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RISE (Recovery thru Integration, Support & Empowerment)
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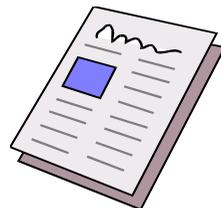
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This newsletter is for anyone interesting in the ongoing and growing RSS Pro-

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Recovery Support Specialist Newsletter

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Family Forum 2005

The 5th Annual Family Journey to Behavioral Wellness-Overcoming Roadblocks to Recovery was held on May 12th, 2005 at the Doubletree Hotel in Tucson, sponsored by the Community Partnership of Southern Arizona's Long Range Public Education Coalition (The Long Rangers). Activities included a keynote speaker and panel discussions.

Dr. Martha Manning, psychologist and author of numerous books, was the keynote speaker for this event. She spoke about resilience, and stumbling with grace in her life. Her father was resilient in his desires to recover from heart disease. Doctors at the hospital where he was staying were pessimistic about his condition, but he didn't give up. He got a second opinion and recovered. Dr. Manning herself was diagnosed with a psychiatric disability. Rather than collapsing in despair, she decided to be optimistic and passed on a positive attitude to the audience. She handled her disability with humor in order to trade the chronic pain and suffering she felt.

"Breaking Through Barriers" was the topic of a panel discussion. Family and Community Advocate, Susan Moreno, spoke of how her son was initially arrested for domestic violence and was hospitalized for his violent behavior. One day he mentioned that he heard voices. Susan Moreno got help from the Family to Family program at National Alliance of the Mentally Ill of Southern Arizona, (NAMISA). She stated that, although her son still has his ups and downs, he has come a long way in his recovery.

Another panel member was Ken Rogers, Community Education Specialist. He began abusing alcohol and drugs in his teens. After he went through detoxification, he was diagnosed with bipolar disorder and attention deficit/disorder (ADD). He went to groups seven days a week. He also enrolled in and attended classes at Pima Community College as a nursing student. Ken completed the Recovery Support Specialist Training Institute and is now working for Community Partnership of Southern Arizona (CPSA). Ken is a liaison for The Long Rangers. He also speaks at Self-Management and Recovery

Continued on page 6

**Advisory
Committee**

We are inviting RSS graduates who have completed the practicum, to be on the Advisory Committee (AC) for the Recovery Support Specialist Newsletter. They are the pioneers of the RSS program. As AC members, the RSSs will brainstorm new and exciting ideas for the newsletter and agree about the content for each newsletter, possibly even write an article of their own. This will aid in getting the news out about the many different tasks RSSs are doing in the behavioral health community. Graduates are working in many organizations throughout Southeastern Arizona.

Bits by Beth

The reason we are doing a newsletter is to inform people in the behavioral health community about the Recovery Support Specialist Program and what RSSs are doing in Southeastern Arizona.

1. To educate others about what's going on, keep in touch, and to celebrate successes of RSSs and agencies that employ them.
2. To dispel any myths surrounding psychiatric and substance use disorder, or co-occurring disorders.
3. To provide hope for all involved, including people in recovery, family members, providers and the community at large.
4. To show *experiential knowledge* which is living with a behavioral health disorder and engaging strategies to move forward in one's recovery, and *experiential wisdom* that is, people in recovery having skills to support others in their journey of recovery, are both critical to being a successful RSS.

Letters to the Editor

Where do I send "Letters to the Editor"??

You may contact Beverly McGuffin at:
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Search and Find

D P E R S O N F I R S T
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N J L I S T E N Y E C S
W S I F O C U L T U R E

**RECOVERY
KNOWLEDGE
EXPERTISE
ADVOCATE**

**PERSON FIRST
LISTEN
ENCOURAGE
MENTOR**

**CULTURE
RESOURCE
FRIEND
SUPPORT**

See next newsletter for answers

Above you will find some key words regarding Recovery Support Specialists (RSSs). These words can also be found throughout this newsletter.



Have you seen Dan Steffy & Cheryl Fanning's article in the *Community Partnership of Southern Arizona Spring 2005 Report?*

To see the article go to:
<http://www.cpsa-rbha.org/documentCenter/newsletters/Spring2005.pdf>



Becoming a Recovery



The position of Recovery Support Specialist (RSS) is a non-professional service role in the behavioral health system. The candidate must have either a psychiatric disability, a substance use disorder or both. Other qualifications necessary to acquire this position are experiential knowledge and experiential expertise, which are defined by William White, M.A. author and researcher.

Experiential knowledge is information acquired through the process of one's own recovery or through being with others who are going through the recovery process. This personal experience includes being proactive and knowledgeable about prescribed medications, attending groups and individual counseling and having meaning and purpose in one's life, such as work or school. Having experienced the phases of a psychiatric or substance use disorder helps the prospective RSS in his/her role as a mentor to others who want to recover.

Experiential expertise requires the ability to transform this knowledge into the skill to help others achieve and sustain recovery. Since there is no university programs offered with these specific guidelines, the behavioral health community has set up its own training programs for those who have exhibited living proof of recovery.

The first training step is the Wellness and Recovery Circle (WRC). This is a two day psychoeducational group that provides education, coping strategies and a forum for discussing topics related to recovery. The Five Key Concepts to Recovery developed by Mary Ellen Copeland are one focus of this training. They are hope, education, personal responsibility, self advocacy and social supports.

The second step is the Recovery Support Specialist Training Institute which is five days of in-depth training. One topic discussed is peer support.

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in Recovery

me remember to take my medications. I took them in the morning and at night and the med box has a compartment for both times of the day. I would know if I took my medications at the right time if the meds were not in the box. Taking medication might be a daily reminder that I am ill, but I understand the positive effects I need from the medications. For instance, I take my medications to be able to function in everyday activities. I would not go off of my meds without discussing it with my doctor because I don't know what might happen; or the consequences it may bring me.

Recovery does not mean a cure. It means achieving goals even though you have an illness. I take my medications twice a day, get plenty of sleep, and take care of myself. I have a job and going to work 5 days a week has given me more hope for recovery. I am making recovery a reality in my life.

A woman at the seminar stated, "We haven't come very far in our road to recovery." I interjected and explained to her that there was a new group called the Recovery Support Specialists (RSS). I told her that we are out there to and that we can help others. We are all going through similar difficulties and can support one another by getting and giving encouragement. I want to see us rid ourselves of the discrimination that society has placed on people with psychiatric disabilities.

RSSs were hired by agencies last year for the first time. It's going to take a while to establish ourselves and get the word out about who we are and what we do. But we are here and we are going to be here to help out in any way we can for as long as it takes to get the respect and dignity we all deserve. 🦋

Cartoon
By James E. Babcock



Myths

1. People with psychiatric disabilities cannot be successfully rehabilitated nor can they recover.
2. Hospital-based work therapy positively affects employment outcome.
3. Where a person is treated is more important than how a person is treated.
4. A person's diagnostic label provides significant information relevant to a person's future rehabilitation outcome.
5. A person's ability to function in one type of environment (e.g., a residential setting) is predictive of a person's ability to function in a different type of environment (e.g., a vocational setting).
6. Rehabilitation outcome can be accurately predicted by professionals.
7. A person's rehabilitation outcome is directly related to the credentials of the mental health professional with whom the person interacts.
8. A positive relationship exists between rehabilitation outcome and the cost of the intervention.

Adopted from: Anthony, Cohen, Farkas, Gagne. Psychiatric Rehabilitation, 2nd Edition. Table 2-1. Center for Psychiatric Rehabilitation, 2002.

Family Forum Continued...

Recovery Training (SMART) which is a program for substance use disorder, co-dependency, sexual addictions and other addictive behavior.

Joseph McCaw, M.S., PA-C, the final panelist, talked about road blocks in recovery. He spoke about the guilt and fear that parents feel when their children are diagnosed with psychiatric disabilities. The parent wonders if they had received assistance earlier would it have helped or not? What if they didn't realize that their child had the disability in the first place? He told the audience to take care of themselves before they try to take on the responsibility of care giver. Being a care giver sometimes produces high levels of emotions between family members. He also stated to always look forward and to move on to more positive aspects concerning their family member.

Dr. Beth Stoneking, the Director of Recovery thru Integration, Support & Empowerment (RISE) at the University of Arizona facilitated a panel. The discussion titled "Recovery is for Brave Hearts" featured Recovery Support Specialists (RSS). She outlined the training requirements of the Recovery Support Specialist program for the RSS certification. The program includes the two day Wellness and Recovery Circle (WRC) the five day intensive institute, and eight to twelve two hour weekly practicums. The practicums emphasize the importance of a relationship between the person with a disability and the RSS; including trust and authenticity, boundaries and ethics, listening, and person first language.

Valley Owen, an RSS, Director of The Comfort Zone in Sierra Vista spoke as a panelist. She emphasized the importance of taking care of herself in order to be available for the members of The Comfort Zone. She takes care of herself by using the information in the WRC workbook and maintains a balance in her life. Valley has years of experience in peer support.

Shirley Tate, who graduated from the second RSS Institute, is an Instructional Specialist/Job Coach at La Frontera Center, Inc. She has two children with a psychiatric disability. She didn't know at the time that she was transferring an illness to her children through a genetic factor in her family. She feels that they need to have a Recovery Facilitator in high schools to educate students on person first language in psychology classes and to reduce stigma.

Sonia Schilingno, the final panelist, is a Community Support Specialist (CSS) at CODAC. She teaches Wellness and Recovery Action Plan (WRAP) one to one in the person's home. She helps members organize their homes for better living environments and provides support. Sonia talks to CODAC members and tells them that she can appreciate what they are going through because she's been through similar situations and they are not alone. Staff at CODAC did not understand the value of Sonia as a CSS, but are learning how relevant peer support is.

Closing remarks were provided by Dr. Manning who spoke on "Arising to Meet Life's Challenges." A person's struggle to achieve recovery can be like swimming across a pool wearing a life jacket with weights. It created a "Sinking" feeling of drowning. A person's only goal is to survive. She said that struggling against depression could be the parallel but the person can overcome the burden and lead a meaningful contributing life. 🌈

Recent graduates from the first Recovery Support Specialist Training Institute, held January 2005, along with Beth, Dan and Bev (the Trainers).



Back row (Left to Right): Emily Plasterer (COMPASS MCAS), Beth Stoneking (RISE), Wanda Black (COMPASS MCAS) and Angela Dingledine (COMPASS New Directions)
Middle row: Shawn Lawler (CODAC), Eddie Grijalva (COMPASS) and Dan Steffy (CPSA)
Front row: Crickett Austin (COMPASS MICA) and Bev McGuffin (RISE)



Debbie Hammond (COPE), Ken Rogers (CPSA) and Brenda Morris (La Frontera Southwest)



Sylvia Diaz (SEABHS Nogales)

Personal Choices



-By Jill Harman, RSS

Choices in Recovery was an educational seminar supported by Janssen Pharmaceutica. The presenter was Dr. Lauro Amerzco-Patino, M.D., F.A.P.A. who is a board certified adult and adolescent psychiatrist with a subspecialty certification in addiction psychiatry and forensic medicine. The stated purpose of this seminar was to help people with schizophrenia to better understand their illness, its treatment, and how the treatment can lead to achieving their therapeutic goals and recovery.

Essential components of recovery are satisfying work, supported education, spirituality and physical health. Tips for reaching recovery are to learn about your illness and seeing yourself as a person first and not as your illness. There are benefits of taking your medications regularly. One is you feel really good about yourself and have a positive outlook on life. Another one is your relationships with others are better because you can communicate, laugh and feel confident about yourself. Going to groups is a great way to practice telling people how you are feeling. Group members are also a great source of support through a tough time. Also, it's a great way of making friends. Newsletters, magazines on the issue, and keeping up with the advancements in research are all an excellent parts of your recovery.

Sometimes I might forget to take my medications because of the difficulty remembering or a conscious decision not to take the medications because of the dislikes of the side effects. Or I might think since I feel better, that I don't need the medication anymore. When I first started taking medications I would forget to take them because I couldn't remember. My psychiatrist suggested that I use a med box to help

Support Specialist

"The movement grew out of the experience of people who had difficulties and peer support evolved, grew out of people's negative reactions to mental health treatment. The movement organized itself around many people's frustration with issues like the over medication of their experiences, their lack of choice, the focus on the perceived deficits rather than on their strengths." Shery Mead (2004)

Other topics are ethics and the maintenance of boundaries for the people with whom you are supporting. Using respectful language also gives the dignity and respect that people with a psychiatric disorder deserve. By using active listening skills the RSS is able to build trust, to model hope, and let people know that the RSS is accurately hearing what is said.

After the RSSs have completed the Training Institute they receive a certificate at the graduation celebration. After graduation the RSSs who are working attend practicums of two hours a week, for at least eight and up to twelve weeks. A practicum is a supervised discussion of practical applications of previously learned knowledge. After completion of the seven days of training the RSSs also receive a Community Service Agency (CSA) certificate.

The RSS serves as a bridge. One hand reaches toward the person with the hope and compassion, the other hand reaches toward the staff to negotiate and assist with the professional aspects of recovery.

