

VET TO VET

THE TRAINING MANUAL



Drawing by
moe

Special thanks to Ererra Community Care Center, VA GLA, VA Montgomery/Tuskegee, VA Madison and North Chicago, Swords to Plowshares, Vinfen, VA Boston, and VISN 1 MIRECC

Vet To Vet Preamble

We are proud to be part of the Vet To Vet program

We are proud to be part of an alliance with family members, professionals and other mental health consumers

We work together out of sense of shared respect and dignity

We work to improve and increase mental health services through community education and service. We work together not against each other. We try to find solutions through education. Our motto is Gladly Teach Gladly Learn

We believe that people with a psychiatric condition, our families, friends and advocates have the right to services and information which assist in making informed choices

We believe that people with a psychiatric condition have the right to learn, live and to work in the community

We believe that services to people with a psychiatric condition should be driven by participants in the program. We should focus on the functional needs of the veteran with mental illness with possible family involvement as the services are provided.

Recovery, Education and Community Service can be core job opportunities for future consumer employment in mental health services

How to Start a Vet To Vet Meeting
By Naomi Pinson, MA
Psychiatric Rehabilitation Fellowship
Ererra Community Care Center
VA West Haven, Connecticut

Site Development:

Sites must be identified prior to the meeting being set up and the recruitment of Vet to Vet meeting. A relationship with a site contact person established.

Once you have located your site, call the person in charge and explain that you are interested in starting a Peer Support meeting there. Ask if they have heard of this type of meeting, and if they are interested in having such a meeting in their facility.

A relationship with a site contact person must be established before any thing else can happen. Make every effort to meet this person *in person*. Ask them to set aside an hour to meet with you. Bring examples of the materials we use (Recovery Workbook, MIA, Working Life about Supported Employment, etc and your business card).

Be sure to explain clearly that Vet to Vet is a part of the mental health system, and that we recruit, train and monitor our facilitators.

Offer staff training or staff and consumer training to your site contact person. Your training should be offered to fit the needs of the site (i.e. ten minutes to twenty minute, half hour and hour, hour and a half presentations should be offered). Offer to do more than one training. Wherever possible, bring another Vet to Vet Facilitator who can speak about the experience of facilitating the meetings. Meet with the other Vet to Vet Facilitator prior to the training to review (and rehearse) what is expected of them. Usually this can take place an hour before the training.

Training should describe the project; introduce yourself and the Vet to Vet Facilitator to the staff and/or consumers. If the video is shown, make sure you leave time to answer some questions.

At the first meeting, make sure to discuss that a space to meet in and some available times can be thought over (get the person thinking about this). Be specific about the needs of the group, space should be pleasant and as confidential as is possible within the necessities of the site. This needs to be identified prior to anything else happening.

Recruitment of Vet To Vet Facilitators:

Rehabilitation Counselors or MSWs or LMHCs, or Program Directors, and/or Assistant Directors are a particularly good resource for identifying consumers who are looking for a more productive role and are on their way back to school or work. Staffs of residential treatment settings and/or day programs usually know who would be interested – and capable. People who have been attending meetings in other locations are also great candidates for becoming future facilitators.

Vet to Vet does not provide transportation to and from the meeting. And, we are asking for a year's commitment; and that reliability and courtesy are the most important attributes we look for.

After you have identified one or more consumers for the area (location) in which you intend to make the meeting happen, make an appointment to meet. Do your screening alone and in a confidential space. If no such space is available at the site where you meet the potential facilitator, take them out to a restaurant and buy them a cup of coffee.

The intention of the first meeting is to get to know one another informally, and for them to become more familiar with Vet to Vet. This is a time in which to outline our goals (Psych/social education and peer support) and to inform the veteran of what the facilitator role consists of.

It's important at this time to discuss the scope of the program, i.e. how many and what type of meetings we currently have (leave a meeting list with them), the fact that we try to "partner" everyone, to go over the fact that people have to provide their own transportation. Tell them that while the meetings usually last only an hour, a second hour is expected from them to get there early, stay late, and be available to talk to people during the week.

Check to see if they have ever taken part in any other self-help type group, an advocacy or consumer member group, have taught Sunday school or participated in other community activities (such as a tenants organization, a woman's group, a church group, PTA etc., NOT group therapy). If the person has never participated in a community group discussion but has attended group therapy, explain that the Peer Educators Project is a community organizing model and NOT a therapy group.

Our goal is to build knowledge and community, to share resources, and to support one another. We have "meetings" NOT "groups". The facilitator's role is not to "teach" or to "preach", but to make people comfortable to talk about themselves and to help one another.

People often confuse the role with peer counseling or co-counseling. Vet to Vet doesn't do peer or co-counseling. We are not a psychotherapeutic model. We *do* share information about rehabilitation, advocacy, community resources, and personal or political triumphs. Check back with the person to see if she or he has grasped the difference between peer support and therapy.

Explain that regardless of what type of experience they have (or don't have, as the case may be) we do "on the job training" and will be with them for the first several meetings, as well as available to help them trouble shoot any problems that may arise after they are on their own.

Two tools, "Qualities of a Vet to Vet Facilitator" and "The "Vet to Vet Checklist" should be given to the interviewee to review for your next meeting with them. **No promises of a position should be offered at the first meeting.** The position should be described as well as the expectation that they will stay for at least a year, will be expected to occasionally participate in trainings, etc.

\ Ask to have the interviewee read aloud a paragraph from the Recovery Workbook or the Double Trouble in Recovery manual. Ask her or him to explain the meaning of what they read. Sometimes people can "read" but don't understand content. Other times people may appear to be poor readers but understand the content. If you aren't sure during this short exercise, ask them to read another paragraph.

If the person says they "forgot" their glasses, but can read, explain to them that you are willing to meet one more time, but that the next time they *must* bring their glasses so that they can read **to you**. A person who fails to bring their glasses to the second meeting will not be hired. If the person can't read well enough to understand the materials, but is trying, explain gently that we need someone who can fully understand the materials. Gently encourage them to attend adult literacy classes which they can find, free of charge at any town library. These are called Labauch Literacy Programs and utilize one on one tutoring for two hours a week and structured computer exercises.

Finally, but not least, Vet to Vet Facilitators works with people from all walks of life. Ask the person if they would be comfortable with this. Explain that in Vet to Vet, diversity is highly valued. Explain that we attempt to partner people from different backgrounds with one another so that we can make as wide a group as possible feel comfortable. Ask if they would have any trouble working with someone of a different gender, ethnicity, etc.

If the interview goes well and the person seems genuinely interested, make another appointment for a week later. Ask the person to review the booklet (give them the correct booklet, i.e. "Peer Facilitator Manual", "Recovery Workbook" or "MIA", etc.) and tell them to bring it to the next meeting along with the "Vet to Vet Checklist."

During the second meeting ask if they have read the booklet and what they thought about it. They do not have to have an elaborate knowledge, but if they haven't a clue, this isn't a very good sign. Ask them if they feel comfortable with the materials. During this meeting, explain that you will let them know at the follow up meeting whether or not they will be facilitating a meeting. Then make the next appointment.

If they "pass" this part of the interview, and everything else checks out, offer them the position, review the Vet to Vet Checklist with them, and have them check off each item and sign it. Take a copy to go in their file and leave (or send) a signed copy with them. Remind them that there will be ongoing supervision and training. Good luck!!

Checklist for Vet To Vet Facilitators
By Naomi Pinson, MA
Psychiatric Rehabilitation Fellowship
Ererra Community Care Center
VA West Haven, Connecticut

As a meeting facilitator for Vet to Vet I agree to abide by the following duties (please check off each item as you read it):

- _____ To provide a welcoming and safe atmosphere that is recovery oriented.
- _____ To show up thirty minutes before the meeting.
- _____ Alert people that the meeting will be starting on time.
- _____ Prepare the room (put out snacks, make chairs in a circle, etc.) and, after the meeting, put it back in the condition you found it (it's always ok to ask people who attend the meeting to help you with this.)
- _____ To stay for the *entire* meeting regardless of who shows up, or who doesn't show up.
- _____ To prepare recovery focused topic for discussion and materials/handouts prior to the meeting.
- _____ To call your partner in advance if you can't be there, and make sure he or she can cover the meeting.
- _____ To call the Vet to Vet Coordinator in advance, to find out if any one else is able to cover the meeting if your partner is unable to, or you don't have a partner.
- _____ To bring any questions or issues to the Vet to Vet Coordinator's attention, right away.
- _____ To maintain a friendly relationship with the site contact person and any other workers.
- _____ To fill out my consultant vouchers fully and send them in by the end of each month.

_____ I understand that any errors on the consultant voucher may result in late payment.
Please print your name, then sign and return as soon as you can, to:

_____ Please PRINT Your Name Here

_____ Please SIGN Your Name Here

Checklist for Vet To Vet Facilitators
By Naomi Pinson, MA
Psychiatric Rehabilitation Fellowship
Ererra Community Care Center
VA West Haven, Connecticut

As a meeting facilitator for Vet to Vet I agree to abide by the following duties (please check off each item as you read it):

- _____ To provide a welcoming and safe atmosphere that is recovery oriented.
- _____ To show up thirty minutes before the meeting.
- _____ Alert people that the meeting will be starting on time.
- _____ Prepare the room (put out snacks, make chairs in a circle, etc.) and, after the meeting, put it back in the condition you found it (it's always ok to ask people who attend the meeting to help you with this.)
- _____ To stay for the *entire* meeting regardless of who shows up, or who doesn't show up.
- _____ To prepare recovery focused topic for discussion and materials/handouts prior to the meeting.
- _____ To call your partner in advance if you can't be there, and make sure he or she can cover the meeting.
- _____ To call the Vet to Vet Coordinator in advance, to find out if any one else is able to cover the meeting if your partner is unable to, or you don't have a partner.
- _____ To bring any questions or issues to the Vet to Vet Coordinator's attention, right away.
- _____ To maintain a friendly relationship with the site contact person and any other workers.
- _____ To fill out my consultant vouchers fully and send them in by the end of each month.

_____ I understand that any errors on the consultant voucher may result in late payment.
Please print your name, then sign and return as soon as you can, to:

_____ Please PRINT Your Name Here

_____ Please SIGN Your Name Here

Department of Veterans Affairs
Vet-to-Vet Facilitator
Written at Ererra Community Care Center by staff and veterans

COMPETENCIES

1. Adheres to the following infection control procedures:
 - a. Universal Standards/Precautions
2. Adheres to the following safety procedures:
 - a. Use of equipment
 - b. Hazardous waste and materials
 - c. Body mechanics
3. Responds to the following emergency procedures:
 - a. Fire/Disaster/Evacuation
 - b. Medical Emergencies
 - c. Psychiatric Emergencies
4. Participates in quality improvement activities.
5. Adheres to security and confidentiality policies.
6. Maintains patient confidentiality.
7. Demonstrates a courteous and caring attitude towards patients, families and co-workers.
8. Provides for patient, visitor and staff safety.
10. Attends safety and other work related training as required.
11. Communicates effectively with patients and co-workers.
12. Maintains peer leader role (e.g., balancing self-disclosure and self-containment, self-awareness and awareness of others)
13. Provides support and education in the peer group setting.
14. Refers patients to appropriate staff when necessary.
15. Is aware of boundary issues.

16. Is aware of methods for disengaging from the relationship.

17. Participates in weekly supervision meetings.

Vet-to-Vet Facilitator

Date

VA Staff

Date

FACILITATORS MANUAL

By

Moe Armstrong, MA
Founder of Vet to Vet
Ererra Community Center
West Haven, Connecticut

Naomi Pinson, MA
Psychiatric Rehabilitation Fellowship
Ererra Community Care Center
VA West Haven, Connecticut

Values, ideas and concepts

Peer Educators Project and Vet to Vet have one central value. The statement below is the value that clarifies and informs all the others. If you ever feel stuck or unsure of what you are doing, read it and apply it to the situation you find yourself in.

Although we may use different techniques to facilitate different kinds of peer support meeting, please remember:

All people who attend peer support meetings have something to teach and share as well as something to learn from.

Mutuality:

Mutuality means that we share rather than lead. Mutuality means that people in the support meeting have similar backgrounds. We receive or have received in the past mental health services and are able to self disclose about our experiences

Being able to self disclose about having mental illness is difficult for some of us. Within our meetings, we have the opportunity to overcome any shame or stigma that we have experienced because of our psychiatric condition.

We can overcome shame and stigma through sharing strength and hope through mutuality. Mutuality means that the learning and sharing is done through community and not by lone individuals.

Mutual Support

Often peer support meetings are referred to as "self-help" meetings. This is not the way we see it. 'Mutual support' is a term to replace 'self help' and better reflects what we get out of going to support meetings.

Recovery does not take place in a vacuum - we all need and in fact must have healthy natural supports. We also need the support of our provider(s). Without such supports we are more vulnerable to relapse from both our psychiatric condition and/or our alcoholism/addiction.

Our meetings encourage, validate and support our recovery in an ongoing fashion. Just as we allow others to be there for us, we are also there for them. Therefore, peer support meetings are not "self-help" meetings, although our "self" will be helped through them; rather they are mutual support meetings.

Replacing the term "self-help" with "mutual help" gives definition and direction to the reality that we are learning, living and improving through sharing our strength, hope and knowledge TOGETHER

We don't just take. We also give back. With mutuality, there is an ongoing sense of us, rather than "I".

The question is not just "What can I get out of this?" Rather it is "What can I contribute to this?"

Help:

The idea that we need help or need to ask for help can be difficult. Yet, asking for help can be an unrecognized form of empowerment. People might have gone through life too proud, too afraid, or simply too cut off from others to ask for help. We have found that asking for help can give voice to a person.

Going to peer support meeting greatly increases our chances of hearing about or learning about ideas that can help us. Asking for help is part of the daily life of people living in a community.

On occasion when we have asked for help it was not forthcoming, or not the kind, of help we needed. Continue to learn how to ask for help.

We can also accept what is offered to us. We may have been too proud or alienated to receive what is offered us. We didn't like the what was offered, the way it was offered, or it wasn't exactly what we asked for. Today we can recognize that getting the exact right help that we identify as needing is not always available.

Our friends, sponsors, family members and providers turn out to be perfectly imperfect human beings just as we are. The help we ask for does not need to be perfect, only good enough. Things can work out even if it's not exactly the way we think it should be

We can have a million reasons for refusing help. Then, getting help becomes impossible. When we refuse help a lot then we can wear people out. They may not want to work with us or others. Still, we want to learn to ask for help when we need it. We also need to learn to develop the grace and gratitude to accept help. Learning to accept help and explain what help is being offered is something that we can learn in our support meetings.

Help for the helpers:

As peer facilitators, we both facilitate and participate in our support meetings.

The benefit of this is twofold: 1) it protects from getting a "big head" (something that can very much negatively impact our own recovery), and 2) it means that we, too can ask

for help. Many of us don't ask for help when we need it. We don't want to become "burned out" and let down. Peer support facilitators need to learn how to get help along the way. Even though we are helpers, we can need help.

As facilitators, we learn how to get help before we are desperate for it.

Many of us who have mental illness or who are dually diagnosed wait until we are in crisis to ask for help.

Attendance in peer/mutual support meetings is one way to reduce some of the negative aspects of our mental illness. We don't have to wait too long to ask for help. In our meetings, we share on a day to day basis. We head off crisis before it happens. We develop the support that we will need before crisis happens.

This is both "prevention" and "intervention".

Prevention:

Prevention is more than just a form of symptom reduction. Prevention from the negative aspects of our psychiatric conditions usually means that we will need a big change in the way we are living our lives. For instance, we will need to develop relationships with other people who are also in recovery - people who are traveling the same road we are on, or those who have gone before us burning the trail. Prevention might mean that we will have to learn to take better care of ourselves. We might need to learn to exercise every day and to eat right. We might have to learn to turn off the T.V., open a book or take a course. If we don't have money, this may mean asking a friend to show us how to do something, leaning something new that can enhance our lives, not just keep us standing still. For sure, we will have to learn how to have a calmer and healthier life style. This includes having people around us who can support our changes.

Intervention:

Still, our mental illness might not completely go away. We can rid ourselves of some of the triggers which can send us into crises, and we can learn better techniques for dealing with crises, but we can't avoid all of life's problems, big and small. Peer support, including developing friendships that are available to us outside the meeting, can help strengthen us so that when that crisis inevitably presents itself we can meet it with calmness and equanimity rather than blowing ourselves or others out of the water. Therefore peer facilitators need to learn how to keep ourselves healthy so we can continue to learn, grow and work, giving to and taking from others. We continue to learn how to get help as we facilitate the support meetings.

Getting the right amount of sleep is critical:

One important aspect of changing our life is that most of us who have learned how to do well with their psychiatric conditions have learned developed a sleep routine. There seems to be a link between becoming psychotic and problems with sleeping. One problem is sleep deprivation. Even if we are not able to sleep well, we strive for extra rest if we need it. Learning how to get extra rest and the importance of rest and sleep can be practiced. We can learn the importance of rest and sleep before we become so stressed out that we are psychotic. If we have not been able to rest we can take some time off for self care. We can call our providers and work with them before we return to facilitating the meeting.

This is one of the reasons that we work in pairs, that there we are "co-facilitators." Co-facilitators will be there for the meeting when we need to pull back.

The opposite problem can be that we find that we are sleeping all the time. For example, we may find ourselves sleeping through appointments and fun things, too. In this instance we will need to discipline ourselves to stay in bed for just the hours we have designated to sleep, regardless of whether we sleep then or not. If we miss a night or part of the night's sleep because of this problem, we can decide not to sleep through the day and plan to keep our day very low key, recognizing that we will have some short term sleep deprivation. That night we usually will be able to sleep.

If we still can't sleep, we act, and call our doctors. We may need some get some chemical support to ensure that we do get some sleep. When we get that chemical support we will want to may sure that our doctor's understand that we are not asking her or him to medicate us for our symptoms only. Rather we are asking them to medicate so that we can function better. Clearly if we are too sedated, this won't help us to be able to function. Sleep is a critical ingredient in both getting better and managing our illness. With proper nutrition, exercising and scheduling we should be able to achieve a good sleep routine.

For facilitators:

We try to ensure that we are rested and clear headed before we facilitate a peer support meeting. If we are feeling sleep deprived and out of sorts for an extended period then we may need to pull back. We can allow ourselves the luxury of being "just" a participant for a while.

We may need to ask trusted people in our lives to help us make this decision. If we stop for a time, this doesn't mean all is lost. On the contrary we can provide a tremendous power of example to others to respect their own healing process by respecting our own. These support meetings can be very healing.

By our behavior we are saying that each person has his or her own rhythm and pace, we count and that we are worth the extra time and effort it takes to get ourselves 'right' again.

Pacing ourselves:

Personal pacing is necessary to help maintain stability. Sleep and rest balanced with activity is important to help maintain stability. A certain level of activity, especially activity that involves physical exercise during the day can also help bring on sleep at night. Balancing work with play is another way in which we can help ourselves to become more organized and healthier.

If we are not employed we can think of our 'work' as learning something new every day. If we work all the time, or if all of our time is devoted solely to leisure pursuits, we are out of balance. Being out of balance can lead to being out of sorts with our self and with others in our life.

Knowledge:

We structure our meetings around studying materials related to our mental health or dual diagnoses:

Learning the four S's, how to become Sane, Stable, Safe and Sober happens through attendance at peer/ mutual support meetings. Sometimes this may take regular attendance over a period of time. Attendance may have to be done slowly until we build up our tolerance to a group or meeting format.

The benefits of meetings are incalculable. For the first time we are probably hearing from people who like ourselves, have one diagnosis or more of a major mental illness. And we are hearing how they successfully cope with it.

What, how and why we 'study':

A great deal of knowledge can be generated out of our support meetings. That is why with Vet to Vet and the Peer Educators Project have an educational foundation. We read material from current thinking about mental illness and then have a discussion. In that way, we gain a strong educational foundation.

We don't sit around and just talk about how we feel, although some of our materials may generate strong feelings. It is important to recognize people need for help with

stabilizing and understandings their feelings. However, the cornerstone of the Peer Educator and Vet to Vet support meetings is education.

Gaining good and useful knowledge is important. The term educational is used here because we are learning from books, magazines, videos and other materials about mental health, then sharing what has helped us in our own experience of mental health services.

How to select materials for the meeting:

When we choose out materials, we will want to choose carefully. There is a lot of misinformation about mental health and addictions out there.

We choose and read our articles and watch visual materials (DVD's etc.) carefully. We can ask a more experienced member or a mental health professional what they think before we share it with the meeting. If an article does not have good scientific evidence, that is, if it reflects only the opinions of various groups or an individual, we may choose to present it or not.

If we do present it we will want to tell the members that it is just the opinion of the writer or the organization they represent and has not been researched. Most of the time we will be able to find scientifically recognized or researched materials in mental health to use as a starting point for our discussion. In every support meeting we are learning from our materials as well as learning from each other.

So, scientific articles that are well researched and respected by the field of mental health services are good.

Other materials might be poetry, stories and even songs that expresses or relates to our mental health and substance abuse recovery.

Some of the materials we have found helpful are:

The Recovery Workbook (Exercises, text)

The Experience of Recovery (First person accounts of Recovery)

Published by Boston University by Martin Koehler, LeRoy Spaniol and Oori Hutchenson

Through the Seasons (Poems)

Published by Boston University Press by Mae Armstrong

These books can be ordered through Boston University Telephone 617-358-1837

The Hip Pocket Recovery Workbook, Koehler, Spaniol and Hutchenson, Boston University Press, and condensed by Mae Armstrong

This can be ordered through the Peer Educators Project 617-277-9799

The Well Recovery Action Plan (WRAP) and WRAP for Dual Diagnosis

An advanced directive, preparation for how to cope with psychiatric crisis, by Mary Ellen Copeland, Published by SAMSHA Telephone 602-636-4445

Co-Occurring Disorders Recovery Plan, (A Series by Foundations Associates)

Creating a Relapse Prevention Plan

Making Medication Part of Your Life

Learning About Relapse

How Medication Can Help You

These publications can be ordered through Foundations by writing or calling:

Foundations, 220 Ventura Circle, Nashville, Tennessee, 615-742-1000 or 888-889-9230

Recovering Your Mental Health (Series) by SAMHSA and CMHS

The books in the series are:

Action Planning for Prevention and Recovery

Building Self-Esteem

Dealing with the Effects of Trauma

Developing a Recovery and Wellness Lifestyle

Making and Keeping Friends

These books are free and can be ordered through

Center for Mental Health Services, 5600 Fishers Lane, Room 15-99, Rockville, MD 20857, 1-800-789-2647

Other books of interest are:

Lives At Risk, (about young people who are dually diagnoses with alcoholism or addiction and major mental illnesses) by Dr. Bert Pepper

Transforming Madness, (about psycho social rehabilitation practice in the framework of the author's brother's recovery) by Jay Nuegeboren

Report to Congress on the Prevention and Treatment of Co-Occurring Substance Abuse Disorders and Mental Disorders

By the U.S. Department of Health and Human Services and Substance Abuse and Mental Health Services Administration.

These are some books and materials we have used and still use in our peer support meetings.

Also, the Psychiatric Rehabilitation Journal and Psychiatric Services are two magazines that have good articles that will bring more knowledge about the mental health system and mental illness. Magazines like Newsweek and Time sometimes have articles which might be interesting, and are usually clearly written and easier to understand than some of the journal articles. Keep searching. Keep learning.

A word about non-readers:

Special attention and welcoming must be paid to the member who cannot read or whose reading skills are limited. A member struggling with literacy problems should be encouraged to attend and try to read. If this is not possible for them, suggest that they listen and then participate in the discussion. Because someone can't read does not mean that he or she does not have much to teach. Sometimes people who cannot read or who cannot read with comprehension are excellent orators (speakers) and come from a culture or tradition that values speech more than the written word. Such people are valuable to the meeting because they can articulate knowledge well.

Remember, even the member who cannot either speak or read well is as valued as anyone else. In our meetings everyone is seen as having something of value that they can contribute to the meeting.

Facilitators must be able to read on at least a 10th grade level:

When finding a new facilitator we can ask them to read a couple of paragraphs from an article and then tell us what is in them. Not knowing how to read or how to read well is a very stigmatized problem in our society, yet one in five adult residents of the United States lacks this skill.

Since much of our meeting is based on reading, it is important that the facilitator have good comprehension of written materials. We can check this out easily if we are courteous and considerate. People who have problems with reading are often very sensitive about this topic, so be gentle. When you are recruiting a new facilitator here is how to check for this skill. Get the person to read from one of the articles or workbooks you will be using. Then get them to tell you in their own words what it means. Sometimes people seem to read well but miss the main points or have low comprehension. This is the better part of reading.

Other people, not used to reading out loud, may stumble or read slowly, but have an excellent grasp of the subject matter. By this method you can judge whether or not the person can be a facilitator.

Other qualities of a good facilitator:

Facilitators are made not born. That is, even people who seem very unpromising can learn to facilitate provided they have these qualities:

They are genuinely interested in other people.

They are good listeners.

They speak softly but with authority (they are not afraid to redirect or teach the meeting format/protocol as needed.)

They use democratic process to decide on the format (for instance, no cross talk, no swearing or "purple" language are two that meetings commonly adopt.)

They use the format, not personal likes and dislikes, to guide the meeting.

They make sure that they are getting all the support they need to enable them to be of help to others.

They never let the meeting deteriorate into a monologue or dialogue, recognizing that all members should be given plenty of space to speak out.

They are sensitive to and aware of a member who may be shy, or have trouble sharing.

They are willing to walk the extra mile by reaching out to a member on the verge of relapse or who is simply having a hard time.

They take the time to familiarize themselves with local services (food pantries, shelters, Vet's Centers, etc.) and provide that information to their members as needed.

They understand the difference between a "war story" and a "recovery story" and can gently redirect the meeting towards recovery when it goes off base.

They never use the meeting to humiliate or put any member on the spot.

They are unafraid to ask for help when it is needed.

They never leave a member in need unattended to.

How to get a meeting started:

There are two ways to approach setting up a Peer/ Mutual Educational Support Meetings

1. Inside the mental health system

Principles and theories developed in peer/mutual support meetings have been used in the substance abuse field for some time. Alcoholics Anonymous, Narcotics Anonymous and all the other twelve step programs are some examples of this. Until recently the mental health community has not embraced peers from our mental health programs as meeting facilitators or consumer employees.

There have been some consumer employee initiatives, such as the State of Virginia model or Consumer Case Management in Colorado. This manual expands on that and is aimed at increasing peer support that partner within mental health programs. It will improve our (both peers and providers) ability set up specific support meetings inside programs.

Many mental health programs have life skills classes but these educational classes are generally taught by staff and not taught by the people from the programs. Mental health has missed out on the life experiences that people with mental illness can bring to the mental health system. Such experiences are often "more valid to consumers because they have been lived and are not just coming out of a book. Peer facilitators, peer specialist and peer counselors are beginning to work in the field in many states.

The idea of having the people in our programs be the people to work in our mental health system is an idea whose time has come. . However, many of the jobs like mutual (peer) support meeting facilitators and peer specialists will probably be part time work. These jobs can go a long way towards helping supplement the existing work being done in the mental health system. Some jobs eventually may lead to full time employment.

In peer support meetings with the Peer Educators Project or Vet to Vet, we share educational materials on various topics concerning mental health. Then, there is discussion linking people's life experiences to these topics. We try to stay focused on how to make use of the material we are studying I thus keeping the focus on recovery.

Educational support meetings facilitated by peers are not group therapy sessions. They are more like witnessing or testimonials given by people about surviving and learning to thrive despite their illnesses.

Bringing together people in peer support meetings can give a structure where people start to learn from each other and can stay together to keep learning. Recruiting, training, hiring and developing peer facilitators who come from our programs can bring about a sense of long term belonging and participation.

People can learn not only the characteristics of Mental Illness but also what the mental health system is about. Language is demystified and put into everyday terms. The diagnosis is seen as a part of each participants experience, rather than the sum total of who they are. People begin to feel more comfortable with themselves and the mental health system.

Peer educational support meetings are a chance to learn and teach about mental illness and the mental health system from one another and from providers who wish to participate as recovering people themselves.

2. Outside the mental health system

Peer/ mutual support meetings can also be done outside of the mental health system. Some people feel comfortable with talking about some of their concerns and having that discussion outside of the place where they receive mental health care.

However, educational support requires two elements:

1. People need to read some material which is recognized as valid or emerging as valid by the mental health establishment.

2. We call these get together meetings and not groups so as to distinguish them from group therapy. Support meetings are not group therapy sessions. Mutual help meetings are more like community town hall meetings/discussions rather than therapy.

Some people are not willing to go to the place where they receive those services and have discussions about their lives, strength, hope and knowledge. Having support meetings outside the mental health system is an option that has been going on for awhile. In the future, there will also be more and more educational support meetings both inside and outside the mental health system. However, most people who have serious mental illness live on very tiny fixed incomes.

Unlike people in NA and AA they often do not return to competitive employment, at least not right away.

Thus, our meetings are not able to be self supporting and must be subsidized somewhere. Some of us have sought grants for this, some have asked only for a room to meet in. In general we have found the mental health system helpful and receptive if not always understanding of what we are attempting to do.

Outreach

One of the elements of having a good turn out of participants in the support meetings is learning how to do outreach. The time needed to do outreach needs to be set aside. Many people from our mental health programs have not attended these support meetings in the past. Getting people interested and encouraging them to attend meetings is also a job equal to facilitating support meetings.

The first rule of outreach:

Go where the people are. Find out where the mental health programs are - and go there! Meet people including the people who take care of the people.

Learn to network with the directors of the agency and find out when the community meetings take place. Learn to do public presentations and explain where the support meetings are taking place and what they are all about. Practice public speaking.

Experience in facilitating support meeting can help in doing outreach, also. Facilitating a support meeting requires public speaking. Develop informal relationships with providers who can support your efforts and refer people to the meeting.

Providers need education too! Too many peer support efforts have foundered and failed from leaving out this essential step or doing it half heartedly. When you present/public speak remember to STAY POSITIVE. After all, you want something and are more likely to get it through praise and gratitude than criticism and anger.

Even if you have had bad experiences in the system (and who hasn't?) don't lead with these. Later, when trust has been established you will find out who is open to change and who has the power to effect that change. Right now, you are just about building relationships. Learn to do all that can be done to connect with people. Connecting with people is a skill which needs to be learned.

How to connect:

Connecting requires a genuine interest in the person or people who we are with. We enjoy our time with people. We get to know who they are and what we can do together. We understand where we agree and where we disagree. We don't expect everyone to agree with us. Learning how to connect first before helping is important. So in our connecting with people and learning how to be helpful, we need to:

1. Learn what are people are saying.
2. Learn who they are and what they need and want.

Again, we need take a genuine interest in the person who we are with.

Try to have a regular conversation with people in the support meetings. Don't active listen or therapies the conversation. Just talk. Remember, connecting with another person sometimes also requires some level of self disclosure. Conversation needs to be a two way discussion. Peer support conversational style requires that people share about their hopes, dreams, miseries and struggles. Remember, there can be times when listening to another person is a job. Staying alert and connected with another person can require extra effort.

Being a peer facilitator is a job. Seeing each person fresh and not being judgmental about our past experiences with them is also important and hard work. We have probably spent time with some of the people in the support meetings by our past time together in the mental health system. We can connect with the people who we are with in way that is comfortable to them and to us. We can start fresh connecting with some of the people who we have known. If we don't know them, we know someone who knows them and/or they know some one who knows us. Most of us have been moving together through the mental health and/or substance abuse services for awhile.

Self disclosure isn't a just a choice. Self disclosure is a form of honesty which comes from recognizing why and how we got into the mental health system We are helping ourselves as well as. helping others. We are trying to gain some knowledge of our psychiatric condition and knowledge of our time in the mental health system. We can share that knowledge with each other.

Presence:

Presence is a special state of attentiveness-not only attentiveness to another person and the environment, but also attentiveness to our own personhood. Through presence we can be of better assistance to other people and to ourselves. We can be present and not be intrusive.

Presence is paying attention-paying attention with a sense of sincere interest in the people whom we are with, the environment we are in, and the experiences that we are having. We are aware of our self and others. We pay attention without being intrusive. Again, we can pay attention by having a authentic curiosity about the people who we are with and our time together. Therefore, we pay attention because we enjoy the situation that we are in. We can discover, rediscover, and enjoy the people who we are with.

As meeting facilitators, we understand that we work for the betterment and improvement of others and of ourselves. We have come to terms with the fact that we are good people. We work hard and we make a difference in the lives of other people.

Through realizing that we do make a difference, we gain the strength to continue the work of recovery for others and for ourselves.

All people are recovering at various times from disability, trauma, disappointment, and difficulties in relationships. Because the process of recovery is common to all kinds of situations, we can learn from one another. We can learn new ways to promote our mutual recovery process.

Presence is not seen. Presence is not thought about. Presence is like a breath. It happens even when we aren't thinking about it. Presence is being active when not moving. We are alert and attentive without being hyper vigilant. Presence is being here, right now in the moment, experiencing the moment-without holding on to it. Presence is also taking time to continually learn about others and ourselves.

We need to have personal strength to work in mental health. Presence can strengthen ourselves for the moment when we are needed. Through presence, we learn to have confidence in our stamina. Through presence, we can strengthen our minds so that we find solutions with others as they need them.

Presence also requires renewing ourselves, as well as being present.

Presence is understanding ourselves and pacing ourselves so that we aren't exhausted. Presence means that we don't inappropriately try to take over another person's life. We do not know how to lead another person's life better than they do. We do not need to be the expert.

We do need to learn is how to work collaboratively with others-respecting their ability to understand their own life, to change situations that haven't worked for them, and learn how to assist them in their own best interest.

Through presence, we can learn how to pace ourselves both physically and mentally. We can slow down, assist each other to focus on what is happening in the present, and preserve our energy for the collaborative work that real change requires.

Presence means getting out of the office and into the lives of people. Discovering and exploring are also parts of presence. Presence makes discovering. We are focused on what is happening and open to learning.

We are probably born with presence and attentiveness. The natural state of most infants seems to be one of presence and attentiveness. We often lose this sense of presence over the years as we find it more and more difficult to safely be ourselves. Yet, we can

learn to accept ourselves, to love ourselves, to feel safe with ourselves, and to have presence. We can be present and attentive.

Again, presence can only work if we are moving toward physical and emotional health. Attentiveness can only work if we are rested and emotionally healthy. Through presence and attentiveness, we are trying to promote a life which is healthy for us and for other people. And people with mental illness can achieve physical and emotional health-even if the elements of the mental illness continue.

We can pay attention to others only if we can pay attention to ourselves. If we can know who we are and what we can do, we can develop a sense of presence.

We don't mean false pride. We mean humbly going about our work, open to our experiences and the experiences of those people we are assisting. We need to have presence and be attentive. We need to have presence to assist another person to pull his or her life back together.

We can have presence. We can be attentive. We can assist others because we value them and ourselves.

Exercise

1. Break into small groups. Three to four people in each group. Turn your back to the mutual(peer) support meeting facilitators. The facilitators will start to talk and you will have to pay attention. The secret is being attentive without eavesdropping. Be interested without seeing. Turn around and have a discussion about what you heard. Don't analyze. Don't use psychiatric buzz words to define what took place. Just talk with each other.

2. Keep in the small groups. Talk about what you did for the week. Have a discussion with everyone in the group, including the facilitators as part of the conversation. People can also talk about what they would like to do. Practice having mutual conversations. Stay away from anyone being a leader or dominant.

3. Quietening exercise. Sit with hands folded and breath in quiet for ten minutes. Just think, count your breathes and relax your mind. Breath in and out. Listen to your breathing. Slow down. Relax.

Assisting and being assisted:

First we need to be very clear that assisting another human being is an honor. Assisting another human being is also a valid form of work. Assisting is a job which needs to be done. And conversely, there is nothing wrong in being cared for. There is nothing wrong with being assisted by another human being. We only do our work as long as we can.

When we are tired then we need to rest. We need to stay flexible in the time we spend with people so that we are rested. It is not necessary to burnout in order to help others.

Helping others is not a burden. Our work can nourish us, if we can learn how to have presence and be present we can become nourished from our work because hope, respect, warmth, and clarity are attitudes which can nourish and renew people.

We assist human beings because we are compassionate. We are committed to compassion. Our compassion comes from understanding and accepting ourselves. When we can feel compassion toward ourselves then we can show compassion toward others.

There is nothing wrong in showing compassion or caring for another human being. We show compassion to our fellow workers and the people who receive our services. We are trying to build a community of mental health care and assistance. Therefore, we can mutually share compassion among ourselves, our fellow workers, and the people we are assisting.

We can give compassionate care and we can also receive compassionate care. The frustration of working in today's mental health system can make us forget that all people with mental illness need our presence and attentiveness. By strictly defining rules, regulations and policies, workers and clients from our own agency or department of mental health can create tensions in the lives of people.

The struggle of how much to assist another person is unending. How much assistance a person needs changes daily. We are in a constant flux of trying to understand how much assistance can we give and how much assistance does the person need and want. Also, we get tired. We make mistakes. We say and do the wrong things. We get angry. We get sad. We are not able to do all we would like to do.

Presence and attentiveness are attitudes and practices that need to be regularly reviewed and updated. We think that we are attentive at one time. Then, we find out how to pay better attention to the people who we are with. We learn to better enjoy the companionship of the people who we are with. We are continually learning how to better documents our observations through the conversations that we had - not just on clinical judgment.

Educational peer support meetings require that facilitators not only show up on time and start the meetings. Learning to have presence and assist people is just as important. We need to practice and learn those skills through the following exercises.

Exercise

1. There can be a treasure hunt. The treasure hunt will go to specific points in the building. The treasure hunt will focus on people opening doors for each other. People

will find the information at the sites and share the information with the people in the group.

At the end of the treasure hunt, there will be some snacks. People will give each other the snacks and eat them. The idea is doing for each other. Inspirational quotes will be the treasures which are being searched for. Maybe, write¹ on a piece of paper and in a colorful box.

The snacks at the end of the treasure hunt will also give people the time to talk about the inspirational messages that they gathered from the treasure hunt. People learn to do tasks with each other while talking.

2. Quiet. Hands folded sitting down and deep breathing for ten minutes. Count our breathes. Keep reminding ourselves to relax, clear our mind, relax.

Assisting:

Our job is to assist other people with a psychiatric condition to go through life. To assist another person, we need to also be healthy and maintain our own health. The concept of assisting comes from the independent living movement. Personal care assistants work with people who have physical disabilities. They are assisting not helping. Assisting give the impression of people working side by side. Assisting also implies collaboration and mutuality. There are fewer interpersonal barriers with assisting.

Assisting can be very practical such as sharing chores around the house. Assisting is doing with someone not doing for someone. Assisting can include conflict resolution. Assisting also involves learning from those whom we assist.

Assisting a person with the use of presence means not using some listening technique. We listen and pay attention because the person means something to us. We listen because we are present and attentive to the person. Assisting" becomes a natural response to a person in need.

Presence and assistance also means building relationships and coming to a variety of interpersonal understandings before or when a crisis occurs. We get to know the other person and the other person gets to know us. We share observations and perceptions. We share experiences. We become neighbors in a recovery oriented mental health community-neighbors who are present, attentive, and assist one another.

To be assistive, we drop judgmental language, ie., she's a borderline, he is psychotic. We can start to learn about who we are working with. Labels create distance. Labels create barriers. labels stigmatize and stereotype people. If we label people we are not likely to get to know them or to take an authentic interest in them-and we will be less likely to assist them.

Giving assistance is work. Yet, as we spend more time assisting people, we tend to more easily let go of our own prejudices and fears of other people. We get to know other people wholistically. We know more about them than momentary conversations. We try to understand them by time spent with them in assistance and presence.

We can learn to enjoy and value the people with whom we are working.

Exercise

1. Think of an activity that you would like to do. Think about something that you did or thought. Try to explain that to someone. One person listens while the other talks. Then, have both people talk about what was said. What was the reaction. Remember, there is no right or wrong way to listen. One person might listen and get all the "facts." Another person might listen and become inspired.

Another person might want to do something or another person might come to a realization. .

Just find out how some one else thinks. Learn to sit next to the other person, like two people having a conversation on a park bench.

Ask a lot of questions, get a lot of opinions and keep an open mind:

Many times in mental health we try to have answers or solutions. People with a psychiatric condition can be suffering emotional anguish. Our heart goes out to the person and we want to do something to lessen the anguish and suffering. We set up these educational support meetings in hopes that we find some solutions. From the support meetings, answers, opinions, suggestions, and solutions seem like they should come right out to stop the suffering. .

Asking a lot questions and getting a lot opinions can increase real attentiveness. We are really interested in a person. Therefore, we ask their opinion. We find out about them by asking questions. We really want to know about the person. This is why we ask questions and get opinions. Then, we can make suggestions after having asked questions and gotten opinions-short suggestions but not answers. We want people to come up with their own answers. Sometimes solutions come about over a long period of time. Many people don't object to being reminded. But, being reminded and having someone follow us around prompting us are two different things. We keep it simple. We ask questions. We get opinions. Because, we are authentically interested in other people.

Exercise

1. Divide into two or threes. Get a broom. One person sweeps the other person asks questions. One person has a dust pao. The two people go around sweeping and talking. People are able to find out about each other and work at the same time. .

Remember that the sweeping also has symbolism. The floor looks clean However, there is still dust to be found. We might think we know everything about I a person. We still have a lot to learn. We also learn to keep active with work while we listen. We also pay attention without being intrusive.

Living attentiveness:

To be attentive to others, we need to earn-be attentive to ourselves. Attentiveness is not over concern. Attentiveness is not being judgmental and paying too much attention to details. Attentiveness comes from enjoying our lives and participating in life.

Attentiveness is a way of caring and of being fully present.

Like tending a garden, we pay attention to what needs to be done. We also take time to smell the sweet air while we weed the garden. We also feel and smell the soil. The soil just isn't seen as dirt that will make our hands dirty. If we can't get all the soil off our hands, we learn to appreciate our soiled hands. We appreciate the whole environment and ourselves in the environment Through full appreciation, we become attentive.

By being attentive, we can learn to love ourselves and others again. We learn to see how imperfect each of us really is. We try not to get swept away by our judgment of others. We stay balanced because we pay full attention to who we are and what we can do.

We are support meeting facilitators who work with other people. We all have a psychiatric condition. We explore the possibilities of recovery every day. Exploration requires attentiveness. We are attentive because we like ourselves.

We are attentive because we like the people who we work with. We grow to appreciate and like our environment.

We can also understand about and learn from our mistakes because we are attentive. We can develop humor and forgiveness about our. mistakes and the mistakes of others.

Through attentiveness, we learn what the situation is and who the people are. We come to appreciate the people and the situation. We can chuckle over our imperfections that we encounter through our contact with people and with situations. This ability to chuckle requires forgiveness.

While we facilitate support meetings, we need to learn to stay attentive.

Exercise:

1. Sit around and explore our dreams. Talk about what we would like to do. Talk about what we hope to do. Listen to each other. Learn to be conversational. Set aside ten

minute to practice attentiveness. Repeat back what was said and heard. Compare notes and see if other people agree.

Forgiveness:

Forgiveness seems hard to come by. Yet, what goes around comes around. We want to create cycles of forgiveness and not retaliation. Forgiveness means that we see the person and the situation the way they really are. We learn to value a person-blemishes and all. We can forgive because we have come to really understand the person. We suspend judgment even if we don't fully understand the situation the person is in.

The possibility of a place to live and something to do is what we offer in mental health.

We do as much as we can every day to assist people in not losing their opportunities to live a full life. We do as much as we can do, and then go home and rest.

We also have to learn to forgive ourselves when our plans don't go right. We also have to learn to forgive ourselves when the people whom we work with don't take our suggestions. We have to learn how to forgive ourselves, when other people don't follow the plan. We also have to be willing to go back and create a plan that might work.

Forgiveness is hard. Forgiveness requires constant presence and/or attentiveness. We have to keep present in our minds that forgiveness is a must and will be difficult. Forgiveness will be a challenge.

We are taught how to get even. Many of us grew up with the saying, Don't get angry, get even. There are many stories of retribution or getting even. There are very few stories of forgiveness. Forgiveness isn't glorified in popular culture. There are no block buster movies about forgiveness.

Forgiveness can be quiet. Forgiveness can go unnoticed. There doesn't seem to be any social recognition of forgiveness. What does forgiveness do for us?

Forgiveness builds strength of personal character. We discover better who we are and what we can do through the act of forgiveness. We come to understand others through the act of forgiveness. We come to actually have a glimpse into another people's experiences through the act of empathic forgiveness. We come out of ourselves and our judgments through forgiveness. We become flexible through forgiveness.

Still, forgiveness will be hard. Forgiveness is not really part of modern culture or thinking. We are learning to generate and create forgiveness in a cultural, moral, social, or spiritual vacuum.

Forgiveness will be difficult. Like meditation and reflection, practicing a little forgiveness every day might help prepare us for the big acts of forgiveness which we will eventually need. We might start by forgiving ourselves when we make mistakes or we don't do all

that we would like to do. We can learn to forgive ourselves and become repentant when we are not nice to other people.

Through forgiveness, we not only accept the errors of others-we also accept our errors. We forgive other people because we accept that we will also make mistakes-little mistakes, medium sized mistakes, and the occasional huge mistake. .

Exercise

1. Sit around and talk about a situation where we felt awkward and clumsy. Disclose gently some personal frustrations we have with our lives. Try to keep the groups to three or four people. Talk about when other people forgave us. Talk about when we forgave other people. Let the group discussion go on for about fifteen or more minutes. Ask ourselves did we learn a little more about how to forgive.

Forgiveness seems to one of the hardest attributes to learn and retain.

ACCEPTANCE

Acceptance of our vulnerability is demonstrated by accepting assistance. Acceptance can be the extension of assistance. We acknowledge that we are in need of assistance. Through acknowledgment of our need for assistance, we come to the realization of our needs and wants.

However, everyone needs assistance. People and facilitators in our support meetings are wanting acceptance. That is why we attend support meetings. We are looking for some assistance.

Our culture doesn't encourage the idea that sometimes we will all need assistance and care. We are not lone indestructible individuals who have to make it through life on our own. Everyone needs assistance sometime.

We can learn how to accept assistance and care from others. At some times in our lives, some of us will care for others. Some of us will learn how to assist others. And, some of us will be assisted.

Acceptance of our vulnerability brings us to a level where we can accept care and assistance.

By demonstrating acceptance of our personal vulnerability, we set the tone for other people around us to learn how to receive assistance.

Even with acceptance of vulnerability, our minds will continue to have negative thoughts. We will not always think kindly of other people. We will have thoughts like they could do better Or, we are not good enough. Acceptance will not help us drop the all negative thinking.

We go forward through forgiveness. We can have a temporary relief from this negative thinking. Forgiveness and acceptance opens the door for some moment to moment relief.

The anguish that come through the conflicts of life can be lifted through forgiveness. Forgiveness is a practical approach to stress caused by conflict. We can forgive because we accept that we are all at times weak and suffering. We accept that we all make mistakes. We accept that everyone at sometime needs assistance. By needing assistance, we accept our vulnerability and the vulnerability of others. Accepting our personal vulnerability will be difficult.

In the support meetings, there will be people who will be disruptive. We need to learn forgiveness. We need to learn to bring people into our support meetings. We need to learn how and when to bring people into our support meetings. Forgiveness can give us the clarity in being welcoming to people.

Exercise

1. Discuss our failures and disappointments. Talk about what we would have done differently. Talk about acceptance of what we have. How we didn't always get what we want. How to appreciate what we have. Who are we after things didn't work out.

Did people need assistance during those times of failure and disappointments?

NEGATIVE THINKING

Many facilitators have quit because of negative thinking. We don't always think the best thoughts about ourselves. We also don't think the best thoughts about other people. We got discouraged and disillusioned. How can we stop this negative thinking? We have to work at filling up the negative thinking with positive thinking.

Affirmations can sometimes work in a crisis. When our minds are jumbled with horrible thinking, we sometimes need to keep repeating over and over some positive thoughts.

For the long term change in negative thinking, we will need our positive thinking to be internalized through educating ourselves. We need to learn how to write and discuss positive thoughts every day. Again, we can practice positive thinking.

Through practice of positive thinking, we can more easily fall back on the positive thoughts naturally.

What are some of the ways to practice immediately changing negative thinking?

1. We make lists of what we have.
2. We learn to appreciate what we have.
3. We write down and discuss who we like.
4. We write poems and/or statements about the beauty around us.
5. We take time to appreciate nature (For instance, we let the wind and fresh air zap us).
6. We practice meditation. (Where we have no thoughts for periods of time).
7. We learn to read books and see things which are inspirational.
8. We restrict the images of the media. (Turn off television for extended periods of time or completely).
9. We accept our imperfections. We accept the imperfections of others.

We also learn to take out time for reflection and/or prayer.

What we are learning is that there are several ways of seeing a situation. We can think that we are either stuck or we can think that we are delayed. Stuck means that we think that we will never get out. We feel trapped. Delayed gives us the opportunity to feel like we are only momentarily caught.

By writing down what we have, what we enjoy, and who we think we are then we can use our time to move forward. Even when we feel that we are delayed. Negative thinking takes up time which we need to renew ourselves. Negative thinking can bring about anxiety.

Negative thinking can become so routine that we don't even realize that we are filling up with negative thoughts.

There will never be complete elimination of negative thinking.

However, we can have temporary relief from negative thinking.

Exercise

1. Make a list of what we have.
2. Write down and discuss who we like.
3. Write poems and/or statements about the beauty around us.

A. Practice meditation. (Hands folded, quiet deep breathing, sitting in a chair or on the floor and set aside a time period where we reduce our thoughts for periods of time.

PAUSE AND CHECK IT OUT

Pause and check it out is learning how to step back in order to go forward. The goal of pause and check it out is to become closer to people through more thoughtful contact.

This is not an act of distancing.

This is a process for preparing ourselves to be of assistance more fully.

We need to take time out to understand what the person we are assisting expects of us and what he/she really wants us to do. Assistance requires that we understand what needs to be done. Before we give assistance, we need to learn how to pause and check it out. Rushing in to give assistance, we may miss what the person really needs.

Always ask before assisting. Always assume that people can be actively involved in the decisions that affect their lives. Do not assume that you know how to lead someone's life better than they do. .

Pause and check it out is a form of renewal. We need to learn how to daily, or sometimes several times a day, get away from the chatter that passes for thinking inside our minds.

We need to rest our minds, refresh our thinking, and then go back into the world of work.

We need to learn how to clear and freshen our mind and the mind of the person we are assisting before we act. We need to learn how to pause and check it out.

We need to build the skills of pause and check it out. One of the best ways learning how to pause during the day is set aside time to mediate, reflect, and/or pray during the day.

For instance, we can get up the same time almost every morning and go to a place in our home. We can engage in quietness and stillness.

We can sit in a chair or sit on the floor for ten or fifteen minutes. We clear our minds. We remind ourselves while we sit that we don't want to think. We want to rest our thinking. We want to clear our mind. We can say, clearing my mind, clearing my mind, clearing my mind, while we are sitting and breathing. We want to get rid of the busy thoughts. Just have the simple thoughts going through our mind.

Focusing on a word or phrase can help us to clear our mind of thoughts. We don't want to focus on what is worrying us Thoughts can be very persistent and if they reappear, don't be hard on ourselves-simply return to the word or phrase we are using like, clear

MIA



MIA Part One

Who We Are

Mental Illness Anonymous (MIA) is a fellowship of people who suffer from Mental Illness and other abusive behaviors (substance abuse, physical abuse and verbal abuse).

Please remember, even though we abuse ourselves with abusive behaviors—our abuse also hurts other people.

The tragedy of mental illness mixed with other abusive behaviors is:

Many of us don't understand how bad our condition is. We can also strike out harder against many people who want to help us or love us. Abusive behaviors help numb the body and mind. We can no longer hurt ourselves or hurt others.

In abusing ourselves, we forget that we are hurting other people. We are only trying to stop our internal pain. That pain is real. That pain can come from mental illness. Abusive behaviors seem to mask the pain. From abusive behaviors, we only get hurt more. People around us only get hurt more. We can no longer hurt ourselves or hurt others.

Mental illness is a not fault condition. Some people become mentally ill and some don't. There can also be environmental factors at play in bringing about and keeping people mental ill.

However, once a person becomes mentally ill, the physical brain activity seem to have changes. Then, the task of learning how to live with mental illness seems to be the challenge in our lives.

Most of us with mental illness were never taught about our psychiatric condition. What is mental illness? Most of us have never been taught how to live with mental illness. We also have never been taught what is abuse and how to get out from the repetitive cycles of abusive behavior.

We can change our lives. We can free ourselves from abuse. We can live and navigate through life with mental illness.

Living with mental illness can be difficult. When we think that we are at our best- we can be at our worst. Many of us with mental illness were lost and homeless. We just thought that we were unique and free spirits. We didn't understand how conflicts and abusive behavior helped us become out casts.

We can be disoriented and in constant conflict. The pain that we feel is real and powerful. Medications, programs that we attend, hospitals that we are in-are only temporary relief. Mental illness can always be looming to sweep us away. We are not always psychotic with mental illness. We can have moments of clarity and stability.

Then, what is day to day mental illness?

Hurt, Confusion and Tiredness.

We become irritable and angry. We can experience ongoing levels of disillusionment and discouragement. We can live with daily and on going high levels of disillusionment and discouragement. We can also live with ongoing levels of irritability and anger. We can not take our anger, disillusionment, discouragement and irritability out on people.

Disillusionment, discouragement, irritability and anger are the day to day realities of mental illness. Mental illness is like having a brain fever. We are attracted to drugs and drink in hope that we will lose the pain of mental illness. The pain only gets worse or more erratic with drugs and drink.

There is hope. We can make peace with ourselves. We can make peace with others. There can be forgiveness and relief.

But, there has to be ongoing attendance at meetings that promote self maintenance and self monitoring. We can never let down our guard. Mental illness can sweep us away. If we are not careful and vigilant, we can reach out for that hit of booze or

dope. We can use other people as a verbal punching bag. We can no longer use substance abuse, physical abuse or verbal abuse in our lives.

We have to work for sanity, stability, safety and sobriety.

We can be good to each other and ourselves. We need to lean patience and pacing.

We treat other people with way that we want to be treated. Having a mental illness which leaves us drifting into abusive behaviors, requires a lot of effort to live with.

We have to learn to prepare ourselves to live with mental illness. Because of anger, we have made many mistakes. Because of our discouragement, we have let down many people. Because of our substance abuse, we have fallen down and dropped the ball many times.

We can change. We can reach stability.

We can also learn to drop judgmentalism and perfectionism with others. Our redemption can come through forgiveness. And, not just people forgiving us - We can learn to forgive others.

We can see that people are trying to become better. We can see that people are trying to change. We can give people the benefit of our doubts. However, we don't forgive every person and every action.

We do forgive other people who are striving for relief from mental illness and abusive behaviors. We forgive people who are struggling and want to change. However, we don't turn around and let people abuse us as a form of penance for our past abusive behavior. We don't move from being the victimizer to the victim.

We also don't punish those who are moving slower or are having more difficulty.

We need to learn to be inspirational and practical. We need to be honest. We need to learn how to share our experiences as a light of hope to those who are still struggling. We don't put people down because they aren't moving as fast in their recovery.

We work side by side with people. There is no superiority. We are all struggling and learning.

We help those who want help. Then, we can always encourage those who got help - to go out and help others. We need to learn how to build bridges and links with other people in recovery.

We can go out and set up another MIA support meeting for people. We take the message of hope to those who are still suffering. We are of service to others. We are trying to stay close to our own learning - what is mental illness - what is abusive behavior.

We are learning. And, we can change. We can get to levels of recovery which demonstrate to our selves and others that we are sane. Stable, safe and sober.

Who are we? We are people in recovery from mental illness and abusive behaviors. We are part of a fellowship of people who are also struggling.

We are part of Mental Illness Anonymous (MIA).

MIA Part Two

What We Do

Mental Illness Anonymous (MIA) works with each person through education and knowledge. We learn from each other. We also learn from professionals. We also learn from respected and recognized educational materials about mental illness and/or abuse.

There is a great del of information that being written about mental illness and abusive behavior. We no longer have to live in ignorance.

What is more important is that we no longer have to act out ignorantly. We can be mentally ill but we don't have to act crazy. We can live with our mental illness without drinking or taking drugs. We can get free from the anger which drifts

toward conflict. Anger and conflict can plague us.

Again, we can be mentally ill but we don't have to act crazy.

Our lives will probably need constant self monitoring and self maintenance. We can learn to keep ourselves stable. Medication can work. There is nothing wrong with taking medication. Finding the right medication and the right medication level can be difficult. Medication can help bring about a night of restful sleep.

Many times just living with the mental illness leaves us running with high anxiety. We can not sleep.

We can learn to get sleep. We also need to learn how to get extra rest. We can not afford to get too tired. Many times we are drawn to drugs because we are tired. We wanted to either cool out or get a boost from the dope or booze to keep going.

We have to learn to live without the erratic side effects of alcohol and street drugs.

We can learn to live with a consistent and measured amount of medication. We can negotiate a medication level with a mental health professional. We can learn from other people who have succeeded with their medication. We can learn what medication works and how much medication will be needed. We can be part of the mental health system.

We do not have to live out our abusive behavior. We don't have to fight other people. We don't have to be angry. We can get help.

We need to learn about mental illness and abusive behavior. We can also work to teach other people what we have learned.

Each one, Reach one, Teach one is our motto.

Mental illness is real. Substance abuse is also a disease. Anger and abusive behavior can be an addiction. We will probably never be free from mental illness

and abusive behaviors. We can live with these conditions. We don't have to act out our abusive behaviors.

There is no shame in where we came from. We have been disoriented and destroyed from mental illness and abusive behaviors. We can have a new day. We can live without the disruptions caused by the pain of mental illness and abusive behaviors.

We are part of the fellowship of Mental Illness Anonymous (MIA). We come together to learn and commit ourselves to a new life of hope. We can learn to live. We can learn to love. We can learn to have relationships, again. We can feel apart of the world around us. Our internal pain might never go away. We can still live with mental illness.

We can learn to be happy. Every person can have peace of mind. Through prayer and meditation we can learn to cool out. Through the fellowship of Mental Illness Anonymous (MIA) we can learn and teach.

We can change. We can gain happiness. We can have peace of mind. We can free ourselves from all abuse. We can learn to live with Mental Illness. We are part of Mental Illness Anonymous (MIA).

MIA Part Three

The Way Out of the Mess

Gentleness

Where did mental illness and abusive behavior come from? Many of us have struggled for that understanding. What do we have? How we can live with these conditions?

Our life has not been easy. On one hand, we have needed a level of tension between activity and rest so that we can keep going. We need to learn how to work and rest at the same time. We need to learn how to better balance our lives.

If we try to overwork, the only way we have kept going is taking dope or getting drunk. Yet, if we don't do enough activity, we can become depressed.

We can not get away from depression, anxiety and exhaustion through substance abuse. We need to keep a healthy level of activity and rest. We need to lean gentleness. We need to be honest but not hard on ourselves.

We have probably tried to maintain the honest level of understanding so that we know who we are. This struggle for identity can also bring us conflict.

We are sometimes too independent for our own good. We are trying to learn who we are - so that we can fit with society around us. We are not trying to become independent because we don't want to be around other people. We are trying to learn independence so we can learn to take better care of ourselves. We can learn self maintenance and self care. We still need people/ People will also need us. We will need help at times in our lives. We will be called on to help other people.

We are trying to become better integrated member of society. We are trying to learn how to fit better with people around us. We are trying to learn how to have a gentle social fit and reduce conflict.

Conflict is the beginning of abuse and psychosis. Life is not free from differences of opinion. We can have separate lives. Each of us can be very different from other people.

We can also have a different sense of time. Not everyone accomplishes what needs to be done in the same amount of time. Some people are still thinking while others want action. We can have different opinions and not have conflict.

Conflict comes when we aren't happy with others around us. When they move too slow or don't share the same principles that we do. We become irritated. We start to see what is wrong with them. We become involved in their lives.

They don't do what we ask. They might not even remember what we asked. We know how to straighten them out and get things right. We can tell them off. Have

some conflict.

When things don't go right between us and other people, we can get angrier. Those resentments can lead to justifications to get drunk or high or angry.

We might be thinking. These are miserable people. This is a miserable time. This is the time to get loaded or get angry. Nobody understands us. Why not get high? Why not tell some people off. **NO!!!!**

Abuse is next step after conflict.

Conflict can also lead us to psychosis with or without drugs or alcohol.

There is a way out. Gentleness. We can be gentle with ourselves. Abuse hurts us and hurts other people. Anger can make people scared for weeks. So much mistrust can be generated from anger that People may never get back together with us.

For instance, people have said that substance abuse only hurts them.

This isn't true.

Take this example:

For many years myself and my friends got high. We had a great time. We never hurt a soul. We would just be happy people who were loaded all the time. Just a bunch of good time Charlies and James. We didn't hurt anyone else.

Wrong.

Many people were affected by our behavior. Drugs and alcohol caused gigantic mood swings. Many people close to us experience the wrath of us coming down off drugs and alcohol. We might remember ourselves as good time Charlies and James – the people around us, our mothers, our fathers and rest of our family and community have a different memory.

Gentleness - to the point of being of service to other - is the path out of this emotional turmoil. Power and position don't bring us stability. Being of service to another human being - is an honor and not a drudgery.

Being of service and caring for other people is our ticket to peace of mind and serenity. We are learning who we are - by questions of other people - not by telling them off.

We can learn to work together. We can learn to be together.

Gentleness can be learned.

Instead of always asking for what we want, we can learn to give. Giving to other people is a quality that we need to learn. Giving to people is a practice of gentleness. Abusive behavior is telling people who they are. Becoming gentle with others demonstrates our patience and increases our capacity to learn. We learn gentleness so that we are more at ease with people.

Gentleness is the opposite of conflict.

Many of the first signs of conflict come from that we are unhappy with ourselves. We might hope that people don't see how miserable we are about ourselves.

We might hope that we can forget how miserable we are. If we are tough with others, they might not see us or get to know us. We also might not have to think about us and our psychiatric condition. Being tough with others, means that we don't have to notice how long it takes to change our personality. We lose concentration in changing ourselves and get involved in criticizing others.

However, changing ourselves is long process.

Through quiet and reflection, we might have to pay attention and notice how little we really change every day. We might have to notice how much we fall back into bad habits.

Using at other people is easy. They are outside of us. We can get angry and they go away. We can then think about them and hold a grudge for a long time. We don't have to think about ourselves. Then, we don't have to change.

Also, these other people aren't changing. Why should I?

When we don't practice gentleness, things are so bad that sometimes just getting angry isn't enough. We might want to get high or drunk because the world and people around us are so messed up.

We can get strung out on turmoil. We can drift into abusive behaviors.

We can have serenity in our lives. Anyone can have serenity. Anyone can gain peace of mind. Gentleness exhibits to ourselves and to others how secure we are in our serenity.

However, we need to continue learning about our mental illness. We need to affirm daily that we must stop using drugs, alcohol and abusive behavior.

What is interesting about peace of mind and serenity-we don't need money or power or prestige to have peace of mind.

We can learn to walk down the street and be happy. We don't need to buy one more thing to make ourselves happy. We don't need to fix one more person to feel better. We don't need to tell other people what they should do or how they should live. We can let go. We can fix ourselves. We help other people when we can or when they are willing.

Through gentleness we can learn our limits.

Prayer and meditation can increase our sense of gentleness. We can learn to pray with thanks. We can learn how to give gratitude in our prayers. We can learn to say thank you to God for giving us another day-to see who we are and get to know other people.

Meditation is time fifteen minutes, thirty minutes or an hour of just silence. We can

face ourselves through quiet and solitude. We can quiet our minds

Mental illness can leave us with endless racing thoughts. Every day our minds are roaring. Because of mental illness, our racing thoughts are on over drive. If we don't practice quieting ourselves, we can never gain peace of mind.

We have to practice prayer and meditation. Prayer and meditation are skills which can be learned and practiced.

If we don't know prayer and meditation, then we ask and get taught by someone who does know how to pray or meditate.

Through prayer and meditation we can become more gentle.

Through gentleness, we can demonstrate the new life that we are discovering by learning to live with mental illness and reducing our abusive behavior.

MIA Part Four

STEP ONE

1. We admitted we were powerless over Mental Illness and all abusive behaviors (substance abuse, physical abuse and verbal abuse) - that our lives had become unmanageable.

Wrecked. We were wrecked. We had burned bridges and ruined relationships. The marriages were over. The jobs lost. The homes lost. We felt finished.

Wiped out by both mental illness and abusive behaviors. We kept thinking that there was a way that we could get away from this mental illness and abusive behavior. There was a way. That way was right inside of us. We can admit that we are powerless.

We can not control our mental illness. We are wrecked by substance abuse and all abusive behavior. We can't yell at people. We can't seek out conflicts. We can't

react to anger with anger.

Then, when we work past our personal abusive behavior-we can not live in an abusive environment.

We are powerless. Once we stop taking drugs, alcohol, illegal prescription pills-we are still mentally ill. We have to struggle every day to keep us sane, stable, safe and sober.

Mental illness leaves us very disoriented. We might want to go back and start using drugs and alcohol. We might want to start getting high off anger.

Through the fellowship of MIA, we can change our lives. Mental illness won't go away. We will probably have to learn to live with these ongoing aspects of mental illness:

1. Interrupted sleep patterns, sometimes all night long (The worst insomnia)
2. Jumpiness all day long
3. Depression which leaves us emotionally disturbed both day and night

(Even a drift toward suicidal thinking)

These emotional mood swings of mental illness, we can probably live with. With the right medication, the right people. the right activities-we can live with mental illness.

We can never live with mental illness if we think that we control it. We can never live with mental illness if we think that we cut some corners and have a drink, get high or tell somebody off in anger

We are powerless over mental illness and all abusive behaviors. We have to self

monitor every day We need to go to meetings and learn from other people who have mental illness. How do they get by?

We can not figure out all we need to know about both mental illness and substance abuse on our own.

We need to admit that we are powerless and start going to educational support groups.

We need to go to as many educational support groups as possible We are so powerless that only getting knowledgeable help can benefit us.

We need to realize every day just how powerless that we really are.

There might be some people who say:

I have already gotten everything that I need from those meetings or those people.

There is no end to our progress. Every meetings-every contact with other people who are powerless and trying to come to terms with their lives and life around them-can benefit us.

MIA offers the steps and discussion about both mental illness and all abusive behaviors (substance abuse. physical abuse and verbal abuse).

We can also attend other support meetings which discuss the psychiatric condition and help with understanding abusive behaviors.

Our lives had become unmanageable. Our lives will stay severely unmanageable unless we start to learn and change. We can change. We can not cure mental illness.

We can live with mental illness. We can learn how to navigate through life with mental illness.

What is more important is that we can stop putting other people through our

personal turmoil with mental illness. We can live our life with this mental illness and also stop hurting ourselves through substance abuse, and physical abuse.

We read and reflect on these steps We have to learn from each other how did we get through the day-sane, stable, safe and sober.

We can succeed. Others have succeeded. We can succeeded. We are part of fellowship of Mental Illness Anonymous (MIA) and all other groups associated with Alcoholics Anonymous.

We are proud to be part of that fellowship. Attending meetings, learning from the readings, learning from each other and hearing our stories brings some relief from the unmanageable lives that we have.

We are ravaged by mental illness and swept away by substance abuse, physical abuse and verbal abuse.

Through knowledge about mental illness and abusive behaviors. we can succeed in bringing sanity, stability, safety and sobriety into our lives.

MIA Part Five

STEP TWO

2. Came to believe a power greater than ourselves could restore us to sanity.

Who can keep us sane? Our higher power can! We couldn't do it. We had to get outside help. A power greater than ourselves.

We had tried everything In the end, only a higher power could restore us to sanity.

There are some people who don't believe in God. If not God, we need to talk to someone who can help us.

We can not be restored to sanity on our own. We need to go to someone else. We need to find a higher power to help us get to sanity.

We also will not have a complete recovery unless we get the feedback from our higher power. We need the external feedback to insure that we have stabilized with our sanity.

If we believe in God, we can ask for help from God. We can pray. We can talk to our higher power. Our higher power is with us at all times. We don't need to make an appointment to talk with our higher power. Our higher power is with us.

We can also thank our higher power. We can be grateful that there is a higher power to talk with. We can be grateful that we have a higher power. We can thank all those who help us.

We can't do all the work which is necessary to bring us to sanity.

Only a power greater than ourselves can help restore us to sanity. We can be grateful that we have the chance to experience sanity and serenity. There are no miracles or cures with mental illness.

We can have some moments of sanity restored.

Our lives can be a life time struggle with mental illness. We have to be prepared for long term quest to gain realistic levels of recovery.

Again, we can live with mental illness. We can be mentally ill but we don't have to act crazy.

We can be restored to sanity. We can not be restored to sanity on our own. Through the help of our higher power, we can ease the pain of mental illness.

We can have a life free from all abusive behavior (substance abuse, physical abuse and verbal abuse)

Also, many of us stopped abusing people and then become abused. This sets us up for cycles of being abused for awhile and then we might move back into being the abuser.

We can break free from all abuse. We can change our patterns of abuse. We can ask our higher power to help us not to become abused or be abusers.

Through the help of our higher power we can get rid of those patterns of abuse and abusive behaviors which have plagued our lives.

Restoring ourselves to sanity is a long term process. Restoring ourselves to sanity can take a life time. There will be no short cuts. We need to continually go back to our higher power and see how we are doing.

We can go back and continually ask our higher power for help. Learning to pray and meditate is important. Through prayer and meditation we can be learn to be clearer and more precise with the help that we ask from our higher power.

We can learn to express gratitude to our higher power. We can learn to calm ourselves down through prayer and/or meditation.

We need to always remember to thank our higher power for giving us the chance to be restored to sanity. We need to learn to thank our higher power that we have a higher power. We can also thank our higher power for staying with us.

We need to be grateful for having a higher power.

We continue to attend educational support meetings. We continue to learn about mental illness and abusive behaviors (substance abuse, physical abuse and verbal abuse)

We are not alone. We are part of a fellowship of other people. We are Mental Illness Anonymous (MIA). We can live with our mental illness. We can get free from abuse and abusive behaviors. We can have a new chance in life. We need to keep coming back.

We can attend MIA meetings. We can also learn through other 12 Step meetings.

We can also learn about mental illness through professional and peer information.

We have hope because:

We believe that power greater than ourselves can restore us to sanity.

MIA Part Six

STEP Three

3. Made a decision to turn our will and our lives over to the care of God as we understood Him.

God That name can send tremors through some people. Can strike fear into the hearts of some people. Can bring tears to the eyes of some people. Can bring love to the hearts of some people.

People through the centuries have wanted to know God. Yet, for most of humanity there has been a silence. God has not spoken. God has not appeared. We have read the stories.

Some people once saw God. God once talked to a person here and there through history.

There is a God. God is not far away.

Human beings are a unique animal. We can speak complex language to each other. We have disrupted life on the planet more than any other animal. Yet, we know so little about ourselves.

Who are we? Where did we come from? We forget that God can be the breathe of life that goes through everything. The atoms and subatomic particles don't crash and don't collapse. God is every where. We need the help of God. God can help us from collapsing. God is with us.

God is looking over our shoulders. God can also wander off and leave us to

discover on our own and alone. God gives us freedom. God forces us to live together. God is good. God is destructive. God can help us. God can throw up an obstacle. God can pick us up. God can knock us down.

Turning our life and our will over to God is risky. We have been in control for so long. We have tried to do what we wanted for so long. When things don't go well, we run to God. Learning how to turn our life and our will over to God-on a daily basis-is something that we don't like to do.

Yet, we have no choice. Each of us are really just small people on the planet. We think that we have power. We are powerless.

We could lose ourselves, our homes, our jobs, our loved ones and our very existence at any time. There is no hope except for God. In the end, the planet keeps spinning because of God.

There are some people who don't believe in God. Still, they can learn to be good to other people. They can love their neighbor. They can love other people and other forms of life then they have loved God. They can ask for help. They can look to someone else for help and answers. When they look outside themselves, they acknowledge that they are not powerful. A higher power to them might be another person who seems to be more stable or sane. We all have to discover who is and who can be our higher power.

Also, we have to discover who is God.

There is no easy way to find God. God can be elusive. Maybe, we should remember that turning our lives over to God, to a higher power or to someone else is a very big step.

We might think:

We will I use ourselves.

We will lose other people.

We will lose our jobs.

We will lose our families

We will lose our homes.

These are frightening thoughts. Turning our lives over to God is not easy.

Realizing that God might not speak back can be discouraging. Realizing that the interactions which God has with us can be very quiet and subtle is be disorienting to some people.

There will be no white flashes or voices coming out of the sky.

God can be seen and experienced by the way we live our lives. The way we live our lives with other people is an important connection with God.

God is with our neighbors and friends.

God is not distant. God is with our wives and husbands. God is with our children, mothers and fathers. God can also be part of the unlimited and knowing consciousness which keeps us from falling apart.

Probably, what we have the most difficulty with is-learning how to thank God.

God can be there for us. We can thank God every day. We have a chance to live. We have a chance to improve our lives. We have the chance to make amends to those we have hurt. We have the chance to try again.

We can be a better person. We can have serenity. We can have moments of peace of mind. We strive for clarity.

That life is free from turmoil might also' be momentary. We have to be prepared that turning our will and lives over to God might be a daily event.

We can turn our lives over to God and try to experience maybe only a few fleeting seconds of peace. Sometimes just those few seconds of peace can buy us the time to go on living. We need hope.

Some people believe that God is love. God might also be experienced through hope.

Every day

We can be good to each other. We can give the gift of hope to ourselves and others.

Every day we can turn our will and lives over to God.

MIA Part Seven

STEP FOUR

4. Made a searching and fearless moral inventory of ourselves.

We keep coming back to the question. Who am I? Who are we?

The only way to know that question is to make a searching and fearless inventory of ourselves.

Many of us run hard every day. We don't look back. We say - wouldn't it be nice to take some time off. We don't stop. We can learn how to stop and make that searching and fearless moral inventory of ourselves.

We can never figure out how to get to a safe place in life with our mental illness-unless we know ourselves. We can't reach sanity-unless we know ourselves. We will have difficulty gaining and keeping sobriety-unless we know ourselves.

Mental illness means that we have lost some of idea of self. We might not know where we fit in-unless we know ourselves. We will never know-where we fit in-unless we know ourselves. We can not know ourselves unless we start to make that

searching and moral inventory.

This step is put off by many people.

We cannot get sane, stable, safe and sober-unless we know who are. We will be tossed around by the winds of chaos unless we are grounded with realistic knowledge about ourselves. Making a searching and fearless moral inventory about ourselves is hard work. We will probably have to make several different moral inventories about ourselves over the years.

The more we learn about ourselves then the more we can dig deeper to continue to learn more. There is no end to the understanding that we can gain about ourselves.

We are not learning about ourselves to then live in isolation. We are trying to find out who we are so that we interact better with people around us. When we were at our worst with mental illness and abusive behaviors we not only trashed out our lives-we also hurt other people.

We also sometimes trash ourselves out. We have an effect on other people when we hurt ourselves. When we hurt ourselves other people can get hurt. People try to help us and they get hurt and tired. Our erratic lives from mental illness and substance abuse cause turmoil in many people's lives.

We need to understand-WHO ARE WE?

The searching and fearless moral inventory of ourselves won't be pleasant. We want to see ourselves and understand ourselves in a way which is accepting. We don't want to feel worse after this moral inventory. The moral inventory should be like a road map so that we better understand ourselves. We do need to unnecessarily put ourselves down

We need the moral inventory so that we can better explain to other people who we are. We are discovering ourselves so that other people can know us.

Sometimes it is better to start writing down the moral inventory with only ourselves and sometimes it is better to start writing down the moral inventory with

other people.

The challenge is to start making that list of who we are. The good and the bad about ourselves we need to know. Write down what we think.

We need to write and reflect. We need to set aside the time in the day that goes into writing down our searching and fearless moral inventory.

We can share the inventory with people who we trust. We need to learn to get feedback from others. Did we state correctly who we are? What else can we say? These are questions which may take a life time. Understanding ourselves is like peeling back the layers of the onion.

We go deeper. Day by day. Year by year. There is no easy road. There is no quick fix. There will be no miracles or cure. We have both mental illness and abusive behaviors. There is lot to understand. There will a lot of adjustments to make in our lives. Some parts of our lives we will have to accept and some parts of our lives we will have to discard.

Mental Illness Anonymous (MIA) only introduces us to the knowledge that we have both mental illness and abusive behavior. Even admitting that we have mental illness and abusive behaviors can be difficult and take a long time. Learning to understand our whole selves can take a life time.

We will succeed at living with mental illness and changing abusive behavior.

We need to understand both-how bad is the mental illness and how bad is the abusive behavior. Only a searching and fearless moral inventory will tell us.

We can help create that better life for us.

A searching and fearless moral inventory can help us build our new life and strengthen our old life.

A searching and fearless moral inventory is our fourth step toward recovery from mental illness and abusive behavior.

MIA Part Eight

STEP FIVE

5. Admitted to God, to ourselves and to another human being the exact nature of our wrongs.

We didn't only hurt ourselves. We hurt many other people along the way. We have tried . to get through life without these steps. Maybe, we succeeded for awhile. We thought that we didn't hurt anyone. We didn't have to admit any wrongs to anyone.

When we ask other people the nature of our past wrongs, we might be surprised. They have a different memory of our lives and events.

Our higher power and our inner selves know what is honest and who is telling the truth.

There have been times when we haven't been honest. No bolt of lightening came out of the sky and struck us. We felt bad after our dishonest conversation. We knew that we were not honest. We might have gone back on our knees. Prayed to God. Asked forgiveness. Wanted to tell the truth.

Sometimes we didn't. We just lived with the lies and misdeeds. We were also not accountable to other people.

Lies and misdeeds will corrode us. We can morally and physically rot out from the inside because of lies and misdeeds. We need to learn how to keep an open heart and an open mind.

We can clear our minds. We need to stop telling lies and performing misdeeds.

The safety valve which makes sure that we have honestly tried to change is--we can admit to God, to ourselves and to another human being the exact nature of our wrongs.

So, we also need to admit the nature of our wrongs to another human being. We need to be able to admit the nature of our wrongs with such clarity that we can stand before both God and other human beings with our honesty. We need to pass their judgment and also get the feedback from others.

We have seen the look of knowledge and recognition in the eyes of other people when we have spoken the truth. We know that they know our honesty. A bond can be built between people as the truth is spoken.

God not only created humanity. God moves through consciousness. Be careful Tell the truth. Admit to God, to ourselves, and to another human being the exact nature of our wrongs. We are all God's children. We can be connecting to a higher power through our relationships with other people.

Before we admit our wrongs, we might want to set aside some time to be reflective. This constant activity and running around might not lead us to the peaceful life that we will need for deep honesty.

Activity is good. Many of us should stay active. There comes a point when activity can become escapism. We need to find the balance between activity and stillness. We can become reflective. Then, admit our wrongs.

Mental illness is turmoil and chaos in the mind. Abusive behavior is cunning, baffling and powerful. Abusive behavior comes from seemingly justified resentments and conflicts. We are caught between a mind in turmoil and chaos mixed with a personality that is cunning, baffling and powerful-trying to escape all reliability.

We have double the trouble. Mental illness and abusive behavior. We need double rigorous self honesty. That honesty can only come from self maintenance and self monitoring.

When we make mistakes. We can become reflective. Admit to God, ourselves and another human the exact nature of our wrongs. We can live with mental illness. We

can break the cycle of abusive behavior (substance abuse, physical abuse and verbal abuse).

We won't grow past mental illness and abusive behavior. We only struggle to keep the turmoil and chaos of mental illness in check. We struggle to keep the lies and misdeeds to a minimum. We struggle to continuously attempt to break out of the cycles of abusive behavior (substance abuse, physical abuse and verbal abuse).

The salvation in our lives comes not from leaving behind our mental illness and abusive behaviors. Salvation through peace of mind and serenity. Salvation comes from knowing that we have mental illness and abusive behaviors. Salvation comes from knowing that we are capable of lies and misdeeds.

Salvation comes from knowing the nature of our wrongs, and admitting to God, to ourselves and to another human being the nature of our wrongs.

We can't lose mental illness. However, we can get better. We can reduce the turmoil and chaos.

We are here in this life to be good to other people and to be good to ourselves. The way we treat other people is the way we treat God. Lies and misdeeds are hurtful. We have hurt other people. We will probably make the same mistakes in the future. We are not saints. We are struggling human beings.

We are trying to find our way through life. We can reach new found levels clarity.

We can admit to God, to ourselves and to another human being the exact nature of our wrongs.

MIA Part Nine

STEP SIX.

6. Were entirely ready to have God remove all these defects of character.

There comes a time in each of our lives when we can do no more. There comes a time when - what we need to do and what we will try to attempt to do is humanly impossible. Only turning to our Higher Power is the answer.

People might try to skip this step. God seems intangible to some people. God has never directly spoken to many of us. We pray to God. We talk to our higher power. Nothing seems to happen.

The answer from God can come from the satisfaction that the defects in our character are gradually being removed.

The responses from our Higher Power are sometimes small and subtle. God is like the builder sanding the wood. Our rough edges are slowly sanded down. We will probably not get sanded down at once or at one moment in time.

Our lives will probably need to become a life time of constant prayer, meditation and support meetings. These prayers, meditations and support meetings can help us have our higher power remove these defects in our character. We need to learn how to ask our Higher Power for help.

We need to learn how to see and understand our higher power's responses. We also need to learn from other's perception about us and also search our inner selves.

We need to see and appreciate the work of our higher power removing the defects of character.

The removal of character defects is a life time of learning and working. We have been abusive and abrasive to people. We need to move toward being a nicer person. We need to become more honest. We need to try to stop our misdeeds.

We have been mentally ill and/or involved with abusive behaviors for a long time. We have been lost and confused for many years. We can get better. We can change.

There will probably be no miracles and no cures. Life can become a constant interaction between God and ourselves to help remove our defects of character.

We need to be entirely ready to have God remove all these defects of character. We need to be prepared for along term relationship with our higher power. We need to set aside the time for reflection and prayer. We need to be ready when our interaction with our higher power takes place.

We have our fearless and moral inventory. We can use that as a check list. We keep trying to improve by reviewing our moral inventory. We have the prayers and interaction with God. We have discussion with our higher power. We can keep going back to the fearless and moral inventory.

We can see what defects of our character are being removed. We strive for improvement and not perfection

MIA Part Ten

STEP SEVEN

7. Humbly asked Him to remove our shortcomings.

Our short comings! We have loved to find out a few things wrong with other people. We have wanted so bad to tell people off and get rid of our resentments. If people didn't listen to us or change - then we could have drink. Or, we could smoke something. Or, yell at someone. We knew everyone's shortcomings. We didn't see our own.

Just focusing on us is difficult. Rigorous honesty is going to be demanded to ask God to remove our shortcomings. We have to be prepared that we might think that asking God to remove our shortcomings is something we do every once in awhile. Maybe, only once in our lifetime.

No

We need to keep going back to Twelve Step meetings. Keep going back to learning about mental illness and abusive behaviors. Seeing and understanding our psychiatric condition. Understanding our real pattern of addictions. Also, discovering our shortcomings. Going back to that searching and fearless moral inventory. See how we are doing. Go back to our higher power.

Humbly ask God to remove our shortcomings.

We can try to write down what we are doing and thinking. Bring those written ideas to meetings. We can even write down our prayers. We can even write down our conversations with our higher power.

Some of the time can be spent rewriting and editing what we want to say. Then, go back and ask God to remove those shortcomings. We can work every day toward reflections on those shortcomings.

We started to drink and do drugs because we didn't feel good. We were resentful and angry. Drinking, drugs and anger were an instant fix. We might have felt good for one, two, three, five minutes then the giant mood swings started. Then, we really felt angry, sad, happy, and/or anxious. Our abusive behavior kicked in.

We have been left to live with mental illness and/or abusive behavior. We might succeed on cutting back on the abusive behavior. We will still have to watch that mental illness doesn't sweep us away. The life of mental illness will require a lot of self monitoring and self maintenance.

Our shortcomings can be of our own making. There are some people who are intentional in their mistakes and misdeeds.

Also, many people become involved in mistakes and misdeeds from lack of knowledge. We need to have knowledge about who we are. What are our values and principles.

We also need to understand our psychiatric condition. We need to understand that substance abuse is another disease. We have two illnesses at once. We need to work twice as hard. We need to be vigilant. We can not be vigilant on our own.

We need the help of our higher power and other people who are striving for realistic levels of recovery. We need to keep checking ourselves out. See how we are doing.

Our humbly asking God to remove our short comings is only a dress rehearsal. We will have to be honest with many people in our lives. There will come a time when we have to make amends to several persons.

Humbly asking God to remove our short comings is just a step in our lives. This is a step which we might have to make many times. Just like all the steps. This interaction with the twelve steps is not a progression. We cycle through these steps.

Learn what we need to learn. Keep learning. Share our experiences with others. Share our experience with God. Go back and try again.

Learning how to be humble is a skill. Most of us think we are humble. Feedback from other people doesn't hurt. Then, humbly go back to God and humbly ask out higher power to remove our shortcomings.

MIA Part Eleven

STEP EIGHT

8. Made a list of all persons we had harmed, and became willing to make amends to them all.

Who have we known in our lives? What have we done together? Who did we harm? We have to learn to say-I am sorry.

We have defended our positions when we thought we were right. Sometimes, we have even been right and still lost the argument.

We have known conflict. We have tried to get even. We have carried resentments. We have gotten other people in trouble. We have said bad things about other people. We have made fun of people who were different from ourselves.

There are many patterns in our life. These patterns always led to substance abuse, verbal abuse and/or physical abuse. Conflict and resentments drew us right into abusive behaviors.

We were like a moth to the flame. We knew all the right answers. We had all the right reasons why we were high, drunk or angry.

We had to stop. We have stopped. We can continue to stop. We have got to learn to live with the emotional pain of mental illness. There is no escape. Other people, places and things can be unpleasant. We don't have to be unpleasant and unhappy.

We learn how to cool ourselves out. We have admit that our lives are unmanageable. And, we have to make a list of all persons we had harmed and became willing to make amends to them .

This is not easy. Many of these same people hurt us. Harming other people and being harmed can almost become indistinguishable in some relationships.

For instance, we get harmed and we turn around and harm other people. We have to break out of the cycle.

By attending MIA and other twelve step meetings, we are making the commitment that we had enough. We no longer want to be harmed. We no longer want to harm other people. To make sure that we are going to break out of the cycle of harm, we are going to make a list of all people we had harmed and we are willing to make amends to them.

Making a list of people who we had harmed and become willing to make amends to them is a one way street. We make amends. We don't wait for people to make amends to us.

We are learning forgiveness. For many human beings, forgiveness is the most difficult action to take. We can no longer get even. We can longer hold resentments. We are humbly prepared through our time with God to remove our shortcomings. We learn about our shortcomings. We are making amends. We will not carry on the conflict. We will not attempt ongoing one upmanship. Time has come to make amends.

There is a lot of hurt and sorrow in life. The only way out is to make amends to other people. We don't need to reestablish friendships. We don't make amends to reconnect relationships.

Just the opposite is probably going to happen. We might be making amends because the chance of reconnection is over. We might never again see the people who we have made amends to.

We might have to strike out on our own. Never to return to the relationship or friendship that we had with the people who we were making amends to. Life can be lonely.

We are making amends because we are truly apologetic. We are learning to make our amends without a hidden agenda. We might have to learn to live without ever reconnecting, again, We make amends because we are sorry for the harm that we have caused people.

People might some day make amends to us. Maybe, they won't.

We are making amends because we harmed people. We have to stop harming people. We have to acknowledge that we have harmed people. We have to stop. The only way to stop is to face up to our past. Make a list of people who we had harmed, and make amends to them.

MIA Part Twelve

STEP NINE

9. Made direct amends to such people wherever possible, except when to do so would injure them or others.

We have done enough harm. We only make direct amends to such people wherever possible, except when to do so would injure them or others.

There are many people who had enough of us. We can't return to everyone. We can't go back and make amends to some people. Our contact with some people will just be over.

We made the list. We know who we have harmed. We can say we are sorry to God. We can really be sorry and say so in the quiet of our prayer and meditation. There might some people who just don't want to hear from us.

The amends are written. We want forgiveness. We go out and try to find the people who want to hear from us. We make direct amends to them.

Life is difficult. We might not be able to find some of the people on our list. Again, they might not want to hear from us. We might have harmed them in different ways than we remembered.

They might have other memories than ours of how we harmed them. Our list might not be complete enough for some people. Our list might be different than their list. Some people might demand more from us.

We will be making amends to other people. What other people want and need might be different from what we want.

We have to be prepared that our amends and our new selves might not be accepted by other people. During the course of our lives with our mental illness and abusive behaviors we have harmed people. Not everyone will share our interest in

forgiveness.

We only make direct amends to such people wherever possible except when to do so would injure them or others.

MIA Part Thirteen

STEP TEN

10. Continued to take personal inventory and when we were wrong, promptly admitted it.

Promptly admitted we were wrong? How often have we put this off?

What we wanted was to be was right. We wanted to win. We can be right and still lose.

We have lost love. We have lost jobs. We have lost friendships. We have lost family. We were right. We never had to say that we are sorry. We never had to say we were wrong. We defended our ideas and positions.

Continuing to take personal inventory is difficult. There is no easy way to see who we are. We need to keep taking. personal inventory. We need to keep thinking about who we are and writing this down.

The list can be long or short. The list can have order or not have order. The idea is that we need to start making the list.

The problem with those of us with mental illness is that we live in our own minds. We can think that we are doing something-when we are doing nothing. We need to start making the personal inventory. The better way is to write out our personal

inventory.

We can learn to edit and rewrite and continue to work on our personal inventory. We need to try to start taking our personal inventory. We need to start.

Taking a personal inventory can take a long time or take a short. time. We need to start to take one. Once we start, we keep a running list, or several lists. Or, we can make different lists over different periods of our life time.

Start to write down some random thoughts. Or, get organized and have the inventory all planned out.

Then, over and over, we continue to take personal inventory.

MIA Part Fourteen

STEP ELEVEN

11. Sought through prayer and meditation to improve our conscious contact with God as we understood Him.

Contact with God is difficult. We can forget every day to have contact with God.

We have the chance to have a new life. We can live without drugs, alcohol and/or abusive behaviors. We can have a life of mental illness in partial remission. We can get to new levels of recovery.

Just within a few days of wellness. we can forget God. We have time for everything but prayer and meditation.

We can learn to set aside set times for both prayer and meditation. We can try to pray every day. We can write down the prayers so that we remember what we prayed and about. Through writing down our prayers, we can also see in front of us what were the prayers so that we can continue to work on those prayers We learn to talk things over with our higher power.

We learn and practice prayer and meditation.

MIA Part Fifteen

STEP TWELVE

12. Having had a spiritual awakening as a result of these steps, we tried to carry this message to alcoholics, people suffering from substance abuse and/or abusive behavior and mental illness, and practice the principles of MIA in all affairs.

Being of Service

Being of service to another human being is an honor. Everyone needs help. We all can help each other. First, we have to make sure that we are helping.

In the world of AA and other twelve step groups, we are but trusted servants.

Please remember Step Twelve:

Having had a spiritual awakening as a result of these steps, we tried to carry this message to alcoholics, people suffering from substance abuse and/or abusive behavior and mental illness, and practice the principles of MIA in all affairs.

We can be good to each other. We carry this message. We are not leaders. We are fellow workers. We are trusted servants. We learn to work together. We learn to work on ourselves and our growth as the priority.

We don't want to leave out and forget other people. However, our job is to help when asked. We do not run around and judge other people, either. Judging is not helping.

We have a daily struggle with keeping ourselves sane, stable, safe and sober. Trying to stabilize from mental illness is hard. Trying to keep ourselves sane from mental illness is a full time job.

We can be with other people when we are ready and able. Also, we can be with other people when they are ready and able.

However, our primary job is getting and keeping ourselves sane. stable. safe and sober.

We love other people. We care for others who are still suffering.

Our job is helping who we can. Helping when, where and how we can. When we can not help someone we unless remember:

Sometimes letting go and not helping is also just as difficult.

Many of us were not willing or ready to be helped. Many people made suggestions to us over the years. There might have been people who kept saying. "Why are you drinking and doing drugs? You are already too wild. You are naturally crazy with your mental illness. Why do you want to become more out of control?"

We didn't listen. We kept drinking and doing drugs. One day what he were being told sunk in. We needed to stop acting out our insanity.

We can be of service and help. We have to be prepared that not all people learn and react the same way. We can offer some hope through our example. .

With mental illness, addictions, and abusive behaviors there is no end. to the tunnel. We have to work every day to keep ourselves stable. We have to work every day to keep ourselves sober. One moment of forgetting can lead us to conflict. Conflict can lead us to abusive behaviors or being abused. We can start drinking or doing drugs, again.

Remember, many people who start fights end up being the ones who get beat up and lose the fight.

Finding our way out of the maze of mental illness and abuse, requires us to be continually learning. We are of service to others because we want to learn. We are not teachers. We are trusted servants. We are learners. We are trying to learn from each other. We want to find out what other people have found out. We pass on the information to each other after we fine out if the information is real.

Mental Illness Anonymous Meeting

Select someone to read a selection from the Big Book to serve as the meeting topic. In the first Friday of the month the topic is the step of the month. The reading should be selected from the 12 by 12.

Welcome to the meeting of the fellowship of Mental Illness Anonymous. My name is _____, and I am your chairperson for this meeting.

After a moment of silence, will those of you who wish to, please join me in the Serenity Prayer

God grant me the serenity to accept the things I cannot change, courage to change the things I can, and wisdom to know the difference.

I've asked _____ to read the Preamble

I've asked _____ to read the 12 steps

I've asked _____ to read the 12 traditions

Are there any visitors or newcomers who would like to identify themselves by their first names only so we may get to know you? If there are newcomers, they say, "Serenity from ongoing mental illness is difficult, but serenity is important for recovery, Serenity can be tough to understand. Please stay after the meeting and find out more about the opportunity of serenity and mental illness recovery.

Are there any MIA reports or announcement?

This group celebrates serenity and abstinence from abuse birthdays. Is anybody celebrating 1,2,3, 6, 9 months abstinence this week? Anyone celebrating an annual birthday?

I have asked _____ to read a selection from the literature to serve as a topic for this meeting.

Everyone will have a chance to share at this meeting, so be considerate of others. The leader of meeting picks a person to share by a method of their choosing. A person only shares if they want to share.

At the half hour: Every MIA group is fully self supporting. Money collected buys our literature and pays group expenses. We ask newcomers who are here for the first time to not contribute, but we encourage you to become familiar with the literature.

At ten minutes before the meeting closes: We only have ten minutes left. Is there anyone that has burning desire or need to share

At the end of the meeting: Will those who wish please join me in the Serenity Prayer.

MIA
SPANISH

MIA Primera Parte

Quiénes somos

Mental Illness Anonymous (MIA, por sus siglas en inglés) (Enfermos Mentales Anónimos) es una asociación de personas que padecen enfermedades mentales u otros comportamientos abusivos (abuso de sustancias, abuso físico y verbal).

Por favor, tenga presente que, aún cuando nos maltratemos a nosotros mismos con conductas abusivas, nuestro comportamiento también hace daño a otras personas.

La tragedia de la enfermedad mental unida a otros comportamientos abusivos es la siguiente:

Muchos de nosotros no entendemos cuán seria puede ser nuestra condición. Además, podemos responder con mayor agresividad a las personas que nos quieren ayudar o nos aman. Los comportamientos abusivos insensibilizan el cuerpo y la mente. No podemos continuar haciéndonos daño a nosotros mismos y a los demás.

Cuando abusamos de nosotros mismos, olvidamos que estamos haciendo daño a otras personas. Solamente estamos tratando de detener nuestro dolor interno. Un dolor que es real. Un dolor que puede provenir de la enfermedad mental. Los comportamientos abusivos enmascaran el dolor. Con comportamientos abusivos, simplemente, nos hacemos más daño. Las personas alrededor nuestro, simplemente, reciben un daño mayor. No podemos seguir haciéndonos daño a nosotros mismos ni a los demás.

La enfermedad mental no es una condición de culpa. Algunas personas desarrollan la enfermedad mental y otras no. Además, pueden existir factores medioambientales, que inciden en el origen y continuidad de la enfermedad mental en las mismas.

Sin embargo, una vez que la persona desarrolla la enfermedad mental, la actividad física del cerebro sufre cambios. Entonces, la tarea de aprender a cómo convivir con la enfermedad mental se convierte en el desafío de nuestras vidas.

Los que tenemos una enfermedad mental, en su mayoría, nunca se nos explicó algo acerca de nuestra condición psiquiátrica. ¿Qué es una enfermedad mental? En su gran mayoría, nosotros nunca fuimos capacitados para vivir con la enfermedad mental. Tampoco se nos enseñó qué es el abuso y cómo salir de los ciclos repetitivos del comportamiento abusivo.

Podemos cambiar nuestras vidas. Nos podemos librar del abuso. Podemos vivir y navegar por la vida con la enfermedad mental

Vivir con la enfermedad mental puede ser difícil. Cuando pensamos que estamos en nuestro mejor momento, puede que estemos atravesando por el peor. Muchos de nosotros con una enfermedad mental estábamos confundidos y desamparados. Simplemente, nos creíamos unos seres especiales y espíritus libres. No comprendíamos cómo los conflictos y el comportamiento abusivo contribuían a convertirnos en unos marginados sociales.

Podemos estar desorientados y en un conflicto constante. El dolor que sentimos es real y fuerte. Las medicaciones, los programas a los cuales asistimos y los hospitales donde nos tratamos son solo un alivio temporal. La enfermedad mental puede estar ahí, siempre inminente, para arrasar con nosotros. No siempre somos sicóticos con la enfermedad mental. Podemos tener momentos de lucidez y estabilidad.

Entonces, ¿qué es vivir día a día con la enfermedad mental?

Daño, Confusión y Agotamiento.

Nos irritamos y enojamos. Podemos experimentar niveles continuos de desilusión y desánimo. Podemos vivir diariamente con niveles continuos de desilusión y desánimo. Además, podemos vivir con niveles continuos de irritabilidad y enojo. No podemos volcar nuestro enojo, desánimo, desilusión e irritabilidad sobre las personas.

La desilusión, el desánimo, la irritabilidad y el enojo son, día tras día, las realidades de la enfermedad mental. La enfermedad mental es como tener el cerebro en un estado de agitación. Nos sentimos atraídos por las drogas y bebidas alcohólicas con la esperanza de que nos libren del dolor de la enfermedad mental. Con las drogas y la bebida, simplemente, el dolor empeora o se torna más errático.

Hay esperanzas. Podemos hacer las paces con nosotros mismos. Podemos hacer las paces con los demás. Puede existir el perdón y el alivio.

No obstante, debemos asistir continuamente a las reuniones que promueven el auto cuidado y auto monitoreo. Nunca podemos bajar la guardia. La enfermedad mental puede arrasar con nosotros. Si no somos cuidadosos y vigilantes, podemos ir más allá del gusto por un trago o una droga, trataremos a otras personas verbalmente como sacos para dar puñetazos. No consumamos drogas ni empleemos el abuso físico o verbal nunca más en nuestras vidas.

Tenemos que trabajar por la sanidad, estabilidad, seguridad y sobriedad.

Podemos ser buenos con nosotros mismos y los demás. Necesitamos ser pacientes y moderados.

Tratamos a otras personas como quisiéramos que nos trataran. Tener una enfermedad mental que nos desvía hacia los comportamientos abusivos, requiere de un gran esfuerzo para vivir con ella.

Tenemos que aprender a prepararnos para vivir con la enfermedad mental. Debido al enojo que sentimos, hemos cometido muchos errores. Debido a nuestro desánimo, hemos decepcionado a muchas personas. Debido a nuestro abuso de las drogas, hemos fallado y nos hemos equivocado muchas veces.

Podemos cambiar. Podemos alcanzar la estabilidad

Podemos también aprender a dejar de ser tan críticos y perfeccionistas con los demás. Podemos alcanzar nuestra redención mediante el perdón. Y no solo las otras personas perdonándonos a nosotros, sino nosotros aprendiendo a perdonar a los demás.

Podemos darnos cuenta de que las personas tratan de ser mejores. Podemos ver que las personas tratan de cambiar. Podemos proporcionarles a las personas el beneficio de nuestras dudas. Sin embargo, no perdonamos a todas las personas ni todas las acciones.

De hecho, perdonamos a otras personas que luchan por conseguir un alivio de la enfermedad mental y de los comportamientos abusivos. Perdonamos a las personas que se esfuerzan y quieren cambiar. Sin embargo, no cambiamos de posición y dejamos que las personas abusen de nosotros como una penitencia

por nuestro comportamiento abusivo en el pasado. No nos cambiamos de posición para pasar de ser victimarios a víctimas.

Tampoco debemos castigar a aquellos que van despacio o que tienen mayores dificultades.

Necesitamos ser inspirativos y prácticos. Necesitamos ser honestos. Necesitamos aprender a compartir nuestras experiencias como luz de esperanza para aquellos que aún se están esforzando. No despreciemos a las personas porque no avancen tan rápido en su recuperación.

Trabajamos junto con las personas. No existe la superioridad. Todos estamos luchando y aprendiendo.

Ayudamos a los que solicitan ayuda. Entonces, podemos siempre dar ánimo a quienes la reciben – ir y ayudar a los demás. Necesitamos aprender a construir puentes y vínculos con otras personas para lograr la recuperación.

Podemos salir y efectuar distintas reuniones de apoyo de MIA para las personas. Llevamos el mensaje de esperanza a aquellos que aún están sufriendo. Damos un servicio a los demás. . Estamos tratando de mantenernos muy vinculados a nuestro propio aprendizaje- qué es una enfermedad mental – qué es el comportamiento abusivo.

Estamos aprendiendo. Y, podemos cambiar. Podemos llegar a unos niveles de recuperación que nos demuestren a nosotros mismos y a los demás de que somos sensatos, estables, seguros y sobrios.

¿Quiénes somos? Somos personas recuperándonos de enfermedades mentales y comportamientos abusivos. Somos parte una asociación de personas que también se están esforzando.

Somos parte de Mental Illness Anonymous (MIA) (Enfermos Mentales Anónimos).

MIA Segunda Parte

Qué hacemos

Enfermos Mentales Anónimos (MIA, por sus siglas en inglés) trabaja con cada persona mediante la educación y el conocimiento. Aprendemos los unos de los otros. También, aprendemos de profesionales. Además, aprendemos a partir de reconocidos y respetados materiales educativos sobre enfermedades mentales y comportamientos abusivos.

Hay una gran cantidad de información escrita sobre enfermedades mentales y comportamientos abusivos. No tenemos que vivir más en la ignorancia.

Aún más importante es que no tenemos que actuar más en la ignorancia. Podemos ser enfermos mentales pero no tenemos que actuar de forma insensata o a lo loco. Podemos vivir con nuestra enfermedad mental sin necesidad de tomar bebidas alcohólicas ni drogas. Nos podemos liberar del enojo que nos conduce hacia el conflicto. El enojo y el conflicto pueden acabar con nuestras vidas.

Nuevamente, podemos ser enfermos mentales, pero no necesariamente tenemos que actuar sin cordura.

Nuestras vidas probablemente necesitarán un auto cuidado y auto monitoreo constantes. Podemos aprender a mantenernos estables. La medicación puede ser efectiva. No hay nada malo en tomar medicamentos. Encontrar la medicación adecuada y el nivel adecuado de medicación puede ser difícil. La medicación puede ayudar a lograr un sueño pleno de descanso en la noche. Muchas veces, simplemente por estar viviendo con la enfermedad mental, esto nos provoca un estado de mucha ansiedad. No podemos dormir

Podemos aprender a conciliar el sueño. Además, necesitamos aprender como tener un descanso extra. No podemos permitirnos cansarnos mucho. En numerosas ocasiones acudimos a las drogas porque nos sentimos cansados. Deseábamos calmarnos o estimularnos con la droga o un trago para poder seguir adelante.

Tenemos que aprender a vivir sin los efectos secundarios erráticos producidos por el alcohol o las drogas adquiridas en la calle.

Podemos aprender a vivir con una cantidad sistemática y medida de medicaciones. Podemos discutir un nivel de medicación con un profesional de salud mental. Podemos aprender de otras personas que han logrado buenos resultados con su medicación. Podemos aprender que medicación es efectiva y cuánta será necesaria. Podemos ser parte del sistema de salud mental.

No tenemos que vivir siempre con nuestra conducta abusiva. No tenemos que pelear con otras personas. No tenemos que enojarnos. Podemos obtener ayuda.

Necesitamos aprender sobre la enfermedad mental y la conducta abusiva. También, podemos trabajar para enseñar a otras personas lo que hemos aprendido.

Que cada uno, llegue a uno y enseñe a uno es nuestra máxima (lema).

La enfermedad mental es real. El abuso de sustancias o drogodependencia también es una enfermedad. El enojo y la conducta abusiva pueden ser una adicción. Probablemente, nunca nos libraremos de la enfermedad mental y las conductas abusivas. Podemos vivir con estas condiciones. No tenemos que exteriorizar nuestros comportamientos abusivos.

No debe haber vergüenza de donde provenimos. Hemos estado desorientados y destruidos, debido a la enfermedad mental y las conductas abusivas. Podemos comenzar un nuevo día. Podemos vivir sin los trastornos causados por el dolor de la enfermedad mental y las conductas abusivas.

Somos parte de la asociación Enfermos Mentales Anónimos (MIA). Nos hemos unido para aprender y a comprometernos a tener una nueva vida de esperanza. Podemos aprender a vivir. Podemos aprender a amar. Podemos aprender a tener relaciones, nuevamente. Podemos sentirnos apartados del mundo que nos rodea. Nuestro dolor interno puede que nunca desaparezca. Aún así, podemos vivir con la enfermedad mental.

Podemos aprender a ser felices. Cada persona puede alcanzar la paz mental. Mediante el rezo y la meditación podemos aprender a calmarnos. Por medio de la Asociación de Enfermos Mentales Anónimos (MIA) podemos aprender y enseñar.

Podemos lograr un cambio. Podemos alcanzar la felicidad. Podemos ganar la paz mental. Podemos librarnos de todo el abuso. Podemos aprender a vivir con la Enfermedad Mental. Pertenecemos a Enfermos Mentales Anónimos (MIA)
MIA Tercera Parte

La Forma de Salir del Problema

Amabilidad

¿De dónde provienen la enfermedad mental y el comportamiento abusivo?
Muchos nos hemos esforzado por comprenderlo. ¿Qué es lo que tenemos?
¿Cómo podemos vivir con estas condiciones?

Nuestra vida no ha sido fácil. Por una parte, hemos necesitado un nivel de resistencia entre la actividad y el descanso de forma que podamos seguir adelante. Necesitamos aprender a trabajar a la vez que descansar. Necesitamos aprender a balancear mejor nuestras vidas.

Si tratamos de trabajar de más, la única forma que tenemos para poder seguir avanzando es acudiendo a la droga o al alcohol. No obstante, si no realizamos una cantidad suficiente de actividades, podemos caer en depresión.

No podemos escapar de la depresión, ansiedad y el agotamiento mediante el abuso de las sustancias (o drogadicción). Necesitamos mantener un nivel saludable de actividad y de descanso. Necesitamos ser amables. Necesitamos ser honestos, pero no duros con nosotros mismos.

Probablemente, hemos tratado de mantener un nivel honesto de comprensión con el fin de saber quiénes somos. Esta lucha por la identidad también nos puede crear conflictos.

A veces somos muy independientes para nuestro propio bien. Estamos tratando de aprender quiénes somos- para poder encajar dentro de la sociedad que nos rodea. No estamos tratando de ser independientes porque no queremos relacionarnos con las personas. Estamos tratando de aprender a ser independientes con el objetivo de aprender a cuidarnos mejor. Podemos aprender a realizar un auto sustento y auto cuidado. Aún así necesitamos a las personas y las personas también necesitarán de nosotros. Hay momentos en que necesitaremos ayuda en nuestras vidas y seremos llamados a prestar ayuda a otras personas.

Estamos tratando de ser un miembro mejor integrado a la sociedad y de aprender a relacionarnos mejor con las personas que nos rodean. Tratamos de aprender a tener una incorporación gentil dentro de la sociedad y reducir el conflicto.

El conflicto es el comienzo del abuso y la psicosis. La vida no está exenta de las diferencias de opiniones. Podemos tener vidas separadas. Cada uno de nosotros podemos ser muy diferentes de otras personas.

Además, podemos tener un sentido del tiempo diferente. No todos logran lo que ha de hacerse en el mismo período de tiempo. Algunas personas están todavía pensando, mientras otras quieren pasar a la acción. Podemos tener distintos puntos de vista y no caer en conflictos.

El conflicto surge cuando no nos sentimos a gusto con los que nos rodean. Cuando estos actúan muy despacio o no comparten nuestras ideas, nos irritamos. Comenzamos a ver que hay de malo en ellos. Nos involucramos en sus vidas.

Ellos no hacen lo que les pedimos. Pude que ni recuerden lo que les pedimos. Sabemos como corregirlos a ellos y resolver el problema. Podemos pelear con ellos y tener conflicto.

Cuando las cosas no van bien entre nosotros y las demás personas, nos podemos enojar. Esos resentimientos pueden conllevar a justificaciones para emborracharnos, endrogarnos o enfadarnos.

Podíamos pensar. Estas son personas desdichadas. Este es un momento depresivo. Es el momento para endrogarnos o enojarnos. Nadie nos comprende. ¿Por qué no endrogarnos? ¿Porqué no pelear con alguna gente? ¡NO!!!

El abuso es el próximo paso posterior al conflicto. El conflicto también nos puede conllevar a la psicosis sin o con el abuso por la droga o el alcohol.

Existe una salida. La amabilidad. Podemos ser amables con nosotros mismos. El abuso nos hace daño y les hace daño a otras personas. El enojo puede asustar a las personas durante semanas. Igualmente, la desconfianza puede ser generada por el enojo, de forma tal, que las personas más nunca regresen a nuestro lado.

Por ejemplo, algunos afirman que el abuso de las sustancias solamente les afecta a ellos.

Y esto no es así.

Veamos este ejemplo:

Por muchos años mis amigos y yo nos endrogábamos. Nos divertíamos mucho. Nunca herimos a nadie. Éramos solamente gente feliz que estábamos consumiendo drogas todo el tiempo. Solamente un grupo de muchachos felices. No herimos a nadie más.

Que equivocados estábamos.

Muchas personas fueron afectadas por nuestro comportamiento. Las drogas y el alcohol causaron grandes cambios en nuestro carácter. Muchas personas cercanas a nosotros han experimentado nuestra ira originada por las drogas y el alcohol. Nosotros podemos recordarnos como unos muchachos que pasaban un tiempo feliz, pero las personas alrededor nuestro, nuestras madres, nuestros padres y el resto de nuestras familias y la comunidad guardan recuerdos diferentes.

La amabilidad – hasta el punto de ser útil a otros – es la vía de salida de nuestro trastorno emocional. El poder y la posición no nos llevan a la estabilidad. Poder ayudar a otro ser humano es un honor y no una carga pesada.

Ser útil a otros y preocuparse por otras personas es nuestro salvoconducto hacia la paz mental y la serenidad. Estamos aprendiendo a conocer quiénes somos, mediante preguntas que le hacemos a otras personas y no peleando con ellas.

Podemos aprender a trabajar juntos. Podemos aprender a convivir.

Se puede aprender a se amable.

En vez de estar siempre pidiendo lo que queremos, podemos aprender a dar. Ser generosos con otras personas es una cualidad que necesitamos aprender. Dar a las personas es una práctica de amabilidad. El comportamiento abusivo es decirles a las personas quienes son. Ser amables con los demás demuestra

nuestra paciencia e incrementa nuestra capacidad para aprender. Aprendemos a ser amables para tratar más tranquilidad con las personas. La amabilidad es lo opuesto al conflicto.

Muchos de los primeros signos del conflicto surgen de no estar contentos con nosotros mismos. Podemos desear que las personas no se den cuenta de cuán infelices nos sentimos con respecto a nosotros mismos.

Podemos esperar que nos olvidemos de lo infelices que nos sentimos. Si somos duros con otros, estos podrían no percatarse de cómo somos ni de conocernos. También podíamos no tener que pensar sobre nosotros ni sobre nuestra condición siquiátrica. Al ser rudos con los demás significa que no tenemos que percatarnos de cuánto tiempo conlleva cambiar nuestra personalidad. Perdemos poder de reflexión para cambiarnos a nosotros mismos y nos involucramos en criticar a los otros.

No obstante, lograr cambiar es un largo proceso.

Mediante la tranquilidad y la reflexión podemos notar y prestar atención a lo poco que realmente cambiamos cada día. Podemos ver lo mucho que retrocedemos con los malos hábitos.

Abusar de otras personas es fácil. Ellos están fuera de nosotros. Podemos enfurecernos y, entonces, ellos se van. Entonces, podemos pensar en ellos y guardarles rencor por mucho tiempo. No tenemos que reflexionar acerca de nosotros mismos. Entonces, no tenemos que cambiar.

Además, estas personas tampoco están cambiando. ¿Por qué debo de hacerlo yo?

Cuando no practicamos la amabilidad, las cosas llegan a ponerse tan malas que a veces, simplemente, enojarse no es suficiente. Es probable que queramos consumir drogas o bebidas alcohólicas por que el mundo y las personas alrededor nuestro son complicados.

Podemos llegar hasta un nivel de trastorno y pasar al comportamiento abusivo.

Podemos tener serenidad en nuestras vidas. Cualquiera puede tener serenidad. Cualquiera puede alcanzar la paz mental. La amabilidad se nos presenta a

nosotros mismos y a los demás, según cuán seguros nos sintamos con respecto a nuestra serenidad.

Sin embargo, necesitamos continuar aprendiendo sobre nuestra enfermedad mental. Necesitamos afirmar diariamente que debemos terminar con el consumo de drogas, el alcohol y el comportamiento abusivo.

Lo que es interesante acerca de la paz mental y la serenidad es que no necesitamos dinero o poder o prestigio para alcanzar la paz mental.

Podemos aprender a caminar por las calles y ser felices. No necesitamos comprar nada más para hacernos feliz. No necesitamos corregir a otras personas para sentirnos mejor. No necesitamos decirles a otras personas lo que deben hacer o cómo deben vivir. Podemos ser flexibles. Podemos corregirnos a nosotros mismos. Ayudamos a otras personas cuando podemos o cuando ellas lo quieren.

Mediante la amabilidad podemos aprender nuestros límites.

La oración y la meditación pueden incrementar nuestro sentido de amabilidad. Podemos aprender a rezar para dar gracias. Podemos aprender a dar gratitud en nuestras oraciones. Podemos aprender a dar gracias a Dios por concedernos un día más para saber quiénes somos y poder conocer a otras personas.

La meditación puede durar quince minutos, treinta minutos o una hora de silencio absoluto. Podemos encontrarnos a nosotros mismos en medio de la quietud y la soledad. Podemos calmar nuestras mentes.

La enfermedad mental nos puede dejar con pensamientos irreflexivos interminables. Cada día nuestras mentes chillan. Debido a la enfermedad mental nuestros pensamientos irreflexivos y deprisa cobran impulso. Si no llevamos a la práctica la forma de calmarnos, puede que nunca alcancemos la paz mental.

Tenemos que practicar la meditación y el rezo. El rezo y la meditación son habilidades que pueden ser aprendidas y llevadas a la práctica.

Si no sabemos cómo rezar o meditar entonces le preguntamos a o aprendemos de alguien que sí sepa cómo rezar o meditar. Mediante la meditación y el rezo podremos ser más bondadosos. Mediante la amabilidad podemos evidenciar la

nueva vida que estamos descubriendo, aprendiendo a convivir con la enfermedad mental y reduciendo nuestro comportamiento abusivo.
MIA Cuarta Parte

Paso Uno

1. Admitimos que no podíamos hacer nada ante la Enfermedad Mental y todo tipo de comportamiento abusivo (abuso de sustancias, abusos físico y verbal) de forma tal que nuestras vidas se volvieron incontrolables.

Destrozados. Estábamos destrozados. Destruimos los puentes y arruinamos las relaciones. Acabamos con nuestros matrimonios, perdimos los puestos de trabajo, nos quedamos sin hogar y nos sentimos acabados.

Aniquilados por la enfermedad mental y los comportamientos abusivos, nos mantuvimos pensando que debía haber alguna forma de escapar de la enfermedad mental y el comportamiento abusivo. Había una forma. La forma de hacerlo estaba dentro de nosotros mismos. Podemos admitir que estamos indefensos.

No podemos controlar nuestra enfermedad mental. Estamos destrozados por el abuso de las sustancias y todo el comportamiento abusivo. No podemos estar gritándoles a las personas. No podemos estar buscando conflictos. No podemos reaccionar al enojo con enojo.

Entonces, cuando nos esforzamos por superar nuestro comportamiento abusivo personal, no podemos vivir en un ambiente de abuso.

Estamos indefensos. Aún cuando dejemos de consumir drogas, alcohol, medicamentos prescritos ilegalmente – todavía padecemos la enfermedad mental. Tenemos que luchar día a día para mantenernos cuerdos, estables, seguros y sobrios.

La enfermedad mental nos deja muy desorientados. Puede que queramos volver atrás y empezar a consumir drogas y tomar bebidas alcohólicas. Quizás queramos ir más allá del enojo.

Mediante la asociación MIA, podremos cambiar nuestras vidas. La enfermedad mental no nos abandonará. Probablemente tendremos que aprender a vivir con estos aspectos continuos de la enfermedad mental:

Patrones de sueño interrumpido, en ocasiones durante toda la noche. (En el peor de los casos, el insomnio).

Exaltación el día entero.

Depresión que nos deja emocionalmente trastornados por el día así como por la noche.

(Incluso, hasta llegar a tener pensamientos suicidas)

Probablemente podamos convivir con estos cambios emocionales de temperamento producto de la enfermedad mental. Con una correcta medicación, con las personas adecuadas y las actividades adecuadas – podemos vivir con la enfermedad mental.

Nunca podremos vivir con la enfermedad mental, si pensamos que la controlamos. Nunca podremos vivir con la enfermedad mental si creemos que simplificamos el problema con un trago, con la droga o peleando con la gente.

Estamos indefensos ante la enfermedad mental y todo comportamiento abusivo. Necesitamos auto monitorearnos todos los días. Necesitamos ir a las reuniones y aprender de otras personas que tienen una enfermedad mental. ¿Cómo tratan ellos con la enfermedad?

No nos podemos imaginar todo lo que necesitamos saber sobre la enfermedad mental y el abuso de sustancias, por nuestra propia cuenta.

Necesitamos admitir que estamos indefensos y comenzar a ir a los grupos de apoyo educativos.

Necesitamos asistir a la mayor cantidad posible de reuniones de los grupos de apoyo educativos. Estamos tan indefensos que solamente una ayuda competente nos puede beneficiar.

Necesitamos percatarnos, cada día, de lo indefensos que realmente estamos.

Puede haber aún personas que digan: Ya yo obtuve todo lo que necesitaba de esas reuniones o personas.

No hay un límite para nuestro progreso. Cada reunión, cada contacto con otras personas que se encuentran indefensas, tratando de recomponer sus vidas y sus vidas con el medio que las rodea – nos puede beneficiar.

MIA ofrece los pasos o medidas y la discusión sobre enfermedades mentales y todo tipo de comportamiento abusivo (abuso de sustancias, abusos físico y verbal).

También podemos asistir a otros grupos de apoyo, en donde se discuta la condición psiquiátrica y nos ayuden a comprender los comportamientos abusivos.

Nuestras vidas se han vuelto incontrolables. Nuestras vidas se mantendrán severamente incontrolables, a menos que comencemos a aprender y cambiar. Podemos cambiar. No podemos curar la enfermedad mental.

Podemos vivir con la enfermedad mental. Podemos aprender a navegar por la vida con la enfermedad mental.

Y lo que es más importante, podemos dejar de exponer a otras personas a nuestro trastorno personal debido a la enfermedad mental. Podemos vivir nuestra vida con esta enfermedad mental y también dejar de hacernos daño a nosotros mismos mediante el abuso de sustancias y los abusos físico y verbal.

Leemos y reflexionamos sobre estos pasos. Tenemos que aprender los unos de los otros cómo pasamos el día estables, seguros y sobrios.

Podemos tener éxito. Otros lo han logrado. Nosotros podemos lograrlo. Somos parte de la Asociación Enfermos Mentales Anónimos (MIA) y de todos los otros grupos asociados a Alcohólicos Anónimos.

Estamos orgullosos de ser parte de esa asociación. Asistiendo a las reuniones, aprendiendo de los materiales que se leen, aprendiendo unos de otros, y escuchando nuestras historias nos da un alivio en las vidas incontrolables que tenemos.

Hemos sido invadidos por la enfermedad mental y arrasados por el abuso de las sustancias, el abuso físico y el abuso verbal.

Mediante el conocimiento sobre la enfermedad mental y los comportamientos abusivos, podemos lograr tener cordura, estabilidad, seguridad y sobriedad en nuestras vidas.

MIA Quinta Parte

Paso Dos

2. Llegamos a creer que un poder superior a nosotros nos puede hacer recobrar nuestra razón.

¿Quién nos puede mantener cuerdos? ¡Nuestro poder superior puede! Nosotros no lo podemos hacer. Tenemos que buscar ayuda desde afuera. Un poder superior al nuestro.

Hemos tratado todo. Al final, solo un poder superior al nuestro nos puede hacer recobrar nuestra cordura.

Hay algunas personas que no creen en Dios. Si no es con Dios, necesitamos hablar con alguien que nos pueda ayudar.

No podemos recobrar la razón por nuestra propia cuenta. Necesitamos acudir a alguien. Necesitamos encontrar un poder superior que nos ayude a recuperar la razón.

Tampoco lograremos una total recuperación, a menos que no tengamos respuesta de un poder superior. Necesitamos una respuesta o reacción externa para garantizar que hemos estabilizado nuestra cordura.

Si creemos en Dios, podemos pedirle ayuda a Dios. Podemos rezar. Podemos hablar con el poder superior. El Poder Superior está con nosotros todo el tiempo. No necesitamos solicitar una cita para hablar con el Poder Superior. El Poder Superior está con nosotros.

También podemos agradecer al poder superior. Debemos agradecer que exista un poder superior a quien hablarle. Podemos agradecer que podemos acudir a un poder superior. Podemos dar gracias a todos aquellos que nos ayudan.

No podemos hacer todo el trabajo que es necesario para recuperar la razón.

Solamente un poder superior al nuestro nos puede ayudar a recobrar la razón. Podemos agradecer que tengamos la oportunidad de experimentar la cordura y la serenidad. No hay milagros ni curas para la enfermedad mental.

Podemos tener momentos de cordura reestablecida.

Toda nuestra vida será una lucha con la enfermedad mental. Tenemos que estar preparados para atender a un huésped a largo plazo para ganar niveles reales de recuperación.

De nuevo, podemos vivir con la enfermedad mental. Podemos tener una enfermedad mental, pero no tenemos que actuar a lo loco.

Podemos restablecer nuestra razón. No podemos restablecer nuestra razón por nuestra propia cuenta. Mediante la ayuda de nuestro poder superior podemos aliviar el dolor de la enfermedad mental.

Podemos tener una vida libre de todo comportamiento abusivo (abuso de sustancias, abuso físico, abuso verbal)

También, muchos de nosotros dejamos de abusar de las personas y nos convertimos en abusados. Esto nos coloca en ciclos en los que podemos pasar de ser abusados por un tiempo a volver a ser abusadores.

Podemos terminar con todo el abuso. Podemos cambiar nuestros patrones de abuso. Podemos pedirle al poder superior que nos ayude a no convertirnos en abusados ni abusadores.

Mediante la ayuda de nuestro poder superior podemos liberarnos de los patrones de abuso y comportamientos abusivos, que han plagado nuestras vidas.

Restablecer la razón es un proceso a largo plazo. Restablecer nuestra razón nos puede llevar toda una vida. No habrá métodos fáciles. Necesitamos volver, de forma continua, a nuestro poder superior y analizar cómo nos va.

Podemos volver a nuestro poder superior y continuamente pedirle ayuda.

Aprender a rezar y meditar es importante. Mediante el rezo y la meditación podemos aprender a ser más certeros y precisos con la ayuda que pedimos a nuestro poder superior.

Podemos aprender a expresar gratitud a nuestro poder superior. Podemos aprender a calmarnos mediante el rezo y la meditación.

Necesitamos tener siempre presente dar las gracias a nuestro poder superior por darnos la oportunidad de poder restablecer nuestra razón. Necesitamos aprender a agradecer a nuestro poder superior de que tenemos ese poder superior. También, podemos agradecer a nuestro poder superior por permanecer junto a nosotros.

Debemos ser agradecidos por poder contar con un poder superior.

Continuamos asistiendo a las reuniones de apoyo educativo. Continuamos aprendiendo sobre la enfermedad mental y los comportamientos abusivos (abuso de sustancias, abusos físico y verbal).

No estamos solos. Somos parte de una asociación o hermandad con otras personas. Somos Enfermos Mentales Anónimos (MIA). Podemos vivir con nuestra enfermedad mental. Podemos librarnos del abuso y los comportamientos abusivos. Podemos tener una nueva oportunidad en la vida. Necesitamos volver sobre esto, una y otra vez.

Podemos asistir a las reuniones de MIA. Podemos también aprender mediante las reuniones en que se discuten los 12 pasos. Podemos, además, aprender sobre la enfermedad mental mediante la información de profesionales y de iguales.

Tenemos esperanzas porque:

Creemos que un poder superior al nuestro nos puede ayudar a restablecer nuestra cordura.

MIA Sexta Parte

Paso Tres

Tomemos la decisión de confiar nuestra voluntad y vidas al cuidado de Dios, según lo entendamos a Él.

Dios. Ese nombre puede provocar estremecimiento en algunas personas. Puede ocasionar miedo en los corazones de algunas personas. Puede provocar lágrimas en los ojos de algunas personas. Puede originar amor en los corazones de algunas personas.

A través de los siglos las personas han querido conocer a Dios. Sin embargo, para la mayoría de la humanidad ha habido un silencio. Dios no ha hablado. Dios no ha aparecido. Hemos leído historias.

Algunas personas, una vez vieron a Dios. Dios, una vez, habló con alguna persona en algún lugar a través de la historia.

Hay un Dios. Dios no está lejos.

Los seres humanos son una especie única. Podemos hablar en un lenguaje complicado los unos con los otros. Hemos erosionado la vida en el planeta más que cualquier otra especie. No obstante, sabemos tan poco de nosotros mismos.

¿Quiénes somos? ¿De dónde provenimos? Olvidamos que Dios es quien proporciona el aire de vida que pasa por todo. Los átomos y partículas subatómicas no chocan ni se destruyen. Dios está en todas partes. Necesitamos la ayuda de Dios. Dios nos puede ayudar a no destruirnos. Dios está con nosotros.

Dios mira por encima de nuestros hombros. Dios también puede dejarnos actuar por nuestra propia cuenta para por sí mismos descubrir algunas cosas. Dios nos da libertad. Dios nos obliga a vivir en comunión. Dios es bueno. Dios es destructivo. Dios nos puede ayudar. Dios puede eliminar un obstáculo. Dios nos puede recoger. Dios puede ser fulminante con nosotros.

Confiar nuestra vida y voluntad a Dios es riesgoso. Hemos estado mandando por tanto tiempo. Hemos tratado de hacer lo que hemos querido por tanto tiempo. Cuando las cosas nos salen mal, corremos hasta donde está Dios. Aprendiendo

a volver nuestras vidas y alma a Dios sobre una base diaria es algo que no nos gusta hacer.

Sin embargo, no tenemos otra opción. Cada uno de nosotros somos realmente pequeños en el planeta. Creemos que tenemos poder y no tenemos ninguno.

Podemos perdernos a sí mismos, perder nuestras casas, nuestros trabajos, nuestros seres queridos y nuestra propia existencia en cualquier momento. No hay ninguna esperanza, excepto en Dios. Al final, el planeta sigue girando gracias a Dios.

Hay algunas personas que no creen en Dios. Aún así pueden aprender a ser buenas con las demás personas. Pueden querer a su vecino. Pueden querer a otras personas y otras formas de vida, entonces, han amado a Dios. Pueden pedir ayuda. Pueden acudir a otras personas para pedir ayuda y respuestas. Cuando miran fuera de sí mismos, se dan cuenta de que no son poderosos. Un poder más fuerte que ellos puede ser otra persona que parece ser más estable y serena que ellos. Todos debemos descubrir quién es y quién puede ser nuestro poder superior.

También, tenemos que descubrir quién es Dios.

No existe un camino fácil para encontrar a Dios. Dios puede ser elusivo. Tal vez, debemos recordar que confiar nuestras vidas a Dios, a un poder superior o a alguien más es un paso muy alto.

Podemos pensar:

Nos perderemos a nosotros mismos.

Perderemos a otras personas,

Perderemos nuestros trabajos.

Perderemos a nuestras familias.

Perderemos a nuestros hogares.

Estos son pensamientos que asustan. Volver nuestras vidas a Dios, no es fácil.

Percatarse de que Dios no nos puede responder puede ser desalentador. Darse cuenta de que las interacciones que Dios tiene para con nosotros tienen un tono bajo y sutil es desorientador para algunas personas.

No habrá luces blancas ni voces provenientes del Cielo.

Dios puede ser visto y sentido en la forma en que llevamos nuestras vidas. La forma en que llevamos nuestras vidas con otras personas es una importante relación con Dios.

Dios está con nuestros vecinos y amigos.

Dios no está distante. Dios está con nuestras esposas y esposos. Dios está con nuestros hijos, madres y padres. Dios también puede ser parte de la ilimitada preocupación por saber, que nos previene de fracasar.

Probablemente, con lo que más tengamos dificultad es en cómo dar gracias a Dios.

Dios está ahí para nosotros. Podemos agradecer a Dios todos los días. Tenemos la oportunidad de vivir. Tenemos la oportunidad de mejorar nuestras vidas. Tenemos la oportunidad de enmendar las heridas que hemos infringido a otros. Tenemos la oportunidad de tratar nuevamente.

Podemos ser mejores personas. Podemos tener serenidad. Podemos tener momentos de paz mental. Luchamos por tener claridad de pensamiento.

Esa vida, libre de confusión puede ser, también, momentánea. Tenemos que estar preparados para que el vuelco de nuestras voluntades y vidas hacia Dios pueda ser un acontecer diario.

Podemos confiar nuestras vidas a Dios y tratar de sentir solo unos pocos segundos fugaces. A veces, justamente esos pocos segundos de paz nos pueden hacer ganar el tiempo para continuar viviendo. Necesitamos esperanza.

Algunas personas creen que Dios es Amor. Dios también se siente mediante la esperanza.

Cada día

Podemos ser buenos unos con otros. Podemos dar el regalo de la esperanza a nosotros mismos y a los demás.

Cada día podemos confiar nuestras almas y vidas a Dios.

MIA Séptima Parte

Paso Cuatro

Hagamos un inventario moral, minucioso y sin temor, de nosotros mismos.

Nos volvemos a preguntar. ¿Quién soy? ¿Quiénes somos?

La única forma de saber la respuesta es haciendo un inventario moral, minucioso y sin temor, de nosotros mismos.

Muchos de nosotros avanzamos bastante cada día. No miramos hacia atrás. Decimos - ¿no sería bueno, tomarnos un tiempo libre? No nos detenemos. Podemos aprender a detenernos y hacer ese inventario moral, minucioso y sin miedo acerca de nosotros mismos.

Nunca podremos calcular cómo poder llegar a un lugar seguro en la vida con nuestra enfermedad mental, a no ser que nos conozcamos a nosotros mismos. No podremos alcanzar la cordura, a menos que nos conozcamos a nosotros mismos. Tendremos dificultad en alcanzar y mantener la sobriedad, a menos que nos conozcamos a nosotros mismos.

La enfermedad mental significa que hemos perdido algo del concepto del yo. No podremos saber dónde encajamos, si no nos conocemos a nosotros mismos. No podremos conocernos, a no ser que comencemos a hacer ese inventario moral, escrutador y sin miedo de nosotros mismos.

Este paso es obviado por muchas personas.

No podemos restablecer nuestra cordura ni ser estables, seguros y sobrios, si no sabemos quiénes somos. Seremos lanzados por los vientos del caos, si no estamos firmes con un conocimiento real sobre nosotros mismos. Realizar un inventario moral, escrutador y sin temor, de nosotros mismos es una tarea ardua. Probablemente tengamos que realizar varios inventarios morales diferentes de nosotros mismos durante años.

Mientras más sepamos de nosotros mismos, más podremos profundizar para continuar conociéndonos aún más. No hay un límite a la comprensión que podamos llegar a tener sobre nosotros mismos.

No estamos aprendiendo acerca de nosotros mismos para entonces vivir en aislamiento. Estamos tratando de encontrar quiénes somos de manera que podamos interactuar mejor con las personas que nos rodean. Cuando estamos en nuestro peor momento con la enfermedad mental y los comportamientos abusivos, no solamente destruimos nuestras vidas sino que, también, herimos a otras personas.

También, a veces nos herimos nosotros mismos. Causamos un efecto sobre otras personas cuando nos herimos a nosotros mismos. Cuando nos herimos a nosotros mismos, otras personas resultan heridas. Las personas tratan de ayudarnos y resultan heridas y se cansan. Nuestras vidas erráticas por la enfermedad mental y el abuso de las sustancias producen desconcierto en las vidas de las personas.

Necesitamos entender ¿QUIÉNES SOMOS?

El inventario moral, minucioso y sin temor, que realicemos sobre nosotros mismos no será agradable. Queremos vernos y entendernos de una forma aceptable. No queremos sentirnos peor después que hagamos ese inventario moral. El inventario moral debe ser como un mapa de ruta para podernos entender mejor a nosotros mismos. No necesitamos desanimarnos innecesariamente.

Necesitamos el inventario moral de manera que podamos explicar mejor a otras personas quiénes somos. Nos estamos descubriendo a nosotros mismos para que otras personas nos puedan conocer.

A veces, es mejor comenzar a poner por escrito nuestro inventario moral solo nosotros y, a veces, es mejor comenzar escribiendo el inventario moral con otras personas.

El desafío es comenzar a hacer esa lista de quiénes somos. Necesitamos conocer lo bueno y lo malo acerca de nosotros. Escribamos lo que pensamos.

Necesitamos escribir y reflexionar. Necesitamos disponer de un tiempo en el día para dedicarlo a escribir nuestro inventario moral, minucioso y sin temor.

Podemos intercambiar con personas en quien confiemos acerca de nuestro inventario. Necesitamos aprender a tener las repuestas de otros. ¿Escribimos correctamente quiénes somos? ¿Qué más podemos decir? Estas son preguntas que nos pueden llevar toda una vida para responder. Entendernos a nosotros mismos es como ir separando las capas de una cebolla.

Vayamos más profundo. Día a día. Año tras año. No hay un camino fácil. No existe una corrección rápida. No habrá milagros o cura. Tenemos ambos, la enfermedad mental y los comportamientos abusivos. Hay mucho que entender. Habrá que hacer muchos ajustes en nuestras vidas. Algunas partes de nuestras vidas tenderemos que aceptar y otras tendremos que desechar.

Enfermos Mentales Anónimos (MIA) solamente nos introduce al conocimiento de que tenemos ambos, la enfermedad mental y el comportamiento abusivo. Aún admitir que tenemos la enfermedad mental y el comportamiento abusivo puede ser difícil y tomarnos mucho tiempo. Aprender a conocernos totalmente nos puede llevar una vida entera.

Tendremos éxito viviendo con la enfermedad mental y cambiando el comportamiento abusivo.

Necesitamos entender ambos, cuán mala es la enfermedad mental y cuán malo es el comportamiento abusivo. Solamente haciendo un inventario moral, minucioso y sin temor, nos los podrá decir.

Podemos ayudar a crear una vida mejor para nosotros.

Hacer un inventario moral, minucioso y sin temor nos puede ayudar a construir nuestra nueva vida y fortalecer nuestra vida anterior.

Hacer un inventario moral, minucioso y sin temor, es nuestro cuarto paso hacia la recuperación de la enfermedad mental y el comportamiento abusivo.

MIA Octava Parte

Paso Cinco

5. Admitimos a Dios, a nosotros y a otro ser humano la naturaleza exacta de nuestras malas acciones.

No solo nos herimos a nosotros mismos, sino que herimos a muchas personas por el camino. Hemos tratado de ir por la vida sin estos pasos. Tal vez todo nos salió bien por un tiempo. Creímos que nos herimos a nadie. No teníamos que admitir nuestras equivocaciones a nadie.

Cuando preguntamos a otras personas la naturaleza de nuestras malas acciones pasadas, podíamos sorprendernos. Estas tienen un recuerdo diferente de nuestras vidas y acontecimientos.

Nuestra fuerza interior y yo interno saben qué es honesto y quién está diciendo la verdad.

Ha habido momentos en los que no hemos sido honestos. Ningún rayo de luz nos cayó del cielo. Nos sentimos mal después de nuestra conversación deshonesta. Sabemos que no fuimos muy honestos. Hubiésemos querido retroceder, arrodillándonos, rezando a Dios y pidiéndole perdón. Hubiésemos querido decir la verdad.

A veces no lo hicimos. Simplemente vivimos con las mentiras y las fechorías. Además no le dábamos cuenta a nadie.

Las mentiras y las fechorías nos pueden corroer. Podemos corrompernos moral y físicamente debido a las mentiras y las fechorías. Necesitamos aprender cómo mantener un corazón abierto y una mente sin prejuicios.

Podemos despejar nuestras mentes. Necesitamos dejar de decir mentiras y de hacer fechorías.

La válvula de seguridad que garantiza que honestamente hemos tratado de cambiar es – que admitamos ante Dios, a nosotros mismos, y a otro ser humano la naturaleza exacta de nuestras malas acciones.

De manera que también necesitamos admitir la naturaleza de nuestras malas acciones a otro ser humano. Necesitamos ser capaces de admitir la naturaleza de nuestras malas acciones con tal claridad de manera que podamos ponernos ante Dios y otras personas con nuestra honestidad. Necesitamos ser juzgados por ellos y, además, recibir respuesta de otros.

Hemos visto la mirada de conocimiento y reconocimiento en los ojos de otras personas cuando hemos dicho la verdad. Sabemos que reconocen nuestra honestidad. Un vínculo se puede establecer entre las personas a medida que decimos la verdad.

Dios no solo creó la humanidad. Dios se mueve a través de la conciencia. Tenga cuidado. Diga la verdad. Admita ante Dios, nosotros mismos y a otro ser humano la naturaleza exacta de nuestras malas acciones. Todos somos hijos de Dios. Podemos tener una comunicación con el poder superior mediante nuestras relaciones con otras personas.

Antes de admitir nuestras malas acciones, tal vez, quisiéramos disponer de un tiempo para reflexionar. Estar constantemente en actividad y dando vueltas puede que no nos conduzca hacia una vida de paz que necesitamos para ser profundamente honestos.

Tener actividad es bueno. Muchos de nosotros necesitamos realizar actividades, pero existe un punto en que la actividad se puede convertir en escapismo. Necesitamos encontrar un equilibrio entre la actividad y la quietud. Podemos volvernos reflexivos. Entonces, admitir nuestras malas acciones.

La enfermedad mental es una confusión y un caos en la mente. El comportamiento abusivo es taimado, desconcertante y fuerte. El comportamiento abusivo proviene de resentimientos y conflictos, aparentemente. Estamos atrapados entre una mente sumida en la confusión y el caos y una personalidad taimada, desconcertante y fuerte, tratando de escapar de toda dependencia.

El problema se nos duplica. La enfermedad mental y el comportamiento abusivo. Necesitamos una auto honestidad doblemente rigurosa. Esa honestidad solo puede provenir del auto cuidado y el auto seguimiento.

Cuando cometemos errores, podemos volvernos reflexivos. Admitamos a Dios, a nosotros y otro ser humano la naturaleza exacta de nuestras malas acciones.

Podemos vivir con la enfermedad mental. Podemos romper el ciclo del comportamiento abusivo (abuso de sustancias, abuso físico, abuso verbal).

No vamos a dejar en el pasado a la enfermedad mental y el comportamiento abusivo. Solamente luchamos por mantener la confusión y el caos de la enfermedad mental dentro de un control. Luchamos para mantener las mentiras y las malas acciones en un mínimo. Luchamos para continuamente tratar de romper los ciclos del comportamiento abusivo (abuso de sustancia, abuso físico y abuso verbal).

La salvación de nuestras vidas no es dejar atrás nuestra enfermedad mental y los comportamientos abusivos. La salvación proviene de la paz mental y la serenidad. La salvación está en conocer que tenemos la enfermedad mental y los comportamientos abusivos. La salvación está en conocer que somos capaces de mentir y realizar malas acciones.

La salvación proviene de conocer la naturaleza exacta de nuestras malas acciones y de admitir a Dios, a nosotros y a otro ser humano la naturaleza de nuestras malas acciones.

No podemos deshacernos de la enfermedad mental. Sin embargo, nos podemos mejorar. Podemos reducir la confusión y el caos.

Estamos en esta vida para ser buenos con las demás personas y ser buenos con nosotros mismos. En la forma en que tratamos a otras personas es como tratamos a Dios. Las mentiras y las malas acciones son dañinas. Hemos dañado a otras personas. Probablemente, cometeremos los mismos errores en el futuro. No somos santos. Somos seres humanos que luchan.

Estamos tratando de encontrar nuestro camino en la vida. Podemos alcanzar nuevos niveles fundados de claridad.

Podemos admitir a Dios, a nosotros y a otro ser humano la naturaleza exacta de nuestras malas acciones.

MIA Novena Parte

Paso Seis

Estar totalmente preparados para que Dios elimine todos estos defectos de carácter.

Llega un momento en cada una de nuestras vidas en que no podemos hacer más. Llega un momento en que – lo que necesitamos hacer y tratamos de hacer es humanamente imposible. Solamente confiando en nuestro Poder Superior está la respuesta.

Las personas pueden tratar de obviar este paso. Dios parece intangible para algunas personas. Dios nunca se ha dirigido directamente a muchos de nosotros. Nosotros oramos a Dios. Hablamos con nuestro Poder Superior. Parece que nada ocurre.

La respuesta de Dios puede darse a partir de tener la satisfacción de que los defectos de nuestro carácter están desapareciendo poco a poco.

Las respuestas de nuestro Poder Superior son, a veces, pequeñas y sutiles. Dios es como un constructor puliendo la madera. Nuestros bordes ásperos son pulidos lentamente. Probablemente, no seremos pulidos de una sola vez, en un solo momento.

Probablemente, necesitaremos todo el tiempo de nuestras vidas para estar en constantes rezo, meditación y asistencia a reuniones de apoyo. Estos rezos, meditaciones y reuniones de apoyo nos pueden ayudar a que nuestro poder superior elimine estos defectos de nuestro carácter. Necesitamos aprender cómo pedir ayuda a nuestro Poder Superior.

Necesitamos aprender y comprender las respuestas de nuestro poder superior. También necesitamos aprender a partir de la percepción de otros sobre nosotros y también investigar nuestro yo interno.

Necesitamos ver y apreciar el trabajo de nuestro poder superior eliminando los defectos de carácter.

La eliminación de los defectos de carácter es una vida entera de aprendizaje y trabajo.

Hemos sido abusivos y abrasivos con las personas. Debemos llegar a ser mejores personas. Necesitamos ser más honestos. Necesitamos dejar de hacer malas acciones.

Hemos estado enfermos mentales y vinculados al comportamiento abusivo por mucho tiempo. Hemos estado perdidos y confundidos durante muchos años. Podemos mejorar y cambiar.

Probablemente no habrá milagros ni curas. La vida puede convertirse en una constante interacción entre Dios y nosotros para ayudar a eliminar nuestros defectos de carácter.

Necesitamos estar enteramente preparados para que Dios pueda eliminar estos defectos de carácter. Necesitamos estar preparados para tener una relación a largo plazo con nuestro poder superior. Necesitamos disponer de tiempo para la reflexión y el rezo. Necesitamos estar preparados para cuando tenga lugar nuestra interacción con nuestro poder superior.

Tenemos hecho nuestro inventario moral sin temor. Podemos usarlo como una lista de escrutinio. Nos mantenemos tratando de mejorar, revisando nuestro inventario moral. Tenemos los rezos e interacción con Dios. Tenemos la discusión con nuestro poder superior. Podemos volver de nuevo al inventario moral que hemos realizado sin temor.

Podemos ver que defectos de carácter están siendo eliminados.

Luchamos por mejorar y no por alcanzar la perfección.

MIA Décima Parte

Paso Siete

Pedirle humildemente a Él que corrija nuestros defectos.

¡Nuestros defectos! Nos ha gustado encontrar defectos en las demás personas. Hemos ansiado tanto pelear con las personas y librarnos de nuestros rencores. Si las personas no nos escuchan ni cambian, entonces podríamos tomar o fumar algo. O gritarle a alguien. Conocemos los defectos de todos. No vemos los nuestros.

Solamente centrar nuestro interés en nosotros es difícil. Tener una honestidad rigurosa va a demandar pedirle a Dios que corrija nuestros defectos. Debemos estar preparados para que podamos pensar que pedirle a Dios que corrija nuestros defectos es algo que hacemos una vez en algún momento. Tal vez solamente una vez en la vida.

No.

Necesitamos volver de nuevo a las reuniones de los Doce Pasos. Volver a aprender sobre la enfermedad mental y los comportamientos abusivos. Ver y entender nuestra condición psiquiátrica. Entender nuestro patrón real de adicciones. También, descubrir nuestros defectos. Volver al inventario moral realizado minuciosamente y sin temor. Ver cómo nos desarrollamos. Volver de nuevo a nuestro poder superior.

Pedirle humildemente a Dios que corrija nuestros defectos.

Podemos tratar de escribir lo que estamos haciendo y pensando. Traigan esas ideas escritas a las reuniones. Podemos hasta poner por escrito nuestras oraciones. Podemos hasta escribir nuestras conversaciones con el poder superior.

Podemos pasar un poco de tiempo reescribiendo y editando lo que queremos decir. Entonces, volver atrás y pedirle a Dios que corrija esos defectos. Podemos trabajar cada día en las reflexiones sobre esos defectos.

Comenzamos a tomar y a consumir drogas porque no nos sentíamos bien. Estábamos rencorosos y enfadados. La bebida, las drogas y la cólera eran una solución instantánea. Nos pudimos haber sentido bien por uno, dos, tres, cinco minutos, entonces, comenzaron los grandes cambios en el temperamento. Entonces, realmente nos sentimos enojados, tristes, contentos, y/o ansiosos. Nuestro comportamiento abusivo apareció violentamente.

Hemos estado viviendo con la enfermedad mental y/o el comportamiento abusivo. Es posible que hayamos logrado reducir el comportamiento abusivo. Aún tenemos que cuidar que la enfermedad mental no nos derribe. La vida con la enfermedad mental requerirá mucho auto monitoreo y auto cuidado.

Nuestros defectos pueden ser obra de nuestra propia creación. Hay algunas personas cuyos defectos y malas acciones son intencionales.

También, muchas personas cometen errores y malas acciones, debido a su falta de conocimiento. Necesitamos conocer quiénes somos. Cuáles son nuestros valores y principios.

De igual forma, necesitamos entender nuestra condición psiquiátrica. Necesitamos entender que el abuso de sustancias es otra enfermedad. Tenemos dos enfermedades a la vez. Necesitamos trabajar doblemente fuerte. Necesitamos ser vigilantes. No podemos ser vigilantes por nuestra propia cuenta.

Necesitamos la ayuda de nuestro poder superior y de otras personas que se están esforzando por alcanzar niveles realistas de recuperación. Necesitamos mantenernos observándonos. Ver como nos estamos comportando.

Nuestra humilde petición a Dios para que corrija nuestros defectos es solamente un ensayo general. Tendremos que ser honestos con muchas personas en nuestras vidas. Llegará un momento en el que tengamos que reparar los agravios que hemos hecho a varias personas.

Pedirle humildemente a Dios que corrija nuestros errores es solo un paso en nuestras vidas. Este es un paso que, probablemente, tengamos que dar muchas veces. Como todos los pasos. Esta interacción con los doce pasos no se hace de forma progresiva. Lo hacemos de forma cíclica.

Aprendemos lo que tenemos que aprender. Nos mantenemos aprendiendo. Compartimos nuestras experiencias con otros. Compartimos nuestra experiencia con Dios. Volvemos de nuevo y tratamos de nuevo.

Aprender a ser humildes es una habilidad. La mayoría de nosotros creemos que somos humildes. La respuesta de otras personas no nos debe herir. Entonces, humildemente volvamos a Dios y humildemente pidámosle a nuestro gran poder que corrija nuestros errores.

MIA Undécima Parte

Paso Ocho

Hagamos una lista de todas las personas a las cuales le hemos ocasionado un daño y estamos dispuestos a reparárselos.

¿A quiénes hemos conocido en nuestras vidas? ¿Qué hemos realizado juntos?
¿A quién hemos hecho daño? Tenemos que aprender a decir: lo siento.

Hemos defendido nuestras posiciones cuando creímos que teníamos la razón. A veces hemos tenido la razón y aún así hemos perdido en la discusión.

Hemos conocido el conflicto. Hemos tratado de vengarnos. Hemos acarreado rencores. Les hemos ocasionado problemas a otras personas. Hemos hablado mal de otros. Nos hemos burlado de personas que son distintas a nosotros.

Hay muchos patrones en nuestra vida. Estos patrones siempre condujeron al abuso de las sustancias, el abuso verbal y/o el abuso físico. El conflicto y los rencores nos condujeron directamente a los comportamientos abusivos.

Éramos como mariposas alrededor de la luz. Conocíamos todas las respuestas correctas. Teníamos todas las verdaderas razones para endrogarnos, emborracharnos o enfadarnos.

Teníamos que poner un alto. Hemos puesto un alto. Podemos continuar con un alto. Hemos aprendido a vivir con el dolor emocional de la enfermedad mental. No hay escape. Otras personas, lugares y cosas pueden ser desagradables. No tenemos por que ser desagradables ni infelices.

Aprendimos a calmarnos. Hemos admitido que nuestras vidas son incontrolables. Y, tenemos que hacer una lista de todas aquellas personas a quienes les hemos hecho daño y estamos dispuestos a repararlo.

Esto no es fácil. Muchas de estas personas nos hacen daño. Hacer daño a otras personas y ser dañado se puede hacer indistinguible en algunas relaciones.

Por ejemplo, recibimos un daño y nos volvemos para hacer daño a otras personas. Tenemos que romper ese ciclo.

Asistiendo a las reuniones de MIA y a varias reuniones de los doce pasos nos estamos comprometiendo con que ya tuvimos suficiente. No queremos ser

dañados nunca más. No queremos hacerles daño a otras personas nunca más. Para asegurarnos de que vamos a romper el ciclo del daño, vamos a hacer una lista de las personas a las que le hemos hecho daño y estamos dispuestos a repararles el daño.

Hacer una lista de las personas a las cuales les hemos hecho daño y estamos dispuestos a repararlo, tiene un sentido único. Nosotros repararemos el daño. No esperamos que las personas nos reparen el que nos hicieron.

Estamos aprendiendo a perdonar. Para muchos seres humanos el perdón es la acción más difícil de asumir. No podemos estar vengándonos. No podemos guardar más rencores. Estamos humildemente preparados en el tiempo que interactuamos con Dios para corregir nuestros defectos. Aprendemos sobre nuestros defectos. Estamos reparando nuestros errores. No seguiremos con el conflicto. No trataremos de estar continuamente pisoteando a las personas. Ha llegado el momento de reparar el daño que hemos hecho.

Hay muchas heridas y penas en la vida. La única salida es reparar el daño ocasionado a otras personas. No necesitamos restablecer nuestras amistades. No reparamos los daños para volver a relacionarnos.

Es probable que ocurra justamente lo contrario. Es posible que estemos reparando los daños porque la oportunidad de volvernos a relacionar se acabó. Probablemente, nunca más veremos a personas a quienes les hemos reparado el daño ocasionado.

Es posible que tengamos que emprender el camino solos. Nunca volver a la relación de amistad que teníamos con la persona a quien le estamos reparando algún daño. La vida puede ser de soledad.

Reparemos los daños porque somos verdaderamente apologeticos. Estamos aprendiendo a reparar los daños sin una agenda escondida. Probablemente tengamos que aprender a vivir sin volver a relacionarnos con esas personas de nuevo. Reparamos los daños porque estamos apenados por el daño que infligimos a las personas.

Las personas algún día nos pueden reparar el daño que nos hicieron. Tal vez, no lo hagan.

Estamos reparando los daños porque herimos a las personas. Tenemos que parar de hacerles daño a las personas. Debemos reconocer que hemos hecho daño a otras personas. Tenemos que parar de hacerlo. La única forma de

detenernos es enfrentar nuestro pasado. Hagamos una lista de las personas a las cuales les hemos infligido algún daño y reparémosles ese daño.

MIA Duodécima Parte

Paso Nueve

Reparemos los daños inflingidos a dichas personas de ser posible, excepto cuando en caso de hacerlo, los perjudiquemos a ellos o a otras personas.

Hemos hecho bastante daño. Solamente reparamos el daño directamente a esas personas, donde quiera que sea posible, excepto cuando al hacerlo les hagamos daño a ellos o a otros.

Hay muchas personas que están hartos de nosotros. No podemos regresar a todos. No podemos volver atrás y reparar el daño causado a algunas personas. Nuestra relación con alguna persona simplemente se acabó.

Hicimos la lista. Sabemos a quienes hicimos daño. Podemos decir a Dios que lo sentimos. Podemos realmente estar arrepentidos y decir que lo sentimos en nuestras oraciones y meditaciones. Puede haber algunas personas que simplemente no quieren saber más nada de nosotros.

Las enmiendas están escritas. Queremos el perdón. Salimos y tratamos de encontrar a las personas que quieren saber de nosotros. Les reparamos el daño directamente a ellas.

La vida es difícil. Puede que no seamos capaces de encontrar a algunas de las personas en nuestra lista. Una vez más, puede que no quieran saber más nunca de nosotros. Es probable que les hayamos hecho más daño, en diversas formas, de lo que recordamos.

Puede que ellos recuerden de manera diferente a la nuestra cómo les hicimos daño. Nuestra lista puede que no esté aún completa para algunas personas. Nuestra lista puede ser diferente a su lista. Algunas pueden demandar más de nosotros.

Repararemos el daño inflingido a otras personas. Lo que otras personas quieren y necesitan puede ser diferente a lo que nosotros queremos.

Debemos estar preparados para que nuestras enmiendas y nuestras nuevas identidades puedan no ser aceptadas por otras personas. Durante el curso de nuestras vidas con nuestra enfermedad mental y los comportamientos abusivos hemos hecho daño a otras personas. No todos compartirán nuestro interés de obtener el perdón.

Solamente reparamos los daños directamente a aquellas personas cuando sea posible, excepto, si al hacerlo, les inflingimos algún daño a ellos o a otros.

MIA Décimo Tercera Parte

Paso Diez

Continuamos haciendo el inventario personal y donde vemos que nos equivocamos, debemos admitirlo inmediatamente.

¿Enseguida admitir que nos equivocamos? ¿Cuántas veces hemos pospuesto esto?

Lo que queríamos era que lo que hicimos estuviese bien hecho. Queríamos ganar. Podemos tener razón y aún así perder.

Hemos perdido el amor. Hemos perdido los trabajos. Hemos perdido amigos. Hemos perdido a la familia. Teníamos razón. Nunca tuvimos que decir que lo sentíamos. Nunca tuvimos que decir que nos equivocamos. Defendimos nuestras ideas y posiciones.

Continuar con el inventario personal es difícil. No existe un camino fácil para ver cómo somos. Necesitamos mantenernos haciendo el inventario personal. Necesitamos continuar pensando sobre quiénes somos e ir llevando nota de esto.

Esta lista puede ser larga o corta. La lista puede seguir un orden o no. La idea es que necesitamos comenzar a hacer la lista.

El problema de nosotros con la enfermedad mental es que vivimos dentro de nuestras propias mentes. Podemos pensar que estamos haciendo algo cuando lo que estamos haciendo es nada. Necesitamos empezar a hacer ese inventario personal. La mejor forma es ir escribiendo nuestro inventario personal.

Podemos aprender a editar y volver a escribir y continuar trabajando sobre nuestro inventario personal. Necesitamos tratar de comenzar a hacer nuestro inventario personal. Necesitamos comenzar.

Llevar un inventario personal puede llevarnos un largo o corto tiempo. Necesitamos comenzar a hacerlo. Una vez que comencemos, llevamos una lista con continuidad o hacemos varias listas. O confeccionamos diferentes listas con relación a diferentes períodos de tiempo de nuestras vidas.

Comencemos a escribir algunas ideas, según nos vengan a la mente u organicémoslas y planifiquemos nuestro inventario.

Entonces, una y otra vez, de forma continua sigamos llevando a cabo nuestro inventario personal.

MIA Décimo Cuarta Parte

Paso Once

Tratamos, mediante el rezo y la meditación, de mejorar nuestro contacto consciente con Dios, según lo entendamos a Él.

Ponerse en contacto con Dios es difícil. Podemos olvidar ponernos en contacto con Dios todos los días.

Tenemos la oportunidad de tener una nueva vida. Podemos vivir sin las drogas, el alcohol y/o los comportamientos abusivos. Podemos tener una vida con la

enfermedad mental de remisión parcial. Podemos alcanzar nuevos niveles de recuperación.

Simplemente con unos pocos días de mejoría podemos olvidar a Dios. Tenemos tiempo para todo menos para el rezo y la meditación.

Podemos aprender a dedicar tiempo al rezo y la meditación. Podemos tratar de rezar todos los días. Podemos escribir nuestras oraciones de manera que recordemos por lo que rogamos y oramos. Escribiendo nuestras oraciones, también podemos ver frente a nosotros por lo que oramos para que podamos continuar trabajando en base a esas oraciones. Aprendemos a tratar con nuestro poder superior sobre nuestras cosas.

Aprendemos a practicar el rezo y la meditación.

MIA Décimo Quinta Parte

Paso Doce

Haber tomado una conciencia espiritual como resultado de estos pasos, es el mensaje que tratamos de llevar a los alcohólicos, a las personas que sufren por el abuso de sustancias y el comportamiento abusivo y la enfermedad mental y practicamos los principios de MIA en todos los casos.

Ser útiles

Ser útil a otro ser humano es un honor. Todo el mundo necesita ayuda. Todos nos podemos ayudar los unos a los otros. Primeramente, debemos asegurarnos de que realmente estamos ayudando.

En el mundo de los Alcohólicos Anónimos y otros grupos de los doce pasos somos fieles servidores.

Por favor, recuerden el Paso Doce:

Haber tenido una toma de conciencia espiritual, como resultado de estos pasos, es el mensaje que tratamos de llevar a los alcohólicos, a las personas que sufren del abuso de sustancias y/o del comportamiento abusivo y la enfermedad mental. Y practicamos los principios de MIA en todos los casos.

Podemos ser buenos los unos con los otros. Podemos llevar este mensaje. No somos líderes. Somos compañeros trabajadores. Somos servidores fieles. Aprendemos a trabajar juntos. Aprendemos a trabajar sobre nosotros mismos y sobre nuestro crecimiento como prioridad.

No queremos dejar fuera y olvidar a otras personas. Sin embargo, nuestra tarea es ayudar cuando se nos lo pida. Nosotros tampoco no excluimos ni juzgamos a las demás personas. Juzgar no es ayudar.

Llevamos a cabo una lucha diaria para mantenernos con cordura, estables, seguros y sobrios. Tratar de estabilizarnos a partir de la enfermedad mental es difícil. Tratar de mantenernos con cordura a partir de la enfermedad mental es un trabajo a tiempo completo.

Podemos estar con otras personas cuando estemos preparados y capacitados para ello. Además, podemos estar con otras personas cuando ellos estén preparados y capacitados.

No obstante, nuestra tarea primordial es lograr estar y mantenernos cuerdos, estables, seguros y sobrios.

Queremos a otras personas. Nos preocupamos por otros que aún están sufriendo.

Nuestra tarea es ayudar a quienes podemos. Ayudando cuando, donde y cómo podemos. Cuando no podemos ayudar a alguien, al menos recordamos que:

A veces dejar a las personas hacer lo que quieran y no ayudar es igual de difícil.

Muchos de nosotros no estábamos dispuestos o preparados para que se nos ayudase. Muchas personas nos hicieron sugerencias a través de los años. Es posible que haya habido personas que nos decían: ¿Por qué tomas bebidas alcohólicas y drogas? Ya estás hecho un loco. Eres loco de forma natural con tu enfermedad mental. ¿Por qué quieres estar más descontrolado?

No oíamos. Seguíamos bebiendo alcohol y consumiendo drogas. Un día, lo que nos decían se terminó. Necesitábamos poner fin a nuestra insensatez.

Podemos ser útiles y ayudar a otras personas. Tenemos que estar preparados porque no todas las personas aprenden y reaccionan de la misma forma. Podemos dar alguna esperanza mediante nuestro ejemplo.

Con la enfermedad mental, las adicciones y los comportamientos abusivos no llegamos al final del túnel. Tenemos que trabajar cada día para mantenernos estables. Tenemos que trabajar cada día para mantenernos sobrios. Un momento de olvido nos puede llevar al conflicto. El conflicto nos lleva a los comportamientos abusivos o a ser abusados. Podemos empezar a tomar o a consumir drogas, nuevamente.

Recordemos, muchas personas que comienzan a pelear terminan siendo los derrotados y perdedores de la pelea.

Encontrar nuestra salida del laberinto de la enfermedad mental y el abuso requiere de nosotros un continuo aprendizaje. Somos útiles a otros porque queremos aprender. No somos maestros. Somos fieles servidores. Somos aprendices. Estamos tratando de aprender los unos de los otros. Queremos encontrar lo que otros han encontrado. Pasamos la información los unos a los otros y vemos si la información es real.

Hay mucha mala información. Necesitamos hacer muchas preguntas y tener muchas opiniones. Podemos encontrar hoy día cualquier cosa. Podemos encontrar muchas cosas escritas y expresadas sobre la enfermedad mental y el abuso de sustancias que no son ciertas.

Muchas personas no han pensado mucho sobre el comportamiento abusivo como parte del cuadro de la enfermedad mental y el abuso de sustancias. Debemos recordarnos a nosotros mismos que necesitamos poner un alto a todas las formas de abuso.

Necesitamos prestar atención a nuestras propias experiencias y aprender de los demás. Necesitamos aprender de los profesionales de salud mental. Habrá momentos en que lo que aprendemos entre en conflicto con algunas perspectivas profesionales de la salud mental. Nos mantenemos fuera del conflicto.

El conflicto puede llevarnos a una recaída. Tratamos de asumir las perspectivas profesionales de la salud mental. Oímos, leemos las revistas y escritos profesionales. Aprendemos de ambos, de la perspectiva de profesionales y del trabajo con iguales.

La forma en que el sistema de salud mental ve y trata la enfermedad mental es cambiante. Necesitamos estar preparados para que todos seamos parte de ese cambio. Nuevas ideas y nuevas formas de conducta son difíciles de aprender y aceptar.

Nuestra tarea es volvernos sensatos, estables, seguros y sobrios. Necesitamos aprender de muchas personas. Necesitamos estar abiertos a lo que otros han estado aprendiendo y diciendo. Necesitamos ser selectivos en cuanto a lo que aprendemos y de quienes aprendemos. Necesitamos enseñar el mensaje de que la cordura, la estabilidad, la seguridad y la sobriedad son posibles.

Podemos fundar la asociación de MIA. Nos establecemos nosotros mismos mediante las reuniones. Continuamos leyendo los 12 pasos y las 12 tradiciones. Encontramos a otras personas que quieren intentar una vida con cordura, estabilidad, seguridad y sobriedad. Somos MIA. Somos una asociación de personas que quieren recuperarse de los estragos causados por la enfermedad mental y todas las formas de relaciones abusivas.

Somos fieles servidores. Llevamos el mensaje a los demás mediante las reuniones de apoyo de MIA.

Haber tomado una conciencia espiritual como resultado de estos pasos es el mensaje que tratamos de llevar a los alcohólicos, a las personas que sufren del abuso de sustancias y el comportamiento abusivo y la enfermedad mental, y practicamos los principios de MIA en todos los casos.

RECOVERY WORKBOOK

**BY LEROY SPANIOL
MARTIN KOEHLER
DORI HUTCHISON**

**REDUCED VERSION
BY MOE ARMSTRONG**

INTRODUCTION

BY MOE ARMSTRONG

The Recovery Workbook was written by LeRoy Spaniol, Martin Koehler, and Dori Hutchinson. When the book was being tested, I was part of that research. I worked at the Recreational Health and Occupational Center (RHOC) in New Mexico. The Recovery Workbook was part of the member education program which happened at RHOC. The book was loved as much in 1991-as it is today. The workbook has helped so many people. The workbook has helped me.

In 1997, I had a major psychiatric break. I had nowhere to turn I couldn't keep stable. I had tried everything. A test group was being started at the Boston University 'Center for Psychiatric Rehabilitation to evaluate the effectiveness of the Recovery Workbook. That study was paid for and sponsored by the Mass Behavioral Health Partnership a division of Value/Options. I knew that I needed to be a participant in the Recovery Workbook group. I needed to find my own level of recovery.

My life was in psychiatric turmoil. Nothing was working I had nowhere to go. I started attending the workbook groups. Psychiatrically, I got just a small bit better. I bought myself time and learned that the pain of mental illness might not go away but I could live with this psychiatric condition. The workbook helped me get through the weeks of my own very high personal instability.

My debt to LeRoy, Martin and Dori is lifetime.

I want other people to understand the Recovery Workbook and be able to take these ideas and affirmations with them wherever they go. I call this abbreviated version of the Recovery Workbook-the Hip Pocket Recovery Workbook.

This version you can put in your back pocket or purse and carry it around. When you are having psychiatric problems, pull out the Hip

Pocket Recovery Workbook and try to get some relief. Let it help you keep going through life.

Thank You LeRoy, Martin and Dori. I hope that I have brought your best thoughts, ideas and suggestions to more people.

This is the Hip Pocket Recovery Workbook.

Moe Armstrong, MA, MBA

CHAPTER ONE INTRODUCTION

Recovery is a common human experience. Many people want to recover from a variety of illnesses and conditions. Many people have recovered. Many people have faced illness and difficulties in life. Recovery is common. What has not been common is that we can learn to share the ideas and skills which are needed to recover from mental illness.

Through educational mutual support meetings, we can study and learn how to get through some of the disruptions of mental illness.

Through mental illness, we can feel disconnected from other people. We can regain a connection with people. We can gain back some of what we lost. We can also have a whole new life.

Recovery from mental illness is both gaining back what we lost and gaining a new life. We don't lose mental illness. We can adjust our attitude toward ourselves. We can become more accepting and patient with ourselves and others. We can also plan our lives with less stress.

We can learn to cope with our mental illness and the world around us.

Who are "we"? We are people who have a disability or a psychiatric condition. That condition can be called a psychiatric disability.

There are many other people with disabilities. They have learned to live with blindness, deafness or the inability to walk. They learned how to live with their disabilities.

Those of us with mental illness can live with our disability. The Hip Pocket Recovery Workbook is about learning to live with our psychiatric condition and also teaching other people how to live with us. We can have a better life.

THE GOALS OF THE WORKBOOK ARE:

1. To become aware of the recovery process.
2. To increase knowledge and control about our psychiatric condition.
3. To become aware of the importance and nature of stress..
4. To find out how to have an enjoyable life.
5. To build our personal supports and friendships.
6. To develop goals and plans of action to gain and keep our stability.

THESE ARE THE STEPS TO GETTING STARTED.

Step 1: Realize that the life we have with mental illness can be painful and difficult. We need to both change our lives and be accepting of our lives at the same time. We deserve happiness and peace of mind. There will be no miracles or cures. We can learn to better cope with life around us. We can live with our psychiatric condition.

Step 2: We have to act. No one person can help get us all the way into stability and recovery. We can learn how to live with this psychiatric condition from a variety of perspectives.

Step 3. We can see immediate improvements. We need to do something every day that can help us feel better. We can have a

better life. We can have more happiness. We can have some peace of mind. We need to find a way to discover serenity and keep it in our lives.

Step 4: Let someone else know that we want to have some level of recovery in our life. Choose someone who might be willing to hear our recovery stories. Look for and accept feedback from someone who we trust.

Step 5: Set aside time to work on this Recovery Workbook. Don't leave this on the shelf. This is why we have the Hip Pocket Recovery Workbook. We can take this workbook with us. Work with it on the bus. Work with the Hip Pocket Recovery Workbook on the job or in our home. Work on the Hip Pocket Recovery Workbook wherever we go.

Step 6: Through the effort that we put into this workbook, we will be able to better understand our own psychiatric condition and our role in life with a psychiatric disability. We can also understand where we fit with other people. We can feel better about ourselves.

Step 7: Almost all hopes need a strategy to accomplish the dreams. The Hip Pocket Recovery Workbook is our way to write down some strategies. Learning and implementing strategies from this workbook can help us think about, learning and implementing strategies in our personal lives.

Step 8: Keep visualizing our hopes and dreams. Never lose our hopes and dreams.

Step 9: From the Hip Pocket Recovery Workbook, we can find ways to take action. We can sit around and dream, what if! Or, we can learn how to accomplish our dreams, hopes and goals. We can become new people. We can also learn to love many aspects of the old person. We can recover enough to not live in constant torment from this mental illness.

EXERCISES TO WRITE OUT

What did you do the last week that brought pleasure and happiness to you?

Name three things that you did for yourself last week.

1.

2.

3.

What would you like to do in the coming week?

1.

2.

3.

What are your reactions to doing some things for yourself?

RECOVERY

Recovery is a process of adjusting our attitudes, feelings, and perceptions and beliefs about ourselves, others, and life in general. It is a process of self-discovery, self-renewal, and transformation. Recovery can be deeply emotional. Recovery gets the person past the specific trauma of mental illness.

Many people have to experience recovery. Only some aspects of recovery can be taught. Many of us have been hurt and shattered. Many of us at different times in our lives are trying to get past or get through some hurt and pain in our lives. The feelings of loss which come from hurt and pain can leave us feeling put down by people around us. Through recovery, we can gain back our new selves and we will probably have to gain back new ways of being connected in our relationships.

Recovery takes time. To get through the length of time for recovery, it is good that we know and try to understand the phases of recovery:

THE PHASES OF RECOVERY ARE:

SHOCK

The onset of mental illness can be gradual or rapid. The experiences are confusing and disorganizing. Realizing that we have a psychiatric condition and/or have developed a mental illness can be shocking.

Make a list of some shocks, which we have experienced.

DENIAL

Many of us can't accept what has happened to us. In the case of mental illness or the psychiatric condition, many of us were never taught what we have. Many of us thought that nothing was wrong with us. We were also so ashamed because of stigma and prejudice that we were not able to talk about our psychiatric condition because of public misunderstanding.

Make a list of different times that we have been in denial.

DEPRESSION/DESPAIR\GRIEVING

Depression can be clinical. If this is clinical depression, then we should see a mental health professional. If this is depression/ despair/ grieving from realizing that we have a psychiatric condition then we can work through this as a phase of the recovery process. We can have a feeling of loss, which comes from loss of job, place, family, which also creates depression/ despair/ grieving.

Make a list of different times that you have experienced same depression/ despair or grieving.

How did you get through the depression/ despair/ grieving?

Write this out.

ANGER

Anger can follow in the steps of despair and grieving. We can be angry because we have mental illness and we are misunderstood. Anger can happen to many of us with mental illness. We should be

careful. Anger can frighten people. Anger can make people leave our lives. Many times conflict is a sign of the anger to come. We can learn to live with less conflict and then we can have less anger.

When were we angry? Were we misunderstood? Is it true that by reducing conflicts and fights we can have less anger?

Please make a list with some of our experiences and discoveries about anger.

ACCEPTANCE/HOPE/HELPFULNESS

Acceptance is a process, which is gradual and fragile. Many of us with psychiatric conditions have faced acceptance without much hope. We are not taught how to be helpful to ourselves or to others. One of the best ways to move to recovery is to be of help to other people. By working with other people, we can better understand ourselves.

However, before we can be of service we need to have some acceptance and gain some knowledge. There is a lot of material to study about mental illness. We learn from each other in peer support and we can learn from mental health professional guidance. Acceptance opens the door for learning. Hope and helpfulness can follow.

What have we accepted in our lives, already? What are our hopes? When and how have we been helpful?

Please make a list.

ADVOCACY/EMPOWERMENT

As our recovery increases, we want to create opportunities for others to have the same opportunity for recovery.

With advocacy can come empowerment. Empowerment means that we have the opportunity to continually improve our psychiatric condition. We also have the responsibility to help shape a mental health system which is based on helping people with mental illness get to realistic levels of recovery.

What do we think an advocate should be?

Have we met someone who is an advocate? Can we describe him or her?

Have we met someone who is empowered?

Can we describe that person?

ASPECTS OF THE RECOVERY PROCESS

Many times those of us with mental illness are said to have lost our self-concept. This means that we don't know or remember who we were. We have lost our sense of self. Discovering the more active self can mean discovering who we are now and what we can do. Just as a person in a wheelchair has to learn how to become a new person, we can discover our new self. We need to try to make that new self more active. The same can be true for people with psychiatric disabilities. We need to see who we are with our new life.

Define your new self.

Write down who we were.

Write down who we are.

Write down who do we think we could be.

TAKING STOCK OF SELF

Try to understand:

Who are we? Who is the new person? What can we do? We need to ask ourselves these questions. We also need to get feedback from other people. We can be fragile during this period. Be careful. Be kind to ourselves. Find the positive as well as the negative.

Write down a more detailed list of how we see ourselves (make sure the writing in this list is positive)

Think about our good experiences and write them down.

Write down where and how we might fit into the world around us with our new self.

PUTTING THE SELF INTO ACTION

We can build our new self through personal action and feedback. We go out and try to do things. We gradually gain a new way learning, living and working.

Write out a list of what we would like to do in the next year with our lives.

Write out what we would like do in the next two or three years.

Write out a plan for what we would like to do in the next five years. Please, make sure that you include learning and working experiences.

APPEALING TO THE SELF

By understanding our new self better, we are able to weather the storms of life. There will be many negative experiences in our lives. The Stronger some aspects of the new self are, the more likely that we won't be affected by some events in our lives.

Many times our response to the events has been worse than the event. Appealing to the new self by understanding the new self might give us the strength to overcome the event.

Write out some aspects of ourselves that we would like to strengthen. For instance, if someone says something bad to us, how can we get over it quickly? How would we like to strengthen our emotional vulnerability?

How can we build ourselves up so that we can stay on the job?

How can we reduce anxiety?

How can we learn to ask for help?

PLEASE WRITE OUT THESE ANSWERS

1. What does recovery mean to you?

2. What has the recovery process been like for you?

3. What made a difference for you and gave you hope?

4. What were the obstacles to recovery?

5. What would improve your chances of having a better recovery?

CHAPTER THREE

INCREASING KNOWLEDGE AND CONTROL

Understanding the impact of mental illness is important. We have to know that we are not alone with mental illness. Through understanding our own psychiatric disability, we can understand the rehabilitation, which will be needed for our stability.

THE IMPACT OF SERIOUS MENTAL ILLNESS IMPAIRMENT

There is strong evidence that mental illness is biological. Impairment is used to refer to the biological aspect. Impairment can mean the symptoms of hallucinations, delusions, depression or paranoia. Impairment can cause the loss of self or disruption of self. Impairment can be the worst impact of mental illness. There can be several strategies, which help a person get past impairment.

Build a functional sense of self, which can create the ability to support needs, wants, aspirations and also confronts the assault of stigma. Other strategies, which help a person get past impairment are knowing coping strategies, have satisfying social relationships and learning self-control of symptoms.

DYSFUNCTION

Dysfunction is the next step past impairment. We still might be unable to perform a task or activity that other people without

mental illness can perform. Sometimes the side effects of the medications can cause dysfunction.

The interventions for dysfunction are assessment, skill training, support and rehabilitation. People have an easier time getting over or getting around dysfunction. Dysfunction can be an ongoing part of the psychiatric condition. Some of the ways through dysfunction are learning work adjustment skills, social skills and daily skills needed for living.

DISABILITY

A disability might be the inability to work, to have family and/ or relationships or to maintain a house or apartment. Impairment might cause the disability. The disrupted sense of self can be so extreme that a person can become disabled. The same can be said of stigma. The prejudice in the environment around people can become so caustic that we can become disabled.

Some of the ways through disability can be choosing, getting, and keeping a job, finding and maintaining a home. Making small improvements in our lives can help us overcome the disability.

DISADVANTAGE

Lack of opportunity can keep a person at a disadvantage. People are not able to fulfill their desired roles because of disadvantage. Overcoming discrimination and poverty are some of the ways through disadvantage. Many people who are not mentally ill have a hard time recognizing that people who have psychiatric disability are disadvantaged. Good programs based on the principle of psychiatric rehabilitation and recovery can help in recognizing, learning about and overcoming disadvantage. Many people with mental illness are economically disadvantaged.

THE SERVICES OF A RECOVERY ORIENTED SYSTEM

TREATMENT

The focus on treatment is on the impairment. The purpose of treatment is to reduce symptoms and understand feelings. Good treatment can reduce hallucinations, delusions, depressions and paranoia. Hospitalization, medication, and therapy have been the primary treatments.

REHABILITATION

Rehabilitation focuses on the dysfunction and disability experienced by the person with mental illness. The purpose of rehabilitation is to help people with serious mental illness function in living, learning, working and social roles. Eventually, there will be less professional involvement and more community supports.

Rehabilitation can be attempted when the person is still in the stage of impairment.

Whenever, we begin to feel better at any of the stages of recovery, then our overall condition of mental illness can be reduced. For instance, if a person is impaired and is still in the hospital; there is no reason why a person couldn't go out and continue to work.

Recovery from mental illness requires finding out who is both the new and old self. We might also need to build the new self and/or rebuild parts or strengths of the old self.

CRISIS INTERVENTION

Crisis Intervention is to help a person with mental illness get through a critical period of time. There can be advanced directives written about how a person with mental illness wants to be treated during the crisis intervention. Many people know in advance how they want to be treated in crisis. Crisis seems to be part of the psychiatric condition. Sensitive crisis intervention is one of the services of a recovery oriented mental health system

CASE MANAGEMENT

The focus of case management is to help access and use resources for our recovery. Case management is a collaborative effort between the person who receives mental health care and the person who works in mental health. People who receive mental health care need to be involved in all aspects of their care and services, not just case management.

RIGHTS PROTECTION/ADVOCACY

The focus of Rights Protection / Advocacy is on the disadvantages people with mental illness experience because of stigma, discrimination and prejudice. People with psychiatric conditions need to have equal access to activities and roles that everyone else has.

SELF/MUTUAL HELP

This is mutual aid by peers. This self-help might be focused on personal support or on social change. Self-help can enable some people to gain some aspects of control over their lives. Self-help is the fastest growing and most rapidly changing service in today's recovery oriented mental health system.

BASIC SUPPORT

Basic support is providing the food, clothing, housing and personal relationships necessary for recovery. Basic support is necessary before people deal with impairment, dysfunction, disability and disadvantage. Without food, clothing and housing, we find it difficult (if not impossible) to get stable

HAVING A GOOD LIFE

Having a good life goes beyond the basic needs. Having a good life means that we can have some real creative and enjoyable opportunities. We are to have extra beauty and pleasure in our lives. We can go back to school. We can take art classes. We might learn to dance and/or sing. We can have enjoyment in the little extras of life. We can go beyond the basics of life.

THE VALUES OF A RECOVERY ORIENTED MENTAL HEALTH SYSTEM

EMPOWERMENT

Empowerment comes from truly understanding who we are. Then, we put that knowledge into use. We have a personal vision and also confidence in how to move toward our vision.

AWARENESS OF OUR OWN WORTH AND VALUE

People are important. We all have influence on each other. We are valuable. Acknowledge how far we have come. Don't compare ourselves to others. Life always offers us a second chance. Spend time trying to get peace of mind. Try to replace fears with faith. We want to think that everything will be OK. We want to be realistic and we want to have hope.

CHOICE

Choice comes from recognizing opportunities that we have to make choices. Will we be able to make realistic choices?

We can try to make decisions. We also have to share those decisions with other people to see if those choices are realistic.

CLIENT INVOLVEMENT

We can and should participate in our mental health system. Those

of us with mental illness can be a source of knowledge and information for people who work in the mental health system. We can learn and work together.

COMMUNITY FOCUS

There are supports and activities that exist in the community. We need to find out what those supports and activities are. They can be church services, social nights, movies, libraries, reading groups, AA groups, and other community activities. There are lists in the newspapers. There are many community activities.

CLIENT STRENGTHS

We can think about who we are and try to find out what are our strengths. We can stop tearing ourselves down. We can acknowledge our limitations. We can also take time to find our strengths. We can succeed in life.

We can realize, we are able to do something! We can make a list and start trying to accomplish what we can do. We have talent. We have abilities. We have strengths.

We can make the list to celebrate what we have and remind us what we can do.

CHAPTER FOUR

MANAGING LIFE'S STRESSES

Stress is common for people. People with psychiatric conditions can find stress very disabling. Part of the challenge of living with a psychiatric condition is finding ways to cope with and reduce stress. We experience extreme stress in the living, learning and working areas of our lives.

People can react to stressors by appraising how threatening the environment is. Stress can just develop because it is self-generated. One of the problems with mental illness is that we can have stress when there is nothing there. Nothing is going on. Yet, we are stressed out. Increasing our ability to deal with stressful situations can increase our opportunities to make accomplishments in life. First we need to learn about the three levels of stress.

First Degree

The symptoms of stress are mild. If we take ourselves out of the stress, we can remove the symptoms. We distract ourselves, we relax, we take a break from our work.

Whatever we do to get away from the stress usually works.

Second Degree

The symptoms are more regular and last longer. After a night's sleep we still might be tired. Even a weekend of rest might not be able to eliminate the symptoms. The symptoms are longer and more difficult to eliminate.

Third Degree

At this level of stress, the symptoms are continuous. We can develop physical problems such as ulcers or depression. Medical or

psychiatric concerns might not get relief. We may question the value of our work, relationships, or even life itself.

Knowing that we have symptoms of stress and doing something about those symptoms can help us to manage stress in our lives. Living in the Third Degree of stress can be common for many people with psychiatric conditions.

We need to learn what stress is and what our symptoms are. Through knowledge we can learn to live with stress.

1. Name and describe a time when we felt stressful.

2. Write down ways that we have coped and dealt with those moments of stress.

3. Write down some situations, which might cause us stress in the future. Do we have a plan to deal with the stress, which might come from that situation? Write this down.

WHY MANAGING STRESS IS IMPORTANT

1. Stress can be harmful. We can be susceptible to intense negative feelings, illness and accidents from stress. We can have negative racing thoughts. Stress takes a physical and mental toll.

Write down and describe. How did we stop this harmful stress? How long did it take?

Could we turn around this harmful stress again?

2. Stress is harmful to others. We become more critical of others. We may show less concern. We are frustrated and angry to the point of abuse.

Write down and describe when we think that stress made us angry. Is it the situation which made us angry or our inability to deal with the situation?

Write down some thoughts on this.

3. Stress reduces the amount of time that we have to work on other things. If we are walking around stressed out, we don't have the energy to work or do anything. We need to learn how to manage stress. Write down some time that we learned to manage stress.

BENEFITS OF MANAGING LIFE'S STRESSES

1. We can release amazing levels of personal energy to recover, create and produce.

Write down some moments or experiences where we have reduced stress and been more productive.

2. We can increase confidence in changing ourselves. We feel like we can manage our lives and environment.

What were some instances when we didn't feel overwhelmed? Write those down.

Do we think that we can return to new found levels of confidence?

Write down how we can do this.

3. We cannot become exhausted with stress. We might be able to also encourage other people to have a better life.

Describe a way that we have been of service to other people and helped them get through hard times.

How did we feel about being of service or help to other people?

STRESS IS A NORMAL PART OF LIFE

Here are some steps to help us navigate through stress.

STIMULUS

First, anything may cause stress.

Second, living with mental illness means that most people live with high levels of internal stress, sometimes to the point of clinical anxiety. Our disability can be causing us discomfort, which means that we are in turmoil. We can be stimulated both from the psychiatric condition and the environment.

APPRAISAL

This is the phase where we try to see how bad the stress is. Is it threatening or non-threatening? If the stress is nonthreatening, then we can do something else. Relax! Put off doing some work or task. Rest and get through the stress.

Sometimes we need to write down the appraisal and what we will do to get through the stress.

Write down a non-threatening stressful event. What did we do to get through the event?

The appraisal process might be conscious or unconscious. We can appraise our situation just by using intuition. We can also pause and check it out. We need to make sure to set aside the time to have an appraisal of the stress and the situation. We can write down our appraisal.

Write down how bad some stressful situations in our lives have been?

ALARM STAGE

PHYSICAL RESPONSES

We can have increased blood flow

Shallow breathing

Muscular tension

Increased heart rate.

Increased stomach acid

EMOTIONAL RESPONSES

Panic

Agitation

Worry

Anxiety Irritability

Anger

Destructibility

Have we gone through these responses above? What did we do?
Write this down.

We might have to be prepared to live with some levels of stress and distress for a period of time. How can we cope with both low and high levels of stress?

Physical:

Walk, exercise, diet improvement and relaxation.

Emotional:

Acknowledging feelings, resolving conflicts, feeling good about ourselves and trying to be in a supportive relationship.

Intellectual:

Be open to new ideas. See that we can learn. Acknowledge that we cannot control all situations.

Spiritual:

Try to find a larger meaning or purpose in life than ourselves. Sometimes, prayer and meditation are good. Sometimes, reading uplifting books.

If we try to fight the stress or through coping we can succeed in reducing stress. If we don't find a way to cope with the stress, then exhaustion can overtake us.

Write down the three levels of stress. Write down what has been your personal experience in those three levels of stress.

Also, write down how you have dealt with stress.

What are some ineffective strategies?

What are some effective strategies?

Symptoms are signs of stress.

By learning how to acknowledge and live with symptoms, we can go a long way toward living with stress. Stress might never go away. We can live with stress and stressful situations. We can learn to develop new and better solutions to learning to live with stress.

THE SOURCES OF STRESS

Many times it is the build-up of small stressors, which can cause a major break.

1. Changes in our life. Many of us don't want anything to change at any time. Any change might bring about stress.
2. Losses in life. Loss of job. Loss of relationship. Loss of housing. Loss of finances. Loss of transportation.
3. Stigma. There is a great deal of prejudice against people with mental illness. We can think that people are talking about us. We can think that people are making fun of us.

4. Personal beliefs. Our personal beliefs are not the same as other people. This can cause conflict.
5. Unresolved conflicts. There can be some times when we had disagreements with other people. We haven't let go of the past conflict. We need to learn to start fresh with everyone.
6. Loss of control over our lives. Sometimes we can feel that our lives have been over-run by events that are out of our control.
7. Personal lifestyle. Some of us live differently than other people think we should. This can cause conflict. For instance, some people might be too messy. Other people might be too orderly.
8. Innate biological vulnerability. Some people have some illness or disability which might make them weaker and not able to accomplish what they want and need to do.
9. Lack of fitness. Not being able to do things because of lack of physical strength is very stress producing. .
10. Unwillingness to make a commitment. Always thinking about better situations and -better people makes a person stressed out. Always thinking about how to get out and get away from someone can produce stress. This unwillingness to make a commitment means that stress is also produced in the lives of others
11. Lack of connectedness. One of the strong characteristics of mental illness is feeling like we don't belong. This can even get to the point where we feel like we are not in our body . We can feel like we aren't in the room.
12. Lack of meaning or purpose. We can have no direction. We can feel adrift. Sometimes we don't know what we need to do.

List three things that are causing us stress. How do we currently

cope with stress? What has been effective and ineffective? Please write out your answers.

Have we ever contributed to our own stress?

List three ways that we have contributed to our own stress

How do we cope with the things that contribute to our stress?

What will be effective?

THESE ARE SOME GENERAL COPING STRATEGIES FOR STRESS

1. Pacing

Become aware of what needs to be done and what we can do. Learn to focus on the moment and what needs to be done, not what might happen. We want future strategies. We don't want to lose our ability to see the present, but we don't want to be overly concerned about the future.

We do what we can. If we can't get happy with our present condition, then we just learn to say that we can't, won't or don't want to do more.

2. Quieting the mind

Medication is one way of quieting the mind. Many people with mental illness take medication. There are new medications that don't seem to have the harmful side effects of older medications.

Music, exercise, reading, and other forms of interest distract the mind from thinking. We sometimes need to think less and have some other experiences. Low stimulation experiences are important. Sometimes TV or the movies can leave a person more upset than before. We need to learn how to decrease stress.

Meditation is the way of learning how to relax right on the spot. We can learn meditation and learn to get away when we need. Meditation requires almost no space. The deep breathing which is

part of the meditation technique is also good to use right on the spot in some stressful situations.

WAYS TO REDUCE STRESSFUL THOUGHTS

We need to learn to stop the thoughts before they take over. Interrupt the thoughts before they become overwhelming.

Accept the thoughts as they are and focus on other activities to redirect our thinking.

SOME TIPS FROM THE SELF-HELP LITERATURE

Learn to stop brooding.

Establish a reasonable routine.

Schedule downtime at the end of the day.

Learn to keep a notebook and calendar so we can understand our schedules.

Plan how to use our time.

Make lists of what we need and want to do.

Learn to say no and quit saying yes to many things that we cannot do.

Write down a situation in which, we would like to say no.

TRY TO UNDERSTAND YOUR DAY

Make a list of an ordinary day.

Morning

Afternoon

Evening

How could we organize our day differently?

UNDERSTAND NEGATIVE AND POSITIVE THOUGHTS

Take one negative thought that we have or had.
Write it down.

Write down a positive thought that could come out of that negative thought. Write down what we could think or do to be more positive.

Make an affirmation-some positive things that we need to think about ourselves and say in times of stress.

EXAMPLES FROM THE SELF-HELP LITERATURE

Learn to cry when I feel sad. Don't overdo it, but learn to express our sadness.

Learn to say no when we need to.

Get into arts, hobbies and/or crafts.

Get out of destructive relationships.

Check paranoid thoughts with other people.

Try to let go of resentments, anger and conflict.

WRITE OUT THESE EXERCISES

1. What is something that you are glad about?

2. What is something that you are angry about?

3. What is something that you are sad about?

4. What is something that you are scared of?

Do you have someone who you can trust and express these feelings to?

PHYSICAL WELLNESS CAN HELP WITH STRESS

We need a healthy heart.

We need to remain flexible in our ability to move around with our bodies (Stay in shape.)

We need to be able to do physical activity.

We need sensible nutrition.

We need safe behaviors. Getting enough sleep and rest, healthy relationships, not running around all night long are some safe behaviors.

Make a list of safe behaviors including some from the list above.

A safe behavior might mean that we walk instead of take the bus or we eat some baked foods rather than fried foods.

Remember, NOT drinking, NOT doing drugs or NOT having unsafe sex are examples of safe behaviors.

DIET CAN HELP WITH STRESS

1. Eat three meals a day.
2. Eat a variety of foods.
3. Keep sugar and fat to minimum.
4. Keep coffee and caffeinated drinks to a minimum.
5. Shake the salt habit.
6. Be careful with starches.
7. Drink lots of water instead of eating lots of food.
8. Keep meat intake to minimum.

Don't put ourselves down or beat ourselves up. If we can, keep track of our diet.

MEDICAL CARE AND DISEASE PREVENTION

Go to doctors regularly. Watch out for smoking. If you smoke, make sure that you have check-ups more often.

Exercise and physical activity strengthen my body.

Establish good patterns of sleep and rest.

Minimizing consumption of foods.

Continue to try to lose weight.

PROACTIVE HEALTH BEHAVIORS

Practicing good nutrition.

Eat good food every day, especially fruits and vegetables.

No salt. No caffeine!

No tobacco.

No street drugs.

No alcohol.

Rest or take a nap.

Focus attention on the present.

Exercise three times a day.

Control blood pressure.

Have and keep an ongoing source of support.

Have hobbies, such as drawing, writing, and gardening Increase control through knowledge about mental illness.

Develop interests in other people and the community around us.

Realize that there is a larger purpose in our lives.

Find a way to exercise for an extended period of time. Go for walks.

Try to walk short distances instead of taking the bus. Try to walk for twenty minutes three times a week.

PLEASE WRITE

Make a list of the food that you eat. Then write down what you think would be a healthier option.

For instance, I ate potato chips. I will eat a baked potato.

WHAT TO REMEMBER AND REPEAT TO OURSELVES ABOUT STRESS

Stress doesn't go away. We can reduce our stress but not remove it. We can learn how to manage stress or navigate through life with stress. There are many peer support groups out there, which deal with stress.

Alcohol, drugs, smoking, overworking, hyperactivity and certain

food can increase our stress. We need to continually be monitoring our levels of stress, not only see that we have stress. We need to see what are some alternatives to the stress that we are experiencing.

We can live with stress. We can get through stressful periods. We need to practice how to live with stress and get through stressful situations by practicing stress reduction. We can continue to practice the exercises in this book.

CHAPTER FIVE

HOW TO ENJOY OUR LIVES

With recovery, we have both moved forward and we have moved backward. Learning how to move past shock, denial, depression, anger and acceptance is difficult. If we don't succeed, we can always try again. We can try to understand how to live with our mental illness. We can try to learn about the mental health system.

We can try to have a better life and enjoy our lives.

The self-help literature teaches us to learn more about ourselves, our limits, our strengths. We can learn about our symptoms. We can try to get through our symptoms.

Medication and therapy are not going to be the only things that help us. We need support and education. We need to learn about mental illness. .

We can change our priorities and take care of ourselves.

We can reduce noise and distractions. We can learn to live with more quiet and thoughtfulness in our lives.

If we don't succeed, we don't put ourselves down. We keep trying.

Make a list of things that you enjoy doing.

How can you do these things on a more regular basis?

We can find meaningful work.

We can find a place for ourselves in the workplace.

Write down some work or jobs that we might like to do.

WE NEED TO REMEMBER AND REALIZE

We can take time to make decisions. We can learn how to live at a

pace of life, which won't upset us.

We need to accept ourselves as highly creative people. Getting stable from mental illness is a lifetime process, which takes time and many struggles.

What has been the most meaningful experience in your life?

What has been the most courageous thing that you have even done?

What do you like about yourself?

What are some things that you want? What are some of the ways to get the things that you want?

Review the list and see how you can get some of these wants into your life.

CHAPTER SIX

BUILDING PERSONAL SUPPORT

We can learn how to connect with people. We can have support through conversation with other people.

We cannot just rescue people. We can help people! We also have to be open to people helping us. “Many times we become frustrated because people do not give us the response that we want or need. We also have to learn to stay open to what people have to offer.

For personal supports, these are some of the ideas from the self-help literature:

We need to learn new social skills.

We need to learn to get away.

We need to learn when to go out, take a walk and get some fresh

air.

We can join any number of 12 step meetings.

We can attend religious services.

We can learn to withdraw when we are overwhelmed.

We can be polite to all people. Sometimes we need to learn to be polite even when we don't feel well.

We can consider what people can offer us and accept what they have to offer.

EXAMPLES FROM THE SELF-HELP LITERATURE

1. Be clear about what we want.
2. Don't be discouraged if we don't get what we want.
3. Be prepared to see what the other person is offering

We might accept what is being offered.

4. If people cannot come through for you or meet your expectations, then find out what they can do and accept what they have to offer.
5. If people cannot or will not give us everything, can we accept just part of what is offered?
6. If we cannot get the support that we need, is there someone else who we can go to for support?

BUILDING BASIC SUPPORT

1. Name three people who we can go to for support.
2. What happens when we are angry? How do we like to be supported or comforted?
3. How do we like to be supported when we are scared?
4. How do we like to be supported when we are sad and/or depressed?
5. What makes us happy? How can people around us make us

happy?

Is there something that we need support about today?
Write it down.

Who do you get support and care from?

What do you want from this person?

Watch out for rescuing.

1. Ask the other person what they want.
2. Be clear about what we can do.

3. Find out why we want to rescue other people. Find out our motives.

Describe a situation where you rescued another person.

What went right?

What went wrong?

CHAPTER SEVEN

SETTING PERSONAL GOALS

This chapter will help us understand more about our personal stressors and help us to develop a plan to have more stability in our lives.

What are some of the stressors that we identified in the last chapter? Make another list.

For instance, you might say that we are misunderstood. Being misunderstood brings stress into our lives.

Write out the effect of the stressor and what it does to us.

We could write out this personal statement:

Because I....., I feel..... and fill in the blanks.

For instance: Because I am misunderstood, I feel rejected.

Make a list of stressors.

Write down how they make us feel.

In this next section we will write down what we have as stressors.
Then, where we can go to relieve that stress.

.

For instance: I need to improve my communication so that I am not
misunderstood.

Then write out:

Who should we see?

What should we talk about?

If I don't feel ready to talk, what should be some activities to

prepare me to talk to people?

Where can we go if people don't want to talk?

Who can we find to talk with?

WRITE OUT A GOAL STATEMENT

For instance: (I don't want to feel misunderstood.)

List the people who might help.

List the activities, which might help.

If we want to share the information with someone who can help, we have a list of activities and people that can help us.

What are some things that we learned from this discussion?

Take time to review our notes and ideas from this book and write down our reactions and ideas.

Carry this Hip Pocket Recovery Workbook with you.

Keep learning about the recovery process.

Many people have asked me what is recovery. I wrote this poem several years ago. Value/Options video taped me reading the poem at the Massachusetts state-wide recovery conference. What I said then still holds up today. Thank you for being interested in Recovery and the Hip Pocket Recovery Workbook.

IN THE SAND

Poem by Moe Armstrong

Sun coming up over Virginia Beach
Walking in the sand with Jennifer Tripp
Conversations turn to Recovery

I am mentally ill, I like to use, the term
I have a psychiatric condition
I don't know if this is an illness
I don't know if this is a disability

This is a psychiatric condition

Which is real
Which has left my brain altered
Filled with fear
Unable to sleep at night
The start to Recovery is understanding

This psychiatric condition is real
And
I got it

My brain is on fire
I have a brain fever
I have to rest
I have to sleep
When I start to see the lack of sleep
Waking up all night
Several times at night
I know this is it
Good Old Mental Illness is back

To turn this around this condition
I need a sleep routine
Go to sleep the same time
Wake up the same time
Stay away from television
Don't have any coffee or soda pops
Even sugar can be stimulant

Every night go to bed same time
Wake up same time
So, I can have, meaningful life

The next day

And, if I can't go to sleep,
one night I lay in bed and rest
I meditate
I don't cut any comers with sleep and rest

With enough rest,
I can go on the next day
I can be productive
I can have a meaningful life

My ability to be productive,
and have a meaningful day
Might be very slow
Might be very limited
I accept myself where I am

I love
What I can do
Even nothingness counts
Time to think
Time to reflect
Time to just look out a window
Lay in bed and rest counts

Salvation comes with my peace of mind
I judge clearly what is making me happy
Everyone can have happiness

I will never have a lot of money
I can have happiness
Having a meaningful life can mean happiness
I can be happy without being productive
To gain happiness
I will need to have small pools of productivity

Gaining happiness with the misery that comes,
from this psychiatric condition

Is also going to be work
There will be no one to save me
I have to gain my sanity back

Mental Illness isn't like the movies
Mental Illness isn't romantic
I don't want this mental illness
I can turn into an attack dog when my psychotic condition kicks in
I am so high strung
I can't sleep
Start hearing voices
Start talking to myself
Start fighting others

Without enough rest,
I can't settle down
I have to take something.
to cool out the mental illness
Medication and herbal teas
Calming baths
I have to take something
I have to do something
This psychiatric condition
Is so extreme
My head is so inflamed
I can't get through psychosis on my own
I need help
Because, I strike out and cause damage
To myself and people around me
I need to learn
Sleep and rest can stabilize me

Then
Learning how to watch,
and transform my social interactions
Can give me a meaningful life

I need to feel wanted and accepted
I need to learn who I am
I need to study and learn

My present behavior
I need to learn
My positive and negative parts
How can I sand these comers
of conflict and disagreement with other people

Conflict is a sign of misery in myself
I need to learn about myself
I need to know others
I have to go back to square one
Almost every day

That square is:
I am person with mental illness,
I am begging for mercy
I am begging for peace of mind and comfort
I have to plan my life around this mental illness

I need to live with my psychiatric condition
There are many of us out there
We need to learn this
What is our mental illness
How can we live with mental illness
We can not escape

Mental Illness is on top of our bodies
In our heads
Every day
Then
Once we begin to regain a meaningful life
What can we do
What can I do
To solidify recovery?
The only way to gain stability. sanity and sobriety
That I know is either go to educational support,
groups or do community service
Or do both

I have tried to just teach educational support groups
This has worked for periods of times

I also need to stay humble
Need to stay fresh
Need to start all over,
just go back to groups
As participant not facilitator

Humility cuts resentments
Resentments can bring back mental illness
Educational support groups,
or community service
Group participation
Can connect me with humanity
And happy friendships
My mental wellness is peace or mind and happiness

Also, do other people agree
Do people around me become happy to see me
Do they think I have peace of mind in my life

Community service is not just me doing good for others
I am not here to help other people
I am here to solidify my stability my recovery

I will need care and maintenance all my life
I will need self care
and care from the mental health system
I will need peer support and peer care
I will need educational care
I will need to be a learner,
and start all over with fresh thinking
I will need to pay attention to my mind and body
So that I never fall into the darkest passages
Of mental illness
I can never let the psychiatric condition

Overtake me
Destroy me

I need to discover and change me
I need to believe
I can make changes
I can become a better person
Being a broken person gives me the chance
To rebuild myself
To a position of stronger unity
Unity with my hopes and realities for peace of mind
Unity with others for their opportunity to get to know me
Unity so that I can love and be loved again

I have a chance in life
To gain happiness
I got this chance because of my mental illness!
My name is Moe Armstrong
I am mentally ill
I need help and assistance in life
I am asking for helpType to enter text
I have been mentally ill a long time,
I have suffered a lot
I have caused other people suffering
I have a chance to feel better
I have chance to become happy
I've had this psychiatric condition a long time
I will have this psychiatric condition a long time
I want to keep learning and improving
Mental illness devastated my life
I now have the chance to learn social acceptance
I have the chance to discover personal happiness

This chance
This opportunity
I might never have gained without my mental illness
Losing myself to the despair of mental illness
I now have the chance to be a happier person

More secure in my happiness
More secure in my peace of mind
Than, ever before in my life

My name is Moe Armstrong
I am mentally ill
At times I do need help
I have learned to continue on

Written at Virginia Beach, Virginia
Prevention, Education and Outreach National Meeting
With Value/Options Mental Health Division
May 25, 2001

RECOVERY WORKBOOK IN SPANISH

RECUPERANDO LA ESPERANZA

CONDENSADO AL MOE ARMSTRONG

TRADUCIDO POR ISABEL COLOMER DE LA ROSA

INTRODUCCIÓN

POR MOE ARMSTRONG

El Cuaderno de Trabajo de la Recuperación fue escrito por LeRoy Spaniol, Martín Koehler y Dori Hutchinson. Cuando el libro estaba siendo evaluado, yo fui parte de esa investigación. Trabajaba en el Recreational Health and Occupational Center (Centro de Salud Recreativa y Ocupacional) (RHOC, por sus siglas en inglés) en Nuevo México. El Cuaderno de Trabajo de la Recuperación era parte de un programa educativo, que tenía lugar en el RHOC. El libro tuvo muy buena acogida en 1991, al igual que hoy. El cuaderno ha ayudado a muchas personas. El cuaderno me ha ayudado a mí.

En 1997 sufrí una gran crisis siquiátrica. No tenía adonde acudir y no podía mantenerme estable. Traté de hacer todo a mi alcance. Un grupo de investigación comenzaba a evaluar la efectividad del Cuaderno de Trabajo de la Recuperación en el Center for Psychiatric Rehabilitation (Centro de Rehabilitación Siquiátrica) de la Universidad de Boston. Ese estudio fue financiado y auspiciado por la Mass Behavioral Health Partnership (Colaboración para la Salud Behaviorística de Massachussets) de la división Valor/Opción. Me percaté de que necesitaba participar en este grupo y encontrar mi propio grado de recuperación.

Mi vida atravesaba por un trastorno siquiátrico. Nada resolvía mi situación y no tenía donde ir. Comencé asistiendo a grupos que desarrollaban el cuaderno de trabajo. En lo siquiátrico, simplemente, mejoré un poco. Dispuse algo de mi tiempo y aprendí que el sufrimiento producido por la enfermedad mental podía no desaparecer, pero podría vivir con mi condición siquiátrica. El cuaderno me ayudó a lograr superar mi propia y gran inestabilidad personal.

Mi deuda a LeRoy, Martín y Dori es para toda la vida.

Quisiera que otras personas entiendan el Cuaderno de Trabajo de la Recuperación y sean capaces de llevar consigo estas ideas y afirmaciones donde quiera que vayan. Llamo a esta versión abreviada del Cuaderno de Trabajo el “Cuaderno de Trabajo de Bolsillo”.

Esta versión la puede llevar en su bolsillo trasero o cartera cuando salga. Si se le presenta un problema siquiátrico, saque el Cuaderno de Trabajo de Bolsillo y trate de obtener algún alivio. Deje que lo ayude a continuar su vida.

Gracias, Le Roy, Martín y Dori. Espero haber llevado sus mejores pensamientos, ideas y sugerencias a más personas.

Este el Cuaderno de Trabajo de la Recuperación en su Edición de Bolsillo.

Moe Armstrong, MA, MBA

CAPÍTULO I

INTRODUCCIÓN

La recuperación es una experiencia humana común. Muchas personas quieren recuperarse de diferentes enfermedades y condiciones. Muchas personas se han recuperado. Muchas han tenido que enfrentar enfermedades y dificultades en la vida. La recuperación es común. Lo que no ha sido común es que podemos aprender a intercambiar ideas y capacidades necesarias para recuperarnos de las enfermedades mentales.

Mediante reuniones educativas de mutuo apoyo podemos estudiar y aprender a tratar con algunos de los desórdenes de la enfermedad mental.

Con una enfermedad mental, podemos sentirnos aislados de otras personas. Podemos volver a ganar las relaciones con las personas. Podemos recuperar algo de lo que habíamos perdido. También, podemos ganar toda una nueva vida.

La recuperación de una enfermedad mental es ambas cosas, recuperar lo que habíamos perdido y ganar una nueva vida. No se libera uno de la condición mental. Podemos ajustar nuestra actitud hacia nosotros mismos. Podemos tener más paciencia y aceptación de nosotros mismos y los demás. También podemos planificar nuestras vidas con menos estrés.

Podemos aprender a tratar con nuestra enfermedad mental y el mundo que nos rodea.

¿Quiénes somos “nosotros”? Nosotros somos personas con una discapacidad o condición psiquiátrica. Esa condición puede ser llamada discapacidad psiquiátrica. Hay muchas otras personas con discapacidades. Estas han aprendido a vivir con una ceguera, sordera o incapacidad para caminar. Aprendieron a vivir con sus discapacidades.

Aquellos como nosotros, con enfermedades mentales, podemos vivir con nuestra discapacidad. El Cuaderno de Trabajo de Bolsillo de la Recuperación trata sobre cómo aprender a vivir con nuestra condición psiquiátrica y cómo enseñar a otros a convivir con nosotros. Podemos tener una vida mejor.

LOS OBJETIVOS DEL LIBRO SON:

- Tomar conciencia del proceso de recuperación.
- Incrementar el conocimiento y control sobre nuestra condición psiquiátrica.
- Tomar conciencia de la importancia y naturaleza del estrés.
- Descubrir como disfrutar de una vida placentera.
- Construir nuestras relaciones de apoyo y amistades personales.
- Desarrollar metas y planes de acción para ganar y mantener nuestra estabilidad.

ESTOS SON LOS PASOS PARA COMENZAR

1er Paso: Percatarnos de que la vida que tenemos con la condición mental puede resultar dolorosa y difícil. Debemos cambiar tanto nuestras vidas como la aceptación de estas a la vez. Merecemos felicidad y paz mental. No existirán milagros ni curas. Podemos aprender a tratar con nuestra enfermedad mejor y con la vida a nuestro alrededor. Podemos vivir con nuestra condición siquiátrica.

2do Paso: Tenemos que actuar. Ninguna persona nos puede ayudar por todo el proceso para alcanzar la estabilidad y la recuperación. Podemos aprender a vivir con la condición siquiátrica a partir de una variedad de perspectivas.

3er Paso: Podemos notar mejorías inmediatas. Necesitamos hacer algo todos los días, que nos ayude a sentirnos mejor. Podemos tener una vida mejor. Podemos ser más felices y alcanzar algo de paz mental. Necesitamos encontrar la forma de descubrir la serenidad y mantenerla en nuestras vidas.

4to Paso: Permitamos que alguien más conozca que queremos llegar a alcanzar un nivel de recuperación en nuestra vida. Elija a alguno, que esté dispuesto a oír nuestras historias acerca de la recuperación. Busque y acepte la retroalimentación a partir de una persona en quien confiemos.

5to Paso: Dedicemos tiempo para trabajar con este Cuaderno de Trabajo de la Recuperación. No lo deje en el librero. Es por eso, que tenemos el Cuaderno de Trabajo de Bolsillo de la Recuperación. Podemos llevarlo con nosotros. Trabaje con él en el ómnibus. Haga uso de este cuaderno en el trabajo o la casa. Utilicemos el Cuaderno de Trabajo de Bolsillo de la Recuperación donde quiera que vayamos.

6to Paso: Mediante el esfuerzo que hagamos utilizando este cuaderno, seremos capaces de entender mejor nuestra condición siquiátrica y nuestro papel a desempeñar en la vida con una discapacidad siquiátrica. Además, seremos capaces de entender como podemos desenvolvernos mejor con otras personas. Podemos sentirnos mejor con nosotros mismos.

7mo Paso: Casi todas las esperanzas necesitan de una estrategia para lograr los sueños. El Cuaderno de Trabajo de Bolsillo de la Recuperación es nuestra vía para establecer algunas estrategias. Aprendiendo e implementando estrategias a partir de este cuaderno nos ayudaría a pensar sobre el aprendizaje e implementación de estrategias en nuestras vidas personales.

8vo Paso: Mantengámonos visualizando nuestras esperanzas y sueños. Nunca perdamos las esperanzas ni los sueños.

9no Paso: En el Cuaderno de Trabajo de Bolsillo de la Recuperación se pueden encontrar formas para llevar a cabo acciones. Podemos sentarnos y soñar, ¡y qué si lo hacemos! O podemos aprender cómo lograr nuestros sueños, esperanzas y metas. Podemos convertirnos en mejores personas. También podemos aprender a interesarnos por muchos aspectos del adulto mayor. Nos podemos recuperar lo suficiente para no vivir en un constante tormento debido a esta enfermedad mental.

EJERCICIOS PARA DESARROLLAR POR ESCRITO

¿Qué hizo Usted la semana pasada que le proporcionó satisfacción y felicidad?

Diga tres cosas que hizo por Usted la semana pasada.

- 1.
- 2.
- 3.

¿Qué le gustaría hacer la próxima semana?

- 1.
- 2.
- 3.

¿Cuáles son sus reacciones al hacer algunas cosas por Usted mismo?

CAPÍTULO DOS

LA RECUPERACIÓN

La recuperación es un proceso de ajuste de nuestras actitudes, sentimientos y percepciones y criterios sobre nosotros mismos, otros y la vida en general. Es un proceso de auto-descubrimiento, auto-renovación y transformación. La recuperación puede ser profundamente emocional. La recuperación hace que la persona pase por el trauma específico de la enfermedad mental.

Muchas personas tienen que experimentar la recuperación. Solamente algunos aspectos de la recuperación se pueden enseñar. Muchos de nosotros nos hemos sentido heridos o destrozados. Muchos de nosotros, en diferentes momentos de nuestras vidas, hemos estado tratando de pasar por o superar alguna herida o dolor ocasionados en nuestras vidas. Los sentimientos de pérdida que resultan de una herida o dolor nos pueden dejar sintiéndonos muy inferiores con relación a la gente que nos rodea. Mediante la recuperación podemos recobrar nuestro nuevo yo y, probablemente, tendremos que volver a ganar nuevas formas de tratar con nuestras relaciones.

La recuperación toma tiempo. Para pasar por el período de duración de la recuperación, es bueno que sepamos y entendamos las fases de la recuperación:

LAS FASES DE LA RECUPERACIÓN SON:

EL SHOCK

El inicio de la enfermedad mental puede ser gradual o rápido. Las experiencias son confusas y desorganizadas. Darnos cuenta de que tenemos una condición psiquiátrica y/o que hayamos desarrollado una enfermedad mental puede producir una conmoción mental.

Describe una lista de algunos shocks o conmociones que haya tenido.

LA NEGACIÓN

Muchos de nosotros no podemos aceptar lo que nos ocurre. En el caso de la enfermedad mental o condición psiquiátrica, a muchos nunca nos enseñaron lo que teníamos. Muchos pensamos que nada malo nos pasaba. También nos sentíamos muy avergonzados debido al estigma y el prejuicio de no ser capaces de hablar sobre nuestra condición psiquiátrica por temor a la incompreensión del resto de las personas.

Escriba una lista de momentos diferentes en que hemos atravesado por un estado de negación.

LA DEPRESIÓN/DESESPERACIÓN/ANGUSTIA

La depresión puede ser clínica. Si es una depresión clínica, entonces, debemos acudir a un profesional de salud mental. Si es una depresión/desesperación/angustia, a partir de percatarnos de que tenemos una condición siquiátrica, entonces, podemos trabajar con esta como una fase del proceso de recuperación. Podemos tener un sentimiento de pérdida, a partir de la pérdida de el puesto de trabajo, lugar de residencia, la familia, lo cual también da lugar a la depresión/desesperación/angustia.

Haga una lista de diferentes momentos en los que haya experimentado lo mismo depresión, desesperación que angustia.

¿Cómo Usted pasó por la depresión/deseperación/angustia?

Descríbalo.

EL ENOJO

El enojo le sigue a la desesperación y la angustia. Podemos estar muy enojados porque tenemos la enfermedad mental y somos incomprendidos. El enojo puede aparecer en muchos de nosotros con la enfermedad mental. Debemos tener cuidado. El enojo asusta a las personas. El enojo puede hacer que las personas salgan de nuestras vidas. En muchas ocasiones el conflicto es señal de que el enojo está por llegar. Podemos aprender a vivir con menos conflicto y, así, estar menos enojados.

¿Cuándo estuvimos enojados? ¿Fuimos incomprendidos? ¿Es cierto que reduciendo los conflictos y las peleas podemos sentir menos enojo?

Por favor, haga una lista con lo que experimentamos y descubrimos al estar enojados.

LA ACEPTACIÓN/ESPERANZA/AYUDA

La aceptación es un proceso gradual y frágil. Muchos de nosotros con condiciones siquiátricas hemos enfrentado la aceptación sin mucha esperanza. No se nos ha enseñado cómo ayudarnos a nosotros mismos o a los demás. Una de las mejores

maneras de pasar a la recuperación es ser útil a otras personas. Ayudando a otras personas, podemos comprendernos mejor nosotros mismos.

Sin embargo, antes de poder ser útiles y serviciales, necesitamos desarrollar alguna aceptación y adquirir cierto conocimiento. Hay mucho material de estudio sobre enfermedad mental. Podemos aprender los unos de los otros, mediante el apoyo por iguales y, además, con la guía de un profesional de la salud mental. La aceptación abre la puerta al aprendizaje. La esperanza y la ayuda le pueden seguir.

¿Qué hemos aceptado ya en nuestras vidas? ¿Cuáles son nuestras esperanzas?
¿Cuándo y cómo hemos sido serviciales?

Por favor, conforme una lista.

PROMOCIÓN/EMPODERAMIENTO(empowerment)

A medida que aumenta nuestra recuperación, queremos crear oportunidades para los demás con el fin de que cuenten con igual oportunidad de recuperación.

La promoción puede dar lugar al empoderamiento. Empoderamiento significa que tenemos la oportunidad de estar continuamente mejorando nuestra condición siquiátrica. También, tenemos la responsabilidad de ayudar a conformar un sistema de salud mental basado en la ayuda a personas con enfermedades mentales para que alcancen niveles reales de recuperación.

¿Cómo creemos que debe ser un promotor?

¿Hemos conocido a alguien que sea un promotor? ¿Puede describirlo(a)?

¿Qué es el Empoderamiento (empowerment)?

¿Hemos conocido a alguien que haya adquirido capacidades y asumido responsabilidades?

¿Podemos describir a esa persona?

ASPECTOS DEL PROCESO DE RECUPERACIÓN

En varias ocasiones se dice que los que tenemos una enfermedad mental hemos perdido el concepto de sí mismos. Esto significa que no sabemos o recordamos quiénes somos. Hemos perdido nuestro sentido de sí mismos. Descubrir un yo más activo puede significar descubrir quiénes somos en estos momentos y lo que somos capaces de hacer. Así como una persona en una silla de ruedas tiene que aprender a ser una nueva persona, nosotros podemos descubrir nuestro nuevo yo. Necesitamos tratar de hacer que ese nuevo yo sea más activo. Esto es cierto para personas con discapacidades psiquiátricas. Necesitamos darnos cuenta de quiénes somos en nuestra nueva vida.

Defina su nuevo yo.

Escriba quiénes somos.

Escriba quiénes somos.

Escriba quiénes pensamos que podíamos ser.

EVALUACIÓN DEL YO

Tratemos de comprender:

¿Quiénes somos? ¿Quién es la nueva persona? ¿Qué podemos hacer? Necesitamos hacernos estas preguntas. Además, necesitamos tomar retroalimentación de otra persona. Podemos ser frágiles durante este período. Tengamos cuidado. Seamos buenos con nosotros mismos. Encontremos lo positivo así como lo negativo.

Escribamos una lista más detallada de cómo nos vemos a nosotros mismos (asegurémonos de que lo que escribamos en la lista sea positivo).

Meditemos sobre nuestras experiencias positivas y escribámoslas.

Escribamos cuándo y cómo podíamos estar en correspondencia con el mundo que nos rodea con nuestra nueva identidad.

PONIENDO AL YO EN ACCIÓN

Podemos construir nuestro nuevo yo a través de la acción personal y la retroalimentación. Nosotros salimos y tratamos de hacer cosas. Nosotros gradualmente ganamos una nueva forma de aprender, vivir y trabajar.

Conformemos una lista de lo que nos gustaría hacer en nuestras vidas el año próximo.

Expresemos lo que quisiéramos hacer dentro de los próximos dos o tres años.

Describamos un plan de lo que nos gustaría hacer en los próximos cinco años. Por favor, estemos seguros de incluir experiencias educativas y de trabajo.

APELANDO AL YO

Comprendiéndonos mejor a sí mismos, seremos capaces de vencer las tempestades de la vida. Habrán muchas experiencias negativas en nuestras vidas. A medida que

algunas características del nuevo yo sean más fuertes, mayor será la probabilidad de no vernos afectados por algunos acontecimientos en nuestras vidas.

Muy frecuentemente nuestra respuesta a los acontecimientos ha sido peor que el acontecimiento en sí. Apelar al nuevo yo, mediante la comprensión de ese nuevo yo, nos daría fuerza para superar el acontecimiento

Escriba algunas características nuestras que quisiéramos fortalecer. Por ejemplo, si alguien nos dice algo malo, ¿cómo podíamos superarlo rápidamente? ¿Cómo desearíamos fortalecer nuestra vulnerabilidad emocional?

¿Cómo podemos crecer ante una situación, de manera que podamos mantenernos en nuestro puesto de trabajo?

¿Cómo podemos disminuir la ansiedad?

¿Cómo podemos aprender a pedir ayuda?

POR FAVOR, ESCRIBA LAS RESPUESTAS A ESTAS PREGUNTAS

¿Qué significa la recuperación para Ud.?

¿Cómo ha sido el proceso de recuperación para Ud.?

¿Qué ha marcado una diferencia para Ud. y le ha dado esperanzas?

Cuáles fueron los obstáculos a la recuperación?

¿Qué incrementaría sus oportunidades de tener una recuperación mejor?

CAPÍTULO TRES

AUMENTANDO EL CONOCIMIENTO Y EL CONTROL

Comprender el impacto de la enfermedad mental es importante. Debemos conocer que no estamos en paz con la enfermedad mental. Mediante la comprensión de nuestra propia discapacidad psiquiátrica, podemos entender la rehabilitación, que será necesaria para nuestra estabilidad.

EL IMPACTO DEL DAÑO SERIO DE LA ENFERMEDAD MENTAL

Existe una fuerte evidencia de que la enfermedad mental es biológica. El daño se refiere al aspecto biológico. El daño puede significar los síntomas de alucinaciones, ilusiones, depresión o paranoia. El daño puede causar la pérdida o trastorno del sí mismo. El daño puede ser el peor impacto de la enfermedad mental. Pueden haber varias estrategias que ayuden a una persona a superar el daño.

Construyamos un sentido funcional del sí mismo, lo que puede crear una capacidad para apoyar las necesidades, deseos, aspiraciones y, también, confrontar con el asalto del estigma. Otras estrategias, que pueden ayudar a una persona a superar el daño, son conocer las estrategias de enfrentamiento, mantener relaciones sociales satisfactorias y aprender el autocontrol de los síntomas.

DISFUNCIÓN

La disfunción es el siguiente paso, después del daño. Todavía podemos ser incapaces de realizar una tarea o actividad que otra persona sin una enfermedad mental pueda realizar. A veces los efectos secundarios de los medicamentos pueden causar la disfunción.

Las intervenciones en la disfunción son la valoración, la formación de capacidades, el apoyo y la rehabilitación. A las personas se les hace más fácil el tiempo para sobreponerse o sobrellevar la disfunción. La disfunción puede ser una parte continua de la condición siquiátrica. Algunas de las formas de superar la disfunción son aprendiendo capacidades de adaptación al trabajo, capacidades sociales y las capacidades diarias necesarias para vivir.

DISCAPACIDAD

Una discapacidad puede ser la incapacidad para trabajar, tener una familia y/o relaciones o mantener una casa o apartamento. El daño puede ocasionar la discapacidad. El sentido desorganizado de sí mismo puede ser tan extremo que una persona puede llegar a ser un discapacitado. Lo mismo puede decirse del estigma. El prejuicio en el medio que rodea a la persona puede ser tan cáustico, que puede llegar a convertirse en un discapacitado.

Algunas de las formas de enfrentar la discapacidad puede ser elegir, obtener y mantener un puesto de trabajo, encontrar y sostener un hogar. Realizando pequeñas mejoras en nuestras vidas nos puede ayudar a superar la discapacidad.

DESVENTAJA

La falta de oportunidad puede mantener a una persona en desventaja. Las personas no pueden tener la capacidad de cumplimentar sus roles deseados debido a la desventaja. Superando la discriminación y la pobreza son una de las formas de enfrentar la desventaja. A muchas personas, que no tienen una enfermedad mental, les es difícil reconocer que los que tienen una discapacidad siquiátrica están en desventaja. Los programas efectivos, basados en el principio de la rehabilitación y la recuperación siquiátrica, pueden ayudar a reconocer y aprender sobre las desventajas y superarlas. Muchas personas con una enfermedad mental tienen desventajas económicas.

LOS SERVICIOS DE UN SISTEMA ORIENTADO HACIA LA RECUPERACIÓN

TRATAMIENTO

La focalización del tratamiento es sobre el daño. El propósito del tratamiento es reducir los síntomas, comprender las sensaciones. Un buen tratamiento puede reducir las alucinaciones, ilusiones, depresiones y la paranoia. La hospitalización, la medicación y la terapia han sido los tratamientos primarios.

REHABILITACIÓN

La rehabilitación se centra en la disfunción y la discapacidad experimentadas por la persona con la enfermedad mental. El propósito de la rehabilitación es ayudar a las personas con una seria condición de enfermedad mental a vivir, aprender, trabajar y desempeñar distintos papeles en la sociedad. Eventualmente, habrá menos participación profesional y mayores apoyos comunitarios.

La rehabilitación puede intentarse cuando la persona está aún en la etapa del daño.

En cuanto comencemos a sentirnos mejor en cualquiera de las etapas de la recuperación, es cuando nuestra condición total de la enfermedad mental puede ser reducida. Por ejemplo, si una persona ha sufrido un daño y aún se encuentra hospitalizada, no hay razón por la cual la persona no pueda salir y continuar trabajando.

La recuperación de una enfermedad mental requiere encontrar ambos, quién es el yo nuevo y anterior. Posiblemente, también necesitamos construir el nuevo yo y/o reconstruir partes o fortalezas de nuestro yo anterior.

INTERVENCIÓN EN LA CRISIS

La intervención en una crisis es para ayudar a la persona con una enfermedad mental a superar el período de tiempo crítico. Pueden haber directivas avanzadas escritas acerca de cómo una persona con enfermedad mental desea ser tratada durante la intervención de la crisis. Muchas personas saben con antelación cómo desean ser tratadas en una crisis. La crisis parece ser parte de la condición psiquiátrica. Una intervención sensible de la crisis es uno de los servicios de un sistema de salud mental orientado hacia la recuperación.

GESTIÓN DE CASOS

La focalización en la gestión de casos es para ayudar al acceso y utilización de los recursos para nuestra recuperación. La gestión de casos es un esfuerzo de colaboración entre la persona que recibe los cuidados de salud mental y el trabajador de la salud mental. Las personas que reciben cuidados del sistema de salud mental

necesitan estar involucrados en todos los aspectos de sus cuidados y servicios, no solo en la gestión de casos.

PROTECCIÓN/ DEFENSA DE DERECHOS

La focalización de la Protección / Defensa de los Derechos es una de las desventajas que experimentan las personas con enfermedad mental debido al estigma, la discriminación y el prejuicio. Las personas con condiciones psiquiátricas necesitan tener un acceso a las actividades y papeles a desempeñar al igual que cualquier otra persona pueda tener.

AYUDA MUTUA Y A SÍ MISMO

Esta es una ayuda mutua por iguales. Esta autoayuda puede centrarse en el apoyo personal o en el cambio social. La ayuda a sí mismo puede permitirle a algunas personas obtener algunos aspectos del control sobre sus vidas. La autoayuda es el servicio que más rápido crece y cambia en el actual sistema de salud mental orientado hacia la recuperación.

APOYO BÁSICO

El apoyo básico es proporcionar comida, ropa, albergue y relaciones personales, necesarios para la recuperación. El apoyo básico es necesario antes de que la persona trate con el daño, la disfunción, discapacidad y desventaja. Sin comida, ropas y lugar donde vivir, se nos hace difícil (si no imposible) estabilizarnos.

TENER UNA BUENA VIDA

Tener una buena vida está por encima de las necesidades básicas. Tener una buena vida significa que contamos con algunas oportunidades reales de creatividad y disfrute. Debemos tener alguna belleza y placer en nuestras vidas. Podemos volver a estudiar. Podemos tomar clases de arte. Podíamos aprender a bailar y/o cantar. Podemos tener algún disfrute de los pequeños placeres de la vida. Podemos ir más allá de los fundamentos básicos de la vida.

LOS VALORES DE UN SISTEMA DE SALUD MENTAL ORIENTADO HACIA LA RECUPERACIÓN

EMPODERAMIENTO

El empoderamiento (empowerment) surge de entender verdaderamente quienes somos. Entonces, hacemos uso de ese conocimiento. Tenemos una visión personal y también confianza en hacer gestiones según esa visión.

CONCIENCIA DE NUESTRO PROPIO MÉRITO Y VALOR

Las personas son importantes. Todos nosotros influimos los unos en los otros. Somos valiosos. Reconozcamos cuán lejos hemos llegado. No nos comparemos con otros. La vida siempre nos ofrece una segunda oportunidad. Dediquemos tiempo para tratar de lograr la paz mental. Tratemos de reemplazar los temores con la fe. Queremos pensar que todo marchará bien. Queremos ser realistas y queremos tener esperanzas.

ELECCIÓN

La elección tiene lugar a partir del reconocimiento de oportunidades que tenemos de hacer elecciones. ¿Seremos capaces de hacer elecciones realistas?

Podemos tratar de tomar decisiones. También debemos compartir esas decisiones con otras personas para ver si esas elecciones son realistas.

PARTICIPACIÓN DEL CLIENTE

Nosotros podemos y debemos tener participación en nuestro sistema de salud mental. Nosotros, los que tenemos una enfermedad mental, podemos ser una fuente de conocimientos e información para los que trabajan en el sistema de salud mental. Podemos aprender y trabajar juntos.

CENTRO DE ATENCIÓN COMUNITARIO

Existen apoyos y actividades en la comunidad. Necesitamos encontrar qué apoyos y actividades son esos. Pueden ser servicios de iglesias, actividades sociales nocturnas, cines, bibliotecas, peñas literarias, asociaciones de alcohólicos anónimos y otras actividades comunitarias. Aparecen listas de estos en los periódicos. Hay muchas actividades comunitarias.

FORTALEZAS DEL CLIENTE

Podemos pensar en quiénes somos y tratar de encontrar cuáles son nuestras fortalezas. Podemos dejar de atormentarnos. Podemos reconocer nuestras limitaciones. Podemos también dedicar tiempo a descubrir nuestras fortalezas. Podemos tener éxito en la vida.

Podemos darnos cuenta de que ¡somos capaces de hacer algo! Podemos conformar una lista y comenzar a tratar de lograr lo que podemos hacer. Tenemos talento. Tenemos capacidades. Tenemos fortalezas.

Escribamos una lista para celebrar con lo que contamos y nos recuerde lo que podemos hacer.

CAPÍTULO CUATRO

MANEJANDO LOS ESTRESSES DE LA VIDA

El estrés es común para las personas. Las personas con condiciones siquiátricas pueden percatarse de que el estrés los coloca en una situación de mucha desventaja. Parte del reto de vivir con una condición siquiátrica es encontrar formas de enfrentar y reducir el estrés. Nosotros experimentamos un estrés extremo en las áreas de residencia, aprendizaje y trabajo de nuestras vidas.

Las personas pueden reaccionar a las tensiones apreciando cuán desafiante puede ser el medio. El estrés se puede simplemente desarrollar porque es auto-generado. Uno de los problemas con la enfermedad mental es que podemos estar en estrés cuando no existe nada ahí. No está pasando nada. Aún así nos estresamos. Al aumentar nuestra capacidad para tratar con situaciones de estrés puede incrementar nuestras oportunidades para alcanzar logros en la vida. Primero, necesitamos aprender sobre los tres niveles de estrés.

Primer Grado

Los síntomas de estrés son débiles. Si logramos salir nosotros mismos del estrés, podemos eliminar los síntomas. Nos distraemos, nos relajamos, nos tomamos un corto tiempo de descanso en nuestro trabajo.

Cualquier cosa que hagamos para salir del estrés usualmente funciona.

Segundo Grado

Los síntomas son más regulares y duran más. Después de una noche de sueño, aún podemos sentirnos cansados. Incluso, un fin de semana de descanso puede que no elimine los síntomas. Los síntomas duran más y son más difíciles de eliminar.

Tercer Grado

A este nivel de estrés, los síntomas son continuos. Podemos desarrollar problemas físicos como úlceras o depresión. La atención médica o siquiátrica pueden no dar alivio. Podemos cuestionarnos el valor de nuestro trabajo, relaciones o de la vida misma.

Saber que tenemos los síntomas de estrés y hacer algo por esos síntomas nos puede ayudar a manejar el estrés en nuestras vidas. Vivir con el Tercer Grado de estrés puede ser común para muchas personas con condiciones siquiátricas.

Necesitamos aprender lo que es el estrés y cuáles son nuestros síntomas. Mediante el conocimiento, podemos aprender a vivir con estrés.

1. Diga y describa un momento en que se sintió estresado.

2. Escriba formas en las que hemos enfrentado y tratado con esos momentos de estrés.

Escriba algunas situaciones, que nos pudieran causar estrés en el futuro. ¿Tenemos algún plan para manejar el estrés, que pueda haber sido originado por esa situación? Escriba esto.

POR QUÉ MANEJAR EL ESTRÉS ES IMPORTANTE

1. El estrés es perjudicial. Podemos ser susceptibles a las tensiones negativas intensas, las enfermedades y los accidentes causadas por el estrés. Podemos pensar negativamente a la carrera. El estrés tiene un grave efecto físico y mental.

Ponga por escrito y describa ¿Cómo terminamos con este estrés perjudicial? ¿Cuánto tiempo nos llevó?

¿Podríamos volver a tener un estrés perjudicial?

2. El estrés es dañino para otros. Nos convertimos en más críticos de los demás. Podemos mostrar menos preocupación. Nos sentimos frustrados y enojados hasta el punto del abuso.

Escriba y describa cuando creemos que el estrés nos hizo enfadar. ¿Fue la situación la que nos hizo enfadarnos o nuestra incapacidad para tratar con la situación?

Escriba algunas opiniones sobre esto.

El estrés reduce la cantidad de tiempo con que contamos para trabajar o hacer otras cosas. Si vamos por ahí estresados, no tendremos la energía para trabajar o hacer nada. Necesitamos aprender a manejar el estrés.

Escriba sobre algún momento en que aprendimos a manejar el estrés.

BENEFICIOS DE MANEJAR LOS ESTRESSES DE LA VIDA

Podemos liberar niveles de energía sorprendentes para recuperarnos, crear y producir.

Plasme por escrito algunos momentos o experiencias en las que hemos reducido el estrés y hemos sido más productivos.

Podemos incrementar nuestra confianza para hacernos cambiar a nosotros mismos. Sentimos que podemos manejar nuestras vidas y el medio en que nos desarrollamos.

¿Cuáles fueron algunas circunstancias en las que no nos sentimos vencidos?
Escríbalas.

¿Creen que podemos volver a los nuevos niveles de confianza creados?

Escriba cómo podemos hacer esto.

No podemos sentirnos exhaustos debido al estrés. Debemos ser capaces de también alentar a otras personas a que tengan una vida mejor.

Describe una vía por la cual hemos prestado un servicio a otras personas y les hayamos ayudado a superar tiempos difíciles.

¿Cómo nos hemos sentido dando algún servicio o ayuda a otra persona?

EL ESTRÉS ES UNA PARTE NORMAL DE LA VIDA

He aquí algunos pasos que nos ayudan a navegar por el estrés.

ESTÍMULO

Primero, cualquier cosa puede causar estrés.

Segundo, vivir con una enfermedad mental significa que la mayoría de las personas vive con altos niveles de estrés interior, a veces hasta el punto de una ansiedad clínica. Nuestra discapacidad puede causarnos incomodidad, lo que significa que tenemos un trastorno. Podemos ser estimulados tanto por la condición psiquiátrica como por el medio.

VALORACIÓN

Esta es una fase en la cual tratamos de ver cuán perjudicial puede ser el estrés. ¿Es amenazante o no es amenazante? Si el estrés no es amenazante, entonces, podemos

hacer algo distinto. ¡Relajémonos! Deje a un lado algún trabajo o tarea que esté haciendo. Descanse y sobrepongase al estrés.

En ocasiones necesitamos hacer por escrito una valoración y explicar lo que haríamos para salir del estrés.

Escriba una situación de estrés, que no sea amenazante. ¿Qué hizo para superar esta situación?

El proceso de valoración puede ser consciente o inconsciente. Podemos valorar nuestra situación simplemente haciendo uso de nuestra intuición. Nosotros, además, podemos hacer una pausa y verificarla. Necesitamos asegurarnos de poder disponer de un tiempo para hacer una valoración del estrés y la situación. Podemos poner por escrito nuestra valoración.

Escriba cuán difíciles han sido algunas situaciones de estrés en nuestras vidas?

FASE DE ALARMA

RESPUESTAS FÍSICAS

Se puede incrementar nuestro flujo sanguíneo

Respiración poco profunda

Tensión muscular

Aumento del ritmo cardiaco

Aumento de la acidez estomaca

RESPUESTAS EMOCIONALES

Pánico

Agitación

Preocupación

Irritabilidad ansiosa

Enojo

Destructibilidad

¿Hemos experimentado algunas de las repuestas anteriores? ¿Qué hicimos? Escriba sobre esto.

Es posible que tengamos que estar preparados para vivir con algunos niveles de estrés y distensión por un período de tiempo. ¿Cómo podemos tratar con los niveles altos y bajos de estrés?

Físico:

Caminemos, ejercitémonos, mejoremos la dieta y relajémonos.

Emocional:

Reconozcamos los sentimientos, resolvamos los conflictos, sintámonos bien con nosotros mismos y tratemos de tener una relación de apoyo.

Intelectual:

Seamos abiertos a nuevas ideas. Veamos que podemos aprender. Reconozcamos que no podemos tener control de todas las situaciones.

Espiritual:

Tratemos de encontrar un mayor significado o propósito en la vida, que no sea nosotros mismos. A veces, el rezo y la meditación son buenos. En ocasiones, la lectura de un libro que eleven el ánimo.

Si tratamos de combatir o tratar con el estrés, podemos tener éxito en reducir el estrés. Si no encontramos una forma de enfrentar al estrés, entonces, nos embargará el agotamiento.

Escriba los tres niveles de estrés. Escriba lo que ha sido su experiencia personal en esos tres niveles de estrés.

Además, escriba cómo Usted ha tratado con el estrés.

¿Cuáles son algunas estrategias inefectivas?

¿Cuáles son algunas estrategias efectivas?

Los síntomas son signos de estrés.

Aprendiendo a reconocer y vivir con los síntomas podemos lograr mucho viviendo con el estrés. Puede que nunca eliminemos el estrés. Podemos vivir con estrés y con situaciones de estrés. Podemos aprender a desarrollar nuevas y mejores soluciones para aprender a vivir con estrés.

LAS FUENTES DE ESTRÉS

Muchas veces es la composición de pequeñas tensiones, que causan un trastorno mayor.

Cambios en nuestras vidas. Muchos no queremos que nada cambie en ningún momento. Cualquier cambio puede originar estrés.

Pérdidas en la vida. Pérdida del trabajo. Pérdida de relaciones. Pérdida del hogar. Pérdidas financieras. Pérdida del transporte.

El estigma. Existe mucho prejuicio contra las personas que tienen enfermedades mentales. Podemos pensar que las personas están hablando de nosotros. Podemos pensar que las personas se están burlando de nosotros.

Criterios personales. Nuestros criterios personales no son los mismos que los de las otras personas. Esto puede ocasionar conflicto.

Conflictos no resueltos. Pueden haber algunas ocasiones en las que hemos tenido desacuerdos con otras personas. Nosotros no hemos librado del pasado conflicto. Necesitamos aprender a comenzar otra vez con cualquier persona.

Pérdida de control sobre nuestras vidas. A veces podemos sentir que nuestras vidas han sido un infierno por acontecimientos que han estado fuera de nuestro control.

Estilo de vida personal. Algunos vivimos de forma diferente a como otras personas piensan que debemos. Esto puede causar conflicto. Por ejemplo, algunas personas pueden ser muy regadas. Otras pueden ser muy ordenadas.

Vulnerabilidad biológica innata. Algunos poseen una enfermedad o discapacidad, que les pudiesen hacer más débiles y no capaces de lograr lo que quieren y necesitan hacer.

Carencia de un buen estado físico. No ser capaz de realizar cosas debido a la falta de fortaleza física produce mucho estrés.

No disposición para hacer un compromiso. Pensar siempre sobre situaciones mejores y mejores personas hace que una persona se estrese. Pensar siempre cómo escabullirse y escaparse de alguien, puede producir estrés. La no disposición de llegar a un acuerdo significa que el estrés es también producido en la vida de otros.

Carencia de pertenencia. Uno de las fuertes características de la enfermedad mental es sentir como que no tenemos pertenencia. Esto nos puede llevar al punto de creernos que no estamos dentro de nuestro cuerpo. Podemos sentirnos como que no estamos en el lugar.

Carencia de significado o propósito. Podemos no tener una dirección. Podemos sentirnos desorientados. A veces no sabemos lo que necesitamos hacer.

Haga una lista con tres cosas que estén causándonos estrés.? ¿Cómo comúnmente manejamos el estrés? ¿ Que ha resultado efectivo e inefectivo? Por favor, ponga por escrito sus respuestas.

¿Alguna vez hemos contribuido con nuestro propio estrés?

Diga tres formas en las que hemos contribuido con nuestro propio estrés.

¿Cómo enfrentamos las cosas que contribuyen a nuestro propio estrés?

¿Qué sería lo efectivo?

ESTAS SON ALGUNAS ESTRATEGIAS GENERALES PARA HACER FRENTE AL ESTRÉS

Establecer el paso

Darse cuenta de lo que se necesita hacer y de lo que podemos hacer. Aprender a focalizar el momento y lo que se necesita hacer y no lo que pudiese ocurrir. Queremos estrategias futuras. No queremos perder nuestra capacidad para ver el presente, pero no queremos estar sobrecargados de preocupaciones sobre el futuro.

Hacemos lo que podemos. Si no podemos hacer más, entonces aprendamos a decir que no podemos, no haremos o no queremos hacer más.

2. Tranquilizar la mente

La medicación es una forma de tranquilizar la mente. Muchas personas con enfermedad mental toman medicamentos. Existen nuevos medicamentos que no parecen tener los efectos secundarios dañinos de antiguos medicamentos.

La música, el ejercicio, la lectura y otras formas de interés distraen la mente para no estar pensando. A veces, nosotros necesitamos pensar menos y pasar por otras experiencias. Las experiencias de baja estimulación son importantes. En ocasiones la televisión o los filmes pueden dejar a una persona más alterada que antes de verlos. Necesitamos aprender a disminuir el estrés.

La meditación es una forma de aprender a relajar en el lugar. Podemos aprender a meditar y ausentarnos mentalmente cuando lo necesitemos. La meditación requiere de casi ningún espacio. Respirar profundo, que es parte de la técnica de meditación, es también algo bueno que podemos realizar justamente en el lugar, en algunas situaciones de estrés.

FORMAS DE REDUCIR LOS PENSAMIENTOS QUE PRODUCEN ESTRÉS

Necesitamos aprender a detener los pensamientos antes de que nos embarguen por completo. Interrumpamos los pensamientos antes de que se tornen abrumadores.

Acepte los pensamientos como son y lleve su atención hacia otras actividades para reorientar nuestro pensamiento.

ALGUNOS CONSEJOS A PARTIR DE UNA LITERATURA PARA LA AUTOAYUDA

Aprendamos a detener los pensamientos siniestros.

Establezcamos una rutina razonable.

Programemos un tiempo de inactividad para el final del día.

Aprendamos a llevar una libreta y un calendario para entender nuestros horarios.

Planifiquemos el uso de nuestro tiempo.

Hagamos listas de lo que necesitamos y queremos hacer.

Aprendamos a decir que no y dejar de decir sí a muchas cosas que no podemos hacer.

Describa una situación en la cual quisiéramos decir que no.

TRATEMOS DE COMPRENDER NUESTRO DÍA

Hagamos una lista de lo que hacemos en un día cualquiera.

En la mañana.

La tarde

La noche

¿Cómo podríamos organizar de forma diferente nuestro día?

ENTENDAMOS LOS PENSAMIENTOS NEGATIVOS Y POSITIVOS

Tomemos un pensamiento negativo que tengamos o hayamos tenido.

Escríbalo

Escriba un pensamiento positivo que pudiese resultar de ese pensamiento negativo.
Escriba qué podríamos pensar o hacer para ser más positivos.

Haga una afirmación – algunas cosas positivas que necesitamos pensar sobre nosotros mismos y decir en momentos de estrés.

EJEMPLOS DE LITERATURA DE AUTOAYUDA

Aprendamos a llorar cuando nos sintamos tristes. No más de lo necesario, pero aprendamos a expresar nuestra tristeza.

Aprendamos a decir no cuando lo necesitemos.

Adentrémonos en las artes, los oficios y/o la artesanía.

Eliminemos las relaciones destructivas.

Confronten los pensamientos paranoicos con otras personas.

Tratemos de no tener resentimientos, enojo y conflicto.

HAGAMOS POR ESCRITO LOS SIGUIENTES EJERCICIOS

¿Hay algo por lo cual Ud. está contento?

¿Hay algo por lo cual Ud. está enojado?

¿ Existe algo por lo que Ud. está triste?

¿ Hay algo por lo cual Ud. siente miedo?

¿Tiene Ud. alguien en quien confiar y expresarle estos sentimientos?

UNA BUENA SALUD FÍSICA PUEDE AYUDAR CON EL ESTRÉS

Necesitamos un corazón saludable.

Necesitamos mantenernos flexibles en nuestra capacidad de movernos con nuestro cuerpo. (Mantenemos en forma.)

Necesitamos ser capaces de tener actividad física.

Necesitamos una nutrición adecuada.

Necesitamos tener comportamientos saludables. Dormir y descansar lo suficiente, mantener relaciones saludables, no andar por ahí la noche entera son algunos comportamientos saludables.

Confeccione una lista de comportamientos saludables, incluyendo algunos de la lista anterior.

Un comportamiento saludable puede significar que caminemos, en vez de tomar el ómnibus o comamos comidas cocinadas al horno, en vez de fritas.

Recuerde, NO ingerir bebidas alcohólicas, NO tomar drogas, y NO tener sexo sin protección son ejemplos de comportamientos saludables.

LA DIETA PUEDE AYUDAR CON EL ESTRÉS

Coma tres veces al día.

Coma una variedad de alimentos.

Ingiera el mínimo de azúcar y grasas.

Tome el mínimo de café y bebidas con cafeína.

Disminuya su hábito de consumir sal.

Tenga cuidado con los almidones (carbohidratos).

Ingiera grandes cantidades de agua en vez de grandes cantidades de alimentos.

Coma el mínimo de carne.

No lo hagamos por exceso o por defecto. Si podemos, vigilemos nuestra dieta.

EL CUIDADO MÉDICO Y LA PREVENCIÓN DE ENFERMEDADES

Asista a la consulta médica regularmente. Vigile su hábito de fumar. Si fuma, asegúrese de hacerse chequeos más a menudo.

El ejercicio y la actividad física fortalecen el cuerpo.

Establezca buenos patrones de sueño y descanso.

Minimice el consumo de alimentos.

Continúe tratando de perder peso.

COMPORTAMIENTOS DE SALUD PROACTIVOS

Practique una buena nutrición.

Tenga una alimentación adecuada todos los días, especialmente de frutas y vegetales.

Sin sal. ¡Sin cafeína!

No tabaquismo.

No drogas adquiridas en la calle.

No bebidas alcohólicas.

Descanse o tome una siesta.

Préstele atención al presente.

Ejercite tres veces al día.

Controle su presión arterial.

Tenga y mantenga una fuente de apoyo que funcione.

Practique algunos oficios como la pintura, la escritura, la jardinería. Aumente el control mediante el conocimiento de la enfermedad mental.

Desarrolle interés en otras personas y la comunidad alrededor nuestro.

Comprenda que existe un propósito mayor en nuestras vidas.

Encuentre una forma de hacer ejercicios por un período extenso de tiempo. Salga a caminar.

Trate de caminar distancias cortas en vez de tomar el ómnibus. Trate de caminar por veinte minutos tres veces por semana.

POR FAVOR, ESCRIBA

Conforme una lista de alimentos que Ud. come. Entonces, escriba lo que Ud. cree que pudiera ser una mejor opción.

Por ejemplo, yo comí papas fritas. Comeré una papa asada.

QUÉ DEBEMOS RECORDAR Y REPETIRNOS A NOSOTROS MISMOS SOBRE EL ESTRÉS

El estrés no desaparece. Podemos reducir nuestro estrés pero no eliminarlo. Podemos aprender a manejar el estrés o a navegar por la vida con el estrés. Existen muchos grupos de apoyo de iguales, que pueden tratar con el estrés.

El alcohol, las drogas, fumar, la sobrecarga de trabajo, hiperactividad y ciertos alimentos pueden aumentar nuestro estrés. Necesitamos estar continuamente monitoreando nuestros niveles de estrés, no solamente ver que tenemos estrés. Necesitamos saber cuáles son nuestras alternativas al estrés que padecemos.

Podemos vivir con estrés. Podemos atravesar por períodos de estrés. Necesitamos practicar cómo vivir con estrés y pasar por situaciones de estrés mediante la práctica de una disminución del estrés. Podemos continuar practicando los ejercicios en este libro.

CAPÍTULO CINCO

CÓMO DISFRUTAR DE NUESTRAS VIDAS

Con la recuperación nos hemos movido en ambos sentidos, hacia delante y hacia atrás. Aprender a moverse, pasando por el shock, la negación, el enojo y la aceptación es difícil. Si no tenemos éxito, siempre podemos volver a intentarlo. Podemos tratar de entender cómo vivir con nuestra enfermedad mental. Podemos tratar de aprender sobre el sistema de salud mental.

Podemos tratar de tener una vida mejor y disfrutar de nuestras vidas.

La literatura para la autoayuda nos enseña a aprender más de nosotros mismos, nuestras limitaciones, nuestras fortalezas. Podemos aprender sobre nuestros síntomas. Podemos tratar de superar nuestros síntomas.

La medicación y la terapia no van a ser lo único que nos va a ayudar. Necesitamos apoyo y educación. Necesitamos aprender sobre enfermedad mental.

Podemos cambiar nuestras prioridades y cuidarnos nosotros mismos.

Podemos reducir el ruido y las distracciones. Podemos aprender a vivir más tranquilos y con mayor toma de conciencia en nuestras vidas.

Si no tenemos éxito en algo, no nos amilanemos. Sigamos tratando.

Conforme una lista por escrito de cosas de las que Ud. disfruta haciendo.

¿Cómo podría Ud. realizar estas cosas con más regularidad?

Podemos encontrar un trabajo que tenga un significado.

Podemos encontrar un lugar para nosotros en el lugar de trabajo.

Escriba algunos trabajos u oficios que nos gustaría realizar?

NECESITAMOS RECORDAR Y DARNOS CUENTA

Podemos disponer de tiempo para tomar decisiones. Podemos aprender a vivir con un determinado ritmo de vida, que no nos altere.

Necesitamos aceptarnos cómo personas altamente creativas. Mantenernos estables con una enfermedad mental es un proceso para toda la vida, el cual lleva tiempo y mucho esfuerzo.

¿Cuál ha sido la experiencia más significativa en su vida?

¿Qué ha sido lo más valiente que Ud. haya hecho en toda su vida?

¿Qué le gusta acerca de su persona?

¿Cuáles son algunas cosas que quiere? ¿Cuáles son algunas de las formas de obtener las cosas que Ud. quiere?

Revise la lista y vea como Ud. puede obtener algunas de estas cosas que Ud. quiere en su vida.

CAPÍTULO SEIS

CONSTRUYENDO APOYO PERSONAL

Podemos aprender cómo relacionarnos con las personas. Podemos lograr apoyo mediante la conversación con otras personas.

No podemos simplemente salvar a las personas. ¡Podemos ayudar a las personas! Debemos, también, ser abiertos a las personas que nos ayudan. Muchas veces nos sentimos frustrados porque las personas no nos dan la respuesta que queremos o necesitamos. Nosotros, además, tenemos que aprender a estar abiertos a lo que las personas tengan que ofrecer.

Para los apoyos personales, estas son algunas de las ideas a partir de la literatura para la auto-ayuda.

Necesitamos aprender nuevas capacidades sociales.

Necesitamos aprender a irnos.

Necesitamos aprender cuándo salir y dar un paseo y tomar aire fresco.

Podemos integrar cualquier cantidad de reuniones con los 12 pasos.

Podemos asistir a los servicios religiosos.

Podemos aprender a retirarnos cuando nos sentimos sobrecargados.

Podemos ser amables con todas las personas. A veces necesitamos aprender a ser amables aún cuando no nos sintamos bien.

Podemos considerar lo que las personas nos pueden ofrecer y aceptar lo que tiene para ofrecer.

EJEMPLOS A PARTIR DE UNA LITERATURA PARA LA AUTOAYUDA

Estemos claros acerca de lo que queremos.

No nos desanimemos, si no conseguimos lo que queremos.

Estemos preparados para ver lo que la otra persona nos está ofreciendo.

Podíamos aceptar lo que se está ofreciendo.

4. Si las personas no pueden llegar a Ud. o cumplir con sus expectativas, entonces descubra lo que ellas pueden hacer y acepte lo que puedan ofrecer.

Si las personas no pueden o no nos dan todo, ¿podemos aceptar solamente una parte de lo que nos ofrecen?

Si no conseguimos el apoyo que necesitamos, ¿existe alguien más a quién podemos acudir para pedir apoyo?

CONSTRUYENDO EL APOYO BÁSICO

Nombre a tres personas a quienes podemos acudir para pedir apoyo.

¿Qué ocurre cuando nos enojamos? ¿Cómo nos gusta ser apoyados o consolados?

¿Cómo nos gustaría recibir apoyo cuando tenemos miedo?

¿Cómo nos gusta recibir apoyo cuando estamos tristes y/o depresivos?

¿Qué nos hace feliz? ¿Cómo nos pueden hacer felices las personas alrededor nuestro?

¿Hay algo en que necesitamos recibir apoyo hoy?
Escríballo.

¿De quién Ud. recibe apoyo y cuidado?

¿Qué Ud. demanda de esta persona?

Esté alerta cuando vaya a salvar a alguien.

Pregúntele a la otra persona lo que quiere.

Sea claro sobre lo que puede hacer.

Descubra porque queremos salvar a otras personas. Encuentre sus motivos.

Describa una situación en la que Ud. haya salvado a otra persona.

¿Qué resultó ser bueno?

¿Qué salió mal

CAPÍTULO SIETE

ESTABLECIENDO LAS METAS PERSONALES

Este capítulo nos ayudará a entender más sobre nuestras tensiones personales y nos ayudará a desarrollar un plan para tener mayor estabilidad en nuestras vidas.

¿Cuáles son algunas de las tensiones que identificamos en el último capítulo? Haga otra lista.

Por ejemplo, Ud. podría decir de que somos incomprendidos.

Escriba el efecto de la tensión y lo que provoca en nosotros.

Podríamos escribir esta afirmación personal:

Debido a que yo..... me siento..... y llene los espacios en blanco.

Por ejemplo, Debido a que soy incomprendido me siento rechazado.

Haga una lista de tensiones o situaciones que provocan estrés.

Diga por escrito cómo nos hacen sentir.

En la próxima sección escribiremos que tipo de tensiones nos afectan. Entonces, a dónde nos podemos dirigir para tratar de mitigar ese estrés.

Por ejemplo, Necesito mejorar mi comunicación de forma que no sea incomprendido.

Entonces escriba:

¿A quién debemos acudir?

¿De qué debemos hablar?

Si no nos sentimos preparados para hablar, ¿cuáles deben ser algunas actividades que nos preparen para hablar con las personas

¿A dónde podemos acudir, si las personas no desean hablar?

¿A quién debemos acudir para poder conversar con él?

ESCRIBA UNA ORACIÓN QUE CONTENGA UNA META

Por ejemplo, No quiero sentirme incomprendido.

Haga una lista de personas que nos podrían ayudar.

Haga una lista de actividades que nos podrían ayudar.

Si queremos compartir la información con alguien que nos pueda ayudar, tenemos una lista de actividades y personas que nos pueden ayudar.

¿Qué son algunas cosas que hemos aprendido de esta discusión?

Dispongamos de tiempo para revisar nuestras notas e ideas a partir de este libro y escribamos nuestras reacciones e ideas.

Lleve este Cuaderno de Bolsillo de la Recuperación con Usted.

Manténgase aprendiendo acerca del proceso de la recuperación.

Muchas personas me han preguntado lo que es “recuperación”. Yo escribí este poema hace algunos años. La división Valor/Opción tomó un video en el cual yo estaba leyendo el poema en una conferencia sobre la recuperación, a nivel estatal, en Massachussets. Lo que dije entonces se mantiene vigente hoy día. Gracias por haber estado interesados en la Recuperación y en el Cuaderno de Trabajo de Bolsillo de la Recuperación.

POR LA ARENA

Poema por Moe Armstrong

Por sobre la Playa de Virginia iba saliendo el sol
Caminando por la arena con Jennifer Tripp
Las conversaciones giraban en torno a la Recuperación

Tengo una enfermedad mental, me gustaba utilizar el término
Tengo una condición siquiátrica
No se si esto es una enfermedad
No se si esto es una discapacidad
Esto es una condición siquiátrica

Que es real
Que ha dejado mi cerebro alterado
Embargado de miedo
Incapaz de dormir de noche
El comienzo a la Recuperación es entender
Que esta condición siquiátrica es real
Y
La tengo

Mi cerebro arde en un fuego
Tengo fiebre en el cerebro
Tengo que descansar
Tengo que dormir
Cuando empiezo a sentir la falta de sueño
Caminado toda la noche
Varias veces por la noche
Se que ella está ahí
Mi vieja amiga la enfermedad mental ha vuelto

Para transformar esta condición
Necesito una rutina de dormir
Ir a dormir a la misma hora
Levantarme a la misma hora
Mantenerme alejado de la televisión
No tomar café ni refrescos
Hasta el azúcar puede ser un estimulante

Cada noche ir a la cama a la misma hora
Levantarme a la misma hora
Para tener una vida con un sentido

Al día siguiente
Y, si no puedo dormir,
Paso la noche en cama y descanso
Medito
No dejo de recibir a la recién llegada con el sueño y el descanso

Con un suficiente descanso
Puedo continuar al día siguiente
Puedo ser productivo
Puedo tener una vida con un significado

Mi capacidad para ser productivo
Y tener un día con un significado
Podría ser muy lento
Podría ser muy limitado
Me acepto a mí mismo, como soy

Amo
Lo que puedo hacer
Hasta la nada cuenta
Tiempo para pensar
Tiempo para reflexionar
Tiempo para solamente mirar por una ventana
Acostarse en la cama y descansar cuenta.

La salvación llega con mi paz mental
Juzgo claramente lo que me hace feliz
Todos podemos alcanzar la felicidad

Nunca tendré mucho dinero
Puedo tener felicidad
Tener una vida con un sentido puede significar la felicidad
Puedo ser feliz sin ser productivo
Para ganar la felicidad
Necesitaré pequeñas reservas de productividad

Ganar felicidad con el sufrimiento que resulta
De esta condición siquiátrica
Es también volver al trabajo
No habrá quien me pueda salvar
Debo recuperar mi cordura

La enfermedad mental no es como en el cine
La enfermedad mental no es romántica
No quiero esta enfermedad mental
Puedo volverme un perro agresivo cuando me golpea mi condición de sicótico
Estoy tan atado
Que no puedo dormir
Comienzo a oír voces
Comienzo a hablarme a mí mismo
Comienzo a pelear con los demás

Sin descanso suficiente,
No me puedo detener
Debo tomar algo
para aliviar mi enfermedad mental
Medicamentos y té de hierbas
Baños tranquilizantes
Debo tomar algo
Debo hacer algo
Esta condición siquiátrica es tan severa
Mi cabeza está tan inflamada
No puedo salir de mi psicosis por mí mismo
Necesito ayuda
Porque peleo y causo daño
A mí mismo y las personas alrededor de mí
Necesito aprender
El sueño y el descanso pueden estabilizarme

Entonces,
Aprendiendo a observar
y transformar mis interacciones sociales
pueden darme una vida con un significado

Necesito ser querido y aceptado
Necesito aprender quién soy
Necesito estudiar y aprender

Mi comportamiento actual
Necesito aprender
Mis parte negativa y positiva
Cómo pudiese limar asperezas
de conflicto y desacuerdo con otras personas

El conflicto es signo de sufrimiento en mí
Necesito aprender sobre mí
Necesito conocer a otros

Debo volver a la regla número uno

Esa regla es:

Soy una persona con una enfermedad mental,

Estoy pidiendo piedad

Estoy pidiendo paz mental y consuelo

Tengo que planificar mi vida con esta enfermedad mental

Necesito vivir con mi condición siquiátrica

Somos muchos así

Necesitamos aprender esto

Qué es nuestra enfermedad mental

Cómo podemos vivir con la enfermedad mental

No podemos escapar

La enfermedad mental está por encima de nuestros cuerpos

En nuestras cabezas

Cada día

Entonces

Una vez ganemos una vida con un significado

¿Qué podemos hacer

Qué puedo hacer

para consolidar la recuperación?

La única vía para ganar la estabilidad, la cordura y la sobriedad

que conozco es yendo a grupos de apoyo educacionales

o prestando un servicio comunitario

o haciendo ambos

He tratado de solo enseñar a grupos de apoyo educacionales

Esto ha funcionado por períodos de tiempo

También necesito mantenerme humilde

Necesito estar descansado

Necesito recomenzar todo de nuevo

Simplemente ir de nuevo a los grupos

Como participante y no como facilitador

La humildad aplaca los resentimientos

Los resentimientos pueden hacer regresar a la enfermedad mental

Los grupos de apoyo educacionales

O el servicio comunitario

La participación en grupo

Pueden relacionarme con la humanidad

Y amistades felices

Mi bienestar mental es la paz mental y la felicidad

También ¿están los otros de acuerdo?

¿Se alegran las personas a mi alrededor de verme?
¿Piensan que he alcanzado la paz mental en mi vida?

El servicio comunitario no es solamente yo proporcionarles un bien a otros
No estoy aquí para ayudar a otras personas
Me encuentro aquí para consolidar mi estabilidad, mi recuperación

Necesitaré de cuidados y sostenimiento toda mi vida
Necesitaré el auto-cuidado
y cuidado del sistema de salud mental
Necesitaré apoyo y cuidado por iguales
Necesitaré cuidado educacional
Necesitaré ser un aprendiz,
y comenzar de nuevo con la mente fresca
Necesitaré prestar atención a mi mente y mi cuerpo
para no volver nunca a los pasajes oscuros
de la enfermedad mental.
Nunca podré dejar que la condición siquiátrica
Me consuma
Me destruya

Necesito descubrirme y cambiar
Necesito creer que
puedo realizar cambios
puedo convertirme en una mejor persona
Haber sido una persona deshecha me ha dado la posibilidad
De rehacerme de nuevo
A una posición de unión más fuerte
Unión con mis anhelos y realidades para obtener la paz mental
Unión con otros para darles la oportunidad para que me conozcan
Unión para poder amar y ser amado de nuevo.

Tengo una oportunidad en la vida
de ganar la felicidad
¡Tengo esta oportunidad debido a mi enfermedad mental!
Mi nombre es Moe Armstrong
Tengo una enfermedad mental
Necesito ayuda y asistencia en mi vida
Estoy pidiendo ayuda
He estado con la enfermedad mental por mucho tiempo,
He sufrido mucho
Le he ocasionado sufrimiento a otras personas
Tengo la oportunidad de sentirme mejor
Tengo la oportunidad de ser feliz
He tenido esta condición siquiátrica por mucho tiempo
Tendré esta condición siquiátrica por mucho tiempo

Quiero seguir aprendiendo y mejorando
La enfermedad mental desbastó mi vida
Sé que ahora tengo la oportunidad de aprender la aceptación social
Tengo la oportunidad de descubrir la felicidad personal

Esta oportunidad
Esta posibilidad
Nunca la hubiese podido conquistar sin mi enfermedad mental
Perdiéndome a mí mismo al desespero de la enfermedad mental
Ahora tengo la oportunidad de ser una persona más feliz
Más seguro de mi felicidad
Más seguro de mi paz mental
Que nunca antes en mi vida

Mi nombre es Moe Armstrong
Tengo una enfermedad mental
A veces necesito ayuda
He aprendido a continuar por la vida

Escrito en la Playa de Virginia, Virginia
Reunión Anual sobre Prevención, Educación y Servicios Sociales
Con la División de Salud Mental de Valores/Opciones
25 de mayo del 2001

SUPPORTED EMPLOYMENT WORKING LIFE

BY DEBBIE BECKER AND BOB DRAKE

CONDENSED BY MOE ARMSTRONG

EDITED BY LISA MUELLER AND JACK REARDON

SOME HISTORY

After the closing of many state hospitals, the first attempts at mental health programs replicated the hospital mentality in the community. Group homes, day programs, sheltered workshops and mental health centers should be seen as institutions in the community.

Employment was never part of the mental health programs.

If employment was offered, it was done through endless job trainings, readiness assessments or sheltered workshops. These were seen as safe environments. Even today, many of those who work in mental health still think that having a regular job for people with mental illness is too stressful.

Many of the employment programs in mental health kept people away from the community. People who worked in mental health thought that the clients that they worked with were not secure enough or stable enough to work in the community.

The idea that people needed to be trained and/or endlessly watched in a controlled environment before they could work was the accepted thinking for many years. Only if and when they could complete the training, were people seen as ready for work.

Over the past fifteen years, the mental health system has realized that people can be seen on the job and/or at home by outreach workers. These outreach workers or Employment Specialists work with people in the community.

Practical suggestions about how to better relate with people around them, not endless lectures about self-esteem need to be given to recipients of supported employment services. Individuals receiving employment services can go out and experience real work.

Instead of being placed in sheltered workshop, individuals can have a job in the community and have an Employment Specialist.

People need and can have a working life.

However.....

Employment Specialists and Supported Employment are new concepts.

Understanding where people with psychiatric conditions fit in this new mental health program called Supported Employment will require education for staff and consumers.

This Hip Pocket version of the book A Working Life for People with Severe Mental

Illness by Robert Drake and Deborah Becker will attempt to provide some of that education for consumers and/or all people interested in Supported Employment.
Our Story

For years, we were told we would never get better. Our states of psychosis and crisis would last forever. However, we got better.

We would fall apart sometimes. We continued on. Many times we still felt disjointed by this mental illness. We continued on.

All in all, we did well considering that no one told us what our mental illness was or how to live with it. We also did well finding part time jobs or under the table employment. Sometimes, we didn't tell staff in mental health programs that we had a working life.

In some ways, the silence about our working lives kept the mental health establishment from understanding what was fully possible for us.

The Consumer Movement

All across the world, there is a consumer/recipient movement which advocates for better mental health services. The consumer movement also advocates for consumer/recipient run and directed services. This consumer/recipient movement continues to put pressure on the mental health system and political system for improved mental health services.

The design and implementation of supported employment and other evidence based practices is directly related to consumers and families asking for these services.

The idea of wanting a job and being able to work was not part of the mental health establishment for many years. Not being able to work was actually seen as part of the diagnostic criteria.

People who have a psychiatric condition want to work. I have talked to many people who want a part time job during the week. Some even hope for full time employment. Those of us in the mental health system want to do something useful with our time.

We want support and encouragement. We do not want to be put down as failures. We want people to work with us for a longer period of time than the mental health system thought we needed or planned. There are no six month miracles.

We also do not want to lose our benefits before we are-sane, stable, safe and sober.

In the past, we cried out for jobs and something to do. We cried out for the companionship which can come from the workplace. We cried out for the personal identity which comes from employment. We cried out for help in choosing, getting and keeping a job. Finally, people seemed to listen. Around 1988, the design of Supported Employment started.

The Family Movement

In 1997, The National Alliance for the Mentally Ill gave a report on the failure of the vocational rehabilitation system to create and sustain employment for people with mental illness. The entire national system of vocational rehabilitation services was given a failing score.

Families demanded vocational services. Over the years, families started to learn about clubhouses, mental health programs and supported employment. As time has gone on, families realize that with proper supports over a period of time-most people can do some work.

Some people with psychiatric conditions might be able to only work four hours a week or more. Yet, many people with mental illness can work.

There can be a vocational opportunity for everyone.

Innovative Approaches to Community Mental Health

During the deinstitutionalization era, when people with mental illness were released from the hospitals, people were put into settings which still had the attitudes of the long term hospitalization settings.

There was a lot of control, people were told what to do, there was not much education about disability awareness and there was almost no disability pride.

Two programs were designed which helped keep people out of the hospital and into the community. The Strengths Model of Case Management and Program of Assertive Community Treatment (PACT).

The PACT Model was one of first programs of mental health which realized that with an Employment Specialist on the team, employment outcomes improved dramatically.

The PACT Model delivers services through a multi-staffed unit. This means that, to avoid service fragmentation, different people with diverse skills make up the PACT Team.

The staff in the PACT model can also bring about a more educational approach by teaching people to be successful in housing, work, school and social settings rather than just medication management and program attendance compliance. The staff members are knowledgeable about housing, employment and education.

The Strengths Model has given people with mental illness a chance for employment. In the past, looking at what was wrong with the person or being evaluated by the severity of one's illness limited people's employment options.

Understanding and evaluating people's strengths opens the doors to opportunity.

The idea of early involvement in the community is important. Involvement in the community can come through employment when people want it. This is done through shared decision making.

The idea that people are ready to work when they want to work is one of the principles of Supported Employment. When people say they want to work, the system gets busy trying to find a job. The system finds the job that the person wants. The system finds the job in the time frame that the person wants. The person who wants the job is also involved in the job search as much as possible. The quest for employment becomes a partnership where everybody on the support team is working together and working for the person seeking employment.

The goals for job placement are based on the wants of the person looking for employment.

By placing a person where they want to work and not an artificial work setting-a working life is possible for all people who want it.

Shared Decision Making

The idea of client choice has been one of the central themes of the consumer movement. In today's medicine, the idea of client choice has moved away from the doctor as authority model and moved towards the model of providing people with information. Then, people can make choices about the type of health care which might work for them.

The idea that a person needs hours of counseling or pre-vocational work before they want to work is not the right one. People are ready when they say that they want to work. Finding work that is meaningful is a process. There are no quick fixes. There are no easy solutions. There will be no instant job offers.

However, when people on the support team with the Employment Specialist follow the client's choice-there is more success and a longer stay in employment.

People need to make choices and employment specialists need to work with people on their choices. Employment specialists need to have people succeed with their choices. Employment specialists and others are the motivators and facilitators for success.

Employment specialists encourage and facilitate a working life into become a reality.

Cross Cultural and Outcomes Research

The prevalence of mental illness seems to be constant across all people, all nations, all races and all class backgrounds. However, the rate of recovery seems to improve with environments where there is less stigma.

A person can get better by having a job rather than being homeless.

Supported employment holds the promise of not only providing an income but also encouraging community and family acceptance.

Having a mental illness is not a linear progression. There are some studies which show that people improve with their mental illness. Our job is to help all people with mental illness get better. Supported employment seems like a great option for recovery.

Following people's ideas and trying to help implement their dreams seems to be one of the best ways to succeed with supported employment. When someone wants a job- the staff start working and looking. Everybody starts working and looking. However, people start looking for employment at the pace with the person who wants the job. So, friends, staff, family; everyone connected with the job seeker starts working and looking in unison with the person who wants to work.

Finding each person a job means that the job search is individualized. Understanding there are both similarities and differences between people is also important. Not everybody is going to succeed in the job market. Not everybody wants to work or go back to work at the same speed.

Realizing that people have a mental illness and can also make good decisions is important. When people say that they want a job, it is because they want to work.

Supported Employment

In the past, most mental health employment initiatives were based on the train-place model. A person spent time in vocational training or education until the vocational rehabilitation counselor felt the person was ready for employment.

However, many people were not interested in being good workers at the training sites and saw no future employment opportunities. Training seemed to discourage some people. Many of the training sites were seen as boring.

Along came Supported Employment. People were able to work in jobs that paid minimum wage and were in the community. Also, they were jobs in which people might to work in and want to advance in.

People with mental illness can work with other people from the community.

People with mental illness don't need to be sheltered.

People with mental illness can work.

The book Working Life points that out:

"Determining needed skills and supports in the context of a competitive job is more straightforward. The individual has a job he or she is interested in doing. They have

real demands for performance, they see that they need specific skills to do the job successfully, and they experience a real social situation on the job. At this point an employment specialist and a team can be more helpful. Along with the client, they can identify and develop the needed skills and supports” (Becker and Drake, 2003, p.16).

Supported Employment is not a fad in mental health.

Supported Employment is a part of the mental health services of the present and future.

Every person in our mental health system is a candidate for employment.

We have to give each individual a chance to work.

INDIVIDUAL PLACEMENT AND SUPPORT (IPS) APPROACH TO SUPPORTED EMPLOYMENT

IPS brings standardization to Supported Employment.

The Eight Principles of IPS

1. Rehabilitation is considered an integral component of the mental health system rather than a separate service.
2. The goal of IPS is competitive employment in integrated work settings, rather than pre vocational, sheltered, or segregated work experiences.
3. People with severe mental illness can obtain and succeed in competitive jobs directly, without pre employment training.
4. Vocational assessment is continuous and based in competitive work experience, rather than in artificial or sheltered settings.
5. Follow-along supports continue for a time that fits the individual, rather than terminating at a set point after starting a job.
6. Job finding, disclosure, and job supports are based on a client’s preferences and choices, rather than a provider’s judgments.
7. Services are provided in the community, rather than in the mental health treatment or rehabilitation settings.
8. A multidisciplinary team approach, rather than parallel interventions in separate agencies or systems, promotes the integration of vocational, clinical and support systems.

Employment specialists are co-located with the mental health treatment teams and not outside. They are part of the decision process in team meetings. They can provide

connections with other agencies.

Employment Specialists work with 20 to 25 clients each.

IPS does not exclude people with severe symptoms, poor vocational histories, or uncertain readiness for employment.

IPS is a Place-Train model. People are placed in the jobs they want. Then, trained to help stay on the job. Employment is a part of the mental health program.

The book *Working Life* (Becker and Drake, p. 23) uses these examples:

A person who is restless and spends time walking might be better fitted delivering fliers rather than be trained to be less fidgety.

A person who has anxiety and fearfulness around people but comfortable around animals might be helped to find a job with pets or on a farm rather than be trained to control their feelings.

Too often people have been trained to get rid of symptoms, control feelings, find the right clothes and then go to work. Just the opposite seems to be true. People will get a job and stay on the job and work with others. Then, the other aspects like reduced symptoms or controlled feelings seem to happen.

When people go back to work, the Employment Specialist stays with the person.

The Employment Specialist can coordinate with the employer only after the client gives permission. Most people in the job benefit from support away from the job site. So, the Employment Specialist makes an appointment and supports the person away from the work site.

The Employment Specialist is part of the clinical team. Employment services are coordinated with the clinical team. The Employment Specialist is getting a person a job and the people treating the same person are not working against this.

Everybody is working toward the employment of the person. For instance, the clinical team is not working against the client by saying and/or thinking that the person is too sick to work. The treatment team tries to figure ways to help the person stay on the job.

When someone goes back to work, new clinical issues can arise. People on the treatment team will have to deal with new clinical issues. The clinical team does not try to keep someone from working so that there are no changes in their clinical status.

The Employment Specialist is there to work with the twenty to twenty five clients and

address their clinical needs to the treatment team.

The Employment specialist will probably have to defend job readiness and job steadiness several times with treatment team. This is all the more reason to have the Employment Specialist as part of the treatment team.

IPS is not a unique vocational service. IPS is also part of traditional supported employment models and merely adapts itself to those services through the principles of IPS. These principles also help standardize the field and practice of Supported Employment.

PRACTICE GUIDELINES FOR IMPLEMENTING SUPPORTED EMPLOYMENT

These guidelines will do two things:

We will come to understand and appreciate the joys of supported employment and the opportunities, which come from having a working life.

We will come to understand what the Supported Employment services are supposed to look and feel like. Understanding Supported Employment and the IPS model wrapped into Supported Employment leaves us informed to make better choices with the our treatment team. The Employment Specialist is part of the Treatment Team.

IPS happens simultaneously with other programs. For instance, a person doesn't have to go to a drug and alcohol program before they go to work. They are going to work and go to the program at the same time. For many people, the longer that one keeps working, the more likely that one will eventually succeed in other treatment programs. Supported Employment can be the glue that keeps people continuing with their treatment.

Work and mental health are interactive. People can become better mentally by working. Many people feel that working is central to regaining a life. Working with other people in the community leaves a person feeling accepted rather than lonely and alienated.

Many people have felt more complete by working with other people in an environment which also pays a full wage. People feel like they have returned to a sense of purpose through work. Their symptoms may or may not be reduced. However, many people can feel better about themselves working for a full wage in real work environment. They have a paycheck. They have a position. They have a title. They have somewhere to go. They have something to do. They have a working life!

The vocational assessment then becomes an ongoing process of the work experience. People do NOT have to wait for endless assessments before they work. They meet with the Employment Specialist to begin the engagement process. The Employment Specialist tries to match the person's abilities and skills with a job. But, first the

Employment Specialist needs to understand and find out what are this person's unique abilities and skills.

No matter what the outcome-if they do or do not get the job or if they do or do not keep the job-people feel like they learn from the experience. There is no bad attitude like-well we tried that and it didn't work, so we won't try again. We keep trying all the time. We keep learning. We keep trying.

We don't give up on anyone. Anyone who wants to work-we try to find them a job. Our task in mental health, and this includes peer support, is to find someone a job. Family, friends, treatment team, other peers in the program; all are working with the recipient of Supported Employment Services and the Employment Specialist.

All work together to help people get a working life.

Some people want to move right into work and some are more hesitant. The Employment Specialist learns how to work with everyone who desires to work. Most people do start with part time jobs and the usual amount of five to ten work hours a week is common.

Fear of losing benefits is the biggest fear. The Employment Specialist helps clients understand the rules regarding benefits so people have the necessary information to make good decisions.

The person receiving the supported employment service makes the decision on what to disclose and what not to disclose. Some people want to find their own jobs and do not want to disclose because of fear of stigma. The Employment Specialist is there to support, nourish and encourage the person to continue the working life.

Some people can find a job without the help of the Employment Specialist.

However, the person who is trying to work and/or working understands that the Employment Specialist can and will talk to the treatment team. This is part of the Evidence Based Model.

IPS is part of mental health care. There are no divisions between the Employment Specialist and the team providing other mental health services.

The Employment Specialist brings other people on the treatment team up to speed about the person's ability to work and stay on the job.

REMEMBER

For Supported Employment to eventually be accepted by the treatment team, by the public, by the families and by the people in our programs; seeing people working and seeing people staying employed is what convinces people of the value of Supported Employment.

STRUCTURE OF INDIVIDUAL PLACEMENT AND SUPPORT (IPS) IN THE MENTAL HEALTH AGENCY

There are two ways that the Individual Placement and Support concept can be established

1. IPS is added to the current menu of services offered to different clients and the Employment Specialist joins a multi disciplinary treatment team.
2. IPS replaces some services like rehabilitative day programs.

With the first option, costs do rise. It costs more to have a new staff person. Some mental health agencies have a staff shortage. An Employment Specialist on the ACT team does cost more money. Providing more care to people is a job which requires people to be there and people to be paid.

Community Mental Health care costs can be offset by many other variables; less hospital time, better diet and better health.

Those cost savings are generally not part of the community mental health program's budget. By having an Employment Specialist at the agency, there can be less need for intensive staff time.

Understanding the funding situation and trying to come to a workable solution is important. Many times, those of us who receive services, the clients, want opportunities like an Employment Specialist without understanding what the agency has to accomplish to create these new staff positions.

We need to learn about these new staff roles and opportunities in mental health. We need to understand the costs. So then, we can better participate in our programs by appreciating the services which we are offered. And, we can ask to have these services, like Supported Employment as part of our mental health care.

In my situation, I still meet with a social worker. We talk about employment. I am going to train him in the book *A Working Life*. He will stay a social worker. He has other therapeutic relationships with other people, but he is assuming the role of keeping me employed.

This is not the ideal model. The ideal would be to keep the social worker and also have an Employment Specialist. Someday, I hope to have that.

However, by him working with me, the coworkers at the agency and the other clients can see the benefits of having someone helping with employment issues. Again, the

success of employment is what sometimes increases the chance of acceptance by both agency and clients.

Everyone at a mental health program, clients and staff have to see the value of a working life. Once people see that working has become an important realistic option, then Employment Specialist positions and Supported Employment options will continue to increase.

There needs to be team approach to Individual Placement and Support models. Those of us that are clients need to remind everyone that we want our situation discussed. We sign off on a full treatment discussion about our employment. Treatment team participation by people working together will only increase our opportunity for a working life.

We want to succeed in employment. We want employment to be part of our lives. We want a working life!

For many years, mental health practitioners had not been thinking about employment. They had been spending time trying to get people to the program, take their medication, reduce crises and performing follow up in the individual client's life. Employment is a new idea as part of the mental health practice.

It is better to have the Employment Specialist as part of the team than in a separate agency. Those of us who receive mental health care are going to have to ask for Supported Employment. We need to know and learn about IPS and Supported Employment. We need to learn new developments in the practice of Supported Employment.

This hip pocket book about A Working Life for People with Severe Mental Illness is our first step to better understand the opportunity of supported employment.

We need to be prepared to continuously ask for this new day in mental health. A new day that has Supported Employment and a working life!

All the treatment team, preferably everyone in the agency and also the people who receive services at the agency, should be trained in the IPS model and the role of the Employment Specialists.

The Treatment Team

The treatment team refers to a core group of people who provide and coordinate services. These people might be case manager, therapist, psychiatrist and/or nurse. The treatment team might also have specialists in housing, health care, substance abuse treatment, peer support and recreation.

Also, if a person is receiving care from Vocational Rehabilitation, people from that

service should be part of the treatment team meetings and part of the treatment team planning and decision making.

The book *A Working Life* describes the role of the treatment team this way:

In the IPS, the treatment team works with a group of clients, meets regularly (at least weekly) to discuss the clients' situations, and generally makes recommendations as a group on all aspects of each client's service plan. (Becker and Drake, p. 54)

The Employment Specialist attends all meetings. The Employment Specialist is equal to all people in the decision making process.

Team meetings are where critical decisions are made and the Employment Specialists need to have their ideas heard. Employment Specialists are the staff members who represent the people in the programs and their dreams of having a job and having a working life.

Focusing on employment is going to be a new change for everyone. This will require people working toward having more people in our mental health programs employed. Then, people can begin to feel better from employment.

This is a reversal of past thinking, where people had to feel good before they could work.

However, Employment Specialists have to watch out and not get involved in becoming the case manager or other clinical decision makers. The Employment Specialist is there to focus on employment.

The team must be sure that it is the client's choice not to work rather than a failure of the treatment team to provide encouragement.

For instance, people experience stress on the job. Some members of the treatment team might feel that too much stress is bad for the person. The Employment Specialist would be able to provide another perspective about the person and the job. The Employment Specialist might be able to explain why and how the person is benefiting from a working life.

Stress can be reduced by going to work and learning how to work with other people in the workplace.

Also, the employment specialist can bring additional knowledge about how a particular person in the program functions in a specific environment to the treatment team.

Understanding what a person does and how one gets around in another community, outside the mental health world, is important for the treatment team.

Planning

Putting the IPS model into the mental health agency is a big change. Having all people talk about their concerns and hopes concerning supported employment is important.

The book *A Working Life* says that the conversion process goes most smoothly in agencies which encourage everyone to talk about the transition and give input about supported employment.

Put the word and concept of **WORK** in the agency's mission statement!

IPS is not another new service. IPS can be part of the existing Supported Employment services. IPS defines what should take place as an optimal form of Supported Employment.

Evidence Based Practices are programs which are structured to bring about the most success to the most people through proven effectiveness. IPS in the Supported Employment model brings about the most success for the most people.

To bring about an Evidence Based Practice like IPS, everybody needs to become involved.

Through education, this Hip Pocket Book about IPS and Supported Employment hopes to bring about more consumer buy-in. The best way to state that an agency demonstrates buy-in comes from having work as an outcome in the agency's mission statement.

Again, having employment as a goal in the mission statement demonstrates the agency's public commitment to *A Working Life*!

Committing the Resources

Having the IPS model implemented is a clear statement that the agency believes people with severe mental illness can manage their conditions and develop a greater level of independence and happiness. Work is often the vehicle to achieve this (Becker and Drake, p. 64.)

Finding a job as soon as possible is part of the Evidence Based Practice model.

There needs to be at least one Employment Specialist in place to have real supported employment. Money needs to be set aside to pay the employment specialist. Services follow the funding.

If there is funding for Employment Specialists and Supported Employment, then those staff positions will be established. The financial resources have to be committed to

make Employment Specialists and Supported Employment happen.

Those of us, who receive mental health care, need to ask for those services.

We also need to ask our agencies to follow the guidelines for Supported Employment as established by the Evidence Based model.

These guidelines are found in the book *A Working Life* by Robert Drake and Deborah Becker.

Anticipating the Effects of IPS on other Programs

The number of people going to work can grow tremendously with this IPS model of Supported Employment. This means that people are no longer around the agency or day programs. They are in the community. The staff's contact with clients changes.

The Employment Specialist is visiting people where they work or off site for a cup of coffee and conversation.

The Employment Specialist is a new staff position. The role of Employment Specialist is the role of doing the new work of finding a job and keeping people in a working life.

The changes at the agency, shifting people into new jobs will need to be done.

Supported Employment has the potential for also changing the look and feel of mental illness.

People with mental illness were seen as weak and unable to do anything. We were seen as people who needed to be cared for. We might still need care and employment at the same time.

For years, one of the symptoms of mental illness was inability to work. Our mental health system was set up to provide paternalistic care to and for people. The mental health system was not set up to help people return to work.

Now, work has become and is becoming a bigger part of the day for people with mental illness. Mental health workers are beginning to think about employment as part of mental health care.

If people are working in the community and not attending a program, then the agency loses money by not providing services which are reimbursable. There can be a shift in Medicaid money that the agency will receive.

These are some of the changes which can take place for an agency to continue to provide mental health services which are Medicaid billable.

1. An agency can be open on the weekend or after hours to reestablish the lost money from Medicaid.

2. People in recovery might also be a new source of employment in the agency. This could add cost effective staffing to help increase coverage.

So having billable peer support and/or night classes and weekend support meetings might be another option to add coverage and make up for funding shortfalls.

Staff Attitudes and Training

Staff need to be trained in what Supported Employment is and how it can work at the agency site.

Many people think that clients of mental health services need training before we can work. Most people can start to work and develop skills as we work. Most people start at entry level jobs, wherever they are. They improve their job skills and get promoted. People can and do learn while working.

Supported Employment is a new concept in mental health. Most staff people are not familiar with Supported Employment.

Remember, we are all learning together.

An exercise in the agency might be:

Have the staff of mental health services think about and talk about how much having a job has done for them.

The staff talk about their successful feelings coming from the experience at work. How they feel better about themselves going to work day after day. They are then asked to talk to their clients about Supported Employment and how work can also benefit them.

So, the mental health staff first presents the positive aspects of work and then tries to show how clients might also benefit from going to a job every day.

These are some steps that staff can take to become familiar with Supported Employment:

1. Attend the same meetings and/or conferences that IPS specialists attend. Attend the same supervision, treatment and training meetings. Understand IPS from the inside.
2. Meet with a psychiatrist who embraces Supported Employment. Have the psychiatrist discuss why he or she believes in Supported Employment.
3. Meet with one or two case managers and/or outreach workers and have them describe their roles with the implementation of Supported Employment.

4. Learn from employment specialists in the community. Shadow or follow the Employment Specialist and learn by watching. Learn by meeting other clients working with the IPS and talking to them about Supported Employment.

Mental health staff can go with the Employment Specialist conducting job searches, meeting employers and learn.

Meet with anyone and everyone who is part of the Supported Employment experience. Discuss and learn from their experience.

These are some ways to learn about Supported Employment.

Educating people about Supported Employment takes time.

Implementing IPS takes time.

IPS with an Employment Specialist is a new job and new skills. People need time to learn and practice these skills. Staff and the recipients of services need time to accept these services.

Supported Employment and the IPS model will not happen overnight.

1. The IPS model is integrated into the mental health treatment and employment services.

Again, everybody is working together for the good of the person who is asking for employment services. Everybody is communicating.

The person who wants to work is also part of the team.

2. Helping people find community jobs that at least pay minimum wage and are consistent with their job preference.

The idea of protected jobs (sheltered) conditions has not shown to help a person financially or emotionally. The Employment Specialist does not just assign people work from a pool of jobs which are readily available.

The Employment Specialist finds the job that the person wants.

3. Providing ongoing supports.

There is no time limit on supports. The team stays with people as long as wanted and/or needed.

Locating Offices

The offices of the Employment Specialist needs to be located near the rest of the treatment team. The best experience is having the Employment Specialist right with the treatment team.

Again, not having the Employment Specialist off to the side is important!!!

Staffing

The typical IPS unit is staffed by an employment coordinator and two Employment Specialists. The two Employment Specialists can provide coverage for each other when one of the specialists is not available. With two Employment Specialists, there will always be someone available.

GETTING STARTED

Who is Eligible?

1. A person must have major mental illness.
2. A person who expresses interest in competitive employment. This is not a volunteer job or sheltered employment. These are jobs which pay a fair wage for the experience of the person wanting to work or the person who is currently working.

Educate referral sources about the program, so that people are given accurate information from the beginning.

People who receive services need to understand supported employment.

The entire work force at the agency needs to understand Supported Employment.

When a person in our programs make comments about wanting to go to work or says he or she is thinking about employment, the staff makes an immediate referral to an Employment Specialist.

The people in our programs get referred to the Employment Specialist through staff.

There can be some self-referrals, but those might be few.

Everyone on the treatment team is thinking about employment and referring people to the Employment Specialist. There are brochures available. Supported Employment is part of all team meetings and discussions around the agency.

Case managers and everyone connected with the agency must have employment on their minds.

Supported Employment is always one of the agency programs which people are eligible for.

People in our programs can become more interested when they find that the Employment Specialist is there to help find a job. Many people with psychiatric conditions feel that searching for a job and trying to stay on a job is lonely.

The task of finding and keeping employment can seem too difficult. An Employment Specialist has a big role in the lives of the people in the mental health programs.

Understanding that there is a person there to help find employment and keep us on the job is a big part of getting people comfortable with the idea of Supported Employment.

The staff is always talking possibilities and hope. People in our programs can understand that they are disabled but not impaired.

Work can also help a person reduce substance abuse.

I first started to work to support my habit. In the end, I had to get clean and sober to continue my job. I couldn't keep working every day and stay drunk and high. The program does not have to wait for someone to get clean and sober before they find a job.

Engagement and Building a Relationship

In the first few meetings, the Employment Specialist and the client spend time getting to know each other and identifying what the person in the program wants to do.

The client and Employment Specialist need to develop a working relationship because Supported Employment is ongoing as long as the client wants the services. The Employment Specialist needs to know the person well enough to keep engaged and connected; not just get to know the person as he or she is, but also to appreciate the person and become authentically interested in the person.

The Employment Specialist meets with the client out of the office. However, in the early days, meeting with someone in the office of the Employment Specialist is not uncommon. Also; there are computers, fax machines and telephones in the office of the Employment Specialist. The Employment Specialist needs to be able to communicate with employers.

People who receive mental health services need to feel comfortable with the Employment Specialist. People who are receiving the Supported Employment service need to feel comfortable enough that they stick with the Employment Specialist.

The Employment Specialist helps a person get through some of the up and down aspects of a mental health client's working life.

Interviewing Skills

Good interviewing means asking questions and not making accusations. Good interviewing means reflecting together. Through continued interviewing the Employment Specialist learns the strengths and points out the successes.

Making positive statements doesn't mean that the Employment Specialist just blindly celebrates the person who they are with. The Employment Specialist is a realist.

Again, become authentically interested in the person who is being referred. Take time to have authentic conversations. Those of us with psychiatric conditions have been therapized to death. We know active listening! We want conversation! Truth! Share ideas and experiences.

The Employment Specialist avoids giving advice.

Disagreements should never lead to conflict. The Employment Specialist avoids struggling over issues over which they disagree.

The Employment Specialist identifies the next steps. The person receiving the Supported Employment service and the Employment Specialist review the time together and see how the time was spent.

There are Vocational Rehabilitation Departments in both the state and the VA system.

There needs to be close networking by the Employment Specialist and the people from the Vocational Rehabilitation.

Understanding Benefits and Financial Planning

There needs to be a complete understanding of each person's benefits package. What are the person's benefits? Social Security, Workers Compensation, etc. People need to be given accurate information and a benefits plan needs to be in place.

Also, there needs to be money management work done with the person receiving the Supported Employment services.

We need to establish training's on how to do financial planning.

The Employment Specialist and the person in the program need to talk about these subjects; one at a time and fully over a period of time:

Disclosure of Disability-How much and where

Family involvement-How much, where and how

Timing of Employment Initiatives

What are other parts of life is the person dealing with?
Housing, substance abuse, relationships, marriage?
It is important to fit these other parts of life into the working life.
What are they and how do they affect the working life?
COMPREHENSIVE WORK BASED ASSESSMENT

The people who will receive Supported Employment need to understand that part of the job of the Employment Specialist is making a vocational profile. This requires documentation.

There will be paperwork and records kept about the person who receives supported employment services.

In the old days, there were tests for job preferences and/or readiness. These days the employment process is more direct and immediate. Go out. Get a job.

People who are receiving Supported Employment will have ongoing talks about the many aspects of the job and what work means.

Try to develop work goals with the Employment Specialist. Through these goals, we can understand the job and where work can take us.

These are examples of work goals:

What is our dream for work?

What would we like to accomplish for the short term?

What is our education?

What is our real work history?

-Previous jobs

-Reasons for leaving jobs

-Problems on jobs

What did we like to do?

What are our coping strategies?

What is our physical health?

Who is our support network?

Do we have transportation?

Can we manage our money or do we need help?

How comfortable are we with our mental illness?

Family members work history

The persons' preferences for the work setting that they want

Two forms of identification will be needed for most jobs.

The Employment Specialist insures the person has the proper documentation.

For the recipient of Supported Employment services:

These will be some of the questions asked. Answer these questions with a pen and paper. You will need to know these answers to help the Employment Specialist and Treatment Team get you a job.

EMPLOYMENT PLAN

1. Statement of vocational goals.

What kind of job would you like to have?

Where would you like to work?

What hours would you like to have?

2 .List of objectives which help the client outline how to achieve these goals

Do you need transportation?

Do you need clothes?

Do you need more confidence?

What else do you need?

3. Names of people who might be of support.

Make a list of people around you who might be of help and support.

4. Plan is signed and dated by client, Employment Specialist, the case manager and psychiatrist.

Supported Employment is Part of the Mental Health System

Many people want to come together and work with us and help us succeed in having a working life.

We show that we are part of the team:

When we agree with the ideas about employment-we sign off.

Supported Employment is part of our overall experiences in the mental health system.

What Those Who Receive Mental Health Services Need to Know

The plan is specific as possible to help the employment process.

If we want a certain job, many of us can probably have the talent for that job. Sometimes, the problem is that most of us are not adept at finding a job, or learning how to keep a job. This is how the Employment Specialist assists. The Employment Specialist helps us find and keep a job. The Employment Specialist can help us find a new job.

People in Supported Employment are part of the clinical process and treatment team. There will be progress notes written about our history with Supported Employment.

This progress note might be written every month or more often.

We can participate in the writing of our progress note.

These notes are in the files so that other staff people realize what is being done with employment.

Supported Employment is trying to develop a new understanding about those of us in the mental health system, by seeing us on the job and at our best. Even though, we are part of the Supported Employment program, we are still connected to our mental health system. Therefore, we can work with reduced fear of losing our benefits. Losing benefits can produce a great deal of anxiety.

There will be difficulties. We will have hard times. Yet, having the ability to work with other people gives us a much broader and more positive opportunity for an improved life.

FINDING JOBS

We need to understand that:

The goal of the IPS program is to help start people working in a community-based competitive job of their choice as soon as possible, without being required to participate in prevocational training.

Endless testing and sheltered workshops have numbed some people in the past. There are many jobs which we can have. The treatment team with the Employment Specialist and the help of others can find those jobs. People in our programs can begin to work.

Rapid job search doesn't mean getting a job right away. It does mean that the Employment Specialist with the treatment team takes the person's desire for employment seriously. Everyone starts to look for employment. The Employment Specialist starts to see the person requesting employment on a regular basis. Everyone shows interest in the search for a working life.

Some people want to try to work as volunteers. The Employment Specialist can help with that. However, Employment Specialists are mainly for people who need more intensive assistance in the competitive job market.

If the person chooses to stay as a volunteer, then the Employment Specialist won't be able to help past the point of job stabilization. The Employment Specialist serves people who want to work in the community and receive a competitive wage.

The Employment Specialist might think that the person needs more education to work in the job they chose. The Employment Specialist can work with a person through the educational process. The Employment Specialist might also bring on a supported education specialist to help with the educational process.

First and foremost, the Employment Specialist is always encouraging employment as

the goal.

Again, with IPS model, Supported Employment helps the person find the job as soon as possible.

Obtaining Employment

We need to think about possibilities. People do have dreams.

People who are satisfied with their work have longer stays on the job.

The Employment Specialist always listens and tries to get someone working in the job that they want.

There can be a coordinator of the Employment Specialists. The IPS coordinator always makes sure that the Employment Specialist listens to the person that they are working with. The Employment Specialist makes sure that the job selected is the work that the person wants.

We can understand people through their diagnosis and help people through their diagnosis. Diagnosis should not be used to limit people.

Working with someone to gain employment is a job which requires thoughtfulness and consideration.

Figuring out a good match between someone and their job is difficult.

For the person receiving Supported Employment services:

Job Accommodations: According to the Americans with Disability Act, there are job accommodations which might be available for some people at some job sites.

- Flexible work hours
- Adjusting the work schedule for appointments and medical leave
- Availability of time without pay
- Availability of part time work
- More frequent breaks
- Modification of work space and job tasks
- Minimizing distractions and noise
- Access to water and liquids
- Gradual introduction of tasks
- Modification of job tasks
- Supervisor feedback and positive reinforcement

Ways the supervisor can support:

- Using written instructions
- Onsite support

- Pairing with another person for job support
- Temporary onsite job coaching
- Crisis intervention
- Procedures for emergency situations
- Telephone calls to employment specialists
- Private space

Probably the most important accommodation is the time needed for people to spend with the Employment Specialist to help integrate them into the work setting.

Approaches to the Job Search

The good thing about working with an Employment Specialist is that the Employment Specialist has many job contacts on the community.

Also, rather than try to change the person to fit the job-the Employment Specialist finds a job which fits the person.

The people receiving Supported Employment services decide how much involvement they want the Employment Specialist to have in their lives.

The Employment Specialist can go to a job and search for employment without mentioning the person.

The Employment Specialist is also out continuously looking for employment and trying to establish a working life. The Employment Specialist thinks and searches for jobs, jobs, jobs!

Strategies for Locating Jobs:

The Employment Specialist is always combing the newspapers and Internet for job leads.

Again, the Employment Specialist is always looking for job leads.

This keeps the Employment Specialist aware of what jobs are out there. There are some Supported Employment sites which have meetings where prospective job seekers come together and practice their interview skills and search the newspapers.

Contacting Employers Directly

For employer contacts, usually face to face contact is best. The Employment Specialist makes an appointment and goes in to meet with the employer about the candidate or future candidates. The Employment Specialist is there to help the employer find good workers.

The Employment Specialist becomes a labor resource for the employer.

Personal Networks

Everybody starts thinking about job leads. We can use the natural networks which are in place to help find employment and keep people employed.

Agency Boards and NAMI

Using the mental health system to find job is a new idea. The people who work at the agency and board of directors of the agency, NAMI and NAMI members are good resources to mobilize people to find jobs

Chambers of Commerce

Getting to know all the local merchants and employment sites is the job of the Employment Specialist. Very important to know other people who are employers or who represent employers in the community.

Job Fairs

Going to job fairs and getting to know the different presentations about employment is also very important. At each job fair, there is the chance to network and be with other people who might also have job leads.

Introducing a Person

We are part of the mental health system getting some help with employment. We are not too sick to work or too difficult to work with. The idea of establishing a relationship with us and introducing us to employment opportunities is a different approach than what past mental health services offered.

Some employers might have a family member with mental illness. The probability that people with mental illness are more accepted by other people who have family members with mental illness can be a way that might even give us advantages in some employment situations.

What needs to be remembered by the Employment Specialist, the treatment team, the recipient of services and our friends and family- is to never give up on us.

We can all believe that employment is one part of a person's time and benefits in the mental health system. We can all have a working life.

MAINTAINING JOBS

Following-along support is always there. Ongoing support is provided as long as necessary. There are no arbitrary times lines. The IPS and whole treatment team are committed to supporting the person in the employment as long as the supports are needed.

These are some of the supports which are mobilized to help the person stay on the job.

- Negotiating accommodations with employers
- Providing guidance and education to employers
- Social skills training

- Adjusting medications
- Counseling to address work related problems
- Dual diagnosis treatment
- Money management
- Family support
- Benefits counseling
- Transportation and leisure time activities

Emotional Support

How do we feel about ourselves? With what can the Employment Specialist help?

Being upset and missing work means that we need support.

However, the best emotional support is before we become upset. Meeting with the Employment Specialist on a regular basis, before we become upset is important.

Regular visits with the Employment Specialist can go a long way to keep us working. The Employment Specialist can keep things from falling apart. We can continue to have a working life with the help of the Employment Specialist.

The Employment Specialist might be the one that the person on the job spends the most time with. Other members of the treatment team might not see the person whom they are supporting nearly as often as the Employment Specialist.

Emotional Support also means outreach. There are people who will drift off and the Employment Specialist needs to do outreach to them. For people to stay engaged with the IPS program, the Employment Specialist needs to make sure that everyone is working and receiving support.

If the person discontinues working, the Employment Specialist refers the person back to the case manager and the case manager continues to work with the client. The Employment Specialist is there for people who want to work.

Support in the Workplace

The Employment Specialist is there to resolve situations in the workplace. There needs to be ongoing discussions about what the person needs to stay on the job.

The Employment Specialist finds the balance between offering sufficient support but also allowing room for the person to grow and be as independent as possible.

The Employment Specialist can maintain contact with the employer and can arrange periodic meetings with the person receiving the employment services.

Family Support

Many families have never thought of Supported Employment as an option. Many families do not know or understand what an Employment Specialist does. The ideas that families need to understand all mental health services is important. This Hip Pocket version of *A Working Life for People with Severe Mental Illness* by Robert Drake and Deborah Becker is a good introduction to Supported Employment. Read the full text of *A Working Life*, also.

Peer Support

Consider having a WRAP plan for the person who is going back to work. The WRAP plan might also be part of ongoing support meetings with other people who are working.

People can share their strength and hope. People can also share their coping skills and how to work through problems. Peer Support based on learning and sharing knowledge can go a long way to help people see the opportunities that they can have with a job and Supported Employment.

Many people don't see their time with the mental health system as an opportunity. Peer Support can bring people together and have people begin to discuss and learn how to get a job, how to stay on the job and/or how to get a new job.

Having this Hip Pocket version of *A Working Life*, read and discussed in a peer support environment, can lead people to establish ongoing support networks and educate people about Supported Employment.

In my life and in the lives of others, we often got peer support. Other people with mental illness encouraged me and supported me. We encouraged and supported each other.

Peer Support set up with a time to meet every week and a person paid and brought in to facilitate regular meetings can go a long way to help people succeed in Supported Employment.

Skills Training and Problem Solving

Skills training can go a long way to help keep people employed. There are interpersonal skills which can be learned. Many times people need to be reminded what is happening with them on the job or how to better interact with their coworkers.

Transitions

Job endings are always positive. We can learn. If the job doesn't work out, we can learn and make the next job better. There will always be transitions in employment.

Note:

If you like what you read in this book, please spread the word that the time for Supported Employment has come. If you have succeeded in a Supported Employment program, let other people know the benefits. If you do not have Supported Employment, ask for this program. Study and become familiar with both the Hip Pocket version of *A Working Life* and the original text (which can be ordered from numerous bookstores or Oxford University Press). Not only ask for Supported Employment-make sure that you are receiving the Evidence Based Program of Supported Employment.

KINDNESS AND KONSIDERATION

Kornerstones of Kare

by moe armstrong

Treat others the way we want to be treated.

We, consumers can break out of the cycle of blame and shame.

Once, we understand that the psychiatric condition is a natural, constant and long term condition present in the human race, then our way of treating the psych-condition changes.

Be prepared for the length of time needed for recovery.

It is easier to heal a broken arm than a broken mind.

There is no one to blame for the psychiatric condition. Our road to recovery is a life time of committed partnership with everyone; other consumers, family members, friends, providers of mental health services and those interested in us and our recovery in the community.

People will join in and want to participate when they see success.

Kindness and Konsideration of consumers toward the professional staff can be our demonstration that roles in the mental health system are changing.

NEW HAVEN DAY

We will become,
soldiers again

We will become,
a Recovery Army

Going off to,
get some peace,
of mind

For others
And

Peace of mind,
for ourselves

We met at,
Paul Errera,
Community Care Center

We were all veterans

I had gotten here,
by accident

I had been asked,
to come here

Only a few months,
ago

To see if there was,
an interest in peer support groups

The Peer Educators Project

People with mental illness,
assisting,

other people with mental illness

We were all veterans,
with mental illness

We are building a,
Recovery Army

We will go out and,
take care of the sick and wounded

Sick and wounded,
like ourselves

We are partners in our mental health,
system of care

Mental illness can,
happen to anyone

We have to be prepared

To be side by side,
educational companions

To those in need

People who have learned,
a path

Need to show others,
what we have learned

We need to stay open
to learn

Before we can become,
a good educator

We have to become,

a good learner

The first classes,
will start here

The day after I left

Our meeting was held,
January 15, 2002

January 16

We began classes here,
which can spread across

The mental health community

Veteran helping,
other veteran

Each one, Reach one, Teach one

Starting with Peer,
Educator Support Groups

We can also teach and learn

What is good mental health care

