

Recovery Support Specialist

Issue 35—Spring 2012

Newsletter

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An Old Irish Blessing

May love and laughter light your days, and warm your heart and home.

May good and faithful friends be yours, wherever you may roam.

May peace and plenty bless your world with joy that long endures.

May all life's passing seasons bring the best to you and yours!

Happy \$\mathscr{H}\$
St. Patricks Day

A LETTER TO THE MEDICAL STAFF:

While participating in the Psychiatric Grand Rounds on February 8, 2012 (see page 9) at the University of Arizona, Jeanne and the two other panelist where asked a question by a psychiatrist in the audience. Below is how Jeanne wishes she responded:

You asked us to identify the magic bullet that inoculated us from the destruction you see so often, and you wonder how we were able to get well and "they" can't. Are you thinking, "Tell me so I can help them?", or are you thinking, "It will explain what they're doing wrong."

The Psychiatrist who refused to put PTSD in my records 20-odd years ago, asked me a similar question. "Why do you think that other women are able to pick themselves up and go on with their lives, while you claim that being raped has destroyed your life?"

I told him what I'm hoping you will hear, too. "When those other women asked for help, they got a compassionate person who knew what rape does to a person. They got understanding and support. I GOT YOU."

In the more than 30 years I've been in the mental health system —Active Duty, Civilian, and VA - I've learned some things I'd like to share with you, in the hopes that you can improve your service to other people with serious mental illnesses.

<u>First.</u> If you think, "SMI's rarely get well," you're not up to date. <u>People</u> with serious mental illnesses do get well. If you're not seeing that in your practice, please explore Recovery Support and how it is changing mental health care.

<u>Second.</u> If you see a person sitting in your office with dead eyes and a look that tells you that you're wasting your time — and you agree with them — you're almost right. You are wasting <u>Their</u> time. They need to know you believe they will recover.

<u>Third.</u> The labels you learned <u>don't help us</u>. They give you a shorthand to talk to each other <u>about</u> us, but we aren't helped by the stigma they carry. Ask us about our symptoms, and help us discover what we can do to live with them if they can't be solved.

Fourth. If medication, group & individual therapy, mindfulness, meditation, biofeedback, ACT, CBT,

CPT, DBT, WRAP, and EIEIO didn't help, it's because you missed a step. You forgot to bring the client along. You need to get our attention first. You need to give us hope. You need to find the key to the door that separates us.

With the right support, we can thrive. Recovery Support Specialists help by role modeling Wellness, and sharing our stories and recovery skills. We understand them, because we ARE them.

-Jeanne Bishop, CRSS, RSSI #21



LONG HARD ROAD TO HOPE



I found myself confused for the first time. It was a beautiful place to be. The world I created in my mind was my prison and I never wanted out.

Being alone wasn't a feeling of isolation, but freedom to let my hallucinations entertain me without interruption. Around people I had to act "normal".

This would soon change. I would start to have only brief periods of coherency. During those times I would think of different ways to kill myself.

I grew up with a mother with a mental illness. Not wanting to do to others what was done to me, I thought there was no help for me. It was my brother who came to check on me one day. I had been alone and isolated for thirty days. I was a mess. Everything about my life was turned upside down. But it would soon be the start of something amazing.

Through finding the right medication and support from family and friends, I was able to recover. Through this time I still experienced hard times and dark days; my mother took her life, yet I was able to overcome and it was during this time that I was able to find hope. I realized that I was a very judgmental person and that I didn't get a chance to forgive my mother before she was gone. My living example of forgiveness for her will be to stay on track with whatever adversities come my way.

As I slowly recover, I take each new day as a gift. As the fog of my illness lifts, I am reminded of all the people that gave me hope. I am now the light of hope that shines on others, as it was shone on me.

- Lloyd Christian, RSS, RSSI #28

PERSONAL EXPERIENCE OF HOPE

My actual experience of hope began in 2006. I had just experienced two extremely traumatic events and found myself living in a domestic violence shelter. It was during this time I vowed that someday I would become a volunteer and make a difference in other people's lives.

Bipolar II disorder with multiple diagnoses kicked in. My goals as a volunteer were now on the back burner while I addressed my mental health. With five years of therapy and many medication changes, I was showing some progress.



After five years, June 2011, I suffered the loss of a personal relationship and yet another traumatic event. Once again, I found myself depressed and isolated. I saw my primary care doctor and one particular day, I had the opportunity to meet Dr. Randa Kutob. Dr. Kutob suggested that I participate in a program called "Camp Wellness" through the University of Arizona RISE Health and Wellness Center. I agreed. At Camp Wellness I found hope and flourished. As Camp ended, a Health Mentor approached me and asked if I would be interested in volunteering as a co-facilitator of the Supported Physical Activity (SPA) class. Always having the desire to volunteer and help others, I said yes. This volunteer opportunity allowed me to make a difference in the lives of people who lived in similar circumstances as I had. The wonderful staff at Camp Wellness encouraged me daily and suggested that I apply to the Recovery Support Specialist Institute (RSSI).

Through the hope and encouragement of my Camp Wellness experience, I found myself applying for the RSSI and being accepted. I now have a new goal; to become a Certified Recovery Support Specialist and find employment in the Behavioral Health field. It was hope that I found through the Camp Wellness program and the guidance and support that I found in the RSSI that has lead me to meet my overall goal of helping others find hope.



- Christina Baca, RSS, RSSI #28

<u>Standing</u>

(left to right)

Middle

Sherri Crater
Danny Romero
Bank Wright Smith
Deslie Goss
Chayo Long-Mendez

Carl "Wayne" Steele Karen Crockan

Back

Jonathan Wen
Joshua Wildman
Stacy M. Rothwell
Eric Vaught
Stacey Bowen
Lloyd Christian



<u>Seated</u>

(left to right)

Angel De La Cruz Paulette Skinner Sonja Jenet Rust Nicole Sherlock Denise Ramirez Christina Baca

Not pictured
Naomi Riley

Photos taken by: Tonya Aleisawi

CONGRATULATIONS INSTITUTE XXVII GRADUATES!

A Special Thank You to the CRSS Panel

Jeanne Bishop, CRSS, Peer Support Provider, Southern Arizona VA Health Care System SAVAHCS (Tucson VA)

Tippy V . Atkins-Haumesser, CRSS, Recovery Support Coordinator CODAC

Steve Conn, BHT, CRSS, Primary Counselor, Casa De Vida Residential Treatment—La Frontera Arizona Inc.

Geoff Kabat, CRSS, All Services, Crisis Response Network of Arizona

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HOPE ACCOMPLISHED

Hope was a foreign concept to me long before I had a substance use problem. As a child I was told I was very smart and that I would excel in life. However, I would not find any peace from the whirlwind of thoughts and insecurities.



By the time I started using drugs I already thought of myself as a failure. I

thought that there was something wrong with me, that I just lacked the conviction to see things through. I could always push myself to do great at the start but I would quit on myself about half way through. This was a trend that persisted relentlessly from middle school until I went to treatment when I was twenty-two.

After walking into an intervention on April 20th, 2009, I agreed to go to 90 days of treatment in Arizona to make my parents happy and to get away from the Sheriffs that were in our town. I did not know that the program I was going to was actually a year-long program. After about 60 days the staff told me I was staying for a year. I had no money, no ID and no way home. A couple tantrums later, I decided to stay.

The staff at V3 kept me very busy. They gave me small projects and chores. I started to realize I was not only finishing things but accomplishing them. This



gave me hope to accomplish and finish more things in my life. These small tasked turned into responsibilities and leadership roles, before I knew it my year was over. I now realize I can persevere to accomplish a goal and small lesson in life remind me of this every day.

-Jonathan Wen, RSS, RSSI #28

SPREADING THE WORD

Dr. Beth C. Stoneking and a panel of Certified Recovery Support Specialists (CRSS) presented "What is Our Role in Recovery and Resiliency? Individuals with Serious Mental

Illnesses Share Their Journeys: Victim to Victor!" at the February 8, 2012 Psychiatric Grand Rounds. The Psychiatry Grand Rounds is a monthly presentation sponsored by the University of Arizona College of Medicine.

Panelist Aaron Dion Foster, Linda Hicks and Jeanne Bishop presented their recovery stories, employment successes, community involvement, their dark days and outlook for the future to mental health professionals at the UofA.

Their presentation and personal stories drove home that it is the responsibility as providers and peer support

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specialists to realize that people who are diagnosed are not their "illnesses"; instead they are "individuals diagnosed with mental illnesses". Longitudinal studies show that 49 to 68% of people with Serious Mental Illnesses do recover and regain a life of purpose and meaning, providers cannot predict which of the 49 to 68% of those who will recovery. The panelist moving stories helped solidify how important it is that providers and peer support specialists work with individuals as if they truly have the potential to

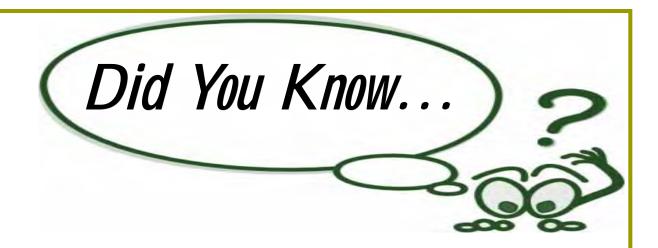


recover and regain a life of purpose and meaning.

Special thanks to:

Dr. Beth C. Stoneking, *PhD, MSW, CPRP*Jeanne Bishop, *CRSS*Aaron Dion Foster, *BS, CRSS*Linda Hicks, *CRSS, BHT**pictured left to right

You can download and watch the full presentation at: http://streaming.biocom.arizona.edu/event/?id=23832



Prad Pitt spoke to The Hollywood Reporter late January about politics, fame, his soon to be wife Angelina Jolie and his depression in the 90's. It may be hard to believe, enjoying a beautiful family and a high point in his career, you might say Brad Pitt has it all, but he says "it didn't always feel that way".

In the 90's, when Pitt's star ascended with 1992's *A River Runs Through it*, 1994's *Legends of the Fall* and 1995's *Seven*, his personal life declined. "I got really sick of myself at the end of the 1990's: I was hiding out from the celebrity thing; I was smoking way too much dope; I was sitting on the couch and just turning into a doughnut," Pitt says. He recalls wrestling with dark thoughts during those times, but says "this is

a new decade."

Pitt may not be the only one in his beautiful family that has lived with depression. The Huffington Post reported in October of 2011 on Angelia Jolie's bout with depression in her teens and early 20s and again after her mother passed in 2007.

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Adapted from articles appearing: http://www.hollywoodreporter.com/news/brad-pitt-angelina-jolie-oscars-moneyball-tree-of-life-284533 & http://www.huffingtonpost.com/2011/08/31/celebs-with-depression_n_942771.html#s344898&title=Angelina_Jolie_

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C

H

volunteer encourage brother mother parents tomorrow staff persisted lessons life

tasks
mentor
isolate
relationship
beautiful

