

CAPSS NEWS

Client Affairs / Peer Support Services A Quarterly Publication from the SCDMH Office of Client Affairs

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- Background Artwork for CAPSS is provided by SCDMH Art of Recovery.

“Up and Away”

Artist:
Frank Wilson

To view the on line gallery of client artwork go to:
http://www.state.sc.us/dmh/aor/aor_home.htm

Connections: Stories of Recovery from Mental Illness

Recovery stories, we wanted yours and you came through!

Thirty stories in this edition were submitted by current and former clients representing the Aiken-Barnwell, Anderson-Oconee-Pickens, Beckman, Coastal Empire, Columbia Area, Lexington and Pee-Dee mental health centers.

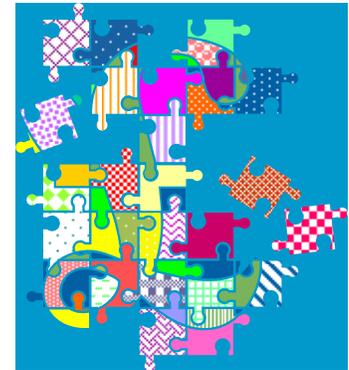
SCDMH State Director, John H. Magill wrote the forward. ...“The decision of the individuals in this book to share their personal stories of recovery demanded careful consideration and thought. As a recovering person, they can offer insight and hope to others struggling with a mental illness in ways that no professional can. They give hope and inspiration to others who are experiencing similar issues while, at the same time, celebrating how far they have come. Their willingness to publicly disclose their mental illness and triumphs associated with recovery go a long way in dispelling the stigma of mental illness and prove that treatment works.”

...“it is extremely important that the silence of this disease be broken. There are too many people suffering silently and being cast aside in this supposedly civilized, caring and compassionate society in which we live in who shun the mentally ill.

All across the country, people in recovery from both mental illnesses and substance abuse are standing up to celebrate their success and share with others with others in an effort to offer hope and inspiration to those who are experiencing similar issues and to educate the public that recovery is real.

It's not too late! If you wished you had submitted your story you still have time. A second edition is planned for FY2011. If want to share it we want to hear it.

Connections: Stories of Recovery from Mental Illness



Sponsored by
SCDMH Recovery Steering Committee

To view the on-line version go to:
http://www.state.sc.us/dmh/client_affairs/connections.pdf

To download the brochure and workbook in English or Spanish go to:
<http://www.state.sc.us/dmh/>
Or contact: Katherine Roberts, Director, SCDMH, Office of Client Affairs, Suite 312, 2414 Bull Street Columbia SC, 29202 (803) 898-8304 to receive your brochure and workbook by mail.

Ideas for Groups by Cynthia Smith, CPSS Aiken-Barnwell MHC

One of the “scariest” things a new CPSS has to do is a group. When new CPSS’s have visited us, here in Aiken, they often ask us “Where is the book on how to do groups?” – There isn’t one you’re it!

Wayne Moseley and I were looking for new ideas for doing groups with clients. Wayne found this book, “**Lists to Live By**”, by: Alice Gray, Steve Stephens and, John Van Diest, which had some terrific suggestions. This book isn’t designed to help you do a group; it just had great ideas for developing one. One of the groups we used the book to develop was called “*Seven Important Choices You Make in Life*” To make things more culturally level we replace words like “*God*” with “*High Power*” and “*faith*” with “*conviction*”. The book listed the choices such as “*In Life You Must Choose Your Battles*” but we turned them into questions to create topics for discussion and worksheets for the clients in the group.

Other sources we have used are; magazines, old books lying around the house, pamphlets and even television shows. Take magazines for example, many have articles on self-help or self-improvement that can be adapted for a group like on how to be more assertive or empowered without becoming aggressive or how to enhance your self image also learning to shop on a budget! Even magazines you would not normally think of like ones on decorating and gardening have great leisure ideas and information. For example, we found information to help develop community groups like starting a garden club.

Free resources can be found at the Substance Abuse Mental Health Services Administration (SAMHSA) and the National Institute on Mental Health (NIMH) web sites. They offer free booklets, pamphlets, work sheets. You can also revisit your Wellness Recovery Action Plan (WRAP) the plan needs to be updated as you move through your recovery anyway and you can also get great ideas on developing new groups on triggers, warning signs, crisis plans.

We also are careful about what we choose as a topic. As a general rule we think it is best to stay away from topics, that could seen as “doing therapy” or giving treatment advice on, for example, medical topics, like diabetes. If you are unsure run it by your supervisor but be prepared to explain why you think it is a good group topic for peer support.

Finally, remember the material you choose needs to be adaptable toward mental health recovery and fall with in the scope of service for peer support you can always check the Section 2 Medicaid policies on peer support if you are unsure.

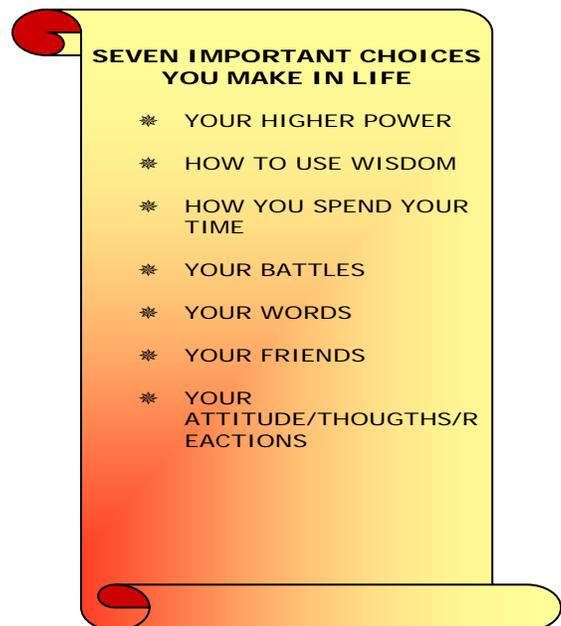
Recently we developed seven new group topics:

- Seven Lessons to Learn
- Seven Important Choices You Make in Life
- Criticism Kills
- Decision Don'ts
- Thoughts that hold You Back
- Ladder of Success
- Medication Reminders

We asked the Office of Client Affairs if they would help us add artwork to make it more oriented toward mental health recovery. They came up with two different art styles for each worksheet and we can choose the ones that we think works best for a particular group. If you are interested in having a copy of the worksheets contact Katherine Roberts and she will send them to you. One of our goals is to have Certified Peer Support Specialists exchange and share ideas with each other.

The best tip we have is to not over-think ideas for doing groups, the topics are everywhere; in the library, at the doctors office, in church, in magazines, on talk shows, in children’s stories and fables. YOU are the best source of ideas. You have the life experiences what where your obstacles? What helped you? What made you motivated? Use what you were hired for it is the greatest resource there is!

Most of all have fun with it.



Example of Group Discussion at Aiken



Using Your Voice

TIPS for talking with your mental health service provider about important decisions

Using your voice means speaking up and saying what is important to you. Using your voice is an important part of recovery.

PREPARE before you see your provider. Write things down. What do you want to talk about? What questions do you have? What do you want to accomplish during the appointment? What are your goals for yourself and your treatment and services?

TELL providers what is most important to you. Answer their questions honestly. This helps them understand and respect what is important to you.

LISTEN to others. Friends, family, peers, and providers may have information or ideas that are helpful to you.

ASK for explanations or more information. Ask questions to get the information you need.

When a provider makes a recommendation always ask them to explain **WHY** they think this recommendation is right for you. What are the benefits? What are the costs?

Keep asking questions until you are comfortable that you understand the information or recommendation.

REMEMBER what was said. Some people find it helpful to write down what the provider says or to make a voice recording of the conversation. Other people like having someone with them when they talk to their provider. You can also ask the provider for written instructions.

TALK with your provider about where you agree and disagree with his or her opinions and recommendations. See if you can find options that fit your preferences and also respect what the provider can and cannot do.

FOLLOW UP If you say you will do something, do it. If you cannot follow up as promised, be honest and explain why.

If your provider says he or she will do something, expect them to do it. If they cannot follow up as promised, you deserve an honest explanation. If you have new questions, call or email your provider. If things get worse, call or email your provider.

For more information see:

Agency for Healthcare Research and Quality:

<http://www.ahrq.gov/consumer>

Medline Plus Health Topics, "Talking to your Doctor":

<http://medlineplus.gov>

Health Finder, "Talking to your Doctor":

<http://www.healthfinder.gov>

Trauma Informed Care

What is Trauma-Informed Care?

Trauma-informed programs and services represent the "new generation" of transformed mental health and allied human services organizations and programs who serve people with histories of violence and trauma.

Trauma survivors and consumers in these programs and services are likely to have histories of physical and sexual abuse and other types of trauma-inducing experiences, and this often leads to mental health and other types of co-occurring disorders such as health problems, substance abuse problems, eating disorders, HIV/AIDS issues, and contact with the criminal justice system. When a human service program takes the step to become trauma-informed, every part of its organization, management, and service delivery system is assessed and potentially modified to include a basic understanding of how trauma impacts the life of an individual seeking service. Trauma-informed organizations, programs, and services are based on an understanding of the vulnerabilities or triggers of trauma survivors that traditional service delivery approaches may exacerbate, so that these services and programs can be more supportive and avoid re-traumatization.

Trauma-Specific Interventions

Trauma-specific interventions are designed specifically to address the consequences of trauma in the individual and to facilitate healing. Treatment programs generally recognize the survivor's need to be respected, informed, connected, and hopeful regarding their own recovery; the interrelation between trauma and symptoms of trauma (e.g. substance abuse, eating disorders, depression, anxiety, etc.); and the need to work in a collaborative way with survivors (and also with family and friends of the survivor) and with other human services agencies in a manner that will empower survivors and consumers.

For more information and a link to the National Center for Trauma Informed Care see page 7.

Silent Offence: *The Truth about Men and Sexual Abuse*

Trauma, especially the trauma of sexual abuse is most often viewed as a women's issue. It is believed that in the US approximately one in four girls may experience some sort of sexual trauma before the age of 18.

But what are the statistics if the victim is male? In our society males are most often seen as perpetrators; the idea that a boy can be sexually abused is often dismissed. Men/boys are not supposed to be vulnerable much less victims. The existence of male victims confronts many of our beliefs about sexuality, power, and sexual assault. For many the idea that a male can be sexually assaulted challenges our very ideas about what sex is. There are many myths and misconceptions about the sexual abuse of men:

- Myth** Sexual Abuse of males is rare.
Truth Some studies suggest the prevalence of abuse may be as high as one in six.
- Myth** Only homosexuals abuse boys.
Truth Sexual orientation and pedophilia are not the same. Pedophiles abuse children
- Myth** Arousal equates to willingness
Truth Humans; male and female, adults and children respond to stimulation. Response does not mean the experience was desired or understood.
- Myth** Boys are less traumatized by the abuse experience than girls
Truth The long term effects or damage to males can be severe especially considering societies refusal to acknowledge it exists.
- Myth** Boys who were sexually abused will grow up to be gay.
Truth Most professionals agree that sexual orientation is biologically based. Sexual orientation is a complex issue and there is no single answer or theory that explains why someone identifies himself as homosexual, heterosexual or bi-sexual. Few believe that sexual experiences play a significant role in sexual orientation.
- Myth** Boys/men can't be sexually abused by a female.
Truth While the incidence of female perpetrators is lower than male perpetrators, females can and do commit sexual assaults. Abuse and assaults are damaging crimes no matter who commits them.

The reality is that men who have experienced sexually abuse often struggle to find acceptance, treatment, and support.

If you are a man struggling with the effects of sexual abuse here are a few resources that may help.

Male Survivor

<http://www.malesurvivor.org/default.html>

MenWeb - Men's Voices Surviving and Living Male Survivors of Childhood Sex Abuse

<http://www.menweb.org/sexabupg.htm>

US Department of Veterans Affairs

http://ncptsd.va.gov/ncmain/ncdocs/fact_shts/fs_malesexual_assault.html

Male Abuse Survivor Support

<http://www.aest.org.uk/survivors/male/>

"Double Trouble" Support Group Provides Help for Alcohol/Drug Addiction and Mental Illnesses

SC SHARE has launched a new 12-step recovery program, called "Double Trouble", for people who suffer from both addiction and mental illness. This program is the first of its kind in South Carolina, because it provides support for those who suffer from a combination of alcohol and/or drug addiction and mental illness. Many people who suffer from alcohol and drug addiction also have a variety of mental health problems, which can range from depression to schizophrenia."

Double Trouble is similar to Alcoholics Anonymous and Narcotics Anonymous in that it is not affiliated with any organization or institution. Nationally, Double Trouble in Recovery (DTR) was started in 1989 in a city hospital in Brooklyn, New York. Like most other 12-Step Groups, this one is based on the original steps and traditions of Alcoholics Anonymous. Each group is autonomous except in matters affecting other groups or DTR as a whole.

For more information about "Double Trouble" Please contact Carol Crabtree at 803-739-5712



The Freedom Self-Advocacy Curriculum

Self-advocacy is essential to the empowerment of mental health clients. By helping clients learn to advocate for themselves, you help them to take control over their own recovery and to assert their rights. Many organizations strive to teach self-advocacy to clients, but until recently there has been no national self-advocacy curriculum designed specifically to address the needs of mental health clients.

The National Mental Health Clients' Self-Help Clearinghouse has developed the Freedom Self-Advocacy Curriculum as a tool to help you teach self-advocacy skills to mental health clients. Working in conjunction with the National Mental Health Association (NMHA), the National Association of Protection and Advocacy Systems (NAPAS), and other organizations, we have developed a set of three workshops that you can learn to teach to clients.

All of the workshop materials are available free for download below. The Clearinghouse is available to provide technical assistance regarding any of the workshop materials. Clearinghouse staff are also available to provide training in teaching the workshops with Freedom Training Institutes.

The Freedom Curriculum is based on a "train the trainer" model. Your organization's staff and volunteers can learn how to teach the three Freedom Self-Advocacy Workshops to clients in your community.

http://mhselfhelp.org/training/view.php?training_id=7



Cultural Diversity in the Work Place by Katherine Roberts

Cultural competence is an approach to delivering mental health services grounded in the assumption that services are more effective when they are provided within the most relevant and meaningful cultural, gender-sensitive, and age-appropriate context for the people being served.

To that end the SCDMH established a policy for the creation and maintenance of culturally and linguistically competent system of care. In addition to having a statewide Multi-Cultural Council, each center and facility must also establish, maintain, and support a Multi-Cultural Committee.

Cynthia Smith, CPSS Aiken-Barnwell, has recently joined the committee at her center. She helped develop a presentation for center employees explaining the importance of cultural competence.

At the July statewide meeting, Cynthia along with Terry Miller; Aiken's representative, to the statewide council presented "**Cultural Diversity in the Workplace**" at the "Lunch and Learn" series that follows each meeting. The presentation was broadcast statewide through the SCDMH video conferencing system.

The focus was not only on how we deliver services to the clients we serve but how we interact with one another as employees.

Some of the activities done at Aiken to promote cultural awareness are:

- Multicultural Calendars (cultural information divided by the month, holiday and country)
- Readings
- Quizzes
- Fact sheets
- Other tools that foster dialogue and questions within the organization

Learning about and accepting diversity can improve interpersonal effectiveness and increase personal and professional opportunities.



Have a Hand in Diversity



SAMHSA and the Ad Council are pleased to announce the [What a Difference a Friend Makes Contest](#). If you have a great story of how you have been there for a friend through their recovery from a mental health problem, or how a friend has been there for you, we'd love to hear from you.

Friendship and support are key aspects of recovery from mental health problems. Individuals are more likely to seek help in an environment of acceptance and understanding. SAMHSA and the Ad Council have launched this video and essay contest to promote the powerful testimonies of friends supporting each other in recovery and further awareness and education about the vital importance of mental health.

If you know of someone that has a compelling story, please encourage them to participate.

It's simple to enter—just submit a short video or an essay that tells in a creative and meaningful way how you've supported a friend during a tough time in his/her life or how they supported you. The story can be based on your real life experience, and it does not need to reveal the identity of the friend (unless the friend agrees to participate). Be sure to follow the rest of our [rules and guidelines](#), and we look forward to seeing your submission soon.

Entries must be received by August 31, 2010; Winners will be announced September 15.



One Video Contest Grand Prize:

Trip for two to the 2010 Voice Awards in Hollywood, CA

Two Video Contest Runner Up Prizes:

A Flip MinoHD™ video camera

Two Essay Contest Prizes:

A Flip MinoHD™ video camera

Federation of Families

Free workshop for Spanish speaking families

Palmetto Health Children's Hospital and Family Connections are offering a free workshop in Spanish on August 31, 2010. The workshop is "Building Your Own Care Notebook" and will help families maintain an ongoing record of your child's care, services, providers, and notes. Empower you to become the expert on your child's care and maintain the lines of communication between the many providers and services that help care for a child and their family.

Registration is required.

To register please call: Sandra Jagan at 803-434-1310 or Maggie Ortiz at 800-578-8750.

Free Training offered to families of children with emotional behavioral or psychiatric disorders and/or drug and alcohol issues.

September 11, 2010 9:30 – 12:30
Anderson Co. Public Library
300 N. McDuffie St
Anderson, SC

September 18, 2010 9:30 – 12:30
Barnwell Co. Public Library
40 Burr St.
Barnwell, SC

RSVP to Suzanne Bowers
suzanne.bowers@fedfamsc.org
Or call 866-779-0402
In Columbia Call 803-772-5210

Family Support Matters

If you are a parent or caregiver of a child with emotional, behavioral or mental health needs and/or drug or alcohol issues you know what it is like to feel alone. Parents need the support of others that understand. The Federation of Families is organizing a group in Cherokee Co.

Join us September 11th, 2010 from 1:00 pm to 3pm.
At Cherokee Public Library
300 East Rutledge Ave
Gaffney SC, 29340

For more information call Cindy Channel at Federation of Families of SC
866-779-0402 or E-mail me at cindy.channell@fedfamsc.org



The Clearinghouse has numerous resources available to help consumers navigate their way through the mental health system. We provide information on many topics relevant to consumer needs as well as up-to-date news on important tools available through on the web. Please view our listing of publications to better familiarize yourself with where we've been and where we are currently going.

- Mental Illness and Faith Community Outreach
- Self Help Booklets that Promote Mental Health Recovery
- Self Disclosure and Its Impact on Those Who Receive Mental Health Services
- Health and Wellness Screening Report
- Funding the Consumer-run Organization
- ADVANCE SELF-ADVOCACY PLAN: A Tool for Creating Mental Health Crisis Plans & Psychiatric Advance Directives
- Enhancing Cultural Competence: Welcoming Lesbian, Gay, Bisexual, Transgender, Queer People in Mental Health Services
- Recommendations on Issues of Access to and Inclusion in Behavioral Health Services for GLBTQI Consumers
- GLBTQI Mental Health: Recommendations for Policies and Services
- "A Mental Health Recovery and Community Integration Guide for GLBTQI Individuals: What You Need to Know"
- LGBT Took Kit
- National Center for Health
- For More Information go to: <http://mhselfhelp.org/>



The Center for Mental Health Services, National Center for Trauma-Informed Care (NCTIC) is a technical assistance center dedicated to building awareness of trauma-informed care and promoting the implementation of trauma-informed practices in programs and services. NCTIC provides:

- Consultation,
- Technical assistance,
- Training

It is designed to revolutionize the way mental health and human services are organized, delivered, and managed, while furthering the understanding of trauma informed practices through education and outreach.

NCTIC promotes a dynamic learning exchange arising from the growing recognition of psychological trauma as a pivotal force that shapes the mental, emotional, and physical wellbeing of those seeking healing and recovery with the support of mental health and human services.

NCTIC has also facilitated a Facebook Group called [Trauma-Informed](#) to promote dialog around trauma-informed care and to foster the sharing of knowledge and resources through this social marketing network.

For more information got to: <http://mentalhealth.samhsa.gov/nctic/>



Columbia Museum of Art - Gallery will run through August 22, 2010

Lexington County Library - Main Branch until August 31, 2010

The Irmo Library will have display in October in honor of Mental Illness Awareness Week

SC SHARE

July

13th - "Practicing Happiness" Greg Townley

August

17th - "Recovery For Life 1" Greg Townley

September

14th - "Happiness and Relationships" Greg Townley

October

13th - "Recovery For Life 2" Greg Townley

November

16th - "Happiness: Finding Your Strengths" Greg Townley

December

10th - "Hanging Onto HOPE"

For more information go to <http://www.scshare.com/>

MHA-SC

MHASC is an affiliate of the National Mental Health America, founded by former psychiatric patient and Yale graduate Clifford W. Beers to expose and correct the injustices he experienced and observed during hospitalizations for a diagnosis of bipolar disorder.

<http://www.mha-sc.org/>

Federation of Families

The Federation of Families of South Carolina is a nonprofit organization established to serve the families of children with any degree of emotional, behavioral or psychiatric disorder. The services and programs offered by the Federation are designed to meet the individual and varying needs of families around the state. <http://www.fedfamsc.org/>

NAMI-SC

Welcome to NAMI SC, the state chapter for the National Alliance on Mental Illness. Our mission is to improve the quality of life for individuals who live with mental illnesses and for their families by promoting the availability of effective services and resources, through education, support and advocacy. <http://www.namisc.org/>

CPSS Continuing Education

For Information on the CPSS Training Schedule please call Bobbie Lesesne at 803-898-7490 or email her at

BAL30@SCDMH.org

Peer Support Certification Training Schedule

Week 1	Week 2	Testing
8/23-26/2010	8/30-9-2/2010	09/14/2010
*11/1-5/2010	*11/8-10/2010	11/23/2010
(*M-W)	(* M-F)	

2010 CAC Bi-Monthly Meetings

The CAC's meet every other month from 11am to 1 pm. All employees who do not live in the Columbia area (Cola. and Lexington) may tune into the meeting via the SCDMH video conferencing system at their main center location.

CAC: August 9th, October 11th, December 13th

To see the entire Client Affairs Training Calendar Go to:

http://www.state.sc.us/dmh/client_affairs/training_calendar.htm

CAPPS is a quarterly publication of the SCDMH Office of Client Affairs. Please email or send ideas, information, articles, and announcements to Katherine Roberts, kmr50@scdmh.org at SCDMH Division of Community Mental Health Services, Suite 312, 2414 Bull Street Columbia, SC 29202, fax 803-898-8347