

# Managing to Care

CBHNP

Fall 2007 ■ Volume 2 ■ Issue 2  
A Newsletter for CBHNP Members and Families

## Special Edition: Recovery

### Special Interest Articles:

- Medical Alert!
- Domestic Violence
- WRAP: A Tool in Recovery
- Questions from Consumers

### Call CBHNP 1-888-722-8646

(Member Services)

If you have trouble hearing or are Deaf or Hard of Hearing and use TTY or TDD, call PA relay at 711 or 1-800-654-5984 and call 1-888-722-8646

To learn more about getting involved on committees or about educational programs call: 717-671-6541 or the toll free number and ask for The Manager of Consumer and Family Affairs

**Este boletín también se encuentra disponible en español. Comuníquese con nosotros al 1-888-722-8646 para solicitar una copia.**

Visit CBHNP on the Web

[www.cbhnp.org](http://www.cbhnp.org)

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## What Else is Needed to Help People Recover?

In the last edition of *Managing to Care* we talked about the five foundations of Recovery:

### Five Foundations of Recovery

When many of the ideas, thoughts, experiences and feelings about Recovery are summed up, these seem to be the basic things people need to realize Recovery from their mental illness:

- Hope
- Personal responsibility for their lives
- Education
- Ability to speak and advocate for themselves
- A good support system

When asked what other things were needed to help ensure that Recovery happens, Consumers and other Stakeholders talked about:

- Coping Skills – *learning how to deal with situations that arise*
- Socialization Skills Training – *learning how to meet and get along with others*
- Socialization Opportunities – **opportunities** to meet others and practice socializing
- Self-Help/Self-Advocacy – *doing for yourself and speaking up for yourself*
- Local Peer-Operated Services – *services run by other people in Recovery* (i.e. Advocacy Services, Club Houses, and Coffee Houses)
- Educational Opportunities – *improving what you know*
- Recreational (art, music, exercise etc...) Opportunities – *a chance to try new things that provide challenge and a chance to be creative*
- Alternative Treatment – *new or non traditional ways of getting and staying well*
- Empowerment – *putting knowledge and opportunity into action*
- Peer Support Groups – *Consumers helping Consumers*
- Crisis Diversion Programs – *alternatives to more restrictive care setting*
- Vocational Opportunities – *a chance to work and contribute*
- Entitlement Information – *knowledge of available benefits and how best to use them*
- Buy-in by providers – *care from people who believe people with mental health problems can and do get better*

# MEDICAL ALERT!



“Stop and think. If you’re pregnant, don’t drink.”

## Can you identify this disease?

- It is the leading known cause of preventable mental retardation.
- It affects at least 1 in 100 births in the USA.
- It is often unrecognized and/or misdiagnosed leading to inappropriate, unsuccessful treatment.
- It will cost between \$860,000 to \$4.2 million over a lifetime to treat.
- Many of the children and adolescents with this disorder reside in foster homes adoptive homes, or residential settings and have frequently experienced multiple moves — often because the disorder has not been recognized.
- It is a lifelong disorder.
- It is 100% preventable.

**Fetal Alcohol Spectrum Disorder** or **FASD** is the name of this disease.

Fetal Alcohol Spectrum Disorder (FASD) is a broad term. It is used to describe the range of disabilities and diagnoses that result from drinking alcohol during pregnancy. FASD includes, but is not limited to:

- Fetal Alcohol Syndrome (FAS),
- Fetal Alcohol Effects (FAE),
- Alcohol-Related Neurodevelopmental Disorder (ARND), and
- Alcohol-Related Birth Defects (ARBD).

The impact and effects of FASD vary.

Specific birth defects and the degree of the disability can depend on how much alcohol the pregnant woman drank, how often and when during the pregnancy; they can also depend on the state of health of the pregnant woman. **No amount or type of alcohol during pregnancy is considered safe.**

The effect of FASD may include physical, mental, behavioral, and/or learning disabilities. These problems can impact the child and the family for a lifetime.

Each year, as many as 40,000 babies are born with an FASD, costing the Nation about \$4 billion.

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*Sources: Substance Abuse Mental Health Service Administration (SAMHSA). Visit their SAMHSA Fetal Alcohol Spectrum Disorders (FASD) Center for Excellence Web site at <http://www.fascenter.samhsa.gov/> for more information. We would also like to thank Helen Smith, Founder of FAITH (Families All Together In Their Hopes Adoption) Support Group.*

# WRAP: A Tool in Recovery

A **Wellness Recovery Action Plan (WRAP)** is something that you might hear about when people are talking about recovery. It is described as a “simple yet powerful self-help system”. (Mary Ellen Copeland: <http://www.mentalhealthrecovery.com>)

**WRAP** allows people to develop a plan to increase stability.

**WRAP** is something many Consumers feel empowers them in their recovery.

Many people use **WRAP** to get better and to stay better.

Besides the word *Recovery*, another key word in **WRAP** is “Plan”. It is a *plan* that helps people in recovery get and remain better.

**WRAP** was developed by a group of people who had mental health problems. They wanted to include things in their lives that would make their lives better. **WRAP** is designed to:

- Decrease and prevent disturbing or troubling feelings and behaviors

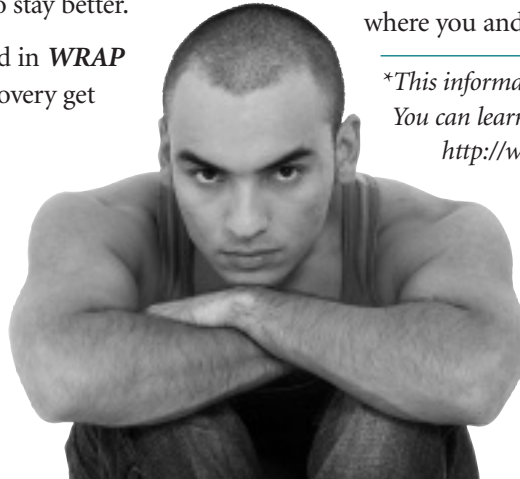
- Increase personal empowerment
- Improve quality of life
- Assist people in reaching their own life goals and dreams.
- Allow the person to make choices and find out what works best for them

You can talk with your provider about making a **WRAP**. If your provider is not familiar with WRAP, share this article with them or have them call CBHNP. A website is listed below where you and providers can learn about **WRAP**.

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*\*This information is taken from the website listed below. You can learn more about **WRAP** by visiting <http://www.copelandcenter.com/whatiswrap.html> on the internet. You can direct providers to take a look at this site.\**

We want to thank Mary Ellen Copeland for graciously sharing her work and ideas with us!



## Questions Consumers Have for Providers

Our Stakeholders asked questions about **care** and the **attitudes** of CBHNP providers. They were looking for assurance that the people and agencies that help them understand and practice recovery.

We hope our Members will feel comfortable asking these questions when they meet with their providers.

We want our Providers to consider these questions.

Responses to the questions can help persons in recovery choose which provider they want to partner with.

We believe we can work together to create the recovery-oriented system of care our Members want and need.

Here are the questions:

- Will you really **listen** to what I am saying?
  - Do you see me as an equal **partner** in my treatment?
  - Do you believe in Recovery?
  - Do you believe that as a person with a mental illness, I can really change, grow, heal and recover?
  - Do you support and help instill hope?

- Will you and your agency be respectful of my spirituality and its importance to my recovery?
- Do you think creatively and “outside the box” when helping Consumers plan care?
- Will honesty and patience be demonstrated when partnering with Consumers and Families?
- How will you respond if/when I disagree with your ideas or challenge your beliefs about me and my care?
- Are you able to recognize recovery when you see it?
- What are County and community programs doing to provide their employees with the information and training needed to treat Consumers using the recovery model?
- Who will be responsible for overseeing and encouraging the use of this model?

Together we can improve our system of care!

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*Note: Our group borrowed and modified questions originally written by Brenda Weaver and Wendy Wood. See: THE PATHWAY: TO CLINICAL COMPETENCY: ARE WE ASKING OURSELVES THE RIGHT QUESTIONS? Weaver, B and Wood, W (2004).*

**We thank them for kindly sharing of their work.**

## Know Anybody Having A Problem With A Boyfriend or Girlfriend? Are you?

Teens may be young, but it doesn't mean they can't get hurt in relationships. We're not talking about broken hearts. We're talking about broken arms. According to some studies, one-third of teen girls in dating relationships fear for their physical safety. One-half of teens in serious relationships have compromised personal beliefs or done things they didn't want to just to please a partner. One-third have been strongly controlled in what they do, who they talk to and where they go. Don't let yourself be one of these statistics. Dating violence is not okay and it's not your fault.



Starting in February 2007, there will be a phone number to call that is just for teens. The National Domestic Violence Hotline will open a Teen Dating Violence Hotline. It's all about helping teens and helping you if you need it. Skilled listeners who get how it feels to be a young adult will answer calls and provide services and support to teens and young adults and their families. Teens will also be able to visit the Teen Hotline Web site, which will provide information on dating and relationship violence and there will be online message boards where teens can ask questions and share experiences, or just express their feelings.

The Hotline and Web site will operate 24 hours a day, seven days a week, with trained teens on the lines from 12 pm to 2 am when many calls are expected. Young adult listeners ages 18-24 will also provide overnight services and support to serve more college-aged youth.

If something about your relationship scares you, or you are worried about your teen and need help now, call;

### **National Domestic Violence Hotline**

1-800-799-7233 (SAFE)  
1-800-787-3224 (TTY for the Deaf)

You can also visit [www.ndvh.org](http://www.ndvh.org) the National Domestic Violence Hotline's Web site to find out more about the Teen Dating Violence Hotline and to provide feedback on how it can best meet the needs of teens and young adults.

## Help Your Friend Break the Silence

Millions of women in America are physically and emotionally abused by their husbands or partners each year. In fact, one in three women are physically or sexually abused by a partner at some point in their lives. That means, for most of us, someone we know – our mother, sister, friend or neighbor – is a victim of domestic violence. What can you do?

Your support and encouragement can be a great value to a friend involved in an abusive relationship. Lending a sympathetic ear and letting your friend or loved one know that you care and are willing to listen may be the best help you can offer. Try talking to her about the problem of domestic violence in a general way. Tell her this problem concerns you. Don't force the issue but allow her to confide in you at her own pace. Keep your mind open and really listen to what she tells you. Never blame her for what is happening or underestimate her fear or possible danger. Help her explore her options and provide what you can: transportation, child-care or a place to stay. You can ease her isolation by letting her know that she is not alone.

Encourage her to "break the silence" and seek the assistance of the advocates at the National Domestic Violence Hotline. You can also become more informed by visiting the hotline website at [www.ndvh.org](http://www.ndvh.org) or their public awareness site at [www.makethecall.org](http://www.makethecall.org). Let her know that caring people are available to help.

If you are worried about a friend and you need to talk, call us.

### **National Domestic Violence Hotline**

1-800-799-7233 (SAFE)  
1-800-787-3224 (TTY for the Deaf)  
[www.ndvh.org](http://www.ndvh.org)

Help is available in English and Spanish and many other languages.

All contact with the hotline is free and confidential.



## Recovery: Important Things to Think About.

- People who have mental health problems are able to live quality lives.
- They can plan, work toward and reach goals for their lives.
- They can have greater control of their own lives.
- They are not just “stuck” with an illness that gets worse with age or that makes them unable to contribute to society or to people they care about.
- There may be set backs and people may have relapses.
- Recovery takes time and it may take more or less time for different people.
- By using self-help skills, peer support, changed attitudes (by Consumers and the people who provide services and care to them), and other strategies people diagnosed with mental illness can reach levels of wellness, stability and recovery they always hoped were possible.
- These tools and strategies are **combined** with other treatment and people get better.
- Consumers might have to change their attitudes and beliefs about being in charge of their own lives. (Some are intimidated by this and have been taught not to hope for this.)
- Families and professionals or what people call “the system” may need to change their attitudes and beliefs and accept that Consumers do get better and can be in charge of their lives.
- That people with mental illness can and do get better is not a new idea. The networking, education, training opportunities, the focus on how people can “recover” and the changes that are needed to help people recover continue to grow. Getting Consumers, providers, families, Managed Care Organizations, governmental agencies, and communities onboard with the idea that recovery can happen is vital to this important movement.
- We all have a part!

## A Poem of Hope and Recovery My Time Will Come

*Grasping for a hand or anything to hold  
Do they care, really care?  
Will I ever get better?*

*You see*

*Medication, therapy, helpful — to an extent  
What I really need is hope ...and a little encouragement.*

*You see*

*I see the light of promise  
I feel the touch of hope  
I hear the song of possibility...  
And I know my time will come.*

*You see*

*I will be more self sufficient  
I will better understand  
I will reach back out to others — grasping for a hand.*

*A hand so, so familiar  
A hand much like my own  
I guess I care, I really care*

*I know my time will come.*

*Anonymous*

## Things People in Your Area are Doing to get Involved!

- Learning all they can about recovery
- Learning how to tell the story of their own recovery
- Meeting and talking with people at Drop in Centers and Club Houses
- Joining support groups
- Joining Community Support Programs (CSP) in their county
- Attending County run mental health and substance abuse meetings
- Attending CBHNP Stakeholder meetings
- Joining organizations like Pennsylvania Mental Health Consumers' Association (PMHCA), Mental Health Association or Mental Health America (MHA), National Alliance on Mental Illness (NAMI)

Contact a Case Manager, your county MH/MR or D&A program, CBHNP, look in your phone directory, or search the internet to find out more about opportunities to get involved.

## Have Questions?

You can always call CBHNP with questions.

Call us at 1-888-772-8646 and we will be happy to try to answer your questions or put you in touch with someone who can best answer your question.

**For individuals/Members who are Deaf or Hard of Hearing and use a TTY/TDD for communication, call the PA Telecommunications Relay Service at 711 or 1-800-654-5984 (TTY) and call 1-888-722-8646.**

## ¿Tiene alguna pregunta?

Siempre puede llamar a CBHNP en caso de tener preguntas.

Llame al 1-888-772-8646 y con gusto intentaremos contestar sus preguntas o lo comunicaremos con la persona que mejor las pueda responder.

**En el caso de Consumidores/Miembros que tienen problemas auditivos o sordera y usan un TTY/TDD para comunicarse, llame al Servicio de retransmisión de telecomunicaciones de PA al 711 o 1-800-654-5984 (TTY) y llame al 1-888-722-8646.**

## CBHNP Phone Numbers You Can Use

Information or treatment:  
Member Services:  
1-888-722-8646

Help for Members or Families or to request a speaker: 717-671-6541 or 1-888-722-8646 and ask for Consumer & Family Affairs

Filing a HealthChoices complaint or a grievance: 717-671-6527 or 1-888-722-8646 and ask to file a complaint or grievance.

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