

# Voices for Change

A Massachusetts-Statewide Newsletter of the Mental Health Community

Summer 2012

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## First Mental Health Encounters



Many Peers remember being diagnosed, their first hospitalization, the first time they talked to a psychiatrist. In this issue, we present 5 stories about women's first encounters with the mental health system in Massachusetts. Above, Sally Faria (left) first went to a mental hospital in the early 1950's. Read her story as told by her daughter Zabeth (pictured as a child, right).

# From Cape Verde to Boston

As told to Susan Landy

At the Multicultural Independent Living Center of Boston, I would like to be a role model for other people with disabilities, and for parents, so that they can realize that they (and their children) can achieve things in life. It is never too late to start to achieve your goals. For parents who have children with disabilities: your children do not need to be protected from the world – they need to get appropriate assistance (if they need it) so they can experience life fully.

At first, life was difficult for me. I came to the United States from Cape Verde when I was 10 years old in 1990. My parents felt strongly about taking care of their children – especially me and my sister, because we were both blind. Cape Verdeans are over-protective. I had to leave home because of the lack of understanding of my disability – I did not need so much protection (and discouragement). My parents were so protective because of lack of education - they didn't know very much about disabilities. They were taught culturally that we were going to be dependent on them for the rest of our lives.

When I was young in America, I had 8 surgeries on my eyes, starting when I was 13. My mother signed a paper that she did not understand, and I had a lot of surgeries that left me nearly blind and in chronic pain. Once I got through college and became a mother, I understood what my own mother had been through and

why she had made the decisions that she made for me. However, the result of some of these decisions led to my early depression and at the time, I found it hard not to blame my mother for the surgeries that had made things worse for me. Eventually I got transferred to Mass Eye and Ear and I got some of my vision back. It was during this time that I first saw psychotherapists. However, I found it hard to trust them, because, weren't they part of the same system that had almost cost me my vision?

After college, I worked as a self-employed translator who tried to advocate for children and parents with disabilities. I spoke to a lot of consumers with disabilities and noticed that many of them had given up on the idea of becoming independent and taking care of themselves. Additionally, parents feel that they have to take care of a child with a disability, and it was sometimes difficult for them to trust me enough to let me into their house or let me see their child. It was always my dream to work with kids. I got my B.A. in Child Psychology and I have raised five children. Potential employers always turned me down because of “the safety issue” and I was never able to have a job working with children.

My difficulty with therapists came to a head when I had my second child in 2003. I was a single mom, and the hospital did not want me to bring my baby home because they thought I could not take care of him because of my blindness. They wanted to keep him two extra days. I was crying...but I had an advocate who worked with single moms. She had not been able to go to the

hospital with me because I went early. I called her and she immediately called a lawyer who asked to speak to the nurse.

The lawyer said that if I was not discharged within two hours with my baby, she (the lawyer) would come and pick me up herself. I had a therapist to help me get ready to bring the new baby home. Although she said nothing to me, the therapist had expressed



*Daniela DePina*

concern to the doctor about whether I would be able to take care of the new baby. There was involvement from the Department of Children and Families. I was put under a 51A (“Neglect”) regulation for three weeks. I had to prove that I could take care of my baby. They asked, “Are you by yourself? Who’s helping you? Has DCF ever been involved before?”

I have struggled with depression on and off. In general, psychotherapists have not been helpful to me. And there was that time when the therapist told the doctor that maybe I couldn't take

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## From Cape Verde To Boston Cont'd

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care of my child...instead, I have made use of self-help and the guidance and love of “many mothers.” I had a middle school teacher who was very encouraging. She told me I could do anything. I saw her during middle school, high school, and after. I was able to seek advice, and I even asked her for homework! She said no student had ever asked for homework before.

I had a roommate who was very helpful to me. She taught me about living and helped me to build up my self-esteem. I kept asking her, “When will I be able to stop asking for help all the time? Is there something wrong with me?” She said nothing was wrong with me and that I would become more independent over time. That is what happened and later she reminded me of how I had been worried about myself. She taught me to be comfortable with myself; to love myself, be comfortable, be me, and believe in myself.

Now my son has a disability and I advocate for him. The former principal of his school used to be involved in his school plan, but the current principal won't get involved. When the Special Education Department makes a decision about my son, someone else calls, not the principal. My son is having some behavioral problems right now. People are telling me that nothing can be done to help my son this late in the year, with only two months of school left.

Often I drop him off at 8:00am and I get a call to come and pick him up at 8:30am. I asked if someone can work with him one-on-one, they said, ‘No’. I asked if he can spend more time in the Resource Room, they said, ‘No’.

My son was told he could not participate in the 5<sup>th</sup> Grade graduation and we were quite discouraged. Then, the school administrators changed their minds and said he could participate. Soon we will have a first meeting to discuss what will happen with my son next year. The public school that my son has been in would not give more services than he had been receiving already (a few hours a week in the resource room).

However, when I said my son might leave and go to a charter school, they then came up with a full Individual Education Program for him. The Special Education department of the public school came up with the plan when they understood that my son would not be their problem anymore. Now I must go to the charter school and see whether they will agree to the plan. If not, then it's back to the public school to see if they will honor the plan that they came up with.

I want to tell your readers that it is most important for them to persevere. This can be hard when you're surrounded by negativity. You need to be positive and stay positive because your thoughts can really influence what happens. Persevere and follow your dreams.

Daniela Depina



*Mary O'Shea, story below*

## Interpreters Make Treatment Possible As told to Susan Landy

My first hospitalization was in Massachusetts, at Bournewood Hospital in Brookline MA.

It was 1988 and, I was 25-years-old, and I was very depressed. I didn't want to go to Group Therapy because the group did not have an interpreter. I was hard-of-hearing at birth and have been deaf since the age of 8. In one-on-one meetings I was all right without an interpreter, but in a group I could not follow what was going on.

The staff kept pressuring me to attend the group. A staff member told me that if I didn't go to the group, I would not be able to go out on the hospital grounds. Several staff were trying to talk me into it, and they wouldn't leave me alone. I made a swiping motion with my right arm, to wave them away. They put me in restraints for 5 hours. Later, they told me I must take medication first before they would take off

*(Continued on page 4)*

# Interpreters Cont'd

*(Continued from page 3)*

the restraints. I was not out of control as they believed, just frustrated. When I finally consented, they gave me Thorazine which made my legs so stiff I could barely walk. Later I went to bed, and slept for hours.

The next day, I saw the psychiatrist, who said they were wrong, and he apologized. He also stated it was unnecessary for them to medicate me. He also talked to the staff and told them I didn't have to go to the group if an interpreter was not available.

In 2003, when I was 40, I had a hospitalization in Connecticut. I had waited for a week for an interpreter so I could attend groups. On the 8th day of my stay, I asked the nurse at the nurses' station if there would be an interpreter for that day. A nurse said, "No, we didn't ask. We'll call tomorrow." There was a Kleenex box on the counter between us, and I swatted the box in irritation. 5 people followed me into the next room. I was put in another room with only a mattress and four walls - a rubber room—for a few hours. The very next day there was an interpreter.

I think the rubber room made me more upset. What's the purpose of a rubber room? How is that supposed to calm me down? I wasn't even out of control. I wonder to this day if they thought I was out of control because my voice was loud. By that time I was almost com-

pletely Deaf and couldn't monitor my voice, even though my speech was easy to understand. And not having an interpreter, doesn't that defeat the purpose of the hospitalization? The lack of interpreters just made those hospitalizations not very worthwhile.

More recently, back in Massachusetts, I've gotten services from a Department of Mental Health (DMH) vendor. [Ed. Note: Bay Cove and Vinfen are examples of DMH Vendors.] My last hospitalization was four and half years ago. Before the hospitalization, I couldn't get out of bed. After the hospital, I was contacted by the DMH. They, who referred me to the vendor. It was awkward because I have had several jobs in the Deaf Community and I knew many of the people who provided my services. People that I worked with in the past had gone to work for this DMH vendor, and I had even supervised one of them!

Despite the awkwardness, the vendor's services have been helpful. After the hospitalization, someone would visit once or twice a week. They helped me to get back on my feet and start thinking about what I wanted to do for work. I also had to re-learn many coping skills.

It has been a long process to sleep less and get back to exercise. The Depakote I previously was taking made it harder, but since I've been on a new medication it's become easier.

## Editor's NOTE

Mary's experience led her to begin educating about being Deaf in mental health treatment, and in the mental health Peer Community. She has served on the Board of Directors of the

Transformation Center for a year and has co-founded Deaf Journey in Recovery, a grassroots support group for Deaf persons with lived experience of mood swings, trauma history and/or extreme emotion. They meet at the Transformation Center. For more information, contact [maryo@transformation-center.org](mailto:maryo@transformation-center.org). We at the Transformation Center have learned that a lot of Deaf persons are isolated, but Deaf people with mental health issues may be even more isolated. Mary has posted 10 "Vlogs (video blogs)" on YouTube, in American Sign Language. They can be accessed at:

[www.YouTube.com/user/centertransformation](http://www.YouTube.com/user/centertransformation)

Mary's other activities include visiting administrators at the Massachusetts Department of Mental Health to advocate for Deaf and Hard-of-Hearing persons' needs, and writing an article for *Voices for Change* (See our Summer Issue 2011, page 2, for Mary's article enti-

*(Continued on page 5)*



*American Sign Language*

# Interpreters Cont'd

(Continued from page 4)

tled, "Trauma and the Deaf Community".) <http://www.transformation-center.org/news/newsletter/vfcpdf/Summer2011.pdf>

Mary continues to educate service providers and Peers about the culture, lived experience, and mental health needs of persons in the Massachusetts Deaf and Hard-of-Hearing community.

To obtain American Sign Language Interpreters for an event, call the Massachusetts Commission for the Deaf and Hard of Hearing (MCDHH) at (617) 740-1600. This is a service you must pay for. It is wise to give MCDHH four weeks to find interpreters. They do not guarantee that they will be able to do so.

## Mental Health through the Eyes of Children By the Faria Family

In the '50's they called them "nervous breakdowns." My mother and my two brothers and I lived in the South End of Boston. My mother was a Welfare mother and I can tell you the refrigerator was bare the day before the welfare checks arrived. When I was hungry I ran upstairs to my Grandma's apartment to see if she had any food. Before the "nervous breakdowns" Sundays were spent at Boston Common or Public Gardens, swimming at the Frog Pond and taking photos with my mother's black camera. If she had the money we would go on the Swan Boats, get an ice cream cone or even go to the movies. When we went to pay the bills, my mother and I walked all over the city – that's how I got to know Boston. I was afraid for

my mother. It was embarrassing to walk down the street with her. She would stop suddenly, look at the ground, retrace a few steps then turn and continue walking like nothing happened.

When I was pre-teen I would come home from school, and find my mother staring at the wall. It was hard to get her attention. There were plenty of family members living around us, but they were embarrassed. I believe my older brother reported my mother (he was a teenager.) The police came with a doctor. The doctor was required to observe my mother in our apartment for an hour. They took her to the hospital at Mass. Mental Health. Through most of our teenage years she was in and out of Mass. Mental Health and Boston State Hospitals. There was a lot of stigma about mental health issues in the 1950's. It was something nobody wanted to talk about. People whispered behind our backs because my mother was mentally ill and my brother was "slow".

My first experience that summer at Mass Mental Health on Fernwood Rd. in Boston was visiting her every day on the locked ward of the 6<sup>th</sup> floor. My mother was given medications and Electric Shock Treatments which terrified me because she would be in a daze the rest of the day. About a month later she transferred to the 5<sup>th</sup> floor where she could be signed out. I, the 12 year old daughter would sign her out and go to the corner drug store for an ice cream cone. There were not many family members who would go and visit her. There was a shame and embar-

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*Za-Beth Faria (right) and her siblings*

# Faria Family Story

## Cont'd

(Continued from page 5)

rassment about her in the family. I was too worried to be ashamed. Sometimes the staff let me stay after 8pm and sometimes I hung out with the nurses in training on their floor. At the end of the hall was a candy machine with a door nearby. I always wondered what was behind that door. One day a grown-up came out leading a line of children, and I thought, "Oh God, they keep children here!"

Going to the different state hospitals over the years, one thing you never forget is the sound the brass key ring makes when hitting the metal doors to the wards.

My first job was answering the phones at the Catholic Church rectories on the weekends. When I got a job at the Goodwill I had to get a special work permit because of my age and worked all summer with no A/C, just fans. Nobody whined or complained back then. You did what you had to do. Today there's too much whining and complaining.

In the 1960's my mother lived in an apartment with my brother in Boston.

When I was 18 and had my first child, my mother needed help. I called Boston State. They said I had to bring her on to their property before they could take her in for treatment. I had to come up with a reason why we were going there. I told her "They want to talk about Robert." Robert was my younger brother (the slow one.) When we went inside they grabbed her and she started screaming at me, "I hate you –

you're not my daughter!" I knew I was doing the right thing but it was tough.

My brother had problems in school, so he went into the class for the "slow kids." After school, my brother went to work in the mail room of a bank. Saturdays were half days. One Saturday, when they locked up the mail room they didn't know Robert was in the bathroom. When he tried to leave an alarm went off. He said that a guard came off the elevator with a gun. To show you what a fine line we all walk in the world of mental health, he went to work for a week after that. The following Saturday he walked into a hospital ER in the South End and said he had been shot in the stomach the Saturday before. He had NOT been shot, so he was placed into the psychiatric ward for over a month. It was advised that my brother come live with me.

Shortly after that my mother went to her first nursing home. My brother saw her every day and every weekend she would be at the house with us.

Robert has been part of the mental health programs since the 70's when he had his first "nervous breakdown." I strongly believe psych med evaluations should be done every year or so.

Sincerely,  
The Faria family.

### Editor's NOTE:

At the request of the Faria Family, this story has been reproduced exactly as edited by the family.



The next issue of *Voices for Change* will be on Intellectual Recovery. Did you have trouble pursuing your intellectual interests for a while after you were diagnosed? Has your identity as an intellectual changed? Have you found ways to continue pursuing intellectual interests? Please contact the Editor with ideas for stories for this issue:

susanl@transformation-center.org (617) 442-4111



Please Save the Date for a WRAP Facilitator Training December 3-7, 2012.

Location to be Announced.

## Positive First Encounter

As told to VfC Staff

Emily's first contact with the mental health system ever was when she had a court-appointed therapist at age 4-1/2. Her first mental health hospitalization ever was at age 10 at child study and treatment center. This is the story of Emily's first contact with a mental health service in *Massachusetts*.

In 2005, at the age of 20, Emily was living in a domestic violence shelter in Massachusetts shortly after she got to the state. A staff person caught her cutting herself, so she was sent to the local Emergency Room. She was put on the children's side of the Emergency Room since she was under 21. There were dragons on the wall (she remembers) and her hospital Johnny had Disney characters on it. The doctor who put stitches on her wound talked to her in very soothing tones, saying, "You're going to be OK..." as if Emily had been a young child. She found this hospital experience odd – a child ward??

She was moved to HRI Hospital in Brookline. The Women's section was for young adults from 18 to 30. They were nice people who asked her what her religious preference was and her background. Emily is Native American and uses some Native American spiritual practices. She says the staff tried to honor her background and practices – they played Native American drumming when Emily was upset. Emily says that some of the cultural relations were humorous (to

her), for example when they asked her about Native American practices they read about in books, e.g., "Does the Spirit Walk still happen?"

As a similar experience to what some others peers report, Emily has a sense of unreality about the hospital stay. Her anorexic roommate "bribed me with cigarettes to get her extra cups of coffee." There was a young woman with Dissociative Identity Disorder who had an alter who was a young child who threw tantrums.



*Emily Russell*

However, she says the facility did not use restraints and the staff was all female. She stayed there 4-1/2 months. Emily recalls that the women who worked on the ward were calm and soft-spoken. When she had a flashback and banged her head against the wall, a staff person would put her hand between Emily's head and the wall "and just sit there with me."

Emily praises the staff for listening to her when they talked about discharge plans. She did not want to go back to the domes-

tic violence shelter. She did not want to testify at her parents' trial again. "I had testified before I got to MA at my father's trial. I did not want to go back and testify at my mother's." Due to the efforts of the HRI staff, she didn't have to. When she left, the staff got her an apartment, and a therapist whom she saw for four years.

At HRI, even the food was good. The patients were able to take a lot of trips outside and practice using public transportation. Since she had the same roommates for the length of her stay, together they found ways to amuse themselves. One way was to act out characters from "mental hospital" movies, as *Girl, Interrupted* and *One Flew Over the Cuckoo's Nest*. She did not go to the group-therapy groups and she was not made to go. She saw her psychiatrist every day for 45 minutes and her social worker for the same amount of time. The staff explained the phenomenon of flashbacks and other aftereffects of child abuse. Some nights, Emily would wake up screaming, and one staff person came into her room every night for a week "and held my hand 'til I fell asleep." She was able to smoke in an area where there were no fences or sit in the area where the staff had picnic tables.

Emily finished her story with more recollections from the Emergency Room that she was originally taken to. Every day a priest came in and offered her a Communion Wafer and asked if she wanted to make a Confession. At first Emily thought the man was a patient. A church worker asked her almost every day if she

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# Positive First Encounter

## Cont'd

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wanted to talk to a religious counselor. Emily stated she was Native American and didn't believe in Christ, yet she was told by the religious worker that Jesus could save her. They had fish on Friday and in the evening a Catholic prayer was said over the intercom.

Emily said overall, her first hospitalization in Massachusetts was a good experience. She has heard that that hospital has since had an administration change and a large turnover in staff. Emily doubts that such a good hospital experience as she had in 2005 would be possible now.

## A Veteran's Story

As told to VfC Staff

I met Trina Parker at the Edith Nourse Rogers Memorial Veterans Hospital in Bedford, MA on June 13, 2012. Trina is 51 and has been a Peer Support Technician at the Bedford Veterans' Administration Hospital (Bedford VA) since November 2011. We spoke in the presence of her supervisor, psychologist Kevin Henze, at the request of the Public Relations Department at the Bedford VA. I am grateful to Kevin and the Bedford VA for allowing me to interview my second Peer Specialist Technician there. My thanks also go to Tri-

na, for sharing her story.

Trina's story starts in Massachusetts, and takes a loop through Arizona and Connecticut before returning to Massachusetts. After growing up near New Bedford, MA, Trina entered the Marine Corps at age 21. This took her to Marine Corps Recruit Depot Parris Island, South Carolina for Boot Camp, Aviation Ordnance School in Millington, TN and then to her final duty station at the Marine Corps Air Station in Yuma, Arizona. She entered the Marines with undiagnosed Post Traumatic Stress Disorder (PTSD) from childhood trauma, the result of an alcoholic mother, and an abusive father and step mother. Complicating things further, was her "early" knowledge that she was gay. Trina comes from a military family with relatives who served in all branches of the military.

She entered the Marines in 1982, was awarded a Good Conduct Medal in 1985 and was Honorably Discharged after 4 years of service. She entered 11 years before the "Don't Ask - Don't Tell" policy about gay people in the military. At that time, if a person admitted to "homosexual activity" at any time, s/he would not be allowed to serve; s/he would receive a Dishonorable Discharge and possible imprisonment. There was a question on the contract given to Armed Service Recruits that asked, "Have you ever engaged in homosexual activity or conduct?" Trina recalls. She observed that the weight of keeping the secret about being gay in addition to ongoing unwanted sexual advances by male non-commissioned officers (NCOs)



*Trina Parker*

caused her to start drinking excessively while in the Marine Corps.

Her years of service were at times difficult for Trina. On the first day of her reporting to her permanent duty station, a male serviceman said to her, "So, are you just going to bat your eyes and try to get us to do your work for you like the others?" For the next 3 years, Trina was harassed endlessly by her male superiors. Women who turned down the advances of men were labeled dykes or whores. Since Trina could not afford being labeled a dyke, she felt that she could not refuse sex with her superiors.

Military Sexual Trauma (MST) did not have a name at that time or any statistics to measure the scope of the problem. More recently, better statistics have been kept, though estimates of unreported assault are substantial. The American Journal of Public Health in 2007 reported that 22% of U.S. women veterans reported experiencing sexual trauma while serving. It is well known that sexual assault in and out of the military is seriously underreport-

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# Veteran's Story Cont'd

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ed. More recently (2010), the Pentagon has estimated that only 14-15% of service people who have been sexually assaulted come forward to report.

Trina first received treatment for alcoholism when she was 29 and stayed sober for 1 year.

She went to college for 3 years but resumed drinking and did not finish. After leaving college, Trina went to barber school, became a Master Barber and worked as a barber for 8 years. She had moved to Connecticut and believes she "hit her bottom" when she was fired (for drinking on the job) and evicted from her apartment. "It got to the point where I was drinking alone in my apartment so no one could see how much I was drinking. I began hyperventilating at night when I would try to sleep. At that time, I didn't know that what I was experiencing was panic attacks. It got so bad that I had to sleep sitting up. I was literally afraid to fall asleep because I thought I would die in my sleep." One day, Trina saw a commercial for people experiencing the symptoms of Depression.

"Fortunately, I had never felt suicidal, but I had experienced all of the other symptoms." This was a turning point for Trina; it was the first glimmer of hope that maybe everything she was feeling had not been entirely her fault. She was relieved to know that there might be a legitimate reason

for the feelings she had spent 20 years drinking to try to bury.

Without an income, Trina went to apply for welfare, but was asked to first go to the Department of Labor. This is where she first learned she was eligible for healthcare through the VA, nearly 18 years after being discharged from the Marine Corps. "As a woman who was in during peace time, I didn't realize that the word Veteran even applied to me." Trina said that it was the stigma associated with alcoholism and mental illness that kept her from seeking treatment sooner. "I was afraid I would be locked away, kept against my will." Trina recalls, "But I had no job, I was homeless... I had no excuse not to do it."

It was at the Errera Community Care Center (ECCC) in West Haven, CT where Trina, at the age of 42, was first diagnosed with PTSD, Military Sexual Trauma and Anxiety Disorder. After 3 years of utilizing many of the services provided there and being actively involved in her recovery, Trina's work therapy supervisor suggested that she apply for one of the new Peer Support positions. She was one of the first 4 peers hired in West Haven; when she left there for her current job at the VA in Bedford, their peer support team had grown to 27.

Within her first year as a peer, Trina was sent by the ECCC to take the Massachusetts Certified Peer Specialist class (taught by the Transformation Center) at

Hanscom Air Force Base in 2007. She worked in Vocational Services for 5 years, where she helped Veterans with their educational and employment goals until she applied for the Peer Specialist job at the Bedford VA and was hired in November, 2011. Having no place to live in MA for the first 2 months of her employment in Bedford, Trina commuted 300 miles a day to and from work. Her ideal job since being introduced to the VA has been to work with female Veterans, which is what she is doing now at the VA in Bedford. Additionally, Trina now runs a Peer Support Group for Veterans who are Lesbian, Gay, Bisexual or Transgendered.

October 5, 2012 will make 9 years that Trina has been sober, and what she hopes women [reading *Voices for Change*] get from her story is that, "What you have been through is nothing to be ashamed of; you're not alone. What I've come to realize is, we are only as sick as our secrets. As long as you are still alive, it is never too late to talk to someone so that you can start to repair what has been done to you. I am living proof that it is possible to recover from sexual trauma and that a better life is possible."



## VOICES FOR CHANGE

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*Nothing about us without us!*

[www.transformation-center.org](http://www.transformation-center.org)

## A Fond Farewell to Dennis:

You brought our graphics up to a new standard. You were a model for keeping cool. May your next venture bring you happiness and prosperity.



## The Transformation Center

The Transformation Center in Roxbury is a statewide, non-profit organization run by people with lived experience of trauma, mood swings or extreme states. We do training of peer workers, trainings and consultation on mental health and cultural competence, and trainings and consultation on Wellness and Recovery. We certify the Peer Specialists in Massachusetts.

We also do Information and Referral (from a Peer-empowerment perspective), and promote the use of Trauma-informed mental health care. We host three cultural groups at the Transformation Center: Latinos en Accion, Black Voices in Recovery, and Deaf Journey in Recovery. We have Young Adult peer workers working across the state with youth who have lived experience. In addition, we support the six Recovery Learning Communities across the state that provide support and resources for people with lived experience. We do not do direct care. Through our Leadership Academies, we promote continuing leadership in the peer community. We direct a Taskforce on Accessible Peer Support, in order to help ourselves and our allies provide peer support that is accessible to as many of our peers as possible. Through the use of American Sign Language and Spanish interpreters, cultural brokering, Trauma-informed Care and other services, tools and perspectives, we hope to encourage all peer organizations and other providers to expand access to their peer support.

The Transformation Center is a non-profit that is funded in part by the Massachusetts Department of Mental Health. For more information, please see our website [www.transformation-center.org](http://www.transformation-center.org), or contact [info@Transformation-Center.org](mailto:info@Transformation-Center.org) or call (617) 442-4111 and ask for Ann Stillman or Susan Landy.