



Words of Wellness



The newsletter of the Collaborative Support Programs of New Jersey Institute for Wellness and Recovery Initiatives • www.cspnj.org • Volume 3, Number 5 • November 23, 2009

WHAT'S INSIDE

- Peer Employment Support Groups Expand - 2
- What Do Employers Look for in Job Candidates? - 2
- Using Diet to Manage Fibromyalgia - 4
- Beauty, Peer Support and Adult Learning- 5
- Working Together for Mental Health - 6
- Psychiatric Rehabilitation Principles - 8

GROW

by Nancy Eberhardt

GROW is an international, peer-driven recovery program, developed over 50 years ago in Australia. Individuals come to GROW with diverse problems in living, including serious mental health concerns, emotional troubles, family issues, substance and process addictions¹, and difficulty coping with grief, loneliness, anxiety or stress. This motivating 12-Step Program encourages group members to identify their strengths and weaknesses and GROW their mental and emotional maturity so that they are able to face the future with optimism and increased confidence. Added to the basic 12-Step Structures are mechanisms built into the GROW Program which help people make cognitive-behavioral improvements by changing what they *do* even before they change what they think.

A number of articles in the peer-reviewed literature discuss the value of GROW, including publications by noted recovery/self-help researchers Sally Clay, Patrick Corrigan, and Julian Rappaport.

Confidentiality and anonymity are essential to the GROW group. Members use first names only, and make a commitment not to disclose anything discussed at meetings. GROW is much more than the weekly groups. Members reach out to on

¹ A process addiction is an addiction to an *activity*, such as sex, gambling, or spending

another throughout the week, build friendships, and participate in community and social events and leadership training. GROW has no fees or dues.

Like all 12-Step Programs, people benefit most from GROW when they develop a sense of a higher power. GROW is non-denominational. People come to GROW who are members of various faiths. For some people, the higher power they identify is not "God" in the context of an organized religion, but some faith in what they believe in, such as the power of human nature, the need to be good to themselves or others, or the obligation to live up to the memories of their ancestors.

The GROW Program is delivered in a non-threatening and supportive way, and members often find the friendship and understanding offered by fellow and past sufferers is the most healing aspect of the Program. Returning to a balanced life and to making a unique contribution to society is our goal. To quote some of our members,

- "Thanks to GROW my relationship with my husband and children have improved." - CM
- "After five years of being unable to work, I am able to hold a full time job. The GROW Program has given me the confidence" - JM

In New Jersey, weekly two hour community groups meet:

- Tuesday – 6:30pm - Brick Presbyterian Church, 111 Drum Point Rd., Brick
- Wednesday -11am - New Horizons Self-help Center, 63 South Myrtle St., Vineland
- Wednesday-7pm – 11 Spring St., Freehold
- Thursday-5pm – Reach Out Speak Out Self Help Center, 2100 East State St., Hamilton,
- Thursday-6:45pm - St. Paul's Methodist Church, 80 Embury Ave., Ocean Grove
- Thursday- 7pm- New Horizons Self-help Center, 63 South Myrtle St., Vineland

- Thursday- 7:30pm – Redeemer Lutheran Church, Manchester

Monthly one hour education and discussion groups meet at the Self-Help Centers in Elizabeth, Freehold, Glassboro, Jackson, Neptune City Newark, and Plainfield. Other groups are offered around the state within agencies and institutions, and are not open to the public.

If you would like more information regarding GROW in NJ please call Nancy at 732-350-4800 or call 1-888-741-GROW. For information on GROW in America or GROW International, visit www.growinamerica.org.

Nancy Eberhardt is GROW's New Jersey Statewide Program Coordinator

PEER EMPLOYMENT SUPPORT GROUPS

by Judy Banes

This past fall, about twenty Self-Help Center leaders came together for Peer Employment Support (PES) training. The training was held at UMDNJ-SHRP Scotch Plains campus, and the trainers were the ever-brilliant and enthusiastic John Garafano from the CSP-NJ and the lovely and very delightful Francine Bates from the UMDNJ-SHRP Integrated Employment Institute. It was obvious from the beginning, that these two people knew what they were talking about, and were anxious to share their knowledge and experience with us. Representative from ten CSP-NJ Self-Help Centers in the Northern and Central regions were in attendance, including the centers in Elizabeth, Freehold, Hackensack, Neptune City, Newark, Newton, New Brunswick, Orange, Paterson, Parsippany, and Somerville. It was a terrific, enthusiastic group of people ready to take advantage of an important learning experience.

We met from 9:30 till 3:00 each day of the training. We learned group facilitation skills, how to work with a co-facilitator, how to utilize the gigantic PES manual that we each received, how to get talk from people who are quiet, and how to quiet people that talk too much. We also, obviously, talked about the topic of work and its pros and cons and how to “sell” this important recovery tool to people who

are scared or skeptical. We also practiced our new skills in a group setting, in which each of us and a co-facilitator would “run” the group. It was impressive to see how good some people were at group facilitation. Some of us will need continued practice to become really proficient. We hope that the PES groups to be established at the centers will have patient and understanding attendees. After the last groups presented, pictures were taken of group participants with John and Francine, and then groups shots. Pam Baker, assistant manager from Hudson County took the photos.

I think we are ready to now take on this very important topic- *the positive effects that work/employment can have on recovery for people living with a mental illness*. For those of us who have been working, there is no doubt about how work can favorably enhance one’s life, even if there are financial challenges to consider. We believe that we can at least begin discussions about work in settings that are non-threatening and informative. We are anxious to succeed and, thanks to the excellent training provided by John and Francine, we will. We will also be reconvening with our trainers, in six months to “compare notes” and the trainers will be coming to each center in the next several months to see how the groups are going. We are all ready to help self-help center members begin to consider work as an additional source of money, friendships and community participation and integration. Thank you, John and Francine. For more articles on PES, watch this newsletter. Many PES groups have already started!

Judy Banes is CSP-NJ's northern regional coordinator for Self-Help Centers. Judy is a major source of inspiration for our in-state and national consumer-survivor movement.

WHAT DO EMPLOYERS LOOK FOR IN JOB

CANDIDATES?

by Joni Dolce

The unemployment rate in New Jersey has reached an almost all time high. Reports indicate that for every one job there are six job seekers vying for that position. These are staggering statistics. More than ever before, it is critical for job seekers to have

a greater awareness of what employers are looking for in job candidates.

A recent study conducted in New Jersey asked Human Resource (HR) professionals what characteristics they look for in an ideal employee (Bates & Dolce, 2009)². Not surprisingly, HR professionals want employees who are reliable, have the ability to get the job done, are flexible, and have good interpersonal skills. Additionally, these HR professionals all agreed that it is best not to disclose the presence of a psychiatric disability before being hired. It was also unanimously expressed that employment gaps may negatively impact a person's potential to be called in for an interview, so their advice was to make these gaps less noticeable. With this information in mind, how can we best assist individuals in meeting the needs of employers and becoming that ideal employee?

First, let's address the issue of disclosure. Disclosure of the presence of any disability, mental or physical, is personal in nature. Deciding to disclose a disability opens up the threat of discrimination. However, disclosure may also open up the opportunity for accommodations and modifications to the job or job site. This decision should be carefully considered and well planned. It is important to consider the timing of disclosure. Is an accommodation needed in order to complete the application or interview? Or, are accommodations needed to perform specific job duties? An accommodation can be requested at any time during an employee's tenure with the job. If an accommodation is not needed for the application or interview process, an applicant may choose to disclose the need for accommodations after a job offer has been extended. This may help to ensure that the employer cannot discriminate or not hire someone based on the knowledge of a presence of a disability. Review the Job Accommodation Network's (JAN) website for further information on the disclosure process and possible

² Bates, F. & Dolce, J. (2009). *Hiring and employing individuals with psychiatric disabilities: A focus group study with human resource professionals*. Manuscript submitted for publication.

accommodations for people with psychiatric disabilities. You can find this information at: www.jan.wvu.edu. Or, you can contact them by phone at (800)526-7234 (Voice) (877)781-9403 (TTY).

Second, is the issue surrounding employment gaps. Some questions to consider are:

- What types of activities have you been engaged in since your last job?
- Have you been taking classes?
- Are there organizations or associations that you have been involved with during times of unemployment?
- Have you been volunteering?

Consider all of the activities that you have been engaged in since your last job. Have this information prepared before completing an application or interviewing for a position. Rehearse how you handle such questions so that you can deal with them comfortably in an interview. This preparation will give you more confidence in your explanation of what you have been doing during those gaps in employment.

Finally, highlight on your application or resume the qualities that employers look for in an ideal employee: reliability, flexibility, good interpersonal skills, and the ability to get the job done. If you are called in for an interview, make sure to convey these qualities to the employer. Emphasize your reliability and flexibility by highlighting past achievements that underscore these positive traits. Identify times in the past when you showed that you are able to effectively and efficiently complete a job task or responsibility. Be prepared to provide examples. Also, let the employer know that you have good interpersonal skills by showing these skills during the interview or other communications with the employer (e.g., phone calls, etc.).

Remember that employers want employees who not only have the skills to perform the job, but will also fit into the workplace and get along with other employees. ***Joni Dolce, MS, CRC, CPRP is an Instructor and Employment Consultant, Integrated Employment Institute, Department of Psychiatric Rehabilitation and Counseling Professions, UMDNJ-SHRP. She can be contacted at dolcejn@umdnj.edu.***

USING DIET TO MANAGE FIBROMYALGIA³

by Maureen Falkowitz

This is Part 3 of a four-part series. In Part 1 (September 2009), we discussed Fibromyalgia/Fibromyalgia Syndrome (FMS), and some of the symptoms and possible causes. In Part 2 (October, 2009), we covered conventional and alternative ways to manage fibromyalgia. In this issue, we present diet as another alternative way to manage fibromyalgia.

Using Diet

Many people have turned to diet as a way to relieve their fibromyalgia symptoms. The fact is that there's little scientific evidence to support any *single* eating plan as a way to deal with fibromyalgia. "This is because fibromyalgia is not a specific illness," says Michael McNett, MD, of the Fibromyalgia Treatment Centers of America, headquartered in Chicago. "Fibromyalgia is more like a symptom complex, and different people appear to have different reasons why they get this symptom complex," he says. "So what works for one person, very frequently does not work for another."

Kent Holtorf, MD, the medical director of the Holtorf Medical Group Center for Endocrine, Neurological and Infection Related Illness in Torrance, CA says, "We're at the point now where we know diet plays a role in this disease -- it's just not the same diet for everybody."

"When patients are helped by a specific dietary measure," says Alex Shikhman, MD, the director and founder of the Institute for Specialized Medicine in San Diego, "it is often because of the presence of a secondary condition that does have a recognized response to diet. And when you take care of that, you do get some relief from all the symptoms. You feel better overall."

Seven Food Elements to Avoid

Although there is not a single diet to manage fibromyalgia, there are certain foods, or food groups, which many people appear to benefit by avoiding. But remember, avoiding these foods is not a guarantee that your symptoms will change. Also, avoiding one group may offer benefit, while avoiding another may make no difference at all.

1. Aspartame (NutraSweet). For many people, foods sweetened with aspartame could exacerbate their symptoms. Aspartame stimulates an overactive pain receptor in the nervous system of many people who experience fibromyalgia.
2. Food additives including MSG and nitrates. MSG is a flavor enhancer in many foods (e.g., processed, frozen, and some Asian dishes). It can intensify pain symptoms or allergic reactions. It also has the potential to stimulate the overactive pain receptor as aspartame does. This may also be true in foods with preservatives such as nitrates (e.g., ham, bacon, and bologna).
3. Sugar, fructose, and simple carbohydrates. Sugar, cake, carbonated sodas, or white bread have an indirect impact on fibromyalgia because they promote the growth of fungi, which causes a secondary chronic yeast infection that may increase pain. When these foods are eliminated, the fungi decrease in number and the intensity of the pain may also decrease. Consumption of carbonated soda and other highly sugared foods causes a quick rise and subsequent fall in the blood sugar that increases the feeling of fatigue.
4. Caffeine -- including coffee, tea, colas, and chocolate. Many people turn to caffeine-rich beverages for a boost of energy. Doing this gives a false sense of energy that quickly becomes fatigue. Since people who experience fibromyalgia already suffer with fatigue, the fatigue that is a reaction to caffeine is that much stronger. Eliminating the caffeine doesn't take effect immediately. It takes at least a week of caffeine abstinence to increase energy.
5. Yeast and gluten. These two food substances frequently occur together in foods, such as baked goods like cake, donuts, and breads. When you cut out one, you also eliminate the other. This results in two separate benefits for those with fibromyalgia. Yeast fosters the

³ Boucher, Colette. (2008). Reviewed by Matthew Hoffman. *Fibromyalgia and the Diet Connection*. Retrieved August 28, 2009, from: www.webmd.com/fibromyalgia/guide/fibromyalgia-the-diet-connection

overgrowth of the yeast fungus, which may cause or exacerbate joint or muscle pain. Gluten may exacerbate gluten intolerance which is associated with fatigue and stomach ailments.

6. Dairy. Dairy products, especially milk, have been known to drive the symptoms of fibromyalgia. Avoiding milk has been instrumental in helping some people improve their health.
7. Nightshade Plants: Tomatoes, Chili and Bell Peppers, White Potatoes, and Eggplant. These foods can trigger various types of arthritis flare-ups, including fibromyalgia. There are some people who do much better when they exclude them; on others, their elimination has no effect.

Avoiding certain foods may help some people reduce their pain, increase their energy, and handle their other symptoms. Most people, whether or not they encounter fibromyalgia, would benefit from this heart-healthy approach to good eating.

Maureen Falkowitz has a BA and an MS in Education. She was an elementary school teacher in the NYC school system for three years, and a technical writer in the telecommunications industry for twenty-two years. Most recently, Maureen was a Facilitator of the Colts Neck branch of the Depression and Bipolar Support Alliance (DBSA).

BEAUTY, PEER SUPPORT AND ADULT LEARNING

By David Webster, Marcia Webster, Jay Yudof & Peggy Swarbrick



Sol LeWitt, Untitled lithograph 1992

“One can look at almost any work by Sol LeWitt and be..... a happier person⁴”. LeWitt’s work is like a music score; he tells people how to re-create

the lines and colors to produce artwork like the above piece. This is one of many pieces by LeWitt on view at the Massachusetts Museum of Contemporary Art (MassMOCA, viz www.massmoca.org/lewit).

Albert Bandura is a psychologist who has shared his science and craft. His efforts have helped many people in terms of managing phobias and anxieties, as well as improving health. His concepts of self-efficacy and social learning are the core of the series of articles that will follow this introduction. LeWitt, who died in 2007, and Bandura, retired from Stanford, are both highly regarded and have received numerous forms of recognition. It seems that Bandura is the most frequently cited person in psychology articles, other than the Bible.

CSP-NJ can be summed up by the last two sentences of our Mission Statement (full text online at www.cspnj.org), “CSP-NJ shares a vision of healing and hope that is promoted by choice, freedom, and inclusion and de-stigmatization. Our greatest resource is the life experiences of persons working through their own recovery.

Both LeWitt and Bandura

1. are described as “down-to-earth despite fame,”
2. were life-long learners,
3. supported whole teams of people working collaboratively to share their craft, and
4. believe that proper training and supervision allow para-professionals to do a good job making art or reducing phobias (Bandura, 1986⁵).

These attributes are core aspects of the history and current functioning of CSP-NJ. LeWitt, especially, was all about the process and product, not about Sol LeWitt⁷. Despite being on top of their fields, neither man seemed impressed by himself, or by the fancy

⁵ Bandura, A. (1986) *Social Foundations of Thought and Action*. Prentice-Hall, Englewood Cliffs, NJ.

⁶ Bandura (1986) is clear that the effect of peer-taught learning is usually much stronger than a lecture from a MD or other clinician

⁷ LeWitt famously had “self-portrait” that included thousands of images of things within his apartment but had only one very blurred picture of his own “self”. He avoided personal publicity all his life.

⁴ www.nytimes.com/2007/04/09/arts/design/09lewitt.html

trappings of psychology degrees or artistic pedigree. CSP-NJ continues to focus on learning new ways to support recovery and wellness for peers through strengthening and forging collaborative partnerships.

LeWitt is invited into this introduction because he used several simple rules to produce a complicated result— attractive art. LeWitt delightfully illustrates what this article seeks to show—simple concepts are powerful and accessible tools for your own happiness and functioning; Bandura’s tools are really the intended focus of this series; they help us find happiness and success.

Behind peer support and adult education there are three simple concepts that you can grasp in the next few articles—social learning, self-efficacy, and collective efficacy. Like Sol LeWitt’s 30,000 square foot installation at MassMOCA, CSP-NJ’s large intellectual structures rest on very solid footings. Please come back next month and peek.

Lead author David Webster, OTR/L, Sc.D., works for the VA Boston and is on the Massachusetts Psychiatric Rehabilitation Association [MassPRA] board.



WORKING TOGETHER FOR MENTAL HEALTH

by George H. Brice Jr.

This is my second of four articles entitled, “Working together for Mental Health.” The conference I am discussing is the 2009 World Congress of the World Federation for Mental Health, (www.wmhc2009.com). I will address the needed grassroots efforts of peer provider collaborations and innovations based on a Consumer Dialogue workshop in Athens, Greece

and its implications on my own unique dual role as a prosumer (professional consumer).

This global educational experience has given me a new perspective about grassroots efforts and advocacy. I believe that what I learned about the global consumer, service user, and psychiatric survivor movement can improve our state consumer movement along with system transformation efforts supported by the Division of Mental Health Services (DMHS). Most importantly, mental health peers need to lead and make the necessary self-changes for social inclusion. My own recovery began through peer support, peer-operated services and my previous active participation at Self-Help Centers, *formerly known as drop-in centers*. The name change reflects how people living with mental illness are to strive toward self-efficacy, taking action to meet one’s individual needs (self-help), utilizing preventive healthcare strategies which can result in consuming less costly mental and physical healthcare services.

During the Consumer Dialogue workshop I reflected upon receiving all of my almost 29 years of lived experience, mental health services, peer support, peer and provider training, and gapped education and employment history while living in New Jersey. My lived experience has afforded me grassroots education through former memberships such as the New Jersey State Consumer Advisory Committee (SCAC), Coalition of Mental Health Consumer Organizations (COMHCO), the peer-operated agency Collaborative Support Programs of New Jersey, Inc. (CSP-NJ) and its Institute for Wellness and Recovery Initiatives (IWRI), with which I continue to collaborate and partner with through my current position.

The exchange of ideas offered me a new perspective about peer operated services offered in New Jersey. The discussion also helped me to develop ideas for my report to the Substance Abuse Mental Health Service Administration (SAMHSA) on lessons learned, promising practices, and model programs and recommendations. I am passionate about the consumer movement and especially self-help centers, because I know how centers initially benefited my own recovery. However, over time I

outgrew what centers had to offer. This turning point took place for me when I was unable as a center facilitator and manager to implement educational groups designed to help peers move towards community integration. The resistance to implementing innovative ideas is real among some peers, family members, and providers, and is reinforced when DMHS does not mandate practical evidenced based and promising practices. I believe historically that we as peers have too often been system dependent and have been misguided (i.e. by the Social Security Administration) to accept mediocrity – a pattern which perpetuates a self-fulfilling prophecy of underachievement in a wide variety of areas, including:

- employment,
- education,
- financial and fiscal literacy,
- budgeting,
- self-care and preventive health measures, and
- housing.

We want to be conscientious that peer operated services should not be reinforcing learned helplessness and hopelessness. I believe that peers can and need to be creative and innovative and offer evidenced based and promising practices in order to mobilize a timely grassroots directed toward social inclusion. More often than not, social change needs to be led by the very people who are being victimized, and who victimize themselves by engaging in risky behaviors. As a population of people we have to *want* to achieve wellness and recovery and to lessen and eliminate those behaviors that stigmatize and make us sick. Centers can be a resource to strengthen communities state-wide by becoming selfless and of one accord by

- implementing and supporting promising and best practices in supported employment, education, and housing,
- making peer referrals for community linkages, and
- educating peers and others about the “state of the art” in mental health services and the “state of the heart” in compassionate care based on mutuality.

I found centers to be a privilege to attend and a place which provided me with learning, networking

and an opportunity to grow personally and professionally. Centers served me, and other peers I met, as a stepping stone to get back out in the community and utilize diverse mainstream resources including employment. We need to redirect peer operated services including self help centers toward social inclusion, rather than segregated and isolating settings.

Centers should present a welcoming environment towards a broad and diverse membership. This in turn promotes retention of diverse individual skills and talents and inclusion of peers with varied personal backgrounds and specific challenges. We need to remember that with “choice” come personal responsibility and accountability. We need to direct efforts towards helping peers to realize their full potential and decrease our reliance on costly mental and physical health services.

The following are some suggestions regarding what peer operated services in NJ can offer for valued social inclusion.

- offer peer support services that are a vehicle to decrease excessive use of emergency services.
- offer peer support services that help peers increase responsibility
- Be a hub to link people to employment and education opportunities.
- Offer evidenced-based and promising practices that promote wellness and recovery.
- Reflect a business culture, to promote and retain a diverse membership, and for directory listing i.e., Self-Help Center of Mercer County, Self-Help Center of Burlington County

My next article will be on terminology, the importance of using people first (recovery) language.

George H. Brice Jr., MSW, is an instructor with the Integrated Employment Institute in the Department of Psychiatric Rehabilitation and Counseling Professions, University of Medicine and Dentistry of New Jersey, School of Health Related Professions.

PSYCHIATRIC REHABILITATION

PRINCIPLES

The *United States Psychiatric Rehabilitation Association (USPRA)* recently issued a revised Core Principles and Values for Psychiatric Rehabilitation Practice. According to this document, Psychiatric Rehabilitation is defined as follows:

Psychiatric Rehabilitation -promotes recovery, full integration and improved quality of life for persons who have been diagnosed with any mental health condition that seriously impairs functioning. Psychiatric rehabilitation services are collaborative, person-directed, and individualized, and an essential element of the human services spectrum and should be evidenced-based. They focus on helping individuals develop skills and access resources needed to increase their capacity to be successful and satisfied in the living, working, learning, and social environment of choice.

The principles are online at www.uspra.org/files/public/USPRA_CORE_PRINCIPLES2009.pdf

The *Certified Psychiatric Rehabilitation Practitioner (CPRP)* credential offers a very viable option for people in recovery. The CPRP takes into account experience, varying levels of education, and performance on a standardized test. It credentials individuals in the principles of recovery and rehabilitation. The **CPRP** is a test-based certification that fosters the growth of a qualified, ethical, and culturally diverse psychiatric rehabilitation workforce through enforcement of a practitioner code of ethics. People who hold this credential have educational backgrounds, and skill and credential backgrounds as diverse as occupational therapists, psychiatrists, peer specialists, social workers, case workers, and psychologists. CPRPs all share a commitment to the fundamental principle that recovery from serious mental illness is possible. People of all kinds and levels of education have the opportunity to demonstrate their knowledge and skill on the exam.

The content of the CPRP exam is of great relevance to people in recovery as providers, directly reflecting the work they engage in. In addition, achieving the CPRP qualifies people in recovery for other positions in related psychiatric rehabilitation programs. Some states, including New Jersey, recognize the CPRP in program licensing regulations and/or the regulations which affect billing under Medicaid.

Consistent with the purposes of all certification programs, these credentialing initiatives were designed to serve consumers of Psychiatric Rehabilitation services, the general public, state agencies and other regulators of mental health and rehabilitation services by identifying who is competent to deliver services. The CPRP is recognized in the mental health regulations of 15 states and one Canadian province, although there are now practitioners in each of the states, Canadian provinces, Singapore, and other places.

For more information about CPRP eligibility and requirements, visit www.uspra.org/i4a/pages/index.cfm?pageid=3288

WORDS OF WELLNESS

As part of its broad array of services to foster wellness and recovery for individuals with disabilities, the CSP-NJ Institute for Wellness and Recovery Initiatives at Collaborative Support Programs of New Jersey offers this monthly newsletter, *Words of Wellness*. This publication features valuable information and resources, including details about educational events, to help people to achieve and maintain wellness. The purpose of this newsletter is to bring useful information to all of our readers, whether pursuing recovery themselves, supporting recovery in clients or family members, helping to administer and change our mental health and related services system, or researching the field and educating future practitioners. *Words of Wellness* co-editors are Jay Yudof and Peggy Swarbrick. Free e-mail subscriptions are available from nleditor@cspnj.org.