions	Golden	Productive
Assistance	Embark	Hope	Shining
Culture	Enriched	Humbling	Tremendous
Demand	Expression	Language	Valuable

O	V	L	E	E	E	L	B	A	U	L	A	V	T	V
I	W	S	G	G	O	L	D	E	N	O	K	D	K	W
Z	M	T	N	O	A	Q	O	O	T	R	H	I	O	Z
O	S	H	R	X	V	U	N	M	A	V	E	M	X	R
B	L	M	Q	E	J	W	G	B	I	G	C	E	J	I
A	R	P	B	X	M	G	M	N	I	N	N	N	G	U
B	O	R	G	P	U	E	H	S	A	I	A	S	N	C
B	I	O	N	R	C	N	N	N	Q	L	T	I	I	X
E	Q	D	Q	E	U	R	I	D	F	B	S	O	N	C
P	F	U	W	S	L	I	S	E	O	M	I	N	I	B
O	M	C	N	S	T	C	T	M	S	U	S	S	H	N
H	C	T	L	I	U	H	M	A	P	H	S	G	S	T
S	K	I	G	O	R	E	E	N	Z	Y	A	V	J	G
P	A	V	P	N	E	D	Q	D	M	M	C	E	G	Z
O	F	E	L	G	Y	C	A	C	O	V	D	A	Q	S

## Did you know...

**Mental Illness Myths Debunked**  
By Mary A. Murphy, Mental Moments  
November 23, 2008 - 4:59PM

While doing research for an unrelated project, I came across some startling statistics related to mental illness. While it's "easy" to read approximately one in four Americans suffer from a diagnosable mental disorder in a given year, it's another thing to read that when applied to the 2004 census numbers, this figure translates to approximately 57.7 million people ages 18 and older. According to the National Institute of Mental Health, mental disorders are the leading cause of disability in the United States and Canada for ages 15-44. Half of lifetime cases begin at age 14. Mental illness, including suicide, accounts for over 15 percent of the burden of disease in established market economies. This is more than the disease burden caused by all cancers. This got me thinking. If it's so prevalent, why then, is it so difficult to talk about? The notion of mental illness has carried a long-standing stigma. Part of breaking such is to replace myths with facts.

*Myth: Young people and children don't suffer from mental illness.*

**Fact: It is estimated that more than 6 million young people in America may suffer from a mental health disorder that severely disrupts their ability to function at home, in school, or in their community.**

*Myth: Mentally ill persons are dangerous.*

**Fact: The vast majority of people with mental illnesses are not violent. In the cases where violence does occur, the incidence typically results from the same reasons as with the general public such as feeling threatened or excessive use of alcohol and/or drugs.**

*Myth: People with mental illness can work low-level jobs but aren't suited for really important or responsible positions.*

**Fact: People with mental illness, like everyone else, have the potential to work at any level depending on their own abilities, experience and motivation.**

*Myth: A person who has had a mental illness can never be "normal."*

**Fact: People with mental illnesses can recover and resume normal activities. For example, Mike Wallace of "60 Minutes" has received treatment for clinical depression and today leads an enriched and accomplished life.**

In hindsight, perhaps mental illness will never be easily talked about. After all, it's not easy to talk about cancer or the effects of any other debilitating disease when you or a loved one has been diagnosed. But it can, and should, become more understood so that we can accept it as a facet of society and become more willing and able to ask for assistance. Understanding the effects and recognizing the early signs are one way to start. The other is to understand the facts and reduce the stigma.

Mary Murphy holds a master's of education in counseling and is currently pursuing her doctorate in educational leadership. She has over 15 years' experience in higher education and currently serves as the director of housing services for the Excel Group.

## Culture: Thinking Outside the Box

By: Ken Rogers, CRSS, CPRP



If I were to walk up to someone in the community and ask them what culture meant to them, the response would most likely have to do with race, religion and family customs. This is the 'box' that the meaning of culture is confined to for most people; however, the true meaning of culture encompasses many more dimensions that help to define who we are and what we do. For many, culture represents groups rather than individuals. Culture, among other factors, is what makes each of us unique as it helps us to view our many facets as personal strengths.

Think of individual culture as being represented by four variables:

1. **Ethnographic** - nationality, ethnicity, language, religion/spirituality, family, etc.
2. **Demographic** - age, gender, sexual/affectional orientation, geographic location, marital and parental status, etc.
3. **Status** - education, training, experience, income, socioeconomic background, career, community involvement, etc.
4. **Formal / Informal Affiliations** - interests, groups, hobbies, activities, memberships, recreation, etc.

When you look at culture from this point of view it takes on a very diverse and complex meaning that can empower individuals to see themselves in a whole new light that is filled with hope and determination.

For people who have a mental illness and/or a substance use disorder, there is also the culture of recovery and ability, which guides our services to be person-centered and strengths-based. When we develop our goals around our individual culture, personal responsibility is promoted and we take pride in working towards achievement and success. Exploring and embracing the various dimensions of our individual culture is cause to celebrate our diversity as well as our connections within our communities.

## Committing to Care

**Sam Nagy, CRSS, CPSA**



Two years ago, I sat in a cell in the administrative segregation pod of the county jail on the fourth floor with a cuff status. I was fresh off the streets, dealing with bipolar and actively addicted to crack cocaine. I had lost my hope. Facing serious prison time, I was at my rock bottom.

I now work for *Community Partnership of Southern Arizona* as a Criminal Justice Peer Mentor. I am the first “C. J. Peer Mentor” in the county, go figure. I never thought this would be possible, having a productive life or even living with purpose. My position with CPSA offers me the room I need to expand in my recovery and strengthen my people skills. I am truly grateful for second chances and never ending support. The RSS Institute was just that, an opportunity to grow and experience life on life’s terms.

On my job, I work with people who are dealing with serious issues. A good portion of my time is spent inside the walls of the county jail, offering strength, hope and courage to those in need. I also facilitate a group in the mental health pod, focusing on encouragement and positive thinking.

I utilize my skills as a RSS by committing to the continuity of care for the people I support. One of the most valuable lessons I learned from the Institute was the use of person first language. Today, I am a positive impact on people because I am a familiar support with substantial life experience. The role-play exercises gave me the tools to work well with others. Completing Mental Health Court, graduating probation and completing the RSS Institute have given me a new perspective on life. Recovery in itself is helping me to heal, one day at a time.

## Offering Hope

**Kyle J. Long, MSW, RSS**



It was an honor being apart of the 16th Recovery Support Specialist Training Institute during December, 2008.

When I was 24 years old, I started hearing voices. Along with the voices came delusions and much paranoia. This was 30 years ago. I was a minister at the time. I believed I was demon possessed. I kept my "demons" to myself for 23 years. In 2001, I was hospitalized the first time and diagnosed with having schizophrenia, paranoid type. My family was immediately introduced to a secret that I had been keeping for a long, long time.

I served as pastor of a large congregation for many years. Yet the time came for me to retire from that profession and embark upon a new one. In 1991, I resigned as pastor. I had no idea at that time where my path would lead me. However, after much persistence I received a MSW. The Veterans Administration Hospital hired me to work as a clinical social worker in the Posttraumatic Stress Disorder Clinic. I did this for several years. Following many hospitalizations, I found myself disabled and on Social Security Disability Income.

A couple of years ago, a friend of mine mentioned something to me about recovery support. She said I ought to look into the possibility of becoming a Recovery Support Specialist. I had no idea what she was talking about. In the meantime, both my therapist and case manager discussed this same opportunity with me. They said with my background, both as a pastor and social worker, that I would be a good Recovery Support Specialist.

I completed an application to attend the 15th Institute and was denied. I was not expecting this to happen to me. But it did and I knew there was a good reason. The time came to reapply; so I did. This time I was accepted to the 16th Recovery Support Specialist Institute. Little did I know that this would be a life changing experience for me. If only I had completed this course of study prior to graduate school.

It is absolutely incredible that I may be given the opportunity to work with others like myself and offer them hope. This is truly a humbling experience. Yet this is exactly what I have been trained to do--to assist families and loved ones who have been diagnosed with a mental disorder. I desire to be an agent of change and a provider of hope. Being a Recovery Support Specialist will allow me to accomplish these goals.

**Definition of Hope**  
**Terrance R. Watkins, RSS, Hope, Inc.**



A single word can mean a lot of different things for different people. The dictionary defines hope as: "A wish or desire accompanied by confident expectation of its fulfillment." I am currently employed with a non-profit organization by the name of HOPE, Inc. It stands for Helping Ourselves Pursue Enrichment.

While attending the RSS Institute, I learned another meaning for hope and in my humble opinion, it is the best definition for me. I learned that no matter what our situation is, there is hope of improvement. As long as there is hope, we can all improve our mental wellness.

In the community we're taught that recovery is possible for substance use but I never knew that it also applied to mental health. Hope is the most valuable tool in my recovery toolbox. In my personal recovery, in my son's recovery and in the recovery of members I work with, hope has to be the foundation upon which we build our lives.

**Hope for Myself and Others**  
**Kendall Bailey, RSS**



My name is Kendall Bailey and I recently completed the Recovery Support Specialist Institute. My personal recovery from a psychiatric disability and substance use has been a long and difficult journey. I have now been clean from drugs for almost three years. My recovery has been a continuous process of change, determination, personal expectations and learning.

The Institute was one more step towards becoming the person I want to be. The consequences of my bad choices in previous years left me wondering exactly what I could do with my life. This career path gives me tremendous hope to be able to help others as I have been helped. I learned I could take my life experiences and support others as they go through their process of recovery.

Through the Institute I learned many tools that could help both myself and others. I learned the value of hope, self-direction, goals, empowerment and person first language. I was taught the expectations of being a Recovery Support Specialist and how crucial it is to listen to and encourage others. I saw how recovery impacts all aspects of someone's life, including mind, body, spirit and community. I also learned that I was not alone in my recovery and I developed meaningful relationships with others in the Institute.

I realize that my journey is not over. I still have so much I want to learn. But, I have direction in my life, I know what I want to do. The pain, desperation and challenges I have been through have not been in vain. I now have hope for myself and my future.

I am truly thankful for the Recovery Support Specialist Institute, my mentors and the people that allowed it to happen.

**The Changing Times**  
**Lounora Moore, BHT, Compass MICA Program, RSS**



Grounded in a "Work First" philosophy, and recognizing each unique step involved, the Recovery Support Specialist Institute (RSSI) has taught me peer support and turning negative experiences into positive empowerment. I am walking through life today with my head held high thanks to the RSSI. The Institute became a part of my journey and a participant in God's given purpose in the fight for change. There was a time when I had no hope. I served prison time for a crime that would not have happened if drugs were not in my life. Through that experience and the knowledge given in the 7-day Institute, we as a group can contribute hope to another person so they won't need to walk that same road.

Times are changing for the better in psychiatric rehabilitation services. This is a place for new beginnings for me; a place to have a fresh start. The dawn of a New Year is always a good time for a fresh start. U of A RISE's mission statement says it all: RISE promotes expanded opportunities for people with mental illness, substance use and co-occurring disorders by employing a collaborative approach to advocacy, services, education and research. If CPSA and RISE would not have collaborated to try something different, I would be hiding in some dead end job trying to figure out where I belonged in recovery.

**Practice**  
**Gilbert Dean Lucero, RSS**



I never knew that I would be put "right to work" soon after graduating, but I certainly was. During the Christmas holiday I had an opportunity to practice the skills and use the tools that I acquired in the Institute. I was able to assist and reassure family members about issues and topics ranging from stress management and relaxation options, to diet and nutrition and emergency shelters for domestic abuse victims.

It seems that there is a great demand out there for excellent peer support for many people. I am already gaining the rewards and fulfillment of using what I learned even though I am not yet employed as an RSS. I feel good to be able to be along side anyone who is seeking support for some of life's most difficult issues. The Institute has helped to set me on the road towards helping others, and seeing hope, recovery and a more healthful life.

Recovery Support Specialist Institute XVI  
Graduation Day, December 23, 2008



**Back Row—Left to Right: Sally Hueston, Kyle Long, Earl Morgan, Randell Snedden, Terrance Watkins, Aaron Diaz, James Attila Mudron, Jeff Orcekowsky, Gilbert Dean Lucero, Frederick Leon Anderson, Justin Hartland, Marver Carter, Francisco Xavier Campos.**  
**Front Row - Left to Right: Angela Lynn North, Linda Shuman, Linda Marie Parks, Maggie Cumba, Kendall Bailey, Jennifer Medina, Lounora Moore.**



**The Panel**

Thomas Halm, CRSS, La  
Frontera  
Christina Jasberg, CRSS  
Monique Roybal, CRSS,  
CODAC  
Arnoldo Aguila, CRSS,  
SEABHS