

Voices for Change

Volume 28

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Community Based Flexible Supports (CBFS) by Susan Landy

People who are in the Department of Mental Health (DMH) system may have heard about the new service for many DMH consumers called Community Based Flexible Supports. You have to be a DMH consumer to get the service. This new service will start July 1st in all DMH regions. There is a detailed description of what the DMH wanted vendor agencies to provide for services

on www.communitybasedflexible.com. Look under "solicitations",

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Consumers Meeting at Latin Conference

Recovery Story by Craig Olson

I had qualms about writing this story for a number of reasons. I was afraid that my bad experiences with a number of treatments might dis-

courage people. Also I didn't want to dredge up bad memories. On top of that, I was afraid it would subject me to more stigma. The symptoms I was try-

ing to alleviate were insomnia, nervousness and panic attacks.

The first thing I tried was

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The Transformation Center Mission Statement

As peers in all stages of recovering our mental health wellness and freedom from addictions:

We promote the growth and voices of people with lived experience, individually, in communities and in organizations.

We facilitate these diverse voices to impact and transform policy and practice.

CBFS

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then under “closed solicitations.” Then under “Department or Entity”, look for Department of Mental Health. This document is called the Request for Responses, or RFR. Attachment A is the best characterization of the services. If you can’t find it, call Susan Landy at The Transformation Center (617) 442-4111.

There are 4 areas of service in Community Based Flexible Supports: 1) rehabilitation, 2) support, 3) supervision and 4) housing/room and

board. The RFR says, “It is the role of CBFS contractors to individualize the delivery of services in partnership with each client. (Page 2 of RFR).” This statement brings out two of the outstanding features of the new service: it is to be highly individualized and to give much more choice to the consumer of what services they get and how they get them. Also, the service is intended to be more flexible than the past service, and to change as the consumer’s needs change.

Through my reading of the RFR, *Rehabilitation* seems to be primarily symptom management in the community and maintaining the consumer’s skills for activities of daily living. *Support* seems to be primarily education of the consumer and assistance with staying in the community. *Supervision* seems to be keeping the consumer safe. *Housing/Room and Board* is usually only available to consumers who are getting the rehabilitation service. It seems to be group living (in the RFR) for consumers “who are unable to maintain community placement without intensive and consistent supervision and structure (page 16).” This is a greatly simplified interpretation.

Community Based Flexible Supports are intended to continue the

transformation of community care to reflect the values of recovery and resiliency. I must point out that the above and what follows are the *ideals* of the program and what happens in the community with the services is up to consumers to judge. Some things that seem to be different in the new service from the old service are: more individualization of services, a trauma-informed approach to care an emphasis on wellness, mandatory inclusion of peer-to-peer services, cultural competence and a new kind of service plan. It is also written into the RFR that substance abuse must be treated. Consumers receiving CBFS will lose DMH case management.

The new Individualized Action Plan replaces the existing Program Specific Treatment Plan. CBFS vendors are expected (by the DMH) to use a person-centered, strength-based approach. For a set of Frequently Asked Questions about CBFS, you can go to the DMH site www.mass.gov/dmh and look under Initiatives for Community Based Flexible Supports.

I visited three DMH contract offices to look at the proposals that won the Contracts. Many of the proposals’ services seem to be modeled on the currently operating PACT teams, and a few of

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CBFS

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the providers said they were using the PACT team model. A PACT team is a team of human service people who serve the consumer. There might be 10 people in the group who might include a nurse, a housing specialist, a substance abuse specialist, a social worker, a peer counselor and other people with other specialties. One of them is usually available to go to the consumer's home.

Most of the proposals spoke of having a team approach, with variations on who would have the most contact with the consumer. In one case there was a person on the team who would follow the consumer throughout the program, even if s/he changed teams or services. In another case there was a three-person sub-team that had the closest contact with the consumer and presumably this sub-team might change as the consumer changed services. In another proposal, the team would remain constant through all the consumer's changing levels of independence.

One of the main differences between the new services and the old services is that the service centers around the person instead of each program. So, a services user can, through his/her team, access a variety of services such as housing, employment, peer support, wellness,

etc. instead of dealing with different planning and program expectations as in the past. One Vinfen employee that I talked with felt that because the planning of services was more collaborative than in the past and it was easier to access a variety of services, therefore the consumer would have more responsibility for assembling his/her services. This employee said that at Vinfen there would be preparation for added participation as needed by consumers.

The Vinfen employee said that the federal standard of "medical necessity" might at times be tricky to reconcile with service priorities. That is, the consumer's goal might have to be explored to see where it would fit in with "medical necessity." The Vinfen employee commented that due to budget cuts there were fewer contracts for services or different services than had been expected originally. He also had a concern about the availability of case management in light of the recent laying off of about 100 case managers across Massachusetts. He mentioned that there would be an increased demand for Peer Workers at many of the vendors and that job postings could be found in the Transformation Center's email newsletter the Recovery Network News. To subscribe to this e-newsletter you need access to a com-

puter and email. Call the Transformation Center (617) 442-4111 to subscribe.

On subjective concerns about the program, one DMH worker that I talked to at another time with worried that workers, especially in the residences, might not have enough training to do the job well. She said many of them are part time or right out of college. She also said that some staff are leaving because they don't want to work for the new vendor, and this is causing hospitalizations already because consumers of 15-20 years aren't used to changes. This is the opinion of one DMH worker.

Several people that I talked to thought that the new program is very ambitious, especially since it started July 1. "It's a work in progress," said one contracts manager.

Comments on this article are welcome on the Lived Experience of Massachusetts forum www.lemforum.org. There is a thread called Community Based Flexible Supports.

"I may not be where I want to be today, but I am surely not where I was yesterday."

-Juany Lopez



Craig Olsen

Recovery Story

Continued from page 1

psychotherapy. Although not harmful, it didn't work. Then I tried medication. The first drug I took was Nembutal. It failed. This same drug was blamed in the death of Marilyn Monroe. It is a barbiturate. Then I was given Lithium, which is used for depression and for bipolar disorder. Every doctor I saw gave me a different diagnosis! One doctor at McLean said I had "affective schizophrenia." The Lithium failed. A friend of mine who was on it got fine tremors in his hands from it. I met a woman who said she went into a coma from it. When the Lithium level gets too high, it is neurotoxic.

I had various drugs including Thorazine, Haldol, Navane, etc. I had an MAO inhibitor. All of these drugs failed. I got muscle spasms from the Haldol. Navane made me worse. I went two days without sleeping on it.

Then I had shock treatment. That failed also. I tried megavitamins with Niacin. That failed. I tried fish oil. That failed. I tried St. John's Wort. That failed.

At that point in time I decided to figure out what the chemical imbalances were and to correct them with nutrition. This is an orthomolecular approach. I read about the orthomolecular approach including a brilliant 1973 book called *Orthomolecular Psychiatry* edited by Hawkins and Pauling. It made a lot of sense. They said that sugar was bad, but their explanation of why sugar was bad seemed weak. They wrote about hypoglycemia, but my fasting blood sugar was normal. However, my Lactic Acid was high.

Experiment

I decided to do an experiment to test orthomolecular theory. I bought some Zarex, which was almost pure sugar. I chugged a pint of it. This was dangerous, but I am not diabetic. I felt very relaxed for an hour. Then I started to feel nervous and sweat. I started to get paranoid. I was wiped out for the rest of the day. This verified orthomolecular the-

ory. It was clear that something was wrong with my carbohydrate metabolism.

Then I tried taking various Amino Acids. Tryptophan made me worse. Some Amino Acids such as Glycine and Glutamine had no effect. I do not recommend Monosodium Glutamate because the Sodium is bad for you. Cysteine and Methionine made me worse. They gave me headaches.

I started to study Tryptophan. I found out that a large dose of sugar has the effect of pumping Tryptophan into the brain because of the action of Insulin. Then it dawned on me. Tryptophan was the culprit! Tryptophan is found in protein. I decided to go on a low Tryptophan diet. I started to slowly get better. I used to have terrible insomnia. Now I get eight hours of sleep every night. I used to be nervous and get panic attacks. Now the panic attacks are gone. I am more relaxed.

I have published the details of my diet in blogs at Gather.com and Associated-Content.com. These websites pay me to write blogs.

I take a fiber supplement (Psyllium). I also take various nutritional supplements. The fiber slows down the rise in blood sugar after

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Latin Leadership Conference

By Susan Landy

The first annual Latin Conference presented by the Transformation Center was held June 23-24, 2009 at the Best Western Inn and Conference Center in Marlboro, MA. Thirty-nine people attended. The purpose of the conference was to bring together Latinos from across the state to discuss recovery and peer support and to introduce the Latin Leadership Academy. It was the first conference by the Transformation Center that was presented entirely in Spanish.

Many Latin Peers expressed to the Conference Coordinator, Catherine Quinerly of the Transformation Center, that they had made some progress in their recovery but felt they lacked the opportunity to provide peer support and give back to the Latin community. The purpose of the conference was to discuss the concern of many Latin Peers who had "plateaued" in recovery and to find ways to discuss readiness and define the role of a Latin Peer Specialist. Most attendees spoke only Spanish.

The conference started off June 23rd with a half-day "getting to know you" which included a series of exercises, including a discussion on "Vision and Values." The afternoon featured several presentations on Self Care for Latin Peer Leaders, including a presentation by Oliva Tejada

of N.I.L.P. on Stress Management, a presentation by members of Casa Primavera on Family, Depression and Hope and Recovery in the Latin Community.

On June 24th, Peer Specialist and National Speaker, David Gonzalez spoke about his own recovery and his many years of advocacy in New York and beyond. In the afternoon, presenters from Latin Initiatives at the Center for Psychiatric Rehabilitation at Boston University led a discussion on "Utilizing our own voices, who are we and where are we going." Conference attendees presented who they were and how they were giving back to the community. There were several exciting reports in regards to Latin Peer Support throughout the Massachusetts Recovery Learning Communities in Lawrence and Springfield and Worcester.

The first Latin Conference was a wonderful opportunity for Latin leaders in the mental health community of Massachusetts, and potential leaders, to meet, network, and gather information about the current and future Latin support within their communities. Said Catherine Quinerly (conference originator), Transformation Center, "It was an opportunity long awaited." Catherine would like the Latin community of

Massachusetts to know that "If you missed it, there are more coming" and "we are looking for more Latinos to participate" in future events and groups. For more information about activities in the Latin Peer mental health community, contact Catherine Quinerly at catherineq@transformation-center.org or (617) 442-4111.

Thanks to Valeria Chambers, Transformation Center, the Massachusetts Recovery Learning Communities and Casa Primavera for helping to organize the conference. Funded by Mass. Behavioral Health Partnership.

Recuperacion y Esperanza

Traducido de Catherine Quinerly

La primera conferencia latina anual de El Centro de Transformación ocurrió el día 23 y 24 de junio de 2009, en el Best Western de Marlboro, Massachusetts. Treinta y nueve personas participaron en la conferencia. El propósito de la conferencia fue para reunir Latinos de el estado para discutir la recuperación y la ayuda del par en la comunidad latina, y para introducir a la Academia Latina de Compañeros de Acción. Recuperación y Espe-

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Recuperacion

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ranza en la Comunidad Latina era la primera conferencia presentada completamente en español.

Varios compañeros de apoyo latinos expresaron a la coordinadora de la conferencia, Catherine Quinerly de El Centro de Transformación, que habían hecho progreso en su recuperación pero habían sentido que ellos no tenían muchas oportunidades a devolver apoyo de otros pares entre sus comunidades. El propósito de la conferencia era discutir la preocupación de muchos pares latinos que se han recuperado y encontrar maneras de discutir la preparación y como definir quien es un Compañero de Acción y apoyo. La mayoría de las personas que participaron en la conferencia solamente hablaban español.

La conferencia comenzó el 23 de junio con “familiarización de otros participantes” que incluyó una serie de ejercicios, incluyendo una discusión sobre “visión y valores.” La tarde ofreció varias presentaciones; “Autosuficiencia de uno mismo viene primero para todo Compañeros de Acción”, una presentación de Oliva Tejada de N.I.L.P. sobre Gerencia De la Tensión y una presentación de los miembros de Casa Primavera sobre La Familia, Depresión, Recuperación y Esperanza en la comunidad latina.

El 24 de junio, Compañero de Acción, altavoz nacional y un dirigente que se opone al tratamiento mental forzado, David Gonzalez hablo sobre su propia recuperación y los muchos años ayudando a otros en Nueva York. Por la tarde, los presentadores de Latinos en el Centro Para la Rehabilitación Psiquiátrica en la Universidad de Boston condujeron una discusión sobre “utilizando nuestras voces, quienes somos y hacia donde vamos”. Había varios informes y historias emocionantes de participantes en respeto a la ayuda entre sus comunidades latinas. Varias areas de Massachusetts representaron como ellos estan trabajando y ayudando a otros en Lawrence, Springfield y Worcester.

La primera conferencia latina fue una oportunidad maravillosa para los pares de el

Departamento de Salud Mental de Massachusetts, y pares potenciales de varias areas para reunirse, obtener información, red y como la comunidad latina puede ayudar a otros individuos a encontrar su propio camino de recuperación. Catherine Quinerly, Coordinadora Administrativa de el Centro de Transformación, “era una oportunidad esperada entre la comunidad latina.” me gustaría que la comunidad latina de Massachusetts supiera “si usted no puedo asistir, más reuniones serán programadas “estamos buscando más Latinos para participar entre sus comunidades y para participar en la Academia

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Participants at Latin Conference in Marlboro, MA

Recuperacion

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de Compañeros de Acción y grupos de apoyo locales. Para más información sobre actividades en la comunidad latina y sobre la Academia de Compañeros de Acción, por favor llame a Catherine Quinerly en el Centro de Transformacion en 617-442-4111 o por email; cat-herineq@transformation-center.org.

Gracias a todo que participaron en la organización de esta conferencia; Valeria Chambers, Centro de Transformación, Casa Primavera, El Centro de Aprendizaje de Recuperación de Springfield, Worcester y Lawrence Massachusetts.

Certified Peer Specialist Training (CPST) in Massachusetts

By Lyn Legere

Massachusetts has been offering Certified Peer Specialist Trainings and certification exams since August of 2006. There are more than 100 people who have successfully completed the Massachusetts CPS

program (and exam), many of whom participated in the graduation ceremonies that have been held at the State House.

But what is a CPS and what does a CPS do? And why are we training people for this role anyway?

Peer support is “a system of giving and receiving help founded on key principles of respect, shared responsibility, and mutual agreement of what is helpful.” (Mead, Hilton & Curtis, 2001) Peer workers are people who have “lived experienced” of receiving a psychiatric diagnosis and being treated in the mental health system, and also are interested in helping others in a similar position. By listening empathetically and sharing experiences of both difficulties and successes, peer workers are uniquely able to help others. Peers are able to understand and relate to service users’ experience, but more importantly, can offer hope of recovery and wellness.

When peer support moves from the informal support we may give a friend to providing peer support as part of a job, it requires a certain level of skill and knowledge that doesn’t just come naturally. Peer support done in work has to be done with a level of “intention.” That is, peer workers need to think

through what they’re doing and saying, and be sure that it is something that will benefit the person they’re working with. We don’t ask the people that we work with to equally provide us with support. Not all peer jobs require a certification course, but if a person is hoping to work individually with others and provide effective support, training is the way to bring additional skills to the wealth of experience the person already possesses.

The CPS training program is a rigorous 9-day training that teaches competencies in skillfully sharing personal experience, the recovery and change process, the mental health system, recovery oriented practices, listening and partnering skills, conflict and integrity

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Lyn Legere

CPST

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in the work place, decision making, self-help tools and strategies, and personal advocacy. Students must attend all but three hours of class, complete homework, and pass a written and oral exam. Consequently, CPSs come to the workforce with a wide variety of knowledge and skills that supplement the wealth of education their experience has brought them.

The power of peers is well-documented in many health disciplines (such as alcohol treatment & diabetes, and cancer) and in other arenas, including transition aged youth peer mentoring. It is a great stride forward that we are utilizing this powerful tool in our mental health system as well.

Massachusetts has the only fully peer-run and operated CPS program in the country. It has changed peoples' lives (including mine), and the many CPSs already trained will positively impact services throughout the state, both within and beyond the traditional system.

Lyn Legere is the Director of Education and Peer Support at the Transformation Center.

"They cannot take away our self respect if we do not give it to them."

-Mahatma Ghandi

Recovery Story

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eating. I eat mostly fruits with some vegetables and some grains. It is a vegan diet. It has no cholesterol and little fat.

For a complete version of this story please go to www.transformation-center.org/news/newsletter/vfc.html . Voices for Change does not endorse any particular treatment for psychiatric/ physical issues.

Class 22 of CASCAP

By Amy Dalberg

Class 22 of Cascap, Inc.'s Consumer Provider Program (CPP) graduated on May 14th in a ceremony that reflected the great personal achievements of its students. The festivities were bittersweet, as CPP lost its state

funding last December in the DMH cuts that so widely affected those of us with mental health disabilities. Cascap, which lost its entire contract with DMH and is in the process of closing its doors, generously footed the bill for Class 22's Spring semester. According to Cascap CEO Michael Haran, who spoke at the graduation, Cascap felt a moral obligation to allow students to complete the program since they had already put a great deal of time and effort into their studies. Mr. Haran's attitude is a prime reflection of Cascap's dedication to the recovery of people with mental illness.

CPP was begun in 1993 to help people with psychiatric disabilities to develop a career in mental health and human services. The program con-

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Amy Dahlberg

Class 22

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sisted of 15 weeks of full-time coursework followed by 15 weeks of part-time coursework and a 300 hour internship in a mental health setting. Students earned a Certificate in Human Services through Bunker Hill Community College and received assistance with job placement from CPP Director Laurie Rose. Although funding has not been located for future CPP classes, Laurie is searching widely for monies that might ensure CPP's future.

CPP was a Supported Education and Employment (SEE) program under DMH and was cut along with all of the State's other SEE programs. Many have commented on the symbolic nature of the decision to cut all SEE programs. Education and employment are a major part of recovery for many people with mental illness. Many services, including shelter, food, and medication, are relatively easy to provide compared to preparing individuals for a career and helping them enter the workforce. As Laurie Rose once put it, "We're not good at getting people a life." Yet, that is exactly what CPP and other SEE programs sought to do. CPP's instructors took into account the varied needs and strengths of each student and helped them to find their niche in the mental health field. The result was tremendous personal

growth and success for students they assisted. CPP helped students tackle the more challenging aspects of recovery and reap hard-earned but lasting rewards.

As a graduate of Class 22, I am extremely grateful to instructors Laurie Rose and Lisha Weeks for their teaching, guidance, and support during these past nine months, and to Cascap for the monetary contribution that enabled me and my classmates to finish CPP. I encourage anyone who considers CPP a worthy endeavor to write to Governor Patrick and DMH Commissioner Barbara Leadholm and push for the reinstatement of State funding for CPP, which has been such a powerful engine of recovery for me and others.

Empowerment Group Starting

By Kimberley Warsett

Join the Empowerment/Skills Share Group at DBSA Boston.

This new group meets at DBSA Boston the third Wednesday of every month.

We support each other as we work toward our goals.

We also barter with each other for services we can offer each other outside of the group. So you may help someone else in the group

with a service they need (if you play guitar you could teach them) and someone else may help you with something you need—whether it's a service or you just need someone's company while you try and accomplish a task.

It is be good fun, and we support each other as we move on in recovery.

Our philosophy is based on the national prosumers organization:

Recovery is possible by making responsible choices and giving back to the community.

Make a positive stamp on your recovery and the recovery of everyone in the group!! Working together, we become stronger and make our dreams a reality.

The next meeting will be August 19 from 7-9 in Demarneffe Cafeteria. We had a high turnout for our first meeting and expect that to continue. After this, we will meet from 7-9 in the cafeteria on the third Wednesday of each month. Please contact Kimberley Warsett at kswarsett@yahoo.com for more information.

"There are as many ways to live and grow as there are people."

-Evelyn Mandel

Black As the Night

By Christopher Magnussen

As far as you go, you're never too far behind.
in this city of Lowell, black soul.
Black Soul, in the city of Lowell.

A love of your own, you're never too far behind....
Never denied me, on this loving sea....

Doors open doors close.
Patience is the chance I live with.
Doors open doors close.
Patience is the chance I live with.
Doors open doors close.
Patience is the chance I live with.
Am I the only one hoping....??

A love of your own, you're never too far behind....
Never denied me, on this loving sea....
Keep on looking in this city....

Years on end, years that don't end.
Years on end, years that don't end.
Years on end, years that don't end.....
On this loving, On this giving sea.

Black as the Night, I've been with you, are you with me?



Christopher Magnussen

Friends Recovery Meeting

By Amy Dahlberg

On March 24th, The Friends: Voices of Rehabilitation and Recovery held its North East Forum on "The Risks and Benefits of Working in a Tough Economy" at the Point After Club in Lawrence, MA.

Nan Donald, Director of the NEA Recovery Learning Community, spoke about the risks and benefits of employment in this difficult economy and introduced several peers who shared their experiences around work, illness disclosure, and vocational development. One woman emphasized that the decision of whether or not to disclose a psychiatric diagnosis is a very individual matter. She described how she encountered discrimination when she revealed her mental illness to the "wrong people." Although she felt betrayed and nearly gave up working, she now has a good job and chooses not to disclose.

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Carol L'Italien of the Point After Club provided an animated discussion on the issue of disclosure. She shared a useful handout on the costs and benefits of disclosure, including a worksheet to help individuals think about whether or not to disclose. To reduce stigma, L'Italien argued, people need to spend time with individuals with mental illnesses and, ideally, work side-by-side with them. We need to put faces to mental illness, she said, so people see that we are more than our diagnoses.

Brian Forsythe of the BenePLAN Program at UMass Medical School answered questions about cash benefits and medical benefits for those in employment. Audience members appreciated his ability to explain clearly the rules on eligibility and benefit calculations.

Friends Co-Chairs Joan Rapp and Dennis McCrory presided over the meeting and brought an exceptionally supportive tone to the proceedings. Along with the audience, they cheered individuals on in their vocational pursuits. The Forum demonstrated that achieving successful employment is a process, and that working a full-time job is not necessarily a near-term goal. Individuals may want to take smaller steps, and that's healthy. The most important thing, the meeting underscored, is to grow and appreciate the journey.

Wrap Facilitator

By Elizabeth Amaral

The Mass WRAP (Wellness Recovery Action Plan) Facilitator's training was held at the Genesis Center in Westfield, MA, September 28th thru October 3rd 2008. Certified Advanced WRAP Facilitator Trainers Marina Colonas, Kerrie Fallon and Margot McMahon joined 12 WRAP facilitator hopefuls this five day intensive training. This five day intensive preceded a 10 week training practicum.

We arrived on a crisp fall day to a quiet retreat center where we were greeted by the smell of home cooking and a calm silence. This center is nestled on several acres of land. The retreat center is attached to a convent. For five days we worked on understanding and facilitating Mental Health Recovery including Wellness Recovery Action Planning. The group gave individual presentations, reflecting their understanding of the material, while getting to know their inner facilitator.

Over the past six months, the individuals I met have become colleagues as well as fellow supports on my journey of recovery. Also, I gained a great deal of knowledge about myself and my ability to help others.

Throughout the train-

ing, I learned the importance of feedback for personal as well as professional growth. After each person's various presentations, we were asked to make two positive and one constructive feedback points. At first this was extremely challenging, but with practice I learned how to give effective feedback, which is a genuine suggestion for improvement.

Since the training, I have had the opportunity to present an overview of WRAP at The Southeast's Friends Forum, to Community Counseling of Bristol County's outpatient clinicians, and to Taunton State Hospital's rehabilitation department. It's important to educate the provider community on this peer training, as it is a critical piece towards a change in the system.

Also, on Friday March 6, 2008 a group of ten peers gathered at the Recovery Learning Community to hear an overview. Bob Rousseau, a peer specialist for the New Bedford PACT team, will be my co-facilitator as we bring WRAP to the southeast. We hope to hold our first class at the RLC starting in July.

Presently, I have started a WRAP group at

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VOICES FOR CHANGE

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www.transformation-center.org

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Taunton State Hospital with Kerrie Fallon as my co-facilitator. My final test was my first class, where I prepared participants with an overview of the ten week curriculum, while being observed by Kerrie. We just finished our second class and have received positive feedback from members of the group. On Saturday, March 15, 2008, I hosted the ongoing WRAP support group that we developed throughout the training. A group of 6-8 of us met in the southeast to see how each

other was doing using WRAP in their lives and what the next steps were in regards to starting a group.

Along with the training I received, the staff at the SEMARLC (Southeastern MA Recovery Learning Community) completed a 10 week class where each person put together their own WRAP, thus qualifying them to do 1:1 WRAP planning with peers in the community.

WRAP is not clinical or mandatory, but peer run

and voluntary. We value that each individual is an expert on themselves and that peers can and do recover.

It was a long journey, but I did it! I'm a Certified Mass WRAP facilitator!

For more information or a presentation on WRAP contact:

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