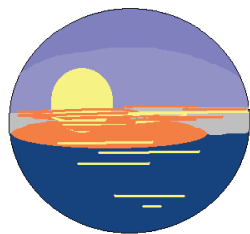


# THE RECOVERY JOURNAL



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## Recovery Journeys

By Teri Durian

Hello! My name is Teri and I'm an active member of the Recovery Institute (RI). I applied and was accepted into the PoWeR Group in June of 2009. Being part of this has been life changing.

When I was diagnosed with bi-polar disorder and post traumatic stress disorder (PTSD), I thought I would never work again, and was at the lowest point in my life. I was miserable and had experienced failure after failure when working.

I went through 35 jobs over a 12 year period. I struggled with so many symptoms, it made holding a job impossible. Worse yet was the fact I had given up. I never *wanted* to work again.

This has all changed since I was accepted into the PoWeR Group. I went through the interview process not knowing what to expect, and wasn't sure that I even *wanted* to be accepted! I strongly believed, however, in what the group did.

The PoWeR Group

members go to different places, - college classes and human service agencies, educating people about mental illness. Members tell their personal stories to reduce stigma associated with mental illness.

Being part of the PoWeR Group has been very exciting. I've come to know other members and they're like family. They are tremendously supportive of one another. Presentations and strategy meetings are more fun than work. There aren't many people who say that about their jobs.

My self confidence has increased a lot since I became involved with the group, and it has even helped to eradicate some of my own self-stigma. I'm doing something that I never thought would be an option. A lot of days I'm still amazed that I even have a job.

The help and hope that the PoWeR Group brings to others has brought purpose and meaning to my life. I feel like I contribute to

Visit our Web Site:

<http://recoverymi.org>

Our newsletter is now on the web!

the world, and that feels 'heavenly' after such a long drought of feeling lost in my illness.

Thank you Recovery Institute for making this possible!



### Living in Recovery

By Rosie Corliss

The Living in Recovery Team is launching a number of recovery opportunities this year! Several classes are being offered, along with new social options for RI members.

*Supported Education* assistance with Phil Royster is ongoing. The weekly support group for winter semester students will resume on Mondays at 4:00 pm on Jan. 18th.

A *College or Trade School Preparatory Course* is scheduled to begin on Thursday, Jan. 14th. This is an excellent opportunity for peers to

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### Recovery Institute (RI)

Peer run — Peer delivered!

Incorporated in September of 2006, The Recovery Institute of Southwest Michigan is funded by

Kalamazoo Community Mental Health & Substance Abuse Services.

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\* Recovery Journeys \* SAD Fundamentals \* Suicide & Mental Illness

\* Vet-to-Vet \* Words of Wisdom

*We foster recovery through our work and our example. We aim to give HOPE where there is little or no hope. Recovery is a dynamic and active movement that brings about a meaningful change in lifestyle and habits.*

## Veterans Peer Support

By Rosie Corliss

Several RI staff attended a 2 day seminar which focused on the importance and success of peer support for veterans who have or are returning from active combat.

Led by Moe Armstrong, the workshop presented values and tools that may foster recovery among veterans. Mr. Armstrong, a Vietnam war veteran in recovery from mental illness, promotes the practice of peer support, as offered in Vet to Vet Meetings. As founder of the program, he maintains one of the most important values to remember, is that "All people who attend peer support meetings have something to teach and share as well as something to learn."

Many refer to peer support or Vet to Vet meetings as "self-help". Mr. Armstrong believes that these are more about "mutual support". We all need natural supports from our communities who can validate our recovery while endorsing the idea of asking for help. This, he maintains, is an "unrecognized form of empowerment".

We need to learn to ask for help, and rise above any false notions that this is a sign of weakness. This concept has, unfortunately, hindered many veterans from receiving desperately needed services. It is also important to understand that recovery is not linear, rather it is cyclical in nature.

Vet to Vet, which originated in the late 1990's, is committed to helping both men and women, whether they've served in combat or peacetime. Their mission is dedicated "...to helping fellow Veterans in their time of need, leaving no Veteran behind...."

Meetings are facilitated by peer veterans who are currently active in their recovery. This creates a safe environment, allowing vets to share candidly without fear of reprisal. The opportunity to share openly and honestly is an essential component in the journey of recovery.

One of the main goals of Vet to Vet is to "relearn the ability to function in society, and how to unlearn those things the military taught" which hamper that ability.

The VA Medical Center in Battle Creek supports and hosts ongoing Vet to Vet Meetings. These meetings are *not a part of the Veterans Administration*, although they are officially endorsed by VA. There are also other area mental health services available for veterans, and information may be found at [www.battlecreek.va.gov](http://www.battlecreek.va.gov).

If you are interested in being part of a Vet to Vet Group here in Kalamazoo, please contact the Recovery Institute at 269-343-6725.

If you're a veteran seeking recovery but prefer not to identify military experience, please contact Recovery Institute to locate alternative services.

## Words of Wisdom

*The only abnormality is the incapacity to love.*

Anais Nin

*Friends love the person you were and the one you've become.*

Anonymous

*Two things are bad for the heart—running uphill and running down people.*

Bernard Gimbel

*Deliberate ignorance is a cowardly way of avoiding responsibility.*

Ernie Larsen & Carol Hegarty



Want to share your recovery story, RI experiences, or creative writings? Would you like them included in the Recovery Journal? Call Recovery Institute at 269-343-6725 or email: [rcorliss@recoverymi.org](mailto:rcorliss@recoverymi.org)

## Employee Chronicles

By Rosie Corliss

Recovery Institute is pleased to introduce Certified Peer Support Specialist, William Jones, to our readers. Bill was officially introduced to the idea of recovery in Feb., 2009, when he came to work with RI.

Bill discloses that he suffered with depression most of his life, but it wasn't until 1996 that he was diagnosed with Attention Deficit Hyperactivity Disorder (ADHD). Working as a unit clerk for Bronson Hospital, he struggled to pass a required medical terminology course. Although he maintained a 4.0 in college, he declares he was unable to remember the medical terms in spite of his best efforts.

The disability counselor with KVCC encouraged Bill to undergo testing, and learning ADHD is an illness was a major breakthrough. Bill shares that he had "suffered" much of his life with hyperactivity, poor social skills, and an inability to focus.

Growing up in a small town in IN. in the '50s & '60s, few resources were available to address learning disabilities or mental illness. Bill divulges that he received ongoing punishments in grade school, including having his mouth taped shut, sitting in the hall, being shut into the janitor's closet, and frequently being sent to the principal's office.

As an adult, Bill states he rarely held jobs for more than 6-12 months before being terminated due to poor concentration and feeling overwhelmed.

Following the ADHD diagnosis, Bill participated in Dialectical Behavior Therapy (DBT). The class was extremely difficult, however, Bill emphasizes that it was

the most helpful thing he could have done.

Through active participation, Bill has developed everyday coping skills. He learned how he had masked anger as he became able to recognize his disappointments, frustration and aggression.

Road rage was a major problem for Bill, so he enlisted the aid of a dash figurine whom he donned "Gladys." Named after a good friend who always suggested he "slow down", this prompted him to "relax, breathe, and pull back", whenever he found himself stressed in traffic. It served as a prompt to remind him of his humanness, and that "situations don't have to dictate what feelings I have."

Approximately 6 years ago, Bill received a diagnosis of Bi-Polar Disorder. With treatment and understanding of the illness, Bill has filled in pieces of the puzzle centered around many of his life long struggles.

An only child, Bill confesses he was pampered and sheltered from some integral life lessons by his Mother. They were very close, and when she passed away in 1993, Bill affirms this was the most difficult time of his life. "I didn't learn to grow up until my Mom died", Bill acknowledges. He found this was the most spiritually challenging time of his life.

Bill said with the support of good friends, excellent mental health providers and his religious convictions, he made it through this period a stronger and healthier person.

Life has presented Bill with many challenges that he's worked hard to overcome. He maintains that he's been blessed by

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## Living in Recovery

(Continued from page 1)

get ready to return or continue higher education. The class parallels a college course yet provides a safe and supportive environment. Reservations are needed by Friday, Jan. 8th.

*Pathways For You*, strengths based and recovery focused, begins Monday, Jan. 25th. Former students highly recommend the class and say it gave them hope, encouragement, support and empowerment.

Reservations are needed by Tuesday, Jan. 19th.

*PATH (Personal Action Towards Health)* workshop will kick off on Tuesday, Jan. 26th. PATH focuses on challenges of living with a chronic health condition, while managing mental health recovery. Reservations must be in by Wednesday, Jan. 20th.

*WRAP (Wellness Recovery Action Plan)*, focuses on hope and proactive life decisions. It'll be offered this spring by Certified Wrap Facilitators and begin Tuesday, March 30th.

*PALS Video Group* will be reinstated the first Wed. of every month at 1:00 p.m., beginning January 6th. Please join us in Suite 316 of RI.

*PALS Card & Board Games* will meet the 3rd Wednesday of every month beginning Jan. 20th. This is a great way to spend a winter day, having fun and enjoying friends.

The *Computer Lab* is available for RI members to use. Instruction is offered by appointment only:

**Tues. & Fri., 12-3 pm;** and **Wed. 1-4 pm;** & **Thur., 1-3 pm.**

ArtWorks continues to meet every Wed. afternoon from 1:30-4:30 p.m. Please join us and realize your creative side.

More info on classes or services may be obtained by calling RI at 269-343-6725 or by visiting our website at: <http://recoverymi.org>.

**Even if you are on the right track, you'll get run over if you just sit there!**

**Will Rogers**

## Employee Chronicles

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meeting and receiving services from wonderful counselors and professionals.

As a young child, Bill had pervasive speech obstacles. Difficult to imagine now, Bill stuttered but was referred to a speech therapist in 2nd grade. She in turn referred him to Ball State's Speech Therapy program, and he continued with therapy for several years. Bill speaks quite eloquently and presents remarkably well to a variety of audiences.

Having ongoing migraines, Bill was one of the first recipients of bio-feedback treatments in Kalamazoo in 1978. He said it took 6 years to successfully incorporate self-monitoring skills.

Bill professes to love his job and believes God has given him a second chance. He refers to an old spiritual, *God Has Shined On Me Once Again*, and states "you have to look within

## Creative Angles

**Now I See Some Hope**  
By Nancy Liggett

The roots have been exposed as I unwrap them from around my neck and cut myself free.

I see things I never saw, as I breathe freely and effortlessly; without guilt or pain; without the need to apologize or explain. I am free from the strangulation of my repression. Now I can finally heal.

Time to let go of the anger, for the ignorance and injustice of humanity; for the darkness inflicted on me by those who had it inflicted on them.

Thanking my God for seeing me through until I understood that none of it was my choice. %

yourself to make it."

Upon earning a B.S. in Business Administration from Aquinas College, Bill's dream was to work in Human Resources. He maintains that its good to have goals and things to strive for, but if the timing isn't opportune to meet those goals, its okay, keep going.

When asked what is different in his life now as opposed to last February, Bill asserts that he is growing mentally, emotionally and spiritually.

He has greater ability to see his faults and accept his humanness. He claims he's better able to deal with his ADHD and realizes mental health is a means of the journey.

Bill lives "one day at a time", and is learning to sit

**You'll Never Know**  
By John Swift

You'll never know what life may bring—it could be good or bad. The one thing you do is never live in the past.

Life might bring you happiness and joy or life might bring you heartache and pain. One day you might be on top of the world and the next never be the same.

Don't plan your life too far ahead, because you might never get there. Just live your life day-by-day, and live life the best way you can. %

back and take things as they come. He says he has learned not to overreact.

At this point he would like to return to school to get a Masters in Family Counseling and work with kids who experience learning disabilities. Bill wants to continue to spiritually grow in Christ, become of greater use to the community and help others find their way with support.

For recreation Bill loves to travel whenever possible, shop (he really enjoys 2nd hand stores), ride horseback and read his Bible as well as short stories.

**SAD FUNDAMENTALS**  
By Phil Royster

Seasonal affective disorder (SAD) also known as winter depression or winter blues, is a mood disorder in which people who may have "normal" mental health throughout most of the year experience depressive symptoms in the winter or, less frequently, in the summer. Symptoms of SAD may involve: difficulty  
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## MEMBER HIGHLIGHTS

Recovery Institute (RI) welcomes Chris Bradley and is delighted to have his active participation with the PoWeR (Peers for Wellness and Recovery) Group.

Chris began an early career training for professional wrestling. He also worked in a residential treatment setting for 5 years. Introduced to RI by fellow member, he decided to join and apply for a position with the PoWeR Group.

Giving inspiration to others is important to Chris, and he hopes to effect at least one or more persons by sharing. He enjoys telling his story and receiving feedback from people in the community. After presenting, Chris says that he experiences a "sense of wellness", and is continually encouraged from the stories from his peers in recovery.

Chris' goals are to maintain his sobriety, continue with PoWeR Group, and enjoy life.

One of the founding RI members, Marilyn Birdsall, states that her participation in PALS swimming group at the YMCA has been beneficial to her health. She really enjoys swimming and her doctors recommended that she become involved with PALS and she has been active for approximately 7 years.

Marilyn worked for the Kellogg Foundation where she reveals she received a hug from Tony the Tiger. She enjoys antiques and intends to keep on swimming for recreation. Feeling refreshed, relaxed and more positive are advantages of exercise. She misses it when she doesn't go, and notices that she experiences more depression. So, Marilyn intends to keep on swimming and have a positive outlook on life!

## SAD

(continued from page 3)

waking up in the morning, tendency to oversleep and/or overeat, and especially craving carbohydrates, leading to weight gain. Other symptoms are lack of energy, difficulty concentrating or completing tasks, and withdrawal from friends, family, and social activities. All lead to the depression, pessimism, and lack of pleasure characterizing a person suffering from SAD.

The result of misalignment of a person's sleep-wake phase, SAD is caused by short days

and lack of daylight in winter months. The body's internal clock, or circadian rhythm, acts contrary to its normal cycle, causing one to be "out of sync". Another explanation is that vitamin D level are too low when people do not get enough Ultraviolet-B on their skin.

There are many different treatments for classic (winter-based) seasonal affective disorder, including bright light therapy, medication, ionized-air administration, cognitive-behavioral therapy and carefully timed supplementation of the hormone melatonin. Light therapy can

## SUICIDE AND MENTAL ILLNESS By Sean Jennings

A topic of vital significance, yet one frequently relegated to silence, is the tragedy of suicide. One of the leading causes of death in the U.S., over 33,000 people die from suicide annually. Studies show that at some point in their life, 90% of those who commit suicide have received diagnoses of one or more psychiatric disorders. Education, consideration and discussion are necessities for families/friends of and individuals themselves who have thought about or attempted suicide.

The majority of people who have a mental illness do not die by suicide, but *having* a mental illness increases the likelihood of suicide compared to people without. The strong association between suicide and mental illness includes but is not limited to: major depression, bipolar disorder, schizophrenia, anxiety and personality disorders, eating disorders, and alcoholism. Between 12-20% of people diagnosed with one or more of these, die every year from suicide.

There have been many people who historically considered suicide to be a moral issue. Research, however, has clearly

demonstrated physiological issues play a significant role. There is a definite relationship between low levels of serotonin in cerebrospinal fluid among people who have attempted or completed suicide. There is also evidence suggesting that people may have a genetic predisposition, as is thought the case among many mental illnesses or addictive behaviors.

The question remains, *how* do we help ourselves and/or others who are feeling suicidal? The first step is becoming aware of feelings and behaviors. Here are signs of potential suicide. If they say: life isn't worth living; my family would be better off without me; I won't be around to deal with that; I can't deal with 'it' anymore; life's too hard; I'm better off dead, etc.

Statements or actions indicating hopelessness or helplessness about life should be considered red flags. These feelings generally accompany one or more of the following common behaviors. Included but not limited to: giving away personal items; signs of planning suicide (getting a weapon, writing a suicide note); loss of interest in usual activities; withdrawal from family/friends; fatigue/alcohol/

THE PRINCIPLES OF PEER SUPPORT CLASS BEGINS MAR 15-APR 28 AT KALAMAZOO COMMUNITY COLLEGE. APPLICATIONS ARE AVAILABLE AT RI. SUBMISSION DEADLINE IS JANUARY 22ND, 2010

also consist of exposure to sunlight, either in the form of spending more time outside, or use of computer controlled mirror devices called heliostat to reflect sunlight into the windows of a home or office. An alternative to using bright lights is to take Vitamin D supplements.

drug use; increased loss of energy; change in weight or appetite, increased alcohol/drug use; increased impulsivity, etc. Being aware of changes in actions, feelings and perceptions are usually the best indicators.

If you are suicidal, TELL SOMEONE how you're feeling. Whether it is a friend, family member, case manager, therapist, or co-worker...talk to someone about how you are feeling. We all need help at different times, but we have to get ourselves to ask for it. If you think someone you know is suicidal, ASK THEM if they are. Asking someone if they are suicidal WILL NOT make them commit suicide, That is a myth and research does not support that view.

If the person is suicidal, listen to them...be a friend. Let others close to the person know. The more supports, the better. Police can also be called to perform a Health and Welfare check, if there is no other way to keep the person safe. For more information on suicide prevention, and available resources, locally call 381-HELP (1510) or 1-800-273-TALK (8255). These can be called 24 hours a day, 7 days a week, 365 days a year. There are also numerous Web sites with helpful info.

Questions or comments? Call Rosie @ Recovery Institute  
269-343-6725

or email: rcorliss@recoverymi.org