



Words of Wellness



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HIGHLIGHTS OF WELLNESS AND RECOVERY CONFERENCE

Wellness is Possible!, our annual wellness and recovery conference, will take place on Thursday March 19th and Friday, March 20th. The full conference brochure and registration form are available by accessing the current “wellness calendar” link at the bottom right-hand corner of www.cspnj.org. This year’s conference has relocated to the Pines Manor in Edison, New Jersey. The price is \$60 per person per day¹. As in the past, we expect various agencies, self-help centers, and self-help groups to be able to offer scholarships and transportation assistance.

The conference is built around 26 different 90-minute workshops. Over half of the workshops will be offered on both conference days. The programming of the conference is eclectic, spanning from mainstream best and Evidence-Based practices in mental health services (supported education and employment, Housing First, Illness Management and Recovery Education) through topics more applicable to the person than “the system,” such as motivation, life coaching, self-esteem, mindfulness, and aromatherapy/massage.

Personal success stories intended to help reinforce the theme that “wellness is possible” are incorporated into several workshops, and also serve as the focus of a lunch panel program on both days. Much of the conference content will focus on ways to help improve physical health, consistent with the general philosophy of our institute. As part of this, the conference will include a “health fair.” Health professionals from the UMDNJ² School of Health Related Professions will be present to provide education on nutrition, physical health, dental care, alternative and complementary medicine, exercise and more.

This conference typically sells out quickly. We encourage our readers to register promptly!

¹ For registrations received on or before February 24, 2009

² University of Medicine and Dentistry of New Jersey

READ LABELS AS A HEALTH HABIT

Practically everybody who follows a restricted diet, whether because they are a vegetarian, pursuing weight loss, attempting to prevent a food allergy, or are managing other medical conditions with a dietary aspect, is in the habit of reading food labels. Many others read labels due to concerns regarding the proliferation of processed foods. Reading labels is a health habit that can increase one’s awareness of food contents, and allows people to make informed choices.

We recommend the following resources to make reading food labels on a shopping trip most effective:

- Allocate sufficient time. Label reading can be time consuming. It may not be convenient when trying to get through a store on a tight schedule, or with a child in tow.
- Consider carrying a magnifying glass. The typeface on food labels is often small. Those of us with aging eyes may find label-reading without a magnifier to be uncomfortable.
- Carry a notepad, and jot down unfamiliar terms or questions you can research after the shopping trip.

One of our readers recently shared a useful website with us. Food Safety: Food Additives (www.cspinet.org/reports/chemcuisine.htm) is maintained by the Center for Science in the Public Interest. While some people might find it confusing or scary, this page makes a good effort to break down the complicated language of food additives into understandable terms.

The information found on food labels goes well beyond the list of ingredients, and provides specific details regarding portion sizes, calorie content, and presence of various nutrients, including vitamins and minerals. Some of the information is presented in the form of both absolute quantities of a given nutrient, as well as percentages of recommended daily values. An introduction to reading food labels, presented by the US Food and Drug Administration, is online at www.cfsan.fda.gov/~dms/foodlab.html. An associated website, www.cfsan.fda.gov/~comm/vtlabel.html, presents a video, “The Food Label and You.”

US law does not currently require non-processed meats, fish, fruits, and vegetables to have nutrition labels. It is obvious that having such information is an important part of dietary planning for many people.

www.cfsan.fda.gov/~dms/nutinfo.html has nutrition information charts for fish, fruits, and vegetables. We were unable to locate a

Government-operated website providing nutrition information for meats. There are various free commercial websites with this information, such as www.calorieking.com.

WHY I BIKE

By David Webster

“Beauty and grace are performed, whether or not we will or sense them. The least we can do is try to be there.” —Annie Dillard

A near-miracle occurred on June 6, 2003. I was biking in Milton’s Blue Hills (in Massachusetts). I was hopeful because I finally was getting on the road after having hip replacement surgery earlier that year. But the past few months had been hard. I was on the edge of depression and waking up anxious every day, wandering unfocused in my own mind. I knew biking was good for me physically; it also meant:

Better social relations. Biking is a great thing to do *with* friends and to *make* friends. We can ride two abreast and chat. Biking is low intensity conversation with high reward; closeness mixed with chatter. I also want to be friends with people who are fit and take care of themselves, and most people who bike are healthy. People who are just (re)starting to bike are exciting to be with *because* they are seeking to improve their lives. When I bike with anyone else, I adjust to their speed and them to me; companionship trumps speed.

Mental/emotional fitness—getting squirrely. I think and feel more clearly when I bike. When I’m fuzzy or down, I need at least an hour of bicycle therapy to get a positive outlook. When I’m too hyper, a good bike ride will level me out. Sometimes I’m so brimming with ideas while biking that I wish

I had a mini tape recorder with me. My bike is my friend, my partner, and my WRAP³.

When I don’t have a chance to bike or do other significant physical exercise I get squirrely. I start to pace, don’t sleep well, feel uncomfortable in my body, and need desperately to get outside to be active.

Remember:

- Free subscriptions and content submissions by e-mailing nleditor@cspnj.org
- Back issues and index at www.cspnj.org/services/wrinstitute/newsletters.html
- Latest Calendar Edition by following the link at the bottom right-hand corner of www.cspnj.org.

Dancing on two wheels. I mentally thank every driver who does not run me over. One can’t practice gratefulness and appreciation too much! Have empathy for those drivers who fear bikes, honk, or drive 25 feet behind us for two miles because they fear passing a bike.

Biking is a dance. My physical skills with the bike have become automatic and flow into the movement of bikers, drivers, and pedestrians around me. When we all know “*I am responsible* for my actions and consequences,” then we can treasure each other and merge, at best, seamlessly. Eye contact is the key to dancing. Like many Boston bicyclists, I run stop signs and red lights when safe⁴. Unlike many bicyclists I almost never will irritate drivers by forcing them to alter their rhythms—to slow down, startle, or swerve suddenly. Drivers are allies, not enemies.

Learning the bike dance has not been easy for me. It requires mastery of the physical bike, understanding of the other drivers and traffic conditions, and a measure of outgoingness toward others that I don’t always have. I wonder if learning to dance on a bike is harder for some of us when we have a lack of concentration, a history of trauma while riding bikes, severe shyness, or distracting psychosis or depression.

Creating time. Many think that biking takes too much time; it is hard to fit in a day. True, but...I find biking *creates* time. I work more efficiently, sleep better, have energy for life that I might not have. An hour of biking might add 1.2 hours of active time to my life. Practically, many of my commutes in Boston are much slower when I am forced to take the subway or a car, rather than bike. And, if I went to

³ Wellness Recovery Action Plan

⁴ Disobeying traffic laws is not safe or recommended for new bicyclists or in towns where they are enforced (e.g. Cambridge, MA). People who do are acting at their own risk.

the gym, I would have a lot less time free because I still would need to get to the next place, exercise, and then go home. I don't have the time to skip biking.

Living better spiritually, creatively, and sensually.

I crave beauty, write poems, engage in moving meditation, intuit the web between people, and feel and smell the soft, fruit-filled, air most acutely while biking. The kinesthetic exultation (the excitement of feeling my own body's motion) of biking joins my mind to my body and my creativity to my intellect. After 5 miles of biking the open road endorphins, oxytocin, and other chemical soups just plain make me happy.

My near-miraculous path. On that June day, nothing happened. Internally, nada. My free-floating anxiety went away gently into that good day. Never to return. No more internal, infernal squirrels, no more self-absorbed misery. The negative was gone; I could pay better attention to the breeze, the sun, the people and colors around me, and my own enjoyments and powers. I share this experience with you because I believe my story is both a near-miracle and, prosaically, the well-traveled and well-proven human path of physical activity being able to reducing anxiety.

I surprisingly reduced my anxiety because I liked biking. But this CSP-NJ Wellness Newsletter is not about waiting around for near-miracles. My story might fit in here because you *have been or will be* biking/walking/kickboxing in order to contain anxiety or reduce depression. If my personal story inspires any single person to stick with an activity in the cold, or to start moving again, that is better than any miracle. *Please write.* Maybe I'll be the one needing a boost in February!

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LONELINESS...AND WAYS TO HELP REDUCE IT

It seems that many people in today's society, including those with and without psychiatric disabilities, report feeling lonely. In addition to loneliness being something directly measured by a dimension of wellness (the social dimension), it also appears that loneliness creates impacts many other dimensions of wellness, and has a significant impact on the course of chronic diseases. A look through some articles published in the past two years⁵ in scientific journals shows that loneliness and lack of social support seem to have negative effects on populations as diverse as:

- Rural women with chronic illness.
- Elder nursing home residents with depression.
- First-year college students.
- Mothers of children with sickle-cell disease.
- Children in a family with a parent with a mental illness.
- People with Asperger's Syndrome.
- People who self-injure.
- Teens who have demonstrated suicidal behavior.

One researcher found that "Loneliness was associated with elevated systolic blood pressure."⁶ There is even a body of research on laboratory animals⁷ that indicates that social isolation creates symptoms of depression.⁸ Of equal interest is the variety of articles in scientific journals addressing ways to improve access and quality of visits; looking at topics as diverse as video visiting, staff interventions to improve the quality of visits, and the role of pets in reducing loneliness of people in institutions.

All of this supports our beliefs:

- (1) that loneliness and social isolation are complex problems, and

⁵ References furnished upon request. nleditor@cspnj.org.

⁶ Hawkey LC, Masi CM, Berry JD & Cacioppo JT (2006). Loneliness is a unique predictor of age-related differences in systolic blood pressure. *Psychology and Aging*; Mar; 21(1):152-64.

⁷ See, for example Grippio AJ, Cushing BS & Carter CS (2007). Depression-like behavior and stressor-induced neuroendocrine activation in female prairie voles exposed to chronic social isolation. *Psychosomatic Medicine*; Feb-Mar; 69(2):149-57.

⁸ Think "rodent boarding homes."

(2) that a downward spiral can take effect, where people living with long-term physical and/or mental health conditions in institutions have further decreasing social contact, leading to a worsening of their condition, as well as a reduction in the community supports that can help them get back into the community.

Some people have suggested that that lack of community supports often plays a major role in people returning to institutions. The field of psychiatric rehabilitation has always recognized the importance of natural social supports for people. Those of us who are psychiatric rehabilitators aim to help people live, learn, work, and socialize in integrated community settings in order to help them develop and maintain social connections and a sense of “connectedness.” Along with supported employment (an evidence-based practice) and supported education (an emerging best practice), “supported socialization” is a practice that is becoming more recognized in the field.⁹ Those of us who are members of the self-help community regularly work to help people identify, evaluate, and utilize peer support groups. These kinds of groups, and related services such as self-help centers and psychosocial clubhouses, all have a role offering support and socialization.

The UPenn Collaborative on Community Integration (www.upennrrtc.org) is a federally funded Rehabilitation Research and Training Center (RRTC) devoted to promoting community integration for individuals with psychiatric disabilities. They support research and disseminate information through a variety of means, including trainings and consultations, conferences, a

⁹ See, for example Davidson L, Haglund KE, Stayner DA, Rakfeldt J, Chinman MJ & Tebes JK (2001). "It was just realizing ... that life isn't one big horror": a qualitative study of supported socialization. *Psychiatric Rehabilitation Journal*; Winter;24(3):275-92.

newsletter, and a range of useful publications. A broad range of community integration publications from the collaborative are linked to at www.upennrrtc.org/var/tool/file/124-CI%20Tool%20SummaryPage_9.24.08.pdf. The publications are written in a way which makes them useful to people living with mental illness, as well as to family members and professional providers.

One of the tools developed by the UPenn Collaborative, which is most relevant to this discussion, is the Social Enhancement Workbook, (free download at www.upennrrtc.org/resources/view.php?tool_id=191). To quote from the introduction of the workbook:



Mother Teresa had many inspiring things to say about ending loneliness:

- "Let us touch the dying, the poor, the lonely and the unwanted according to the graces we have received and let us not be ashamed or slow to do the humble work."
- "Peace begins with a smile."
- "Every time you smile at someone, it is an action of love, a gift to that person, a beautiful thing."
- "I want you to be concerned about your next door neighbor. Do you know your next door neighbor?"
- "Kind words can be short and easy to speak, but their echoes are truly endless."

to be a friend.

- People who have social supports and companionship, and who participate in activities with others, generally report greater life satisfaction than those who do not."

The workbook offers practical strategies that can be used by individuals receiving services with and without professional help to increase their social involvement with others.

A successful program aimed at helping reduce loneliness in people with mental illness is Compeer (www.compeer.org). Founded in 1973, Compeer (derived from *companion* and *peer*) is a volunteer-based program in which adult men and women volunteer to regularly spend time with another adult who is receiving mental health services. Initially, few of the volunteers were mental health services recipients; however, now an increasing proportion are peer volunteers. Compeer has

- “Everyone can benefit from having someone in their life to call on when they feel lonely or need help. Increasing your social activity gives you the opportunity to meet other people, who can become sources of companionship or social support for you.
- Many people also find that they feel better about themselves when they can be a source of companionship or social support for another person. It’s not just good to have a friend, it’s also good

also grown in many places through the development of volunteer groups on college campuses.

Compeer generally uses both professional matching and mentoring in order to support the success of the developed relationship. A small but growing body of research supports the effectiveness of the Compeer program. For instance, McCorkle & Colleagues (2008) concluded that people in their study receiving Compeer supports “showed significant gains in subjective well-being and reductions in psychiatric symptoms.”¹⁰ Compeer currently lists over 100 local programs, and reports that it has over 5,000 volunteers worldwide. New Jersey does not currently have an active Compeer program.¹¹

Turn-a-Frown-Around Foundation (www.frowntosmile.org) is a New Jersey-based group that engages people with mental illness as the *caregivers*, and people with and without mental illness as the *care recipients*. Current Turn-a-Frown-Around initiatives include:

- Transporting mental health service recipients to a county psychiatric hospital to do on-ward visiting, and hopefully develop sustainable friendships
- Partnering with mental health provider agencies to bring people with mental illness to nursing homes to do on-ward visiting, and hopefully develop sustainable friendships
- Conducting “entertainment programs” at state and county psychiatric hospitals and nursing homes
- Matching volunteers and people requesting telephone support in a statewide network of “phone buddies”
- Providing some “peer-delivered social services” to people involved in the program
- Developing and piloting trainings on topics such as the value of friendship, ways to engage mental health recipients in befriending, and a seminar known as “Introduction to joke telling and humor,” which can be part of the recognized mental health practice known as Social Skills Training.

¹⁰ McCorkle BH, Rogers ES, Dunn EC, Lyass A & Wan YM (2008). Increasing social support for individuals with serious mental illness: evaluating the compeer model of intentional friendship.

¹¹ A publicly supported Compeer program run by Catholic Charities, Diocese of Trenton serving several Central Jersey counties ceased operation about 5 years ago.

A Workshop on Caring, a half-day training that will touch on many of these aspects of Turn-a-Frown-Around, as well as the bigger picture of the value of befriending, will take place this coming spring at Essex County Hospital Center in Cedar Grove. We will share program details in this newsletter as they become available.

To discuss ways to get involved in Turn-a-Frown-Around as a volunteer, organizational supporter, or contributor, contact 973-746-7353 or send an email to: frown2smile@aol.com.

We welcome your ideas on how you personally and professionally address loneliness. nleditor@cspnj.org.

HOW TO VISIT ANYBODY IN A HOSPITAL OR NURSING HOME

As Turn-a-Frown-Around’s project coordinator developed trainings for people who will be visiting patients on behalf of the foundation, he realized that:

- (1) some people have very limited experience with hospital/nursing home visits in general;
- (2) the lack of experience, sometimes coming across as a fear of doing the wrong thing during a visit, was causing some people to be reluctant from volunteering to visit patients, therefore some “basic training” was necessary to help remedy this problem; and
- (3) the same basic training could be helpful to people outside of Turn-a-Frown-Around, in order to ease fears which might be keeping them from visiting ill family members or friends, or participating in visitation programs on behalf of their religious or social groups.

He provided the guidelines, given below, as a tool for anybody who feels the need to review/refresh their visiting skills and for those who would like to develop their visiting skills.

- (1) **Remember the differences between visiting as a kid and visiting as an adult.** Many of us first visited relatives in hospitals and nursing homes when we were children. Things we may have said or done that were “over the line” may have been acceptable in our youth, but are not acceptable now that we are adults.¹²
- (2) **DO NOT GO if you are physically or emotionally unwell.** Going when physically unwell could result in spreading disease, or of catching disease due to your weakened system. Going when emotionally

¹² Think “riding the electric bed.”

unwell could cause the discomfort of the visit or setting to make you feel even less well afterwards.

- (3) **Think about how to maintain your wellness around your visit.** This may include avoiding visiting when tired, planning some exercise or relaxation before or after a visit, use of affirmations or meditation, or practically anything else that is part of *your* wellness plan and structure.
- (4) **Be ready for the sights, sounds, and smells of a hospital/nursing home.** Whether its blood, tubes, the odor of human waste, or people tied to chairs, going to a hospital or nursing home can be unsettling. You need to make an informed choice as to whether you can look beyond it all in order to carry out your mission.
- (5) **Remember why you are there.** You are there to cheer up people, not to treat their illness, do major social services, or get information from them.
- (6) **Remember why they are probably there.** They likely have some form of illness or significant disability, which may make them:
 - not in the mood to interact,
 - sedated or otherwise **unable** to interact,
 - not fully coherent, i.e., not able to understand or be understood as well as a healthy person,
 - tired and want you to move on, but possibly unable (or too polite) to say so (take the hint!), and/or
 - less in control of their feelings, statements, and actions (even bodily functions) than they would like (don't embarrass them if they have an "accident").
- (7) **Don't take advantage of somebody's quiet listening.** Do not preach or brag.
- (8) **Remember that treatment settings have rules and reasons for having those rules.**
 - Work with the staff, not against them.
 - Staff are people, too.
 - Step away when doctors, nurses, other staff need to work with the person you are visiting. - It's OK to ask whether this is a brief "go to the lounge" intervention, or something that will take longer such that you need to terminate your visit.
- Do not break restrictions on what you can bring someone, what they can eat, etc.
- Remember that staff are very busy, and cannot interact with you much.
- Remember that staff are generally not allowed, by law, to share patient information with you.
- Be aware of specific visiting rules: hours, number of visitors, etc. - Be specifically considerate if someone else is waiting to visit "your person."
- (9) **DO think of the little, practical things you can do for someone in a hospital/nursing home,** like fixing pillows, filling water, taking care of flowers or cards, putting things in a drawer, making simple phone calls, writing notes, or picking up simple purchases, but **DO NOT** take on something you are unable to do, not allowed to do, or are uncomfortable doing.
- (10) **DO think of the things that cheer you up,** and find out what cheers them up. This means avoiding starting discussions of: illness, bad things in the news, or anything you could fight about, and sticking to things that someone may want to chat about, like sports, kids, pets, favorite TV shows, etc.
- (11) **DO think carefully about a gift you are bringing, if any.** Sometimes a magazine or puzzle book is a great gift. Things someone may not eat, or may not have, are obviously not good gifts. Gifts do not need to be things of significant value in order for them to be enjoyed.
- (12) **DO use humor to help keep the mood light,** but be aware not to be offensive, cynical, or use language that would be over someone's head.
- (13) **DO be aware of age and cultural differences between you and the person you are visiting.** Act for their comfort, not yours.
- (14) **DO lead with your ears, not your mouth.** Let the person you are visiting tell you (explicitly or implicitly) what they do and do not want to talk about, or want you to do.
- (15) **DO be aware that the patient's roommate(s), other patients in the facility, and other visitors are people, too.** They deserve to be treated warmly and politely. It is NOT OK to intrude on them or their conversations, or to handle or use their possessions.
- (16) **DO talk to somebody you are comfortable with after the visit if you need to discuss problems or frustrations that you encountered during your visit.**