



# Words of Wellness



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## TABLE OF CONTENTS

Wellness and Lifestyle Change: My Fitness Story..1	
Cnference Focuses on Social Inclusion .....	3
Defining Wellness .....	4
A Starchy Vegetable: The Sweet Potato .....	7
About Words of Wellness .....	8
CSP-NJ's Upcoming Trainings .....	9
Trainings from Other Sources .....	9

## WELLNESS AND LIFESTYLE CHANGE: MY FITNESS STORY

by John Garafano Jr.

An active lifestyle which incorporates regular daily exercise is an important component of the physical dimension of wellness<sup>1</sup>. Low levels of physical activity have been associated with coronary artery disease, high blood pressure, diabetes, colon cancer, hip fractures, and obesity<sup>2,3</sup>. Physical activity has many benefits including

- reducing early mortality from cardiovascular disease,
- reducing risk of Type II diabetes,
- reducing hypertension by lowering blood pressure,
- maintaining/improving musculoskeletal health,
- reducing obesity while helping to manage weight, and

<sup>1</sup> Definition of Wellness. *Dimensions of wellness: physical dimensions* Retrieved on January 7, 2010 from [www.definitionofwellness.com/dimensions-of-wellness/physical-wellness.html](http://www.definitionofwellness.com/dimensions-of-wellness/physical-wellness.html)

<sup>2</sup> American Heart Association. *Physical activity*. Retrieved on January 7, 2010 from [www.americanheart.org/presenter.jhtml?identifier=4563](http://www.americanheart.org/presenter.jhtml?identifier=4563)

<sup>3</sup> National Center for Chronic Disease Prevention and Health Promotion. *Physical Activity and Health: A Report of the Surgeon General. The link between physical activity and morbidity and mortality*. Retrieved on January 7, 2010 from [www.cdc.gov/nccdphp/sgr/mm.htm](http://www.cdc.gov/nccdphp/sgr/mm.htm)

- improving symptoms of depression and anxiety while boosting feelings of well-being<sup>4,5</sup>.

Yet even with all of these benefits of exercise, physical inactivity is estimated at contributing to 1.9 million deaths globally<sup>6</sup>, and approximately 60% of the world's population is considered sedentary. After learning of this statistic, I am brought back to a time in my life when I was sedentary and at risk for several health concerns including hypertension and obesity.

I can remember a time when sitting around the house, watching television for hours on end, was my status quo. Up and until two years ago, this is how I spent most of my free time. I remember looking in the mirror one day and saying to myself, "How did I get like this? How did I become so inactive?" Despite never playing sports, I was always an active child. I used to get a lot of exercise outside while playing with friends, going for walks with my dog, kayaking, and being involved in Boy Scouts (I'm proud to say I'm an Eagle Scout). It wasn't until I was in two very challenging car accidents that I started becoming less active due to the severity of lower back and joint pain. I found it difficult to exercise and also to sleep at night due to the pain. I found myself using and abusing sleep medicine and eventually alcohol to be able to manage the pain I was going through. All throughout college, and then when I began working,

<sup>4</sup> National Center for Chronic Disease Prevention and Health Promotion. *Physical Activity and Health: A Report of the Surgeon General. Adults*. Retrieved on January 7, 2010 from [www.cdc.gov/nccdphp/sgr/adults.htm](http://www.cdc.gov/nccdphp/sgr/adults.htm)

<sup>5</sup> World Health Organization. *Physical Activity*. Retrieved on January 7, 2010 from [www.who.int/dietphysicalactivity/pa/en/index.html](http://www.who.int/dietphysicalactivity/pa/en/index.html)

<sup>6</sup> World Health Organization. *Physical Inactivity: A global health problem*. Retrieved on January 7, 2010 from [www.who.int/dietphysicalactivity/factsheet\\_inactivity/en/index.html](http://www.who.int/dietphysicalactivity/factsheet_inactivity/en/index.html)

my activity level declined to almost next to nothing. I started eating unhealthy food that was fat laden, fried, and filled with processed carbohydrates. At the age of 22, I was faced with the reality that I was 205lbs., 29% body fat, and I had a body mass index (BMI) of 31 (I was considered obese). I realized this put me at risk for diabetes, heart disease, stroke, hypertension, etc. In addition, I realized these conditions were prevalent in my family. However, the worst thing about it all was that I **hated** to look in the mirror because I could not believe who I became.

*At the Alternatives 2007* conference in St. Louis, M, I attended one of Dr. Peggy Swarbrick's workshops on Wellness. Peggy shared how people with mental illness were dying 15-25 years younger than the general population from cardiovascular disease, diabetes, and many other preventable conditions. Peggy asked all of us to make a commitment to reduce this number and increase our longevity. Each of the participants in the workshop selected things that he/she could personally do to be champions of the message of Wellness. I decided that as a Wellness Coordinator, I should be a role model and live the messages that I emphasize in my trainings/groups. I made a personal commitment to lose ten pounds, in order to make an attempt to reduce my risk factors for developing preventable medical conditions. This was the start of my fitness journey.

After getting support from colleagues and friends, I chose a simple do-it-yourself workout program from one of the popular fitness and nutrition books on the market. I set a clear goal that I wanted to lose ten pounds in 12 weeks. I sought the support of doctors, chiropractors, and personal trainers to aid in suggestions for reducing chronic pain in my lower back and in exercise design. I then chose a local low-cost gym (around \$20 a month, about the cost of two fast food dinners) and began exercising three and then eventually six days a week. I started lifting weights three days a week while also doing cardiovascular exercise on the other days. I chose activities like bicycling, kayaking, jogging, and taking the dog for long walks around the neighborhood to supplement my workouts.

I also looked at my nutrition and decided to get a lunch bag and bring my food with me wherever I go. Everyone jokes that I carry around a mobile kitchen! I save a lot of money this way, and I am able to choose healthy foods more vigilantly. I started eating six small meals a day that were filling and healthy. I aimed to eat several servings of fruit, vegetables, lean proteins, and low-glycemic carbohydrates. I removed unhealthy fats, processed carbohydrates, fatty meats, anything fried, and any drink with calories (soda, fruit juices and alcohol) from my diet. I gave myself one cheat day a week so that I could deal with the very challenging cravings from cutting out so many of my favorite foods (pizza, pasta, and pancakes).

I also created an affirmation, which I stated over and over again to help me push through the challenges of exercise and changing my diet. Constant use of this affirmation became particularly handy when I would see my trigger foods, when I would visit family who wanted to feed me unhealthy snacks, and especially on days when I just didn't feel like going to the gym. I also found it helpful to call my supporters when I was thinking of giving up; a brief phone call was all it took to get me motivated again. Over the course of twelve weeks, not only did I accomplish my goal, I surpassed it by losing forty pounds! I didn't choose to stop there, but rather I came to the decision to keep exercising and eating healthy not as a diet or as a fad but as a *lifestyle* change.

After eight months I was able to get myself down to 132lbs, effectively reducing my body fat percentage down to 10% and my BMI down to 21. Exercise has done wonders for my self-esteem and self-confidence. I am now able to look in the mirror and smile as I am happy with what I see. My ability to handle stress improved significantly now that I feel physically fit. If I have a tough day at work or in my personal life, the gym is a great outlet. I have also found that my moods are much more stable and positive, where as before I was often miserable and isolating. Being active and fit has not only helped manage my mood challenges, but it has also helped me to create and establish relationships and broaden my social support system. I have developed many close friendships with people who I see at my local gym.

Two years later and I am still exercising, and feel it is a real key to my personal wellness. If I even miss one day from exercising I can already feel a difference in my mood and ability to cope with the day's challenges. After all of the monumental change I made in myself, I came to the decision that I wanted to help others reduce their chances for developing life threatening conditions. I studied for several months and in August of 2009 I became a Certified Fitness Trainer through the International Sports Sciences Association. I have a strong passion and commitment to share with others how exercise and nutrition has made such a dramatic impact on my personal life so they too can make positive lifestyle changes.

If you are interested in hearing more about my story regarding fitness and exercise as well as learning more about the research supporting the relationship between exercise and personal wellness, please join me on January 29<sup>th</sup>, 2010 as Libby Bartholomew and I offer a workshop on "How Can Exercise Enhance Personal Wellness?" The workshop will be held at the CSP-NJ Eatontown office from 1-4pm. To register please contact us at [wec@cspnj.org](mailto:wec@cspnj.org).

### CONFERENCE FOCUSES ON SOCIAL INCLUSION

By now, you should have received an invitation to our annual Wellness Conference, *Ensuring Social Inclusion by Focusing on Personal and Community Wellness*, which will take place on March 18-19, 2010 at the Pines Manor in Edison,

### IN MEMORIAM: JUDI CHAMBERLIN

On January 16 Judi Chamberlin passed away at the age of 65 following a battle with lung disease.

Judi Chamberlin will likely be remembered by history as one of the most important voices in the civil rights movement for people with psychiatric disabilities. Her 1978 book, *On Our Own: Patient-Controlled Alternatives to the Mental Health System*, became part of the template which has led to our evolving system of care which recognizes the importance of respecting people's individual rights and histories of trauma, the value of peer support, and the function of the consumer/survivor movement in helping to shape the system.

Perhaps one of the most important aspects of Judi Chamberlin was that she wrote to and worked with the range of perspectives in peer-directed mental health systems reform. At one end, she was a trustee of *Mind Freedom*, which takes a strong "anti-psychiatry" perspective. At the other, she has played an active role with the *National Empowerment Center*, which itself is led by a psychiatrist. She also participated actively in research, working collaboratively with the *Boston University Center for Psychiatric Rehabilitation* and other bodies. During her final months she did not stop communicating, but rather helped spread her perspective through a newspaper article about the hospice care she received, and the lessons which mental health care can learn from the hospice movement and model.

While most "in memoriam" pieces end with condolences to friends and family, we will end this one with "condolences to our entire movement." Judi Chamberlin will be missed, and we can only hope and try to honor her memory.

please e-mail [nleditor@cspnj.org](mailto:nleditor@cspnj.org)). We believe wellness and recovery is Too often, people living with various disabilities are excluded from the community in which they live. Social inclusion is not just about having access. It is about *participation* in the community, as employees, students, volunteers, teachers, caregivers, parents, advisors, residents; as active citizens. People with disabilities experience exclusion in all aspects of life—social, economic, educational, spiritual, recreational/cultural, and health. As a result, we encounter high rates of poverty, unemployment, homelessness, poor health, early mortality, inadequate education, and social isolation. This conference will highlight how we in both our can personal and professional roles can focus on the development of a socially inclusive framework. The purpose of such a framework is to create and apply ways to give people with and without disabilities equal access to opportunities in the community. A social inclusion framework can also be an important community-based prevention approach for reducing the prevalence of mental and physical health problems. The conference will feature sessions that highlight how we can ensure social inclusion by focusing on wellness in our working, living and learning communities.

We have tried to include a wide variety of sessions focusing on every different dimension of wellness, suitable for people who are in varied roles, and aimed at varying levels of background and expertise. The conference is filling fast, and we hope to see you there.

## **DEFINING WELLNESS**

*by Peggy Swarbrick*

The term wellness is not new in society, although it is considered a relatively new framework as it relates to mental health recovery. Wellness is now being viewed as an important construct as it relates to personal recovery and mental health systems transformation. We use the term wellness quite broadly, and often tend to focus on the physical dimension. Programs and state authorities are also typically viewing wellness narrowly in terms of physical health. While physical health is important,

it is critical to understand the wellness framework as a bigger concept, so that services and programs can be organized, and outcomes measured, more effectively.

The following will provide a brief history of the term wellness followed by a *wellness framework*. We hope you will consider this framework as a guideline, whether you are managing your life, seeking and using services, delivering services, or helping to manage and oversee a wellness-oriented service system.

### ***Background***

Wellness is an inspiring and powerful word in the English language. However it is one of the least understood, and therefore most open to interpretation and personal definition. Wellness is not a popular or exotic fad, but rather a philosophy of living that can help people live a more satisfying, productive, and happy life. Wellness offers a person a philosophy that supports healthy lifestyle habits that have positive effects on quality of life.

Aristotle surmised “the development of personal strengths (potentials) in the context of a balanced life may be the key to well being.” Hippocrates wrote “a wise person should consider that health is the greatest human blessings and learn, by his/her own thought, to derive benefit from his/her illness.” For centuries, philosophies of good living and health and well being have evolved within societies. Since early times, the ancient Greek people went to temples to remove themselves from stress and pulls of life. They focused on diet, relaxation, and self-examination that was believed to help restore energy and vitality and a sense of wholeness, harmony, and balance. There was a holistic view of individuals. Music, arts, exercise, healthy nutrition, play, and imagery were seen to promote healing and health. Things such as art, philosophy, humor and spirituality were seen as lifestyle practices to replace

- Stress with harmony
- Anger with peace
- Despair with hope
- Isolation with community.

In 1961, Halbert Dunn started lecturing and writing articles about an idea he called “high level wellness.” Dr. Dunn stressed the importance of mind/body/spirit connections, the need for satisfaction and valued purposes, and a view of health as dramatically more than non-illness. He coined the term “high level wellness,” and defined it as “an integrated method of functioning of which the individual is capable within the environment.” In this definition, there is no optimal level of wellness, but rather recognition that wellness is a direction in the progress toward an ever-higher potential of functioning<sup>7</sup>. Wellness is not the absence of disease, illness, and stress but the presence of:

- purpose in life,
- active involvement in satisfying work and play,
- joyful relationships,
- A healthy body and living environment, and
- presence of happiness

During the 1960’s, 1970’s and 1980’s a variety of theoretical frameworks for wellness emerged. Dr Travis<sup>8</sup> published the Wellness Workbook and Dr Hettler<sup>9</sup> proposed a six dimensional wellness model

### **Wellness Defined**

Wellness approaches for mental health practice have been proposed in recent years (Copeland, 2002<sup>10</sup>; Hutchinson, 1996<sup>11</sup>; Swarbrick, 1997<sup>12</sup>; Weed, 1999<sup>13</sup>).

<sup>7</sup> Dunn, H.L. (1961). High-Level Wellness. Arlington, VA: Beatty Press; Dunn, H.L. (1977). What High Level Wellness Means. *Health Values*, 1(1), 9-16.

<sup>8</sup> *The Wellness Workbook*, coauthored with Regina Ryan (Ten Speed Press, 1981, 1988, Celestial Arts, 2004)

<sup>9</sup> Dr Bill Hettler 6 dimensions of wellness  
<http://www.hettler.com/OriginsoftheHettler6DimensionalModel.mht>

<sup>10</sup> Copeland, M. E. (2002). *Wellness Recovery Action Plan*. West Dummerston, VT: Peach Press.

<sup>11</sup> Hutchinson, D.S., (1996) “Promoting Wellness in Rehabilitation and Recovery - A Call to Action”. *Community Support Network News*, Vol. 11, No. 2.

<sup>12</sup> Swarbrick, M. (1997, March). A wellness model for clients.

<sup>13</sup> Weed, D. (1999). *Health Lifestyle Workbook for Consumers of Mental Health Services*. Fall

River Health and Human Services Coalition, Inc., Massachusetts Health Research Institute.

Wellness is a conscious, deliberate process that requires a person to become aware of and make choices for a more satisfying lifestyle. A wellness lifestyle includes a self defined balance of health habits such as adequate sleep and rest, productivity, exercise, participation in meaningful activity, nutrition, social contact, and supportive relationships<sup>14</sup>. It is important to note “self defined,” because everyone has individual needs and preferences, and the balance of activity, social contact, and sleep varies from person to person. Wellness is the process of creating and adapting patterns of behavior that lead to improved health in the wellness dimensions (see the 8 Dimensional Model of Wellness below, which is what we follow within CSP-NJ<sup>15</sup>’s Institute for Wellness and Recovery Initiative). The following section attempts to outline a framework for mental health recovery. Throughout 2010 we will highlight many aspects of these dimensions as they relate to personal and professional practices.

### **Eight Wellness Dimensions**

#### **(1) Physical**

- Recognizing the need for physical activity, diet, and nutrition while discouraging the use of tobacco, drugs, and excessive alcohol consumption.
- Attention to physical and physiological signs of stress.
- Balancing the physical dimension by creating a self defined daily routine that includes adequate sleep and rest, walking or exercise, appropriate levels of activity and productivity, and involvement in creative or structured activity that counteracts negative stress responses.
- Learning to assume personal responsibility and care for minor illnesses and also knowing when professional medical attention is needed.

#### **(2) Spiritual**

- A broad concept that represents one’s personal beliefs and values, having meaning and purpose, and developing a sense of balance and peace.

<sup>14</sup> Swarbrick, M. (1997, March). A wellness model for clients. *Mental Health Special Interest Section Quarterly*, 20, 1-4.

<sup>15</sup> Collaborative Support Programs of New Jersey

Our spiritual dimension recognizes our search for meaning and purpose in human existence. It includes the development of a deep appreciation for the depth and expanse of life and natural forces that exist in the universe.

- For many people healing and health is enhanced by exploring, respecting, and incorporating personal values and beliefs and awareness of a being or force that transcends the material world and gives a sense of connectedness to the universe.
- For many people, the spiritual dimension is closely related to cultural, religious, and/or spiritual traditions.

### (3) Social

- The social dimension encourages contributing to the environment and community and emphasizes the interdependence between ourselves, others, and nature.
- Our ability to communicate our needs and ideas with people who support and care about us.
- Personal relationships, important friendships, and connection with people, pets, and the community.
- Like all other dimensions, people's social connectedness and social wellness varies greatly. Some people have a few relationships, others have many. Some people have most of their relationships in one area of their lives, others have broader relationships.
- For many people, relationships involve a sense of reciprocity and equality.

### (4) Intellectual

- Recognize our creative abilities and find ways to expand our knowledge and skills while discovering the potential for sharing those gifts with others. Lifelong learning, application of knowledge learned, and sharing knowledge.
- The intellectual dimension can be activated through a wide array of activities. Many people find it useful to set aside time regularly to pursue personal interests, such as reading books, magazines, and newspapers and engaging in other means of keeping abreast of current issues and ideas.

### (5) Emotional/Mental

- The capacity to recognize our feelings; involves the ability to express feelings, adjust to emotional challenges, and cope with life's stressors.
- The ability to assess our strengths, limitations, and areas we want to develop further.
- Tolerance, and the awareness of and acceptance of a wide range of feelings in ourselves and others.
- The ability to live and work independently while realizing the importance of seeking and appreciating the support and assistance of others.
- The ability to take on challenges and recognize conflict as being potentially healthy.

### (6) Occupational

- The opportunity to participate in activities that are meaningful and rewarding, and provide meaning and purpose.
- Activities that reflect personal values, interests, and beliefs.
- Personal satisfaction and enrichment in one's life is derived from participation in work and volunteer activity as well as other activities and tasks from which we derive pleasure and satisfaction.

### (7) Environmental

- The environment includes our living, learning, and working spaces and the larger communities where we participate as citizens.
- Good health can be fostered by occupying pleasant, stimulating environments that support our well-being. Additionally, good health can be enhanced by places and spaces that promote learning and contemplation and elicit the relaxation response.
- Being able to be and feel physically safe, in safe and clean surroundings, and able to access clean air, food, and water.

### (8) Financial

- Refers to the *objective* perceptions and *subjective* indicators of individuals' personal financial status. *Objective indicators* may include measures such as income, debt, savings, and aspects of financial capability such as knowledge of financial products and services,

planning ahead, and staying on budget. Subjective indicators may include an individual's perception of satisfaction with their current and future financial situation.

## **A STARCHY VEGETABLE: THE SWEET POTATO**

*by Maureen Falkowitz*

*During the coming year, I will be discussing a variety of vegetables and fruits that will add a healthier dimension to your diet. My hope is that this information may help you expand your knowledge when making food selections.*

In recent months, I have noticed that many health care professionals are emphasizing the *healthy plate method*<sup>16</sup> as a way to lose weight and increase the intake of vitamins and minerals. They describe the typical dinner by visualizing a plate filled with food. One half of the plate is filled with non-starchy vegetables, such as broccoli, spinach, or leafy greens, one quarter with carbohydrates, such as potatoes, pasta, or rice, and the remaining quarter with lean protein, such as fish, chicken or beef.

Now that winter is here with its snowy days and cold temperatures, our thoughts turn towards warming comfort foods. A sweet potato is a prime candidate in this category. Since it is a starchy vegetable, it is considered to be a carbohydrate. Therefore, it serves as a healthier substitute for white potatoes, pasta, or rice, and would fill up only one quarter of the plate. It is plentiful, economical, and readily available in local supermarkets all year round. There are also many simple sweet potato recipes to add interest to your meals. When making

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<sup>16</sup> *Fruits and Vegetables – Fill Up With Fewer Calories*. (2009). Retrieved December 31, 2009, from Rutgers New Jersey Agricultural Experiment Station web site: [www.extension.org/pages/Fruits\\_and\\_Vegetables\\_-\\_Fill\\_Up\\_With\\_Fewer\\_Calories](http://www.extension.org/pages/Fruits_and_Vegetables_-_Fill_Up_With_Fewer_Calories)

food choices, it is a worthwhile, healthy addition to your diet.

Sweet potatoes are a Native American plant that was the main source of nourishment for early homesteaders and for soldiers during the Revolutionary War. *These tuberous roots are among the most nutritious foods in the vegetable kingdom.* They are excellent sources of vitamins A and C. This is why one colonial physician called them the "vegetable indispensable." Sweet potatoes are often confused with yams, but yams are large, starchy roots grown in Africa and Asia. Yams can grow up to 100 pounds and are rarely available in American supermarkets. Sweet potatoes have greater nutritional value than yams. Because of the common use of the term "yam," it is acceptable to use this term when referring to sweet potatoes. Sweet potatoes contain an enzyme that converts most of its starches into sugars as the potato matures. This sweetness continues to increase during storage and when they are cooked.<sup>17</sup>

Although sweet potatoes are harvested in August through October, they are available in supermarkets all year. Many stores feature them at Thanksgiving and Christmas. There are two varieties of sweet potatoes; the pale yellow with a dry flesh and the dark orange with a moist flesh. The dark orange variety is plumper in shape and somewhat sweeter than the yellow variety.<sup>2</sup>

The sweet potato is tasty and filling and high in vitamins and minerals. Most importantly, the sweet potato has *anti-inflammatory* properties and a *low glycemic index score*.<sup>18 19</sup> These attributes are what make these foods highly beneficial for the body.

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<sup>17</sup> *Fruit and Vegetable of the Month. Vegetable of the Month: Sweet Potatoes*. Retrieved December 31, 2009, from CDC Centers for Disease Control and Prevention web site: [www.fruitsandveggiesmatter.gov/month/sweet\\_potato.html#top](http://www.fruitsandveggiesmatter.gov/month/sweet_potato.html#top)

<sup>2</sup> See previous footnote above.

<sup>18</sup> See discussions of anti-inflammatory foods and the *glycemic index* in *upcoming issues of this newsletter*.

<sup>19</sup> [www.uwex.edu/ces/flp/conference%20handouts/Rakel\\_GLYCEMIC%20INDEX.pdf](http://www.uwex.edu/ces/flp/conference%20handouts/Rakel_GLYCEMIC%20INDEX.pdf) Reports the Glycemic index of an average sweet potato to be 54.

They should be eaten whenever given the opportunity.

Here is an adaptation of the Winn-Dixie Signature<sup>20</sup> recipe that is sure to be a hit:

#### Pineapple-Sweet Potato Bake

- 1-1/2 to 2 lbs sweet potatoes or yams (two large ones)
  - 4 Tbs. salted butter
  - 1/2 teaspoon salt
  - 8 ounces Pineapple, canned, juice pack, crushed – drained
  - 1/3 cup orange juice
  - 1/4 cup brown sugar – firmly packed
  - 1/4 cup walnuts or pecans, chopped
- 1) Preheat oven to 350 degrees.
  - 2) Peel the sweet potatoes, cut into thirds or quarters, and place in saucepan with water to cover.
  - 3) When water boils, continue boiling for another 15 minutes or until done.
  - 4) Drain cooked sweet potato in a colander, discard the water.
  - 5) Place sweet potato into large bowl.
  - 6) Mash it with butter and salt.
  - 7) Continue mashing and combine pineapple and orange juice into mixture.
  - 8) Spoon mixture into greased 1-quart casserole or glass loaf pan.
  - 9) Sprinkle brown sugar and walnuts (or pecans) across top.
  - 10) Bake at 350 degrees for 25 or 30 minutes or until thoroughly heated.

This recipe serves eight when you are following proper portion control. Each portion will contain 12-13 grams of sugar, assuming you started with no added sugar in the sweet potatoes, pineapple, or nuts.

### **ABOUT 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 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](mailto:NLEditor@CSPNJ.ORG).

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<sup>20</sup> Winn-Dixie Signature Recipe, *Pineapple-Sweet Potato Pie*. (2009). Retrieved December 31, 2009, from Winn-Dixie Stores, Inc., 5050 Edgewood Court, Jacksonville, FL 32254 web site: [www.winn-dixie.com/food/recipes/side\\_dishes/pineapple\\_sweetpotato.asp](http://www.winn-dixie.com/food/recipes/side_dishes/pineapple_sweetpotato.asp)

## CSP-NJ'S UPCOMING TRAININGS

*CSP-NJ's Financial Services* staff members conduct **FREE** trainings, which are open to the community, on various aspects of achieving financial wellness, economic self-sufficiency, and full control of personal finances. From January through June, 2010, the staff will conduct a one hour training on Smart Shopping at 10am, and a one hour Financial Services Orientation at 11am, in the following locations:

- Absecon (2nd Tuesday of each month)
- Clifton (2nd Monday of each month)
- Eatontown (Smart Shopping on the 2<sup>nd</sup> Tuesday of each month, and Financial Services Orientation on the 3<sup>rd</sup> Tuesday of each month)
- Salem (2<sup>nd</sup> Wednesday of each month).

732-780-1175 Ext. 12. zreyes@cspnj.org

*CSP-NJ's Institute for Wellness & Recovery Initiatives* will conduct a **FREE** training session "How Can Exercise Enhance Personal Wellness?" The workshop will be held on January 29 at the CSP-NJ Eatontown office from 1-4pm. To register contact us at wec@cspnj.org.

*Please see the details on page 1 of our upcoming Wellness & Recovery Conference, March 18-19 in Edison.*

## TRAININGS FROM OTHER SOURCES

*Note: If you have events for inclusion, please get them to us as soon as they become available. nleditor@cspnj.org.*

The *US Psychiatric Rehabilitation Association* will conduct a webinar on January 27, on "Core Principles of Psychiatric Rehabilitation." The association will also conduct its annual conference on June 13-17 in Boise, Idaho. The scholarship deadline is February 15. www.uspra.org.

*UMDNJ University Behavioral Healthcare* (UBHC) will host 7th Annual Best Practice, Best Outcomes Conference entitled *Fulfilling the Wellness Promise* is scheduled for Thursday, January 28 from 9:00am-3:30pm, at the Imperia,

1714 Easton Avenue, Somerset. The registration fee is \$35.00. This program which will feature

- Joe Parks, MD, President of the National Association of State Mental Health Program Directors (NASMHPD) Medical Directors' Council
- Paolo Del Vecchio, MSW, Associate Director for Consumer Affairs at SAMHSA's Center for Mental Health Services (CMHS).

UBHC will also host New Jersey's first *Mental Health Quality Improvement Fair* on Wednesday, June 2. For further information call 732-235-9282 or e-mail, eatonsm@umdnj.edu.

*NAMI Middlesex County* and *UMDNJ University*

## HAVE YOU MADE THE ROUNDS?

Spring schedules are generally posted, and registration is opened, for various educational series around NJ, such as

- The Integrated Employment Institute of Central and Southern NJ – www.shrp.umdnj.edu/smi
- The Career Connections Employment Resource Institute - www.cceri.org
- The Supportive Housing Association in NJ – www.shanj.org
- The NJ Self-Help Group Clearinghouse – www.njgroups.org

And don't forget various trainings and educational series from local self-help groups – Self-Help Centers, NAMI affiliates, etc.

*Almost every training source listed in this box is likely to offer its sessions **FREE OF CHARGE***

*Behavioral Healthcare (UBHC)* have scheduled a **FREE** educational session: *Get to Work with Supported Employment*. It will take place on February 1 from 7-9pm at UBHC, Room D201, 671 Hoes Lane., Piscataway.

*The UMDNJ Department of Psychiatric Rehabilitation* presents a series of colloquia by faculty members which are **FREE** and open to the public. Each session will take place at 1776 Raritan Rd., Scotch Plains (room 333), and will

be simulcast to UMDNJ campuses in Newark and Stratford. The following sessions are scheduled:

- February 11, 6-8 pm, Carlos Pratt, PhD. & Russ Smith, MS, *Report on Psychiatric Rehabilitation in Pakistan Project*
- March 25, 6-8 pm, Michelle Zechner, MSW, Ann Murphy, MA, Amy Spagnolo, PhD, & Peggy Swarbrick, PhD, *Peer Wellness Coaching*
- May 6, 6-8 pm, Melissa Roberts, PhD, *Social Cognitive Career Theory*
- June 24, 6-8 pm, Annette Backs, MSW & Peter Basto, MS, *Engagement Strategies for Undergraduate Psychiatric Rehabilitation Web-Averse Students*

The New Jersey Psychiatric Rehabilitation Association (NJPRA) will host a "Hearing Distressing Voices Workshop" on Friday February 19 in Eatontown. The morning session begins at 10AM, ending at 12PM. The afternoon session begins at 2PM ending at 4PM. Registration: \$25 (includes a food court gift card) Registration Deadline is Friday, February 5. [www.njpra.org](http://www.njpra.org).

**Robert Wood Johnson Medical School, Division of Addiction Psychiatry** will offer a two-day continuing education training on March 12-13 in New Brunswick. *Treating Tobacco Dependence in Mental Health Settings* is designed for psychiatrists, psychiatric nurses, and other mental health professionals. <http://rwjms2.umdj.edu/pdapweb/TreatingTobacco.htm>.

**The Mental Health Association in Monmouth County** will host a **FREE** panel presentation on *Peer Support in Mental Health* on Thursday,

May 6, from 7:30-9pm, at the Eatontown Library, 33 Broad St. [Julie\\_mha@yahoo.com](mailto:Julie_mha@yahoo.com).

**The Consumer Provider Association in NJ (CPANJ)** will host its annual conference on Saturday, May 29, at Rutgers Cook College Center, New Brunswick. CPANJ provides valuable resources for current and future peer providers and for agencies seeking to increase their peer provider workforce. [www.cpanj.org](http://www.cpanj.org).

**NAMI NEW JERSEY** will conduct its annual conference on Saturday, June 12 at the Crowne Plaza, Monroe Township. The national organization, NAMI will host the annual convention on June 30-July 3 in Washington, DC.

The **Points of Light Institute** and the **Corporation for National and Community Service** will conduct the National Conference on Volunteering and Service in New York City on June 28-30. [www.volunteeringandservice.org](http://www.volunteeringandservice.org).

**Alternatives 2010** is the only national mental health conference organized by and for people diagnosed with mental illnesses. It will take place September 29 through October 3 at the Hyatt in Anaheim/Orange, California. The National Empowerment Center (NEC) is coordinating the event.

**The Sixth World Conference on the Promotion of Mental Health and Prevention of Mental and Behavioral Disorders** will take place on November 17-19 in Washington, DC. <http://wmhconf2010.hhd.org>