



Recovery Support Specialist Newsletter

Issue 25—September, 2009



Theresa Files, CRSS

I currently work as a CRSS at La Frontera within the residential settings. As an RSS, there are many opportunities for empathizing with and empowering individuals through the telling of our own experiences, strength and hope. La Frontera recently replaced several positions within Residential Services with RSS positions and the positive effects have been felt greatly. I'd like to share with you a bit about what I do and how it affects the individuals with whom I work. When I arrive on my shift, I encourage residents to wake-up and begin their day. I assist them in monitoring their medication and use this as an opportunity to promote education about medications. This can empower them to be proactive regarding their own concerns.

"I have found in my work that hope cannot be given, it has to be shown."

I have many opportunities to facilitate groups on topics such as: nutrition, budgeting, coping skills, processing of topics from Clinical Group, stretching and movement, goal setting and a Wellness Recovery Action Plan (WRAP). In addition, I participate in Adult Recovery Team meetings and can often offer a different perspective in the areas of homelessness, mental illness, drug addiction, alcoholism and loss of support as I have gone through all of these in my own recovery.

When I have the opportunity to share with the individuals receiving services that I also am classified as SMI and that I was in Kino Hospital at a point in my life, they are amazed. More importantly, they are given hope. It is difficult to understand the frustration of receiving services and medications unless you have actually been there. I have found in my work that hope cannot be given, it has to be shown. Being an RSS in Residential gives me the opportunity to show what is possible.

Table of Contents

Page 1
Theresa Files

Page 2
News of Note

Page 3
Man's Best Friend
By Martha Evans

Page 4
A Colleague's
Experience
By Terrance Watkins

Page 5
Advanced Training
By Ken Rogers

Page 6 & 7
CPSA Certification

Page 8
Still The Same Person
By Becky Long

Page 9
Warm Lines Work
By Stewart Knowles

Page 10
Did you know...
Laughter Lowers Stress

Page 11
Word Quest



Recovery thru Integration, Support & Empowerment (RISE) is located in the Department of Family and Community Medicine at the University of Arizona

RISE promotes recovery and expanded opportunities for people with mental illness, substance use, and dual diagnosis by employing a collaborative approach to advocacy, service, education and research.



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This newsletter is for anyone interested in the ongoing and growing RSS Program. To receive your own quarterly copy, please complete and return the form below to RISE.

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NEWS of NOTE...

RISE welcomes Pamela Wagner as the newest member of our team! She comes to us with an extensive list of skills including marketing, customer service, support services and desktop publishing. As our Administrative Assistant, she will be the friendly voice you hear when calling RISE.

On August 12th, the Supervisors of Recovery Support Specialists (RSS) had a morning conference inviting others to learn the benefits of supervising RSSs at the CPSA training center. The idea for the training came from the core group of supervisors that attend the monthly RSS Supervisors' Meeting at CPSA the second Thursday of the month from 9-10:30AM. The meeting is facilitated by RSS Institute trainers Dan Steffy, Beverly McGuffin and Beth Stoneking. To start off the morning, a panel of Certified RSSs spoke about their experiences working as RSSs; what they felt were positive qualities of a good supervisor; and gave examples from their individual experiences. Samuel P. Nagy, CPSA's Criminal Justice Team, Theresa Files, La Frontera's Mountain Rose Ranch, Fernando Duran, LFC's Intake Team at Mainsite and Kimberly Miller, from CODAC's Housing Team were the panelists. A panel of supervisors followed and spoke about RSSs as employees. Comments ranged from "they are our teachers and philosophers" "we're better for having them" "I can work with a boundary where someone cares too much rather than not at all". The best quote from an RSS was "I use to be on the list, now I make the lists!"



Sam



Theresa



Fernando



Kimberly

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Word Quest

Try to find these 15 words

| | | | | |
|-------------|-----------|----------|---------------|----------|
| opportunity | laughter | goals | possibilities | heart |
| empower | nutrition | recovery | encourage | exercise |
| hope | budget | RISE | comedy | LOL |

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

Did you know...

Laughter Lowers Stress, Improves Heart Health



By Rick Nauert, Ph.D. *Senior News Editor*
Reviewed by John M. Grohol, Psy.D. on June 1, 2009

Laughter is not only an effective stress-reliever, but can be heart-healthy, according to research presented at the American College of Sports Medicine's (ACSM) 56th Annual Meeting in Seattle.

Two separate studies examined the role of a good laugh as it relates to health.

One of the studies took an inverted approach to previous research on the harmful cardiovascular tolls of stress and negative mood. A small group of healthy adults were instructed to watch either a comedy or documentary film, and were monitored for carotid artery activity during the films. Subjects who watched the comedy benefited from improved "arterial compliance," the amount of blood that moves through the arteries at a given time. Conversely, decreased arterial compliance is often associated with high blood pressure and heart disease.

"Arterial compliance was improved for a full 24 hours after subjects watched a funny movie," said lead researcher Jun Sugawara. "Laughing is likely not the complete solution to a healthy heart, but it appears to contribute to positive effects."

A second study found similar results in vascular function. When another group watched either a comedy or a somber documentary, blood vessels became more dilated during the comedy. Constricted blood vessels often lead to high blood pressure. Like the first study, favorable effects on vascular function were sustained for 24 hours. "Not only did comedies improve vascular dilation, but watching a documentary about a depressing subject was actually harmful to the blood vessels," said Takashi Tarumi, lead researcher on the study. "These documentaries constricted blood vessels by about 18 percent."

In addition to laughter, a significant body of evidence exists that shows exercise is a preventive mechanism against both cardiovascular disease and high blood pressure. ACSM's Exercise is Medicine program promotes these curative and protective benefits, and encourages all patients to talk with their doctor or health care provider about their physical activity programs.

Source: American College of Sports Medicine

MAN'S BEST FRIEND AND A WOMEN'S TOO

By Martha Evans, CRSS

I'd dreamt of a special dog and Woody, a 5-year old English Springer Spaniel, found his way into my heart by way of the Internet.

The English Springer Spaniel Rescue of America (ESSRA) received Woody from a family that had gone through a foreclosure, and couldn't afford to keep him any more. He had been through several foster homes while awaiting his forever place. My husband and I just knew by his internet picture and description that this was the dog we wanted.



We took a trip to Phoenix to see him and fell in love. ESSRA requested we wait 24 hours before we made our decision as they needed to approve us too. Our house had to be inspected before he could come home with us, so we couldn't take him home that day. We could hardly wait! We came home and waited to be approved.

***"...he brings
life into my
soul."***

The next evening we got a call that everything was a go, and that we were the new parents of Woody. In no time we were at the pet store getting all the needed items for our four-legged friend. Again we made the trip to Phoenix, anxious to get there and see our new baby. It's been ten months since we adopted Woody and he has adjusted well to his new home. One of our favorite things to do with Woody is ride bikes. He enjoys the ball, swimming and tug-of-war. We get exercise together which has helped. Woody loves to cuddle with us too. We couldn't have gotten a better dog. He brings life into my soul.

Adopting Woody has been such a touching, changing time in my life, and has helped me so much in recovery. Exercise, companionship, unconditional love, and some wonderful friendships have all come to me. I believe man's best friend just might be this woman's gift from God.



A Colleague's Experience...

My name is Terrance R. Watkins, and I am a Certified Recovery Support Specialist working at H.O.P.E., Inc.

Last month, I was fortunate enough to be a presenter at the 10th Annual Summer Institute in Sedona, AZ. I spoke about Continuum of Support for Ex-felons Reintegrating into Society after serving a term of incarceration.

I was nervous about speaking in front of a room full of professionals. I chose to disclose certain facts about my past incarcerations, substance use history, and my tendency to resort to felonious behaviors after trying to live a "normal" life.

I explained how I would actively seek recovery while incarcerated, thinking I was cured or at least have a solid foundation, and end up relapsing or resorting to prior behaviors. I then went on to explain how having a support system in place prior to my release was beneficial to my success.

Before I knew it, I had completely forgotten about being nervous. I feel very passionate about helping people, and the fact that I have been in their shoes so many times before, made the subject that much more real for me.

We all know the recidivism rates, and the fact of the matter is that some people just don't want to change. They may be content to live life in between prison sentences, but I feel the majority would change if they knew how. If they had a mentor to teach them how to live a "normal" life, manage their finances, balance a check book, etc. their chance of success would increase.

The presentation went very well. After we finished, we were approached by various networks to ask more specifics about not only our criminal justice program, but Nueva Luz program as well. Being in Sedona with so many representatives from the various behavioral health providers was one of the greatest networking opportunities I could have possibly received.

Evidence Based Practice was a major theme this year, and Recovery Support Specialists got a lot of recognition for the work that we do. Our job is a crucial part of the mental health community, and it felt good to hear that we are respected and appreciated for what we do.

Terrance R. Watkins BHPP/CRSS
Peer Mentor/Community Liaison
H.O.P.E., Inc.



Warm Lines Work

By Stewart Knowles, CRSS

When I was first asked to write an article on the Warm Line, I pondered what relevant ideas I should express. I supposed that I should first discuss, "What exactly is the Warm Line?"

The Warm Line is a service HOPE, Inc. provides the community. We offer a compassionate ear to people that are in need of someone to listen. Calls range from daily struggles to crisis calls. This is an outreach to the community.

In my experience as a Warm Line peer mentor, I have learned a great deal about encouraging people to explore potential solutions to every day problems. This is very helpful to the callers. Most calls last about 20 minutes. In that time frame the most important skill to employ would have to be "active listening." This allows individual callers to generate an array of problem solutions themselves. In the case of calls that cannot be immediately resolved, or involve extenuating circumstances, peer mentors are allowed to listen and correspond with referrals to appropriate agencies. We treat every concern in a discrete or circumspect manner, thereby performing a valuable task for the community.

What is the personal benefit of working the Warm Line? Knowing that at the end of the shift, you have made a significant mark in the caller's life, and the feeling of accomplishment that coincides with playing the role of peer mentor. Many, but not all of the callers, are dealing with problems that include mental health concerns. In my role as peer mentor, however, I do not judge people according to a diagnosis. We do not provide one-on-one therapy. Once again, we are there to listen and support callers in all walks of life.

It is a truly remarkable concept that I am in this field. It has helped me in my own recovery from a mental illness, so there is empathy for a caller's situation. I do not enter into my position lightly as peer mentor. I am greatly humbled when the call ends with the knowledge that for at least that day, I have provided a service to the best of my ability, and that it is a comfort to those who make my job possible.

Warm Line Info

Tucson
& surrounding area
520-770-9909

Southern AZ
877-770-9912

Hours:
Mon.-Thur. 5-10 p.m.
Friday 3-11 p.m.
Sat. & Sun. 1-10 p.m.

Still the Same Person

By Becky Long

One afternoon in 2001, I received a phone call from the Tucson Police Dept. I was told that my husband Kyle, was at a local business, who luckily was a friend of ours. Kyle was refusing to leave because people were following him – thousands of people. I was speechless. I had been married to this man for 30 years and never knew that he had a mental illness. Thus began my journey of living with a spouse with a mental illness. It has been 8 years since that time and I am still on that journey. I have learned some things that I would like to share with you.

No one is immune from mental illness. It is a chemical imbalance. It can strike anyone. The good news is that with medication most people can get better. Treatment works. This message needs to be conveyed to family members over and over. There is always hope with medication and therapy.

Communication to family members is extremely important. My husband does not like his family to worry about him. Kyle thinks it is better for us not to know when he is spiraling downward. If we know his medication is not working, we could be actively involved finding help for him. For example, calling his case manager, therapist or doctor. Family needs to be involved in the recovery process. This includes talking with his doctor, therapist and nurses.

Recovery is a continuous process. Unfortunately there will be times when Kyle will need to be hospitalized. Medications do not work forever. There will be times when the medications will have to be changed. This may require an inpatient process. Often times it is necessary to hospitalize Kyle in order for his medications to be changed. A lot of Kyle's success in recovery depends on the attitude of our family. This is a big responsibility to bear. As family members, we have to look past the stigma related to mental illness and concentrate on getting the education we need in order to help our family member. Family members need to be told that mental illness is a broad term. Mental illness can affect the family member's social life, ability to work, ability to attend school or even little things such as leaving the house. Family members need to recognize signs and symptoms of their family member. This would include changes in social habits, the lack of grooming that is necessary, isolation, certain fear or obsession, changes in thinking, and even delusional thinking.

Not only do family members need to be educated in regards to mental health, the community needs to be educated as well. The media plays a big role in how we feel about mental illness. It is too bad that most of what the media says is negative. The media focuses on people that commit violent crimes. The media does not expound upon those who are reintegrating back into the community. I realize that we have come a long way from institutionalization of people with mental illness. However, I believe we still have a lot of educating to do. I am thankful for organizations that we have to assist people like my husband Kyle. I have had resentment, confusion, misunderstanding and misinformation. I am willing to admit this. I find a certain amount of freedom in doing this. I have had to dig for information. I have had to search out people to talk to. And I realize that the person I knew when I was 16 years old is the same person now. The only difference is that Kyle has a mental illness.

“...we have to look past the stigma related to mental illness and concentrate on getting the education we need...”



Advanced Training Series for Recovery Support Specialists and Family Support Partners

By Ken Rogers, CRSS, CPRP

In April 2009, Community Partnership of Southern Arizona (CPSA) rolled out the first advanced training for Recovery Support Specialists (RSS) and Family Support Partners (FSP) employed in Pima, Cochise, Graham, Greenlee and Santa Cruz counties.

This series of advanced trainings was developed after CPSA staff met with RSS and FSP staff at each network provider to discuss the workforce's needs for further education. People who supervise these positions also joined the discussion. Based on the feedback, CPSA saw the need for a series of advanced trainings to help these staff members grow professionally and increase the quality and effectiveness of their work.

Training topics may change over time to meet the workforce's needs. Three topics will remain as part of the advanced series: group facilitation skills, boundaries and compassion fatigue, and communication skills.

So far, the trainings have been very well-received, and feedback has been positive. CPSA is committed to developing the peer and family support workforce and will continue to work with network providers to make sure ongoing training is offered.

CPSA receives funding from the Arizona Department of Health Services (ADHS), Arizona Health Care Cost Containment System (AHCCCS) and Substance Abuse and Mental Health Services Administration (SAMHSA).



Recovery Support Specialist Certification Ceremony

September 2009



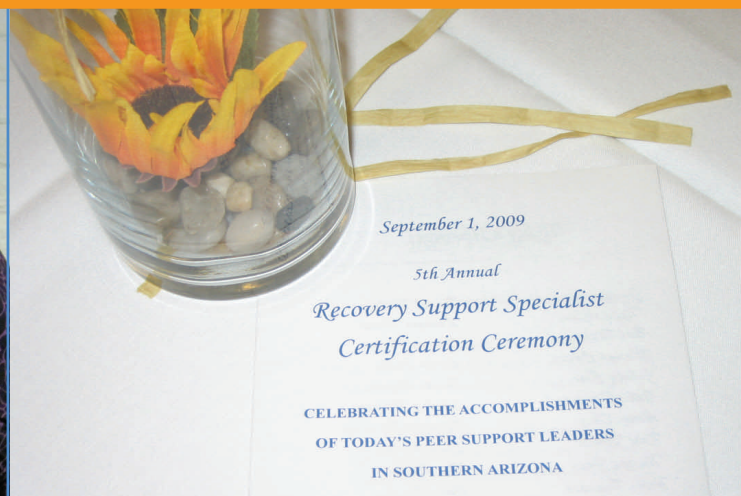
Top Row: Shirley Peterson, Kyle Long, Dee Dee Van Winkle, Sean Reddix, Marver Carter, Kurt Kurtzweg, Terrance Watkins, Johnny Cox, Roy Ridley, Sam Nagy, Bud Blanchard

Middle Row: Theresa Files, Sarah Miller, Sara Kaczmarzyk, Mishaa Ramirez, David Longoria, Colin Rippee, Joy McCrary, Kari Ferrell, Linda Shuman

Front Row: Lanette Ioane, Gabie Davenport, Aida Sorenson, Jennifer Alexander, Tina Jones, Susan Peters, Tippy Atkins



Beth Stoneking, Dan Steffy, Paige Finley & Beverly McGuffin



Neal Cash & Dan Steffy

Not pictured: Aaron Diaz, Paris Freeman, Michael Knust, Jennifer Medina, Lounora Moore, Linda Parks, Ronald Schmidt, John Sowersby, Cathy Sturgeon, Bernadette Unterbrink