

# Voices for Change

Issue 31

A Statewide Newsletter of the Mental Health Community

Summer 2010

**Editor**  
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**Editorial Assistance**

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## What is a Certified Peer Specialist?

By Lyn Legere and Marcia Webster

The past few years in Massachusetts have seen the growth of a new professional in and beyond the mental health system - A “Certified Peer Specialist” or CPS. This is an exciting new profession, but more important, it is an important role, unlike any other to date. The first requirement to be a CPS is that the person has 1<sup>st</sup> hand lived experience with extreme emotional states that led to a diagnosis of “mental illness” and treatment, has moved beyond the disabling impact of

those experiences, and chooses to share those experiences to inspire hope for others. Other mental health professionals have lived experience and more are disclosing it at work, but the new role of Certified Peer Specialist is different.

What is unique about the CPS is the specific role and function they serve in their work. The advocates for the role of CPS, as well as the people who chose this new field of work, are, in many ways, the same as

many pioneers of the 1600’s, the 1700’s, 1800’s and throughout the last century. It is a movement uniting

*(Continued on page 2)*



Lyn Legere

## Recovery Story by Jennifer Sotomayor



My mental illness started from a childhood full of trauma. I started to become very aggressive with others and had become so depressed that I could

barely function. I ended up quitting gymnastics and my job, which was being a gymnastics coach, during my freshman year

*(Continued on page 4)*

# Certified Peer Specialist, con't'd

*(Continued from page 1)*

those who seek to change how society treats people who are oppressed. In this case, the purpose of the CPS profession and role is to model and impact how communities and mental health service systems view, understand and treat people with mental health diagnoses, both in terms of face-to-face interactions, but also with respect to beliefs that underlie all our interactions.

The roots of this new profession go back centuries and decades, but most directly to the 1970's when many civil rights "movements" were taking hold. While there was media attention and varying degrees of accep-

tance in other movements, such as the women's movement, the gay rights movement, and even the disability rights movement, the "ex-patients" movements were not greeted as openly. Nonetheless, several core groups, such as the Insane Liberation Front, the Mental Patients' Liberation project, The Mental Patient's Liberation Front and the Network Against Psychiatric Assault, took hold. These grassroots organizations supported people to share stories of lived experience - of being a patient, of being told that life would be forever limited due to their diagnosis, of finding something within that could reject and overcome the messages of hopelessness, and of going on to live a powerful and meaningful lives. By voicing their experiences, these pioneers acted on their common goals of fighting for patients' rights and against

forced treatment, stigma and discrimination. Many of these groups also promoted peer-run services as an alternative to the traditional mental health system.

Now, 30 years later, we have entered a new chapter in this movement – a time when there is a dedicated professional role and ethics within and beyond traditional mental health services – the Certified Peer Specialist.

In the words of one peer specialist, "CPSs are experts at not being experts, and that takes a lot of expertise!!" Peer support is about partnering with people in a way that supports them in discovering their own inner wisdom.

The CPS is trained for a specific new role, which is designed to be different from all others within the traditional treatment system.

*(Continued on page 3)*



While CPS's may share some characteristics and some tasks with other traditionally trained providers, the CPS role is designed to be new and different, and not duplicate roles already present in the mental health system.

# Certified Peer Specialist, cont'd

*(Continued from page 2)*

The CPS him or herself IS the evidence that recovery can happen in the lives of people using services, as well as for those providing services. CPS training prepares people to share that evidence and their experiences of success, and not so much about the shared place of unwellness. CPSs share their wisdom and knowledge about the ways they move from hopelessness to hope, from helplessness to personal power, and from being the recipient of services to one who chooses inter-dependence in a fully realized life.

The role of the CPS is designed to stand out in its difference from traditional roles. This is not a judgment against other roles, but creates an easier connection with those who are wary or have been entrenched in services for many years – so long that it seems to be the whole world and the only possible world in which one can survive. The uniqueness is designed specifically to stand out, to bring attention, to trigger curiosity, and to open the door to a new type of relationship. The different-ness is designed to create a place of connection with those using services from a place of respect derived from shared journeys. The CPSs' primary tasks are not to duplicate other roles, but, instead, to spend maximum time connecting, sharing, inspiring, supporting and facilitating healing through relationship. It is not unlike the "artist-in-residence" at a college or institu-

tion who serves to model the way of life and work that aspiring students strive for.

The CPSs' primary tasks also complement the work of other professionals. CPS tasks should be structured to allow a maximum amount time connecting, sharing, inspiring, supporting and facilitating healing through relationship. In so doing, CPSs can assist the person using services to consider the possibility of recovery, explore what it might look like for him/her, tap into long-hidden hopes or dreams, begin to find direction, explore what it would take to move in that direction, and learn strategies all along the route from the CPS who has already taken that part of the journey. This supports other professionals who are charged with goal setting and recovery plans, in that the person's experience with the CPS prepares him/her to better engage in the goal setting process in a meaningful way.

CPS tasks also are community based, accompanying the person to a variety of supports and peer/recovery networks in the community. This widens the base of support for the individual, creates a wider vision of recovery and possibility, and begins to help the person to see a life beyond the mental health system. This growing vision of life's possibilities complements and supports the work of other providers in that it creates a motivational foundation upon which all other work will rest. Through the unique relationships that CPSs create from that place

of mutuality, the messages that promote recovery, capacity, possibility and dreaming take on new meaning for people using services. As one CPS often says, "Hope Moves Mountains." The structure of the CPS role is meant to create the relationships that can inspire hope.

Finally, CPSs are trained to be "in but not of" the system. The CPSs are also meant to be "in but not of" the system, as the CPS is a recovery-facilitator, not only for people using services, but for systems that are also in recovery and transformation. It is a unique and powerful new role. Like those that came before, the CPS is the voice of survival, the story of the recovery, and the beacon of hope. The CPS refrain, "Recovery is Real," is the Song of Spring meant to inspire both service users and service providers.



Marcia Webster

## Recovery cont'd

*(Continued from page 1)*

in high school. Those were the two most important things in my life at that time but I really had no energy to be able to continue. In my junior and senior year of high school I ended up missing over 60 days of school but still graduated with honors. I then went to college an hour and a half away from home and was very scared. I had a really tough time through my 1st and 2nd year of college and ended up in the hospital.

I ended up transferring to Merrimack College as a commuter so I could live at home and get the support that I needed. During my Junior year of College, I was finally diagnosed with Bipolar D/O with a Paranoid Personality. Most people would have been upset with this diagnosis but for me it was a blessing in disguise. I felt relieved that I officially had a label to the agony that I had been going through. I got on the right medications and that is really when my recovery took off. I started to go to Cognitive Behavioral Therapy which taught me how to become aware of my distorted thoughts and replace them with positive ones. I also found a treatment team that I could trust and started to research about my diagnosis to better advocate for myself. I also got my family involved by educating my number one support (my mother) and took her to therapy with me to help her understand what would help me in my recovery. I also changed my whole living situation by dumping all the negative influences I had in my life

and decided to start from scratch.

I realized that I was the only one who could turn my life around and not let my mental illness run it. Once I realized that, I decided to take my past head on and talk about it in therapy. I learned how to forgive my past and started to take care of myself because I was worth it, despite what I had learned in my childhood. By doing this, I learned how much strength that I have deep down in me. I found, that being aware of the strength that I have, has given me the willingness to grow and to ask for help when I need it. And I do need help, even today. I am still recovering from my mental illness and everyday is a struggle to me but I use all of the skills that I have learned throughout my recovery to help me get through the day. The difference from then and now, is that I work as a Peer to help others through their recovery and show others that I am working and struggling at the same time while coping with my illness.

Earlier, I said that my mental illness was a blessing in disguise because without it, I wouldn't be the person I am today. I wouldn't have the courage to face my fears and help others do the same. I found that recovery happens mostly because there is a motivation to change and the determination to get better to lead a happy and healthy life. The only person who can do that for you is yourself and if I can do it, I know that you can too.

## Certified Peer Specialist Classes Completed

By Scott Francis

This spring two classes completed the classroom training portion of the Certified Peer Specialist (CPS) program that was facilitated by The Transformation Center and funded by the Department of Mental Health. The CPS training took place in Brockton and in Lawrence over a time span of 9 weeks. The training had over 50 participants and focused on training peer specialists to provide paid peer support to other peers, to carry the message of hope, and to utilize and promote effective recovery oriented practices in their work.

The training began with an 8 hour orientation that focused on the requirements for completing the CPS course successfully, the role of the peer specialist, and understanding the Code of Ethics. The requirements encompass attendance, completion of all assignments, and upholding the Code of Ethics all throughout the training. The participants were asked to return the following week with their signature on the Code of Ethics to indicate an agreement to follow them. The class was also informed that they had to attend each and every one of the nine days of training. However, one can miss up to three modules of class throughout the training ( each module lasts for approximately 75 minutes and the class is held from

*(Continued on page 5)*

## Classes Completed cont'd

*(Continued from page 4)*

9am to 5pm ). Finally, all homework assignments must be finished by the end of the training in order to be able to take the CPS exam. The test is held about 5 weeks from the end of the last class and has a written and an oral component that are equally weighted.

The next 8 class sessions focused on learning about the skills, supports, and resources that help peer specialists be more successful and more satisfied in their work. The training also sought to bring peers together and help them connect with another, in order to create a climate of kindness, acceptance, enthusiasm, and respect to promote learning and growth in a safe environment. This also gives people a chance to enhance their support network by developing positive relationships with some of their peers as well. In fact, a comfort and growth agreement was formed by both classes, in order to facilitate this process and to provide the optimum conditions for personal and professional growth. For some, this can potentially involve expanding one's comfort zone in a variety of ways, such as having the courage to take risks, looking at things from a different perspective, and through publicly sharing their recovery story.

Peer specialists are taught that there are many ways to inspire hope; however it can be argued that there is not a more personal way to inspire hope, than through the telling of one's own recovery

story. Previously, only the trainers of the CPS program shared their recovery story in front of the class, but this year each person in the class courageously shared their personal stories of recovery. The uplifting stories of hope focused on the myriad of strengths that have developed throughout the recovery process, the obstacles that were overcome, the people and events that inspired change, the skills and supports that one used to be more well, the things that one does to stay well on a daily basis and the process of healing, personal growth and transformation. It was a galvanizing experience for the class to hear each other's recovery story. It increased the feeling of mutuality that is so vital in our work as peer specialists. It also highlighted so many empowering messages such as "you are not alone", "if I can I recover from adversity, you can too", "I am not my diagnosis and neither are you", "everyone recovers at a different rate", "we are on unique

recovery journeys", "we all have the wisdom within us to come up with answers to life's most difficult questions".

Self determination, empowerment, integrity, resiliency, wellness, hope, and the value of peer support were some of the major themes of the CPS class recovery stories along with the steadfast conviction that everyone has the capacity to learn and grow. This has led to the passionate belief that people can recover from having a mental health diagnosis and as we heard so many times throughout the CPS training "RECOVERY IS REAL"!

CPS Upcoming Classes  
OCTOBER 2010  
Framingham and  
New Bedford (S.E. area)



Scott Francis and a Friend

# Multicultural Leadership Academy

By Staff

The Transformation Center's first Multicultural Leadership Academy was held April 28<sup>th</sup> through April 30<sup>th</sup> at the Walker Center in Auburndale, MA. About 45 consumers from all over the state participated. The training was conducted by La Verne Saunders, BSN, RN, MS, and Gitane Williams, a community self-help leader with 20 years' experience.

The conference was originated by Valeria Chambers and Catherine Quinerly of the Transformation Center. The theme of the conference was, "The Power of Culture and Language to Unite Us."

One of the things that came out of a past conference, "Black Voices in Recovery (see Spring 2010 Issue, *Voices for Change*)" was the need for members of Black Communities to take a fresh look at their emotional needs and start healing and learning about themselves and each other. The Multicultural Leadership Academy took this concept further by applying it to many cultural communities.

On the morning of the first day, Saunders had the conference attendees break up into "affinity groups." The groups suggested by the attendees were: Gender, Latin, GLBTQIQI (Gay, Lesbian, Bisexual, Transgendered, Queer, Questioning, and Intersexed), ASL (users of American Sign Language, that is Deaf persons

and their allies), African American, European Descent and Healing Group.

The exercise was, "Name three great/positive things about your culture and one thing that you find difficult about your culture." These lists about the affinity groups, and what was learned from them were used through the conference to inform other activities.

The second day of the conference focused on vocabulary, inclusion and collaboration. One of the questions Saunders posed was, "What are the words and images of healing active, multicultural communities?" Another was, "What are our fears about leading along with other peers in recovery?"

Answers to the first question included, "Of our shared values, unifying and strengthening us as forerunners in the Recovery Movement," and "Not using label

language (i.e., people with 1. life experience, or, 2. trauma issues)." Answers to the second question included, "Losing the peer pureness to our titles," and "My fear working in leadership with peers is that the people/providers of the system will just give up on reaching out to other groups in a trauma-informed, multicultural way because they think it is just too much work, too much trouble. Other activities through the day were: a break with art materials, a role-play and a healing circle .

The third day of the conference featured "Getting to Power and Action." Among the activities was an exercise called "Crossing the Line." Conference attendees were called upon to walk across the parking lot and cross a line

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I will strive, I will thrive, I will arrive.  
-Julia Tripp



Leadership Academy Organizers and Trainers from Left: La Verne Saunders, Gitane Williams, Catherine Quinerly, Valeria Chambers, Deborah Delman.

## Leadership Academy cont'd

*(Continued from page 6)*

first alone then in affinity groups that got bigger until the entire group crossed the line at one time.

One workshop was devoted to discussing ongoing community advocacy activities in which attendees could get involved. Attendees were told about M-POWER (the Massachusetts advocacy group run by and for consumers of mental health services) and the Recovery Learning Communities (resource centers for consumers of mental health system). In the afternoon, attendees reflected on what they had learned at the conference and what advocacy actions they might take in the future. Participants were awarded a certificate of graduation .

Valeria Chambers says that there will be another Multicultural Leadership Academy although when is uncertain. The multicultural network will help consumers connect with the Recovery Learning Communities of Massachusetts. Valeria says that in the future the multicultural network will seek to include young adults, older people, the GLBTQQI community and the Deaf and Hard-of-Hearing community. Future multicultural events will seek to include these groups.



Multicultural Leadership Academy attendees

## Cape Recovery Story by Jeremy McDuff

I am a long-time resident of Cape Cod. It is a beautiful place in summer - but not in winter - then, it can be desolate. Desolate is how I feel sometimes when I am sad. Nature makes me happy, especially animals like Maine Coon Cats and German Shepherds. You may have guessed by now that I have a mental health condition. Over the years I have come to terms with it. I know that it is not all that I am - not by a long shot. I have even been called a 'Bibliophile'!

I live in Barnstable County, and have visited every one of the libraries there: Sturgis, Centerville, Hyannis, 'Four Cs' as well as others in the county. Centerville has a lot of WW2 and Civil War books. These are my favorite subjects. Reading helps me

relax. My condition is under control with medication which I take as prescribed.

I have one other condition: Asp-

*(Continued on page 8)*



Jeremy McDuff

## Cape Recovery Story Cont'd

*(Continued from page 7)*

bergers. Some very intelligent people have Aspergers and lead full lives. I intend to lead a full life, although it hasn't panned out yet. I hope to work with young people who have Aspergers. I can give them hope and inspiration. I can tell them they are not alone and that there is a life with Aspergers and depression... and I intend to prove it!

## Western Mass. Recovery Learning Community 3rd Anniversary

The 3<sup>rd</sup> Anniversary of the Western Mass. Recovery Learning Community (RLC) was held at the RLC's Pittsfield Resource Center on June 29, 2010 from 1pm to 6pm. The Western Mass RLC is a community of individuals who have lived experience with mental health diagnoses, extreme states and trauma working together to create conditions that support recovery and wellness at both the individual and community level. There are four resource centers within the Western Mass RLC community (Pittsfield, Greenfield, Springfield, Holyoke), all offering a computer lab, library, support groups, classes, trainings, creative arts and wellness resources. Each center has been developed through a participatory process to provide a safe, comfortable space that facilitates opportunities for peer support,

healing and connection building.

"Sahina" was a highlight of the afternoon. The bellydancer performed for a full house, and enticed two male attendees to go to the front of the room and dance with her. The Living Sheba kept all eyes on her for a number of exotic dances.

Other activities through the afternoon (inside and outside) included face-painting, hula-hooping, Karaoke – and a visit with miniature horses. There was a feast of wide variety for several hours. More than eighty people came and went throughout the day. Oryx Cohen, Co-Director of the Western Mass. RLC, kicked off the Karaoke with the popular hit, "Superman," encouraging a number of other people to get up and perform.

The formal program began at 4pm with opening remarks by Lisa Forestell, the Berkshire County Coordinator. Lisa shared some of her personal recovery story, including her involvement with the Western Mass. RLC and how her relationships with the people there changed and improved her life.

Sera Davidow and Oryx Cohen, Co-Directors of the Western Mass. RLC, both spoke about the wonderful support the RLC's various centers have enjoyed through their evolution. Speaking of the successes, Oryx mentioned two groups, the Hearing Voices group and the Suicide Prevention group. He described how the Suicide Prevention group had helped to foster strong bonds that helped to save lives. Sera spoke about the RLC's beneficial relationships with two members of the Depart-

ment of Mental Health in Western Mass., Elizabeth Sullivan (recently retired Area Director) and Susan Sprung (Director of Community Services). Ms. Sullivan was honored for her 30 years of service to the Department of Mental Health and her willingness to "support the development of innovative supports (quotation from the Anniversary Program)."

The Western Mass. RLC is a part of the Western Mass Training Consortium and is funded through a grant from the Department of Mental Health, with supplemental support from a variety of other sources including local foundations and block grants. Information about the RLC is available by calling (413) 539-5941, toll-free (866) 641-2853 or by e-mail at [info@westernmassrlc.org](mailto:info@westernmassrlc.org). The Western Mass RLC will be unveiling its new website in the fall.

### Summer Issue Question for Readers:

Who have been your  
greatest non-  
professional allies in  
wellness and recovery?

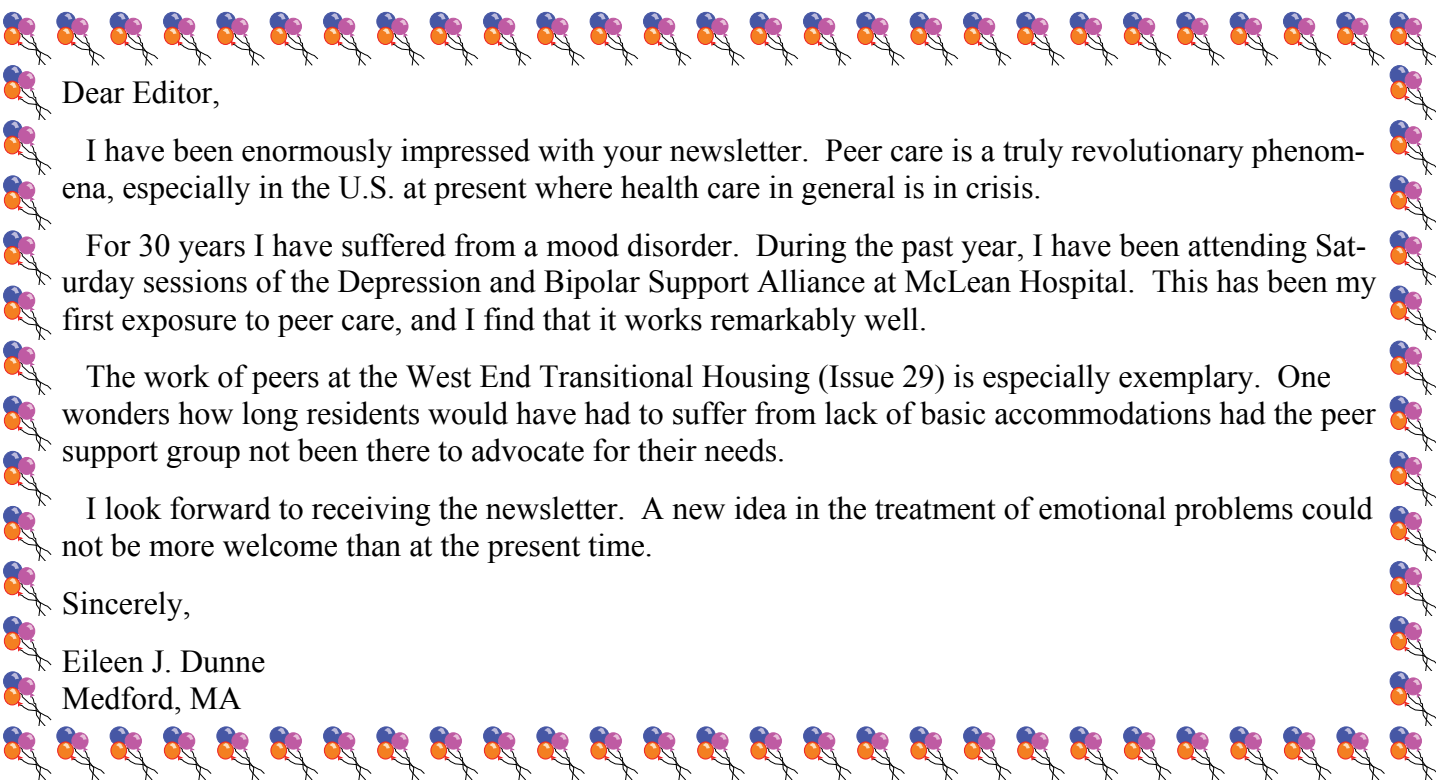
Rsvp:  
[susanl@transformation-center.org](mailto:susanl@transformation-center.org)

For research results on  
Peer Support, please see  
our webpage:

[www.transformation-center.org](http://www.transformation-center.org)

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Dear Editor,

I have been enormously impressed with your newsletter. Peer care is a truly revolutionary phenomena, especially in the U.S. at present where health care in general is in crisis.

For 30 years I have suffered from a mood disorder. During the past year, I have been attending Saturday sessions of the Depression and Bipolar Support Alliance at McLean Hospital. This has been my first exposure to peer care, and I find that it works remarkably well.

The work of peers at the West End Transitional Housing (Issue 29) is especially exemplary. One wonders how long residents would have had to suffer from lack of basic accommodations had the peer support group not been there to advocate for their needs.

I look forward to receiving the newsletter. A new idea in the treatment of emotional problems could not be more welcome than at the present time.

Sincerely,

Eileen J. Dunne  
Medford, MA

Dear Readers,

Did you know that the Transformation Center has another newsletter - The "Recovery Network News (RNN)"? The RNN is a weekly electronic newsletter featuring news about the peer community and recovery movement. The RNN connects people in mental health and addictions recovery through peer support, training, education and advocacy.

Our news centers around happenings at the Transformation Center, the Recovery Learning Communities and related centers, job advertisements for peers, and also a weekly meditation. All you need is access to a computer and an email account to sign up! You can visit the Transformation Center website and look under "News" to sign up, or go to: <http://www.transformation-center.org/news/newsletter/rnn.shtml> Happy reading!

# VOICES FOR CHANGE

Transformation Center  
98 Magazine Street  
Roxbury, MA 02119

Phone: 617-442-4111  
Toll free: 1-877-769-7693  
Fax: 617-442-4005  
TTY: 617-442-9042



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 **Writers/Artists Wanted For *Voices for CHANGE* newsletter** 

 Articles from Massachusetts consumers wanted on current issues related to mental health in Massachusetts (publication is not guaranteed): 

 Alternative Treatment	Cultural Issues	
 Recovery Stories*	Peer Support	
 Current Issues	Advocacy	
	ETC	

 Artwork in digital format wanted from Massachusetts consumers. Email to:   
 [susanl@transformation-center.org](mailto:susanl@transformation-center.org) Queries may be sent to this email. 

 \*Some suggestions for writing your recovery story are found on our website   
 [www.transformation-center.org/news/newsletter/vfc.shtml](http://www.transformation-center.org/news/newsletter/vfc.shtml) 

 Send Letters to the Editor or other comments to [susanl@transformation-center.org](mailto:susanl@transformation-center.org) 