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Mental Health Recovery

Newsletter

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INTRODUCTION

Welcome to Mental Health Recovery Newsletter, published quarterly from the office of Mary Ellen Copeland. This newsletter is available free to anyone either by e-mail or the postal service. If you would like a subscription, you can order it through the website, by e-mail or mail. Multiple copies are available: 50 copies for \$25 plus mailing; 100 copies

for \$45 plus mailing. **Please contact us and let us know whether we can send you the email version. You may freely copy and distribute this newsletter or sections of it, giving credit to Mary Ellen Copeland.**

Copeland Center Training Opportunities

Mental Health Recovery Seminar II: Facilitator Training

The next Mental Health Recovery and WRAP Facilitator training with Mary Ellen Copeland, Edward Anthes and Alan McNabb is September 20-24, 2004 in Brattleboro, Vermont. In this training you will work with highly skilled teachers who have years of experience in this field. You will learn the values and ethics that guide mental health recovery work, and how to 1.) lead interactive groups in developing Wellness Recovery Action Plans and other mental health recovery topics, 2.) share information in ways that make it easy for people to understand, even people who are struggling with very intrusive symptoms, 3.) motivate others to take back control of their lives and make their lives the way they want them to be, 4.) how to use WRAP with peer support and 5.) how to begin to integrate mental health recovery into your health care system.

As a Mental Health Recovery and WRAP facilitator, you will become part of an ever-expanding network of mental health recovery facilitators that now numbers in the thousands. Interest in this work continues to grow as people become more and more committed to programs and initiatives that are focused on hope, empowerment, self-determination, recovery and wellness. This focus is right for those of us who are working to reclaim our lives. It is also right for agencies and systems who are dedicated to assisting people in the wellness process, and who are being forced to provide services at the least cost possible.

Prerequisites for the training include having a basic understanding of mental health

recovery and WRAP. You can get this basic understanding by attending one of the thousands of WRAP and recovery groups being held around the country or by taking the Mental Health Recovery Correspondence Course.

The cost of this seminar is \$975, including the Facilitator Training Manual. Add your travel and personal expenses. As soon as we receive your registration, we will send you an informational packet on travel arrangements and other details. You can register at the website www.copelandcenter.com or by calling the Copeland Center at (602) 636-4445.

There will be another Facilitator training at the Brattleboro, Vermont site in January. The date has not yet been set.

Implementing Recovery and WRAP in Your Mental Health System

November 8-12, 2004 at META Services in Phoenix, AZ

Gene Johnson and Lori Ashcraft of META Services will be hosting this popular Copeland Center event. This compelling seminar is a must for anyone who is struggling to integrate mental health recovery into their agency, organization system or institution. Attendees will learn how others have actually made significant progress in integrating recovery into their programs and services. The workshop will include presentations of effective mental health recovery and WRAP programs and personal consultation on your program or agency's issues.

You will be introduced to information on effective WRAP formats and implementation strategies, how developing WRAP creates the opportunity for more recovery-oriented programs, how to create a resource of peer facilitators through training, coaching, and support and ideas for funding WRAP and recovery programs.

At this training you will have the opportunity to consult with skilled recovery specialists about how to use the WRAP format to create the vision for your optimal service delivery system and plan the optimal recovery program for your agency with

consultation from the Recovery Education Center faculty and your peers.

As you implement your program, you will become part of a national support network that will provide continued consultation and support for your implementation during the year following the workshop.

The cost of this five-day seminar is \$975 including all supplies and materials.

To get more information or to register for any of these trainings, go to www.mentalhealthrecovery.com or www.copelandcenter.com, phone (602) 636-4445 or e-mail to request a registration form by mail.

In the near future

Very soon, we will be scheduling two more seminars with Shery Mead. We will be repeating Using WRAP and Peer Support, and rescheduling the postponed Crisis Respite Training. If you are interested in either of these trainings, send us an e-mail or give us a call. We will put you on a list and let you know the details as soon as possible.

Mental Health Recovery Correspondence Course

The four-part Mental Health Recovery Correspondence Course will teach you mental health recovery concepts and skills as well as how to develop a Wellness Recovery Action Plan for yourself and/or to share with others. It meets the prerequisites for attending *Mental Health Recovery Seminar II: Facilitator Training*. If you want to attend the Facilitator Training in January, this is a good time to begin the Correspondence Course.

This course is also valuable if you are beginning or working on your recovery. It will move you forward, guided by a highly trained and skilled WRAP educator. You can be in direct contact with her as you work on the course, either by phone, e-mail or regular

mail. This course may be an option for you if there are no WRAP classes available in your area or if transportation is difficult for you.

In some areas where several people are taking the correspondence course, participants are gathering, usually once a week, to discuss and work on the assignments together. I have found that this works very well. If several people in your area are taking, or considering taking the Correspondence Course, you might consider this option.

The course includes reading and written assignments, projects, activities and phone discussion with the instructor. The three texts for the course are: *The Depression Workbook*, *Living Without Depression and Manic Depression*, and *Wellness Recovery Action Plan*. The cost is \$200 per participant, plus the cost of any needed textbooks. You can register through the website or by calling (602) 636-4445.

Highly Qualified Recovery and WRAP Seminar Trainers and Keynote Speakers Available through The Copeland Center

To promote the spread of mental health recovery and WRAP around the country and around the world, The Copeland Center has a roster of highly trained presenters and compelling key note speakers who can come to your area and present or train on many recovery topics, including: an introduction to mental health recovery and WRAP; facilitator training; Using WRAP and Peer Support; Crisis Respite Training; Implementing Mental Health Recovery and WRAP in your System; and various mental health recovery topics. The Copeland Center has upcoming presentations in Australia, Pennsylvania, Michigan, Virginia and Iowa. Many other presentations are in the planning stages. Contact Linda Simpson at the Copeland Center for more information and assistance with planning in your area at www.copelandcenter.com, copeland@mentalhealthrecovery.com or (602) 636-4445.

Notes from Mary Ellen

I have been working hard this year on two major projects, 1. developing a recovery focused curriculum for the Center for Mental Health Services and 2. developing an educational and peer support program that would be helpful to people who have repeated involuntary commitments.

The recovery curriculum is currently being reviewed by a team of reviewers that represent all stakeholder groups and diverse communities. Over half of the reviewers are people who have received services, as is the curriculum developer. This is a comprehensive curriculum that includes 24 recovery topic areas. Each topic can be used by itself or as part of an on-going series.

This curriculum has been designed to be infinitely adaptable to a wide range of situations and needs by including many choices of learning activities, creative arts and expressive choices and encouraging refining the sessions to best meet the needs of the group. As the program is implemented, the participants can get more involved in taking the information and ideas that are presented and creatively adapt and revise them to develop sessions that support them as they design and work toward their own recovery.

This curriculum will meet the diverse needs of people with a wide range of life experience, people who may be limited by their current experience, have varying abilities, learning styles and educational backgrounds and who may have cultural, ethnic, language, religious, racial, gender, age, disability, sexual preference, and “readiness” issues. Many of the attendees will have histories of trauma and abuse that make it difficult and frightening for them to attend. They may be people who have occasional mental health issues that have some effect on their life, or they may be people whose difficulties are so pervasive that they have not been able to do the things they want to do and be the way they want to be. They may have spent much of their life living in a group home or in an institution. They may be in prison or jail. They may be homeless or come from backgrounds that include severe poverty, neglect and abuse. They may have

lived for a very long time with the belief that recovery is impossible. In addition, each person will have their own unique learning style—ways of learning that are easiest for them.

In The Moving Ahead Project, Shery Mead and I interviewed people who have been involuntarily committed to find out what they need and want. We found that that people really want to be integrated into the community. Based on that finding, we have developed the Community Links program. We will be training 10 people. Each of them will provide direct support to a person who has been involuntarily committed, assisting them in developing links to their communities and helping them to develop Wellness Recovery Action Plans that would support this community integration. This project will be piloted soon. I will let you know more about how it is going in the next newsletter.

Changing Views

For as long as any of us can remember, people who experienced various kinds of “mental health” experiences, like deep sadness, anxiety, phobias, paranoia, visions and hearing voices, have been called or diagnosed as “mentally ill”. Those of us who were called mentally ill sometimes accepted that, or sometimes we didn’t accept it but others tried to convince us that we should accept it. Along with this label, we were often told that we would never get any better, and probably would get worse over time. We were told that we had to follow the orders of one or several care providers who were charged with deciding what was best for us and trying their best to see that we did just that. Usually we were given a specific diagnosis like schizophrenia, manic depression, bipolar disorder or borderline personality disorder. Some of us were given several diagnoses.

As time went on, we came to see ourselves as “mental patients”, or as our diagnosis. We began to see the world through the mental patient lense. We forgot there were things we liked to do. We forgot about our goals and dreams. We forgot that there were things we could do to help ourselves feel better when we were not comfortable with how we were feeling. Whenever we talked to others about ourselves, it was as mental patients.

In recent years many of us have come to believe that many of these former assumptions are not correct. And that when we believe them, we severely limit ourselves and our life experience. We have now come to see our experiences in new ways that help us to move past them and on to doing the things we want to do and being the way we want to be.

Many people now believe that the things we used to call symptoms of a disease or mental illness are really normal responses to difficult and horrific things that have happened to us, like child abuse, sexual abuse, domestic violence, war and loss. This is sometimes referred to as the trauma-informed world view. If we look at these experience in this new way, it changes the way we respond. We think about loving support and opportunities to express emotions.

Some people consider that these experiences are harbingers of a spiritual transformation. That they are opening to a new way of being in the world. And that these experiences can be supported and enhanced by creative artistic expression.

In some cultures, people who have these experiences are seen as having special powers. In others, everyone takes an interest and supports the person, sometimes with help from a healer. In these situations, the family and the community support the person through their process.

In forward thinking agencies and organizations, care providers are seeing these experiences in new ways. As a result they are adopting practices that see people as the experts on themselves, and assisting and supporting them in doing what feel they need to do to get through uncomfortable and even dangerous times.

There are many more views. The important thing is that each of us follow the path of our choice, the one that feels right and is right for us, not one that is dictated to us by someone else.

One thing that many of us have learned in this process is that we can feel uncomfortable and still be OK.. We can “be with” experiences that we may not understand, waiting them out until we feel better. And that there are many simple safe things we can do to help ourselves get through these times. It helps me a lot to have someone to talk to, to be able to say anything I want and not be judged. It also helps me to do something creative—for myself only—that will not be judged by anyone else. If things are really bad, if someone would just hold me and reassure me, it would help a lot.

Advance Directive

In the last issue, I talked about two sections of the Advance Directive or Crisis Plan—1. developing a home, community or respite plan and 2. what others can do to help. If you haven’t see those, you can review them on my website at www.mentalhealthrecovery.com. In this issue I want to describe other parts of the plan including 1. What I am like when I am well, 2. indicators that I need assistance from others, 3. who I want to help and who I don’t want to help, 4. medications and health care preparations I am using, those I would want to use if necessary and those that should be avoided, 5. helpful treatments and those to avoid, 6. treatment facilities that are OK with me and those that should be avoided, and 7. indications that the plan is no longer needed.

The first section of the Advance directive is describing yourself when you are well. Many people have asked why this section is needed. It is needed in case you have given your plan to a mental health agency, a law enforcement agency or a crisis team. You may be interacting with someone who doesn’t know you. Since they don’t know you, they may make assumptions about the way you are acting. For instance, if you are talking all the time, they may assume that you are experiencing what is commonly referred to as mania. However, you may have always talked a lot and it is not a sign of anything. It is just you, being who your are. They may try to treat you. Describing what you are like when you are well helps to prevent this. All you need is a list of words like talkative, boisterous, withdrawn, shy or cheerful. Some people like to have a picture

taken of themselves when they are feeling great and attach it to the front of their plan. This can let others know how you are doing. If you are a person that that always dresses neatly and you are wearing torn and dirty clothes, it tells a story that may be helpful to others.

The next section is a list of indicators that you need assistance from others. Others need to know these indicators because if you are feeling badly, like many of us, you may not tell anyone. Write them down in advance—or you could tape record them—so others will know when you need assistance. Write them so that others can easily understand and observe what you mean. It might be when you have not eaten at all for several days, when you are using certain substances, when you are getting involved in criminal activity like shop lifting, or when you have been in exactly the same position for many hours. I have added to my list a note that tells others that I often lie when I am feeling badly. So if I have these other signs, ignore me when I tell you I am fine, and do for me the things described in this plan under the section “What Helps”.

Now you will want to make a list of who you want to help. Include their phone numbers. It could be peers, close friends, family members or care providers. Most people prefer to include mostly friends and family members as care providers are often not available. It is great if you have a list of at least five people. If you have less that is OK, but you may want to work on expanding your list so there are more people to help. If you have too few people, some people may get worn out. Ask these people in advance if they are willing to help out. If they are, give them a copy of your Advance Directive and review it with them to be sure they are clear about what it means. You may want to have a meeting of everyone on your list so they get to know each other and to be sure everyone knows what to do.

You may also want to include a list of people you don't want to be on your list of supporters. This may include certain family members, friends and care providers. You may not be that comfortable with them, they may over react or be too controlling, or they may have treated you badly in the past.

Your plan should include contact information for all your care providers and when they should be contacted, your pharmacy and your insurance numbers.

Include in the plan a complete listing of any medications or health care preparations you are using, dosage, and why you are using it. Also include a list of medications you would be willing to use if it became necessary and medications that must be avoided. Also list treatments that are helpful like massage and acupuncture and any treatments that you do not want. Be very clear and specific about this.

Hopefully, using a plan like this, you will be able to stay at home or in a crisis respite facility until you feel more comfortable. However, in the event that hospital care is needed, make a list of hospitals that are OK with you and those you would want to avoid. You may want to visit facilities in your area and talk with peers about their experiences.

At the end of your plan, include a section that lists indicators that let others know that you no longer need their assistance—or at least not so much help. For instance, you might say, you no longer need to follow this plan if I am getting out of bed every morning, getting dressed and eating breakfast. Other ideas include:

I have gone back to work.

I am talking with friends and family.

I can laugh.

I am cooking for myself.

I am keeping my space reasonably neat.

I no longer have the indicators that others need to take over that I listed at the beginning of this plan.

When you have all of this done, (and it is a big job so take your time), get it notarized. If you can, have it signed by an attorney. You may want to name someone to have your Durable Power of Attorney. Have several of your supporters sign as witnesses. You may want to contact your state Agency of Protection and Advocacy to determine the

legality of these documents where you live. Even if it is not legal, it is your best option for letting others know what you need and want in difficult times....and getting it!.

Give copies of your completed plan to your supporters. Review it with them to be sure they understand it. Revise your plan whenever you feel the need. Give your supporters new copies of the plan every time you revise it. Have a copy in your home in an easily accessible space.

Wellness Tool: Creative Expression

Back in the 1950's, John Weir Perry was doing some remarkable work in California with people who were experiencing psychosis. He set up a residential program where people could come and express themselves in any way that felt right to them. People talked and talked and talked (that's what my mother felt was responsible for her recovery), they painted big messy paintings, they drew symbols, they worked with clay—whatever they felt they needed to do at a given time. This creative expression was not limited to 2 hours a week in the art room. People could do this anytime they wanted to—even all the time. Some people stayed up for days, painting and painting and painting. And as they did they felt better and better and better. Others worked with clay, messy, juicy clay, as long as they needed to. There are lots of other ways people expressed themselves—hollering, singing, ranting, raving, making music—all was acceptable. You can find books written on this by John Weir Perry on the web.

What does this mean for us now? It means that when we are having a difficult time, perhaps feeling very uncomfortable, anxious, sad, experiencing visions or hearing voices, we might want to engage in some heavy duty creative expression. I was thinking about how this could be done in the confines of our lives, given that these kinds of activities can be very loud and/or messy. I haven't tried these ideas but I thought I would share them in case any of you have tried them. Could we find a space, maybe a basement room in our building or a vacant garage where we could go when we need to make all the noise we want to? Or is there a place in the country where we wouldn't disturb anyone? Are there

people we could tell what we need who might have such a space to offer? Can we do some of it in our homes? Of course that depends on where you live, who you live close to and who you live with and what they are willing to put up with. You may need to do some negotiation around that. For making messes with paints and clay, you might get a big piece of plastic to protect the floors and walls in a room. And then you can work in what ever way you need to without worrying about the mess, maybe folding up the plastic and leaving it outside in the rain to wash off when you are done with it. Peer support centers and even mental health centers might be willing to set aside space for these kinds of activities. They might also provide funds for supplies. I always thought it would be a great idea to finger (hand or foot) paint with instant pudding. What do you think?

Back then, in the 50's, people who did this with John Weir Perry got better and moved forward with their lives. I feel certain it would help many of us now. I am going to try it. Nothing constrained. Just do a big, messy painting. If you try it, send me an e-mail to let me know what you did and how it felt before and after.

E-GROUP

Join the e-group "mentalhealthrecovery" . Go to www.yahogroups.com. Then do a search for mentalhealthrecovery. It will pull up two sites--one that is the Mary Ellen Copeland group and one that is in the UK. You may want to join both. Then follow the instructions to register and participate in the group.

Copeland Center Scholarship Fund

There are many people who would like to take the Correspondence Course and/or attend training sponsored by The Copeland Center. However, many of them lack the needed resources. To meet this need, the Copeland Center has set up the Copeland Center Scholarship Fund. Monies donated to this fund will be used to fund people to attend training. You can send your tax-deductible contribution to this fund to The Copeland Center at 2701 N. 16th St., Phoenix, AZ 85006

Trauma Informed Peer Support and Crisis Respite: A Training Manual

Based on years of work in this field, Shery Mead has developed this important manual. I recommend it highly. It is available for \$20. You can order it by going to Shery's website at www.mentalhealthpeers.com, by e-mailing her at mead2@earthlink.net or by phone or fax at (603) 469-3577. Her mailing address is 302 Bean Rd., Plainfield, NH 03781.

Self-Help Resources by Mary Ellen Copeland, MS, MA

The Depression Workbook: A Guide to Living with Depression and

Manic Depression Second Edition

_____ copies at \$19.95

Fibromyalgia and Chronic Myofascial Pain Syndrome: A Survival Manual

with Devin Starlanyl

_____ copies at \$19.95

Healing the Trauma of Abuse: A Women's Workbook with Maxine Harris, Ph.D

_____ copies at \$22.95

Living Without Depression and Manic Depression: A Guide

to Maintaining Mood Stability

_____ copies at \$19.95

The Loneliness Workbook

_____ copies at \$14.95

Recovering from Depression: A Workbook for Teens with Stuart Copans, MD

_____ copies at \$22.95

WRAP: Wellness Recovery Action Plan

1-9 copies, \$10 each _____ copies at \$10.00

WRAP: Wellness Recovery Action Plan for People with Dual Diagnosis

_____ copies at \$10.00

WRAP-Spanish Version- Plan de Acción para la Recuperación del Bienestar

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WRAP Quantity pricing: 10-99 copies, \$8 each. 100+ copies, \$7 each. Call for shipping quote.

WRAP on CD-ROM Contains both adult and teen versions

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with Shery Mead

_____ copies at \$40.00

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Expanded version of WRAP with suggestions for group work

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_____ copies at \$16.95

Facilitator Manual: Mental Health Recovery including WRAP

_____ copies at \$129.00

with CD ROM of transparencies and complete instructions for teaching WRAP (\$8 shipping)

Facilitator Manual Upgrade with new CD ROM

_____ copies at \$29.95

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at \$39.95

* Developing a Wellness Recovery Action Plan (WRAP) video _____ copies
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