

# Voices for Change

A Statewide Newsletter of the Mental Health Community

Fall 2011

## *Editor*

Susan Landy

## *Editorial Assistance*

Howard Trachtman

## *Editorial Committee*

Amy Dahlberg-Chu  
Kimberley Warsett  
Lori Voth  
Jill Gichuhi

## Wellness and Personal Medicine



### Inside this issue:

Wellness/ Personal Medicine	2
Alternative Treatment	3
Empowerment = Wellness	5
A Wellness Story	6
Teaching Wellness	7

**Wellness connects our whole self: body, mind and spirit. In this issue we look at different dimensions of wellness, as well as cultural aspects, alternative treatment, and personal stories.**

# Wellness/ Personal Medicine: Including some Voices from Webster House

By Susan Landy

## 1. What is Wellness?

There is a lot of discussion in the mental health community lately about Wellness. One possible way to begin thinking about Wellness is to consider the 8 Dimensions of Wellness depicted on the website of the 10x10 Wellness Campaign. These Dimensions were originally conceived by Margaret Swarbrick in a 2006 article in the *Psychiatric Rehabilitation Journal* called “A Wellness Approach.” This is a good, basic way to look at Wellness *broadly* and understand that it means more than just physical health. The 10x10 Wellness Campaign website:

[http://  
www.promoteacceptance.samhsa.gov/  
10by10/default.aspx](http://www.promoteacceptance.samhsa.gov/10by10/default.aspx)

gives very brief descriptions of the 8 Dimensions. The aspects of Wellness listed are:

Emotional Health  
Environmental Health  
Intellectual Health  
Physical Health  
Sexual Health  
Occupational Health  
Social Health  
Spiritual Health

For some people, however, it is more useful to look at what their wellness goals are first. For people with lived experience, wellness means a variety of things. Experiencing extreme or negative

states as little as possible might be in your Wellness values. Or counteracting the effects of medication (for example, lethargy, weight gain, brain damage) might be a priority for you. There are as many Wellness goals and ways to achieve the goals at there are people with lived experience. It is important to note that **Wellness goals are voluntary**.

Some people with lived experience have learned that basic self-care practices such as healthy eating habits and getting enough (but not too much) sleep are important to them. Others have learned not to schedule things in the morning (if possible) because that is not a time of day that they are at their best. The people I spoke with at Webster House tended to point to activities that made them feel better (art, music, journaling, walking) rather than problems they were trying to solve. They talked about developing wellness habits, honoring the self and using what they knew about themselves to make their lives more stable or happy. They talked about trying new things, participating in their own recovery and learning what works for them.

## 2. The Self

Wellness practices of people with lived experience don't necessarily fit neatly into one of the 8 Dimensions listed above or they may fit into more than one dimension. Financial health seems hard to fit into any particular category of health. Honoring the Self came out in a variety of ways.

The Self was a main concern



*Webster House*

for most of the people I interviewed. My first interviewee, Karen, talked about “taking time for myself.” Reading a book was one of the things she did to take time for herself. Her wellness practice, she said, “opens up my world – there are more possibilities.”

Antonio made the comment that he didn't use to celebrate his birthdays and it had been hard to look at himself/his reflection. He mentioned that looking back over his diaries from ten to twelve years ago has helped him to realize “what I do have” and to look back on positive aspects of living with his family.

Steve spoke of his painting and writing as his way of expressing himself. He said that at Webster House he has tried new mediums and things that are “out of the box.” “I'm more courageous about putting myself in my artwork. “[Through painting] *I have more of a self.*”

To speak briefly about my own experience, I have recently, with four other women, started a group about looking back over one's life. Three out of five of us are over fifty, so we have rather long lives to look back on. As we talked about *why* we would look back over our lives, my comment was, “At about twenty-eight, I realized that my Self existed and

*(Continued on page 3)*

# Wellness cont'd

*(Continued from page 2)*

now at fifty-three I'm realizing my Life exists – my so-far existence has had a particular course.”

Calling forth and maintaining one's self seems to be a common wellness practice among people with lived experience. At the risk of appearing to speak for others, this could be because one is reclaiming a self that one had discarded, thinking it was shameful or damaged or destroyed. Desiring to reclaim and maintain one's Self can lead to Wellness goals.

### 3. More Practical Voices: Members of Webster House

I went to Webster House in Brookline, MA, on August 25, 2011, and interviewed five members in a private room at the back of the facility.

For Karen Griffiths, “having stability...to handle my day and staying in the day” is the beginning of her wellness. “I think about what I have to do for the day to meet my requirements.” She is currently deciding whether to up her hours as a worker at Webster House and go off benefits. This is not an easy decision for her. For Karen, “a stable place to live, and, work” are priorities in her life. She considers wellness a necessity “after so many years of being unstable.”

Karen has had success with a

fitness program called InShape. She got started with the program because it was free. InShape “finds you a membership at a Y” and interviews you on your lifestyle. The program helped Karen to get into a class of Zumba Water Aerobics. She has found that “working out is better with friends” and “is becoming a lifestyle.” She says her BMI or percentage of body fat is down 20%. Karen leads a group at Webster House on Fridays that is about getting ready for the weekend.

Ben Zion is a cancer survivor who has published a book of poetry. In his story, he mentioned that he found he was exercising too much and “not getting results.” Ben went on to discuss his wellness attitude: “I do whatever will help myself.” Instead of being “malnourished” as he says he used to be, he now cooks “simple food” for himself. He has kept journals for twenty years to “connect with God, release what's on my mind.” He says if he didn't journal, “I would be a mess or be in jail.”

Positive affirmations are helpful to Ben, as he explains: “You have a record in your mind, a certain way of thinking. It could be something negative – you put something positive in place of it.” He finds this practice “really powerful.” He says he does not use credit cards and consequently is not in debt.

Steve Bocchino used the WRAP (Wellness Recovery Action Plan, created by Mary Ellen Copeland) to create a picture of himself when he's well. He has the goal of being “kinder to myself.” He thinks that wellness is “being happy and productive.” He rec-

ommends “having a picture of when you get better” so you have something to work toward.

Antonio Monroy finds Webster House to be an important part of his wellness. “Being around people like these, there is more than superficial conversation. People are generally interested – if they can help you, they will.” Antonio also uses the WRAP. He says more about Webster House: “I'm able to look back on things I do here. Here I am open to helping people as opposed to just having something to do.”

Thanks are due to Sarah Moon and the five members of Webster House who patiently answered my questions and explained their understanding of Wellness.

## Alternative Treatment By Joyce LaFortune

My name is Joyce and I work at Central Mass RLC and I'd like to give a brief explanation of the journey that brought me to alternative health modalities. After years of trying to suppress emotional and physical traumas and

*(Continued on page 4)*



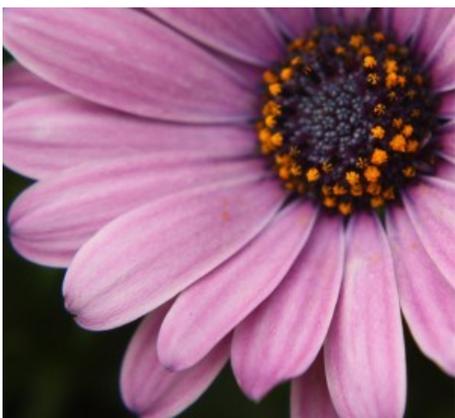
*Joyce LaFortune*

# Alternative Treatment

## Cont'd

*(Continued from page 3)*

not liking the way medicines made me feel and then becoming a workaholic to escape feelings, my physical health began to deteriorate and panic attacks became more frequent. Few people knew of the anguish inside except for a few close friends as I had become quite a master of disguise. I had even gotten to the point that suicide crossed my mind. At this point I decided that there had to be help out there somewhere and began to investigate more natural and holistic health means for recovery. It was a slow process at the beginning, but each new thing I incorporated into my use showed light at the end of the tun-



nel. I began first to strengthen my physical body and immune system then went on to getting to the core of emotional garbage that I had been carrying all those years. Over a period of about 17 years I acquired many different types of certifications in numer-

ous Alternative Health modalities and now my focus is on sharing these with others.

There are no magic bullets or pills that will make things all better in an instant. Some traumas and imbalances happen over a period of time and have to be dealt with in layers. Yes, drugs can dull the pain but don't get to the core of the reason for it as alternative modalities do... It's a choice....do you want to continue numb or do you want to bring joy back into your life.

I knew that my practices were working because I started feeling better physically. I built myself up, including using herbs, Flower Essences and relaxation to build up my immunity. I noticed that after doing energy work (with Reiki), "I didn't react to that [stressor] like I normally do." Flower Essences and Reiki work with levels and layers. Reiki works with the Chakras (energy centers in the body described in Hindu literature) to release blockages – for example, painful experiences. We stuff and collect bad experiences. Reiki and Flower Essences help you release these things in small increments and bring things back into balance. Flower Essences bring things back into balance.

The things that I used and have certification in are Herbs, Aromatherapy, Flower Essences, Reiki and other energy work. My suggestion is, if you chose to try any

of these, be certain that you are working with a knowledgeable, certified practitioner (ask for credentials). Especially when using



herbs, as they may have counter indication with drugs being taken. All others are perfectly safe.

As for cost.....herbs are quite inexpensive as are flower essences, but some essential oils (aromatherapy) can be a little high. Practitioner cost can be expensive, but I am certainly willing to work with people at a minimum cost. Also people can do their own research, but again better to be working with someone who is knowledgeable and certified. If you have any questions, please call me at CMRLC, 508 751-9600 and I'll be happy to help in any way that I can. Here are a few descriptions of the things I have mentioned:

**HERBS** – The use of specific plants as herbal medicine. Usually taken internally, but for physical ailments can be used externally as well.

**AROMATHERAPY** – Involves the art and science of utilizing essential oils for relieving symptoms in the physical body. It pro-

*(Continued on page 5)*

# Alternative Treatment

Cont'd

*(Continued from page 4)*

motes health of body, peacefulness of mind and helps negative emotions to “rest”. The oils work in conjunction with the sense of smell and also by applying them to the body.

FLOWER ESSENCES – “vibrational” therapy that treats the person, not just the ailment, and gets to the core of the reason for it. To put it simply, when a person is “out of balance”, either emotionally or physically, essences can adjust that vibration bringing back the healthy life force. These can be taken orally, in bath water or in a spray. Sorry no scent, just vibrational medicine. REIKI – an unintrusive hands on method, which assists in healing of body, mind and spirit. It balances the energy centers (known as chakras), helping the body to heal itself. It is wonderful in reduction of pain, stress and depression and brings a sense of inner peace.

For many people in our mental health community, suppressing negative emotions can take a lot of energy and take a toll on our health. When you can gradually and gently release these mental (and physical) traumas, you can make room for more happiness in your life. In addition, you may have less illness and you may begin to have a choice about how you react to future stressful situations.



*Reiki Symbol*

## Empowerment = Wellness

### **Brief Notes and “Translation” of a Study of Latino Mental Health Patients**

The paper “Patient-Provider Communication” came to the Transformation Center from Margarita Alegría of the Cambridge Health Alliance. We think the results are important for understanding how a group of Latinos “connected” with their service providers and were able to get more of what they wanted out of mental health treatment.

Alegría was one of the authors of the 2008 paper. It described a study in which Latino mental health service recipients were taught how to identify issues, as well as decisions they needed to make. They were also taught how to develop questions to get the ser-

vice provider to address their needs. Answers to the questions would help them make informed decisions about their mental health care. Many interviews of studies were conducted in Spanish.

The authors are very general about a “Latino” approach to mental health care, saying that the circumstances of the individual play a large part, particularly how long the individual has been in the U.S. However, they did comment early in the results that seeing the service provider as a very knowledgeable authority figure made it more difficult for some Latinos to take charge of their mental health care. There was also concern from some participants in the study that questioning the service provider might disrupt the relationship. The authors stated that the service provider could be seen in a very personal way, like a family member or friend.

Alegría and the other authors referred to “patient activation” as the process by which the patient began to take charge of his/her mental health care as well as communications with the service provider. Empowered participation in mental health services was seen as a vital part of mental health treatment.

*(Continued on page 6)*



# Wellness = Empowerment Cont'd

*(Continued from page 5)*

We at the Transformation Center can think of many reasons why shared decision-making is important in mental health treatment. The one that comes to mind for me is how important it is that the treatment reflect the values of the patient. For example, one patient might choose to live with diabetes in order to continue taking his/her antidepressant. Another patient might be willing to put up with more mental health symptoms (with switching medications or taking less medication) in order to avoid diabetes. As a long-time taker of neuroleptic drugs, I myself am feeling the need for information and choices as I deal with potential long-term effects of my medications.

We feel that decisions should be informed by the psychiatrist but ultimately decided by the patient. Being able to express his/her values to the psychiatrist helps the patient to take the power to play a major role in decision-making about his/her mental and physical health. The psychiatrist needs to be aware also that cultural values may play a part in what the patient wants.

According to the authors of the paper, Patient Activation contains four elements: Participating, Choosing, Supporting and Negotiation. In the results of teaching found in Participation, study subjects said they learned to

phrase questions differently and be persistent. This in turn led the patient to be more confident in helping to make treatment decisions (Choosing). Supporting occurred when the patient was able to take the lessons learned from the training and apply it to other parts of his/her life.

There were not many instances of one Latino helping another to learn how to be empowered. Latinos were more likely than other study participants to use the knowledge they gained for other applications. Similarly, there were not many instances of Negotiation. The authors defined negotiation as psychiatrist and patient having different views about treatment and negotiating a compromise or negotiating to understand and resolve a difference.

The study showed that there were cultural considerations involved in engaging mental health patients and that training in how to articulate needs was helpful. From the consumer point of view, service provider interest in making our voices heard can only improve our treatment.

For a copy of the Alegría et al paper, call Susan Landy at the Transformation Center (617) 442-4111.



## A Wellness Story

By Howard Trachtman

The President's New Freedom Commission on Mental Health says that "Mental health is key to overall physical health." I also believe that physical health is important to mental health. The fact that recovery is holistic, as part of the National Consensus Statement on Mental Health Recovery, rein-



*Howard Trachtman*

forces my point.

I receive services from Edinburg Center. They are one of three pilot sites in Massachusetts funded by MBHP that are implementing Dr. Pat Deegan's Common Ground program. Common Ground is computer software where peers learn to create their own Power Statement before seeing their psychiatrist and develop their own personalized medicine, things to be done every day or often, which is similar to the daily maintenance part of Mary Ellen Copeland's WRAP, and includes things to be done daily or often. Peers arrive before their psychiatrist appointment to answer ques-

*(Continued on page 7)*

# Wellness Story

## Cont'd

*(Continued from page 6)*

tions provided by the software related to how they are doing in many regards and are prompted for topics to discuss in the visit. Paid peers are on hand to assist and provide support.

I have a lot of respect for Pat as a leader in the peer recovery movement. She is a former state hospital ward who later earned her PhD. I like using Common Ground with my personalized power statement and personal medicine which for me includes keeping active with my work with the Metro Boston Recovery Learning Community and NAMI GB CAN, testifying at the State House, advocacy work and serving on boards and committees. It also is essential that I spend quality time with my girlfriend, do fun activities and socialize with my friends. I hope soon that all people have access to Common Ground.

While I was a patient in a state hospital I wanted to take care of my physical health. I developed an ear infection and was treated in a medical hospital. However, when I realized the hospital had a dentist I made an appointment and was seen. When I returned to the ward I was scolded for not going through "proper channels". This was to me a form of "learned helplessness." I also wanted to go for walks for exercise.

When I co-founded the Boston Resource Center, now the Metro Boston Recovery Learning Com-

munity, I attended weekly support groups on weight loss and then started seeing a weight loss doctor, a dietitian and a social worker who specializes in weight loss. At one point surgery was suggested, but later this was ruled out.

Boston Medical Center then received funding for the Peer Navigators. I received a great peer support person in Joseph. He got me into Vinfen's In Shape research study. I have had a free membership to the Y for a year and a personal trainer for an hour a week. My personal trainer has been very helpful to me. She has shown me how to do all the weight lifting machines, encouraged me to do cardio for weight loss and fat burn, and showed me free weights and mat exercises. Also, I could do no more than 1-2 minutes on the elliptical machine and can now do 20 minutes! My peer navigator also encouraged me to check out Overeaters Anonymous. I went a few times. I kept meaning to try the online groups but did not. I realize now I wasn't doing everything I could to be successful. I resolved to make this a priority and look forward to a more healthy life.



# Teaching Wellness

By Susan Landy

I attended a two-day workshop at Solomon Carter Fuller Mental Health Center, called "Peer Support Whole Health & Resiliency," on September 14 and September 15 of this year. The trainers were Larry Fricks and Ike Powell of the Appalachian Consulting Group in Cleveland, GA. There were perhaps twenty-five people in the classroom setting; many were working Certified Peer Specialists (CPS). A Certified Peer Specialist is a person with lived experience of mood swings, trauma and/or extreme states, who has been trained by peers to work in a mental health setting.

The purpose of the training was to enable the participants to teach an eight-week course in Whole Health Resiliency. Per the article on Webster House elsewhere in this issue, there are different schemes of the elements of Wellness. The scheme that Fricks and Powell used had the following Ten Domains:

- Stress Management
- Healthy Eating
- Physical Activity
- Restful Sleep
- Service to Others
- Support Network
- Optimism Based on Positive Expectations
- Cognitive Skills to Avoid Negative Thinking
- Spiritual Beliefs and Practices
- A Sense of Meaning and Purpose

*(Continued on page 8)*

# Teaching Wellness

## Cont'd

(Continued from page 7)

Very important to the Wellness scheme of Fricks and Powell were the Five Keys to Success that accompanied the Ten Domains.

- A person-centered goal
- A weekly action plan
- A daily/weekly personal diary
- One-on-one peer support
- A weekly peer support group

There was a short training section on the “bad news.” According to a report by the National Association of State Mental Health Directors, people with Serious Mental Illness served by the public mental health system die, on average, twenty-five years earlier than the general population. Per our trainers’ reading of the report, this is largely due to preventable medical conditions such as metabolic disorders, cardiovascular disease and diabetes. It was no surprise, therefore, that the first of the eight lessons that we went through was about stress reduction.

The Ten Domains start with stress management because many health problems are caused by or made worse by stress. The fight-or-flight reaction, we learned, causes cortisol to travel throughout the body, which can lead to problems ranging from impaired cognition to heart attacks. We learned a technique to counteract this, one that produces the Relaxation Response, lowering the lev-

els of cortisol in the bloodstream.

Speaking to what the facilitator can do to help participants to achieve their health goals, Powell said the most important things were:

1. a weekly support group
2. a weekly action plan
3. a person-centered goal

Powell stated, “We will never ask you to share anything you do that is unhealthy, and, we will never ask you to change anything you do that is unhealthy.”

Instead, the health goal was stated as something positive. For example, \_\_\_\_\_’s original goal was: “to play Lumosity three times a week in order to stave off cognitive decline caused by mental illness and medications.” This goal was easily changed to a positive goal: “At the end of eight weeks, I will be playing Lumosity three times a week to improve concentration, attention and working memory.” Powell stressed that the goal is something you work *toward* over a fixed period of time. The period of time is for the purpose of developing a habit.

We spent at least an hour talking about how to set a goal that would work. Powell said that in the group we each might facilitate, it was not necessary to spend more than four to six hours having participants set their goals. He added that it is important that the goal be related to the expected benefits. It should be “positively stated as something new I want in my life.” Thus the goal focuses on what people want to create in their lives, not on what they may

need to change. These criteria were based on research that showed people find it easier to create a new habit that to change or stop an old habit.

Powell wrapped it up by saying the group was very important to the success of the person’s wellness goal. After the goal is developed, the person can decide what they will do by the end of that week in order to fulfill the goal, as well as what they will do for next week. He added that the goal should be something you are ready to work on now and it should be something that you can do at this time.



Larry Fricks

Experienced Writers Wanted for *Voices for Change*. Must be able to follow assignment. Call Editor Susan: (617) 442-4111 Or email: susanl@transformation-center.org



# Black Voices In Recovery

## Sundays

**November 20**

**December 4**

**Time: 4:00pm-6:00pm**

**Where: The Transformation Center  
98 Magazine Street  
Roxbury, MA 02119**

Black Voices in Recovery is a peer-run support group for Blacks in recovery from mental health issues and addictions. We work to reach out to those in our communities who still suffer alone.

Please remember all Black Voices events are fragrance-free events for the health and safety of those who have chemical sensitivity to scented hair and body products. Thank you.

## Did you use them?

(Research Results from the Center for Psych Rehab at BU)

At the Center for Psych Rehab, we have been providing research-based information to the Transformation Center. You may have seen our 1-page information sheets in *Voices for Change* and the *Recovery Network News* on:

- Supported Housing
- Supported Education
- Peer Support
- The Medicaid Buy-In
- Job Accommodation

If you have used this information for personal or systemic advocacy, for funding or to advocate for policy change, could you let us know?

Please go to this survey website and tell us what you did with this empowering information:

<http://www.surveymonkey.com/s/TransformationCenter>

Thank you!

## **VOICES FOR CHANGE**

Transformation Center  
98 Magazine Street  
Roxbury, MA 02119

Phone: 617-442-4111  
Toll free: 1-877-769-7693  
Fax: 617-442-4005  
TTY: 617-442-9042  
Email: [info@transformation-center.org](mailto:info@transformation-center.org)

*Franklin Park*



*~250 participants*

*A beautiful sunny  
Sunday*

*Free demonstrations  
of holistic health*

*A beautiful place to  
walk or run*

*Food, raffle, fun*

# October 2012

## The Second Annual 5K Flight

Look on our website next summer for the 2nd Annual 5K Flight. See you next Fall!

## **Disability Research Right to Know (DRRK)**

<http://drrk.bu.edu>

DRRK fosters the everyday use of disability research.

Fact sheets include research results on mental health and: Supported Housing, Supported Education, Peer Support and the Medicaid Buy-In (known in MA as Commonwealth).

Use this information to advocate for program funding or new programs!



*Boston University*