



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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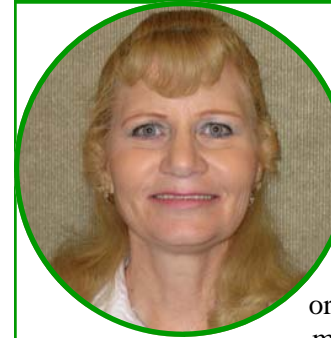
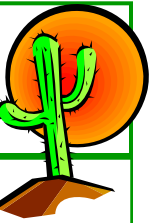
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Recovery Support Specialist Newsletter

Issue #13



Happiness and Peace

By Pamela Riggs

My name is Pamela Riggs, and I am in recovery. I have had an eating disorder since I was in my twenties but was not diagnosed until I was forty-four years old. At that time I weighed seventy pounds and really needed help. I entered Remuda Ranch for my eating disorder treatment. While there I learned a lot about my illness and the process of recovery. Unfortunately, when I left the clinic I returned home to an isolated lifestyle. With no friends, groups, nor any support from my husband, I relapsed.

Six years ago, I was diagnosed with severe depression, sleep disorder, and panic attacks. I was prescribed Xanax, and after several years I became dependent on the medication and overdosed. My life was unmanageable and I was miserable.

I entered detox followed by a stay at the Mentally Ill Chemically Addicted (MICA) program. At MICA, for the first time ever, I took a deep, honest look at my life, marriage, and relationship with the Lord. I changed my behaviors and addressed my feelings. It was essential to my recovery to end my marriage of thirty four years. During this time I established a great relationship with my parents, brothers, and daughter. Their love and support are a great source of strength. An exciting new life has begun for me. Balance is crucial to recovery. Recovery is a life long process of hard work and change.

Being a full-time homemaker and mother has limited my employment opportunities. Becoming a RSS has helped me to realize that I have so much to contribute. Being able to use my experience, strength, and hope to help others, keeps my recovery strong. I am currently employed by South Eastern Arizona Behavioral Health Services (SEABHS). Before this job, I worked as a housekeeper for a local hotel which exhausted me physically and emotionally. SEABHS has given me the opportunity to show people that no matter what your age and circumstances you can change your life for the better. With a coworkers help, we are starting a Body Image Group as well as an Eating Disorders Group in Sierra Vista. This is as rewarding to me as it is important to many.

For the first time in my life I am independent and self-reliant. I have self-esteem, courage, and a purpose in life. I have inner peace and I am happier than I have ever been. I have given my life to God and relinquished the control of that life to Him. God comes first in my recovery.

Advisory Committee

Salma Ballesteros
CRSS Institute 8

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.

News of Note

- ◆ The CPSA RSS Institutes have been scheduled in Pima County for 2007-08. August, November and March are the designated months. The dates for the November Institute are the 12, 13, 20, 21, 26, 27 and 28th and the deadline is October 15th. The dates for the March Institute are the 4, 5, 11, 12, 17, 18 and 19 and the deadline for applications is February 4th. We are hoping to schedule a SEABHS Institute over the holidays when space is easier to acquire.
- ◆ The third CPSA Certification Ceremony is September 17th. We are looking forward to celebrating more RSS's becoming certified by CPSA. This celebrates a big victory for people who are living a satisfying life of recovery.
- ◆ The ADHS/DBHS Addictions Recovery Peer Support training (graduates picture on pages 6 & 7) was the first two week training for people who want to work in substance use programs. RISE subcontracted with Recovery Innovations (formerly META) of Arizona to provide the training in southeastern Arizona. The contract is being renewed. Next year it will be focused on training individuals between the ages of 18 to 24 who have a personal experience with addictions who would like to work providing peer support. The U of A, RISE will work with CPSA to deliver the training in 2008. Look for more information to be coming forward. This is a separate contract, training, and program than the Recovery Support Specialist Institutes.
- ◆ The RSS Alumni Guild (RSSAG) meets on the third Wednesday of each month at the CPSA/Dodge site from 8:00 to 10:00. Ken Rogers leads a study group for the Certified Psychiatric Rehabilitation Practitioner (CPRP) exam. The next RSSAG date is August 15th. For details contact Ken Rogers (520-618-8832).



Christina Jasberg

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

Publisher
Editor
Page Designer



Word Search

Find all 16 words

ADDICTION	COMPOSITION	EMPOWERMENT	FAMILY
HAPPINESS	HOPE	INSTITUTE	JOURNEY
LEADERSHIP	MUSICIAN	PEACE	RECOVERY
SCHUMANN	SMART	STIGMA	TRAINING

A	Q	A	P	J	B	X	B	Y	L	Y	T	W	L	N	L	V	K	Q	I
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Superior Customer Service: COPE Health Services RSSs

by Linda Hicks, CRSS

Forward by Sally Reynolds, COPE Recovery Support Director

In May COPE held an event to celebrate customer service at Skyline Country Club. Staff heard a presentation from a national speaker in the morning, and the afternoon featured a panel of COPE RSSs. Chosen because of their experiences receiving services at COPE, they were also selected because they are seen as staff members who provide exemplary customer service and are great models for other staff. Linda Hicks produced the following, which was featured at the department's display table:

Member recovery is our goal. We understand that recovery encompasses many factors, most importantly, our attitude and approach. We in the Recovery Support Department not only believe in recovery, we know that recovery is possible because our knowledge and skills were earned first-hand. While true that no one can be forced into recovery, approach can promote it. How we treat people can decrease resistance and lack of motivation. Through our beliefs and behaviors, we can help ignite and keep aflame the desire for and hope of recovery.

LEADERSHIP - No matter who we are, at times we all need direction and support. We provide leadership through Peer Support

- Respect/Compassion/Honesty
- Esteem Preserving Language
- Patience & Encouragement
- Skill Building Knowledge, practiced and taught

HOPE - With hope there is reason to try, and in trying, the possibility of success. We instill hope by:

- Being living examples of recovery
- Encouraging dreams
- Reframing disappointment
- Believing in member potential
- Cheering successes, big and small

EMPOWERMENT - To move forward, people require a sense of their own capability, their own power. We help members empower themselves by learning to:

- Care for their mental and physical health
- Make informed decisions
- Learn from setbacks
- Identify & use resources
- Recognize & acknowledge successes, big and small
- Advocate for themselves

SELF-RESPONSIBILITY - People may need support in their recovery efforts, but no one can be care-taken or protected into it. We encourage self-responsibility and determination by:

- Teaching decision making skills
- Encouraging member action, responsibility
- Allowing dignity through choice, right or wrong
- Advocating deliberated risk taking
- Urging insight from mistakes

MEANINGFUL LIFE ROLE - True recovery takes place when a fulfilling community role completes the process --- remaining a victim or survivor is not the same as being recovered. We encourage those who are ready for this final stage to become significantly involved in the greater community through such means as:

- Recreational Clubs
- Educational Institutions
- Employment, Job or Career
- Religious Organizations
- Volunteer Groups

Stigma and Addiction in my life

By Patricia Porras, CRSS

I believe the stigma in my life started before my addiction. My father did not stick around after I was born and I felt worthless when I was growing up. I grew up with an older half brother and two younger half sisters, and I felt like I was nobody. I would go on vacations with my family but I felt left behind. My mother could not afford to buy me anything; yet, my sisters would get everything they desired from their father. I eventually found my way to escape from these feelings when I became a teenager. It was through drugs and relationships. I dated whoever gave me some kind of attention, even if it was abusive at least I had attention. I never wanted to become a person with addictions, but I finally ended up in prison for breaking the law. When I was released from prison the stigma of my addiction became noticeable to me. I could not get an apartment, job, or friends because of the felony. I began to feel worthless and that there was no hope.

I was clean for eighteen months homeless, hopeless and jobless. Sitting at a bus stop after being let down for yet another job, I began to contemplate using drugs again. This lady sat next to me and asked if she could be of any help. I could not look her in the eye and told her, "No one can help me." She then handed me a pamphlet with her phone number. I lifted my head to meet her eyes and she told me, "You do not have to use because of these feelings." She got up went to her car and drove away. Though recovery felt impossible, I kept the number anyway. Eventually I called this lady and told her I wanted to use. She picked me up and took me to my first NA meeting. During this time I began fighting the stigma of my addiction by attending NA meetings regularly, working the steps and loving myself for who I am. Life has its challenges and I no longer think about using as a way to fight for what I want. I now own a home, have a full time job, and many healthy relationships with others.

Did you Know...

Robert Schumann (1810-1856)

By Tyrone Scercy, CRSS



The music of German composer Robert Alexander Schumann made an important and significant impact on the burgeoning Romantic Movement in its rhythmic novelty and harmonic lyrical expressiveness. Schumann did not create new forms of music, but he infused them with a personal subjectivity and emotional intensity that transformed an inherited classical tradition into the quintessence of romantic experience. Schumann's musical talents were poetic and his intent was for performance and understanding. He virtually invented the short, poetic descriptive romantic piano work and tackled larger forms of compositions later on as well.

In 1840 Schumann composed 130 songs, a productivity level considered extraordinary and difficult for even the most talented composers of his time. But there was also another side to Schumann. His music, with its sharp changes in mood, also reflected his personality and inner tumultuous life. He experienced violent mood changes that greatly influence both the frequency and style of his musical composition.

There was serious mental illness in Schumann's family. It was thought that Schumann had Manic-Depression. When manic he was full of music and overflowing with melodies, however when he was depressed he was incapable of composing and became preoccupied with suicidal thoughts. Schumann led a life that aggravated his psychological problems. In 1856 Schumann attempted to kill himself by jumping into the Rhine River; he was rescued from that attempt. Soon after this Schumann requested to be taken to an asylum in Endenich where he later died from self starvation. He may have died a sad and tragic death of sorrow; however his music and teachings were full of life and meaning. Schumann's work will not be forgotten in the musical circle.

Robert Schumann: Information from Answers.com
www.answers.com/topic/robert-schumann-adventurer
The Life of Robert Schumann
www.suite101.com/article.cfm/enjoying-musical72748

Cultural Services at Compass Health Care

By Eddie Grijalva, CRSS

Several years ago, Compass Health Care recognized that our clients would benefit from being able to participate in the traditions and spiritual aspects of the cultures they came from during treatment. From this, our Native American program was born. Through discussions from key individuals in the tribal communities we were able to determine which activities might enhance the individual's success in recovery. Over a period of time we added to the regular treatment program: talking circles, smudging ceremonies, sweat lodge ceremonies, native arts and crafts, and White Bison meetings. Members of the community assist us in providing these services. We also made it possible for clients to attend Native American AA meetings, and to help them have access to natural support systems such as medicine men and other forms of spiritual healing. Our program has gained recognition around the state; in the three years the program has been in existence we have had over 30 different tribes represented .

We are now developing a curriculum to address the needs of our Hispanic-Latino clients with limited English proficiency. We are planning cultural and spiritual activities to infuse Hispanic-Latino culture and beliefs into our treatment programs to provide the emotional and spiritual support these individuals would not have if they were out in the community. By meeting these needs, we hope that clients will find the sense of "home" and cultural comfort they need to have a more meaningful recovery experience.



Sweat Lodge

Addictions Recovery Training

“The SMART Way to Go!”

By: Ken Rogers, CRSS, CPRP

On June 11-15, Tucson hosted southern Arizona’s first Addictions Recovery Training that was developed by the U of A RISE program in conjunction with Recovery Innovations in Maricopa County (META).

The five-day curriculum included a presentation on SMART Recovery®. I was more than happy to participate and speak about this evidence-based program. SMART has helped me to change my life from one that was self-destructive to one that is focused on recovery and wellness.

My presentation included an overview of the history of SMART Recovery® and an introduction to the key concepts and foundation of the program. We spent some time becoming familiar with the 4-Point ProgramSM: 1) Building Motivation, 2) Coping with Urges, 3) Managing Thoughts, Feeling and Behaviors and 4) Leading a Balanced Lifestyle.

My favorite portion of SMART Recovery® presentations is introducing the tools that SMART has to help people work on each point of program. We talked about the Cost-Benefit Analysis, the Change Plan Worksheet and then I walked the participants through the ABC/REBT Tool, which is the tool that had a profound impact on my life by teaching me how to change behaviors. I still use the tool today and apply it to all areas of my life. We finished up by briefly going over the meeting structure and what meetings might look like in different circumstances.

Many of the participants had already heard of SMART or were currently involved in some way. Some had attended SMART meetings while others were currently facilitating meetings. This diverse group proved to be challenging, yet open to new ideas. The feedback that was generated when I spoke about the relationship between our thoughts, feelings and behaviors was mixed. A debate took place about whether a person, who claims to have no feelings, is actually void of emotions. We all came to a consensus that feeling empty is still an emotion that is caused by an irrational thought process of being afraid of identifying and working through unwanted emotions.

I believe that we all learned something from each other and that is what it’s all about. It was one of my more memorable presentations to be involved with because the participants were very engaged and asked creative questions to help them fully understand the program. I have a better appreciation for understanding and respecting the diverse perspectives of others and I feel that I will be a more effective trainer because of working with this group. Thank you to all of the participants.

Addictions Recovery Peer Support Graduates, June 2007



Back row from left to right:

Leonard Romero, Robert Lopez, James Phillips, Miguel Sanchez, Pamela Riggs, Arnold Aguila, Gary Sipe, Cynthia Asperngren, Marion Haliziw, Michael Fimbres

Front row from left to right:

Sonya Sova, Angela Schiltz, Ken Rogers, Tracy Kee, Mae Holdman



Back Row:
Fred Ortega
and Jen Barncastle
Front Row:
Nadia Shivack,
Heather Stewart, and
Monique Robles

CRSS's Teaching Nursing Students
Making a Difference
By Beverly McGuffin

After the presentation at the Tucson Nurses Conference where Hope Gonzales and Connie Proctor presented, I was invited to organize a panel for Nursing Students at Pima Community College. Since I am a nurse I wanted the presentation to inform students about how they could interact in a supportive and positive manner and different diagnoses.

The first and most important part of the presentation was "Recovery and Person First Language" since nurses are a group that can use poor verbal shorthand to identify people (the heart attack, the diabetic). Then each of the presenters gave their story of present, past and future which was fascinating and unbelievable since the RSSs looked just like everyone else. We divided the class into small groups and each of the RSSs led the group and answered students' questions. Going around the room at then end of the training we could see that there had been an impact on each person.

Here's a quote from the teacher who invited us to her class:

"The students presented their psych. research projects today, and they were EXCELLENT!!! There was so much enthusiasm and sophistication to their work. I am sure that this was prompted by the panel who visited here, and your organizational expertise. Thanks again!"

Servicio Superior al Cliente: COPE Servicios de Salud RSSs

por Linda Hicks, CRSS
traducido al Español por Salma Ballesteros, CRSS

Introducido por Sally Reynolds, Directora de Apoyo en Recuperación de COPE

En Mayo, COPE llevó a cabo un acontecimiento para celebrar el servicio al cliente en el Skyline Country Club. El personal escuchó por la mañana, la presentación de un orador nacional, y por la tarde ofreció un panel de RSSs (*Especialistas de Apoyo en Recuperación*), de COPE. Fueron elegidas por sus experiencias en los servicios recibidos en COPE, también fueron seleccionadas porque se consideran como miembros del personal, que proporcionan servicio ejemplar al cliente, y son grandes modelos para el demás personal. Linda Hicks produjo lo siguiente, lo cual presentó en la mesa de exhibición del departamento.

La recuperación del cliente es nuestra meta. Entendemos que la recuperación abarca muchos factores, siendo lo más importante *nuestra* actitud y acercamiento. COPE RSSs (Departamento de Apoyo en Recuperación), no sólo *creemos* en la recuperación, *sabemos* que la recuperación es posible porque nuestro conocimiento y habilidades fueron ganados de primera mano. Mientras que es verdad que nadie puede ser forzado en su recuperación, la tentativa puede promoverla... cómo tratamos a la gente, puede reducir la resistencia y la falta de motivación. A través de nuestras creencias y comportamientos, podemos ofrecer un servicio superior al cliente.

LIDERAZGO – No importa quién somos, ocasionalmente todos necesitamos dirección y apoyo. Proporcionamos liderazgo a través de:

- Apoyo a nuestros clientes.
- Paciencia y Estímulo.
- Habilidad, incrementando el Conocimiento, practicado y enseñado.
- Respeto/Compasión/Honradez.
- Estima, preservando el Lenguaje.

ESPERANZA – Con esperanza hay razón de intentar, y en intentar, la posibilidad de éxito. Inculcamos esperanza:

- Siendo ejemplos vivientes de la recuperación.
- Estimulando los sueños.
- Cambiando el modo en que tomamos las decepciones.
- Creyendo en el potencial del cliente.
- Animando éxitos, grandes y pequeños.

HABILITAR – Para progresar, la gente requiere el sentido de su propia capacidad, y de su propio poder. Ayudamos a los clientes a facultarse ellos mismos aprendiendo a:

- Interesarse por su salud mental y física.
- Hacer desiciones bien informadas.
- Aprender de las derrotas.
- Identificar y usar recursos.
- Admitir y reconocer éxitos, grandes y pequeños.
- Abogar por ellos mismos.

PROPIA RESPONSABILIDAD – La gente puede necesitar ayuda en sus esfuerzos en su recuperación, *pero nadie debe ser impedido en hacer por él mismo*. Promovemos propia responsabilidad y determinación:

- Enseñándoles la habilidad de tomar desiciones.
- Animamos a los clientes a tomar acción y resposabilidad.
- Permitiendo dignidad a través de elecciones correctas ó incorrectas.
- Abogando a tomar deliberado riesgo.
- Impulsando discernimiento en los errores.

PAPEL SIGNIFICATIVO EN LA VIDA – La recuperación verdadera ocurre cuando el papel satisfaciente de la comunidad termina el proceso --- *permanecer como una víctima ó sobreviviente, no es igual a estar recuperado*. Animamos a los clientes que están listos para ésta etapa final, a estar significativamente involucrados en la comunidad entera a través de:

- Clubs de Recreación.
- Instituciones Educativas.
- Empleo, Trabajo ó Carrera.
- Organizaciones Religiosas.
- Grupos Voluntarios.