

"Been There, Done That: Partnering With Those Who Have Lived On Both Sides of the Recovery Journey".

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INTRO

I thought my life was over when I was first hospitalized. I was devastated, mortified, terrified, angry and resentful. There was no one consoling me and for a while, all that could be done was to contain me so that I wouldn't hurt myself or anyone else.

I blamed everyone including God for my brain mal-functioning. I went through every stage of the grief cycle like I was on a speed induced bi-polar trip. The reality was still the same. I had a mental illness, I had to be in the hospital and the sooner I was willing to acknowledge that, the sooner I could begin to heal.

I was fortunate to have so many people around me that cared about me. Barbara Sutker-Rubin was the first person who recognized that I was not doing okay. She was my trainer at the Plano Crises Center. It was she who strongly encouraged me to go to the hospital, and it was she who would become me and my family's strongest advocate.

Barbara taught me the importance of partnering and she allowed me to see the pain that this commitment will inevitably cause. It was her strong partnership with me that pushed me through the doors of the Plano General Hospital's 5th floor psychiatric ward.

Once through those doors, I came in contact with an RN named Margaret Roebuck. She became the very first person to partner with me when I entered in to treatment. Over the course of the 33 days I spent in that hospital, Margaret met with me every single day she worked. It would be much later in my journey before I would ever come to appreciate how much she gave of herself during some of the most frightening days of my life to that point.

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I was later court committed to the Wichita Falls State Hospital, where my life would forever change. I was placed on a ward that I was not suppose to go to and admitted by a psychiatrist, Dr. Wassel Lewis, who would much later become my advocate, teacher and friend.

While at WFSH, my life would be touched by many people, Hallie Branch, Erin Brown, Kim Enos, Susan Kisner, Greg McAninch, Jean Wesley, Mickey and Raina to name a few. Each of these people found ways to partner with me and provided opportunities to grow, learn, practice and when I failed, they each taught me ways to get back up and try again.

After leaving the WFSH, I would find myself at Midwestern State University, where Kyle Klemke, the Baptist Student Union Director, would encourage me to tell my story telling me that in sharing it I would heal and could help others heal. He would be the one that taught me to disclose with complete honesty and trust that if whatever I was applying to do was to happen, then it would happen and all of my cards would be on the table.

I would later meet Dr, Sherry Gillespie, my first college advisor who told me that my past was behind me and what I did from this point on would make my future. She taught me that I owed no one an explanation of my past and to let people judge me first on the person they see before them and later if I choose to disclose, let the past speak for itself.

Jaime Henderson, the director of volunteer services and later Mercy Sears of the same program at the WFSH would extend opportunities fro me to share my story with patients.

After graduation I would take on my first professional job as a school teacher and social worker. Dr. Mark Cougar was the principal I worked for. He also encouraged me to share my story with students. My pastors Jon Green and Kevin Barefield would invite me to share my story in churches and in the religious community.

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My first negative experiences of discrimination would ironically come from the religious community, who saw mental illness as something that could not be a part of someone wanting to serve on the mission field or attend seminary on the main campus.

7 yrs after leaving the hospital as a patient, I would go back as a staff member. I learned much about the intolerance of the professional community on their own when that individual chooses to publicly disclose.

9 years later, I would come back to work at the state hospital. I had grown a little wiser, but never gave up my goal of telling my story in hopes of erasing stigma and in sharing my story of what happens when the system works right.

The North Texas State Hospital partnered with me in many ways. They provided me opportunities to share my story with staff, patients, families, students, and media. For the next 8years, the division of mental health in the State of Texas would open many doors for partnership. It was truly an exciting time.

I left the hospital and found myself working in the private sector of mental health. Unfortunately I learned that partnering sometimes only occurs for show. I saw, I experienced and I walked away from it.

Currently I work and live here in Washington. I have been provided opportunities to partner with the division of mental health, western state hospital, and community mental health agencies to provide a consumer voice. I am fortunate to work with some of Washington's greatest consumer advocates, Laura Van Tosh, Laurel Lemke, Dr. Bea Dixon. Dr. Tara Vandenbosch, Sharon McMillen, Dr. Rolando Pasion, Karen Meyer, Caroline Wise, Ruth Leonard and Stephanie Lane, just to name a few.

I'd like to give special thanks to my parents YA and Nancy Yates, my brothers, Tim and Steve, their Karen and Maggie, my nieces and nephews Dane, Jake, Luke, Will, Lucy and Raina, My many friends, who over the years have stood by me throughout all of the ups and downs of my journey.

I had another brother, BJ, we lost him over 20 yrs ago to drugs. It was through his life and his tragic death that I came to understand the devastating grip of substance abuse. It is my hope that through partnering, someone else's brother will live and be able to share his journey of recovery and that partnership will lead to yet another person's brother living to see a new day.

Been there done that: Partnering with those who have lived on both sides of the recovery journey.

In this presentation I will talk about

- The benefits of partnering both for the individual and the community
- How to partner
- In-Patient partnering strategies- Initial, Collaborative and transitional
- Partnering with those in the community setting
- Setting the tone
- Creating opportunities
- What it means
- Partnering with the professional in the field
- Impact
- Tips
- Closing

Benefits

Partnering with individuals on both sides of the recovery journey greatly enriches your program, your treatment, your policies/procedures, and keeps you closely reminded of both the pain and the hope of healing and recovery.

For the individual in treatment, being fully partnered with allows for

- ✓ A sense of control
- ✓ An opportunity to give as well as take
- ✓ Greater use of existing skills-Work to draw those out and use them
- ✓ A belief that the individual, their life/circumstances is not a complete failure
- ✓ An opportunity to develop a relationship with therapist/counselor/tx team so that honest accountability can happen

For the individual in recovery-(not in-patient tx) in the community, partnering provides a way to

- ✓ Give back to tx providers (theirs personally and/or the overall community/field)
- ✓ Share meaningful hope to those who are early in their tx and recovery
- ✓ Provide insight about what worked for them and what did not
- ✓ Discuss ways to improve treatment- specifically and generally
- ✓ Strengthen community relationships

For the individual who works in the field already as a professional, partnering with this person

- ✓ Improve and strengthen the quality of tx and programming
- ✓ Shapes, strengthen and improves policies and procedures
- ✓ Sends a strong message of hope - I can make it too, just like...
- ✓ Provides a great deal of insight about healing and recovery as they have both points of reference in addition to educational and professional training
- ✓ Strengthen and Improve the quality of staff training
- ✓ Has good insight around best practices

HOW DO YOU PARTNER?

- Partnering begins with the core belief that we work together.

Unfortunately, there still remains a prevalent attitude of “Us vs. Them”, and it is this attitude that hinders good, positive and effective treatment, openness to learn from those who have lived on both sides of the journey and it sends messages of “less than” “not as good as, or smart as” “damaged” “power over”

- Partnering is an attitude of being both the teacher and the student- willing to learn and willing to be transparent
- Partnering is an action- Creating and providing opportunities to collaborate.

PART 1

IN-PATIENT PARTNERING STRATEGIES

Introduction: Hallie Branch was in the dayroom. What stood out were both her kindness and her straight forwardness. Her words to me were simple “I think this place can help you, but you have to decide to let it”

Hallie was the first person who partnered with me at the state hospital. She committed herself to working with me until either I committed suicide or I walked out the door healed. She worked with me to agree to work in treatment-although I was court committed, I was not agreeing to do any treatment.

Throughout my hospitalization, Hallie worked with me, challenged me, celebrated with me, shared with me, prayed for me. I owe so much to Hallie; her persistence helped me keep going when it would have been easier to give up all together.

The foundation of my work with consumers in treatment is built on the lessons I learned from Hallie Branch, a mental health worker from the WFSH.

PT. 1 In-Patient Partnering strategies

When an individual enters into treatment, they have gotten to a place where their current life is out of control and now requires intensive help.

Initial Partnering will look like the following

- Agreement to work together
- Mutual sharing of treatment expectations
- The provider will work with the individual to learn about the person's strengths so that those can be immediately drawn on. This is a conversation in addition to an observation.

The message to the individual from the staff partnering:

*Even though you are at this point in your life, this is a workable situation and **together** we will explore, discover, and use new/different ways for you to move your life in a better direction.*

The message heard by the consumer:

You don't think I'm a screw up. I can do this, and you are willing to help me in spite of how badly I have messed up. You really want to hear me. There are still good things about me and we will find those things together and I will be able to use them as I am climbing out of this hole.

COLLABORATION PARTNERING

Introduction: Jean Wesley, Registered Music Therapist, worked with me when I was a patient. I can say that initially neither of us was thrilled to work together and had it not been for the blatant insistence of Dr. Lewis, my psychiatrist, we would not have voluntarily worked together.

Jean expected that I grow up and act like an adult. I resented her expectations initially, but grew to appreciate her partnering efforts.

Jean expected that I rise to my highest capabilities and as I took steps, she met each step with an opportunity to work together.

She knew my strengths and knew what I needed to move forward in treatment and recovery.

Jean provided opportunities for me to do a concert, work as a client worker in music therapy, and co-lead singing with patients. She worked with me in identifying rewards when I didn't act out and held me accountable when I did.

Jean's collaborative work with me allowed me to grow and forced me to figure out how I wanted to do that.

Continued Partnering will look like the following

➤ Collaborative writing of treatment goals and interventions

Ex: When I was a patient, I wasn't working particularly well with my treatment team or treatment plan. My psychiatrist had me write out my consequences and rewards. In doing so, I was much more motivated to follow my plan because I had more to gain or lose.

➤ Sharing of education/information

Ex: As a regular part of treatment, I ask consumers to research information about their mental illness, treatment, substance abuse, anything that is related to their identified issues. This exercise allows us both to discuss and collaborate on ways to best address their issues. There becomes more investment in treatment and in recovery when open conversations take place and information that the consumer brings to the table is valued and incorporated.

➤ Sharing of talents and skills

Ex: I desperately wanted to feel normal as a patient. I was given opportunities to play my guitar and sing. It was those opportunities along with others that gave me a sense of being normal, and useful. When I had the opportunity to play

volleyball with staff in the evenings, this gave me the most satisfaction. I played well and so being invited to play made me feel normal.

➤ Leadership

1. Teaching or Co-leading a group
2. Attending committee meetings
3. Facilitating a project i.e. e.- Hosting an art exhibit, music concert, sporting event

Ex: All of the above are ways that the consumer can give something back while in treatment. It is difficult and at times painful to always be on the receiving end in treatment. When there are opportunities to give back, a sense of dignity and pride are restored. Hopefulness improves and validation that change is happening is experienced.

The message to the individual from staff who are partnering:

This is your life and I/we believe you have a lot to offer and we have a lot to offer. Let's pull together and see what we can all learn.

The message heard by the consumer:

I am important. You want to learn from me, we are working together. You value you what I bring and are using some of my ideas and skills and talents. This really is a relationship and you really care about me.

TRANSITIONAL PARTNERING

Introduction: Murray Parsons, LPC, Psych Associate. Murray works as a therapist at the North Texas State Hospital on the BMTP program. He exemplifies transitional partnering.

Murray invites the patients he works with who move to the transitional program on campus, to come back to his group and talk to the patients in his DBT group. He expects that his patients give back by sharing and teaching others.

Murray doesn't miss an opportunity to personally go and witness one of his patients performing in a campus drama production, or music event, or anything else that his patients are involved in. He then uses those opportunities to help his patients glean as much insight as possible.

Murray's transitional partnering has been a key factor in both helping his patients stay out of the hospital setting and it has been a major factor in patients who are relapsing, have the courage to call him and talk to him.

Murray always lets his patients know that it is okay to come back and that the only failure is the failure to take care of yourself.

Transitional Partnering will look like the following

- De-briefing/teaching the in-patient providers
- Speaking to students or other in-patient groups about treatment and recovery
- Exchange of growth

Transitional partnering is about being a witness to the growth of the individual. It is about modeling/interacting with the individual in a manner that reflects the growth and change of that person and allows for practice of relating to others as they will need to outside of the in-patient setting.

This partnering most reflects a mentoring relationship and is an essential part of transitioning out of in-patient.

Transitional partnering allows for a faster intervention and recovery time when the consumer has a slip up. The relationship is there, the

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support is effective, and the consumer can regain footing back on the recovery trail.

The message to the individual from the staff who are partnering:

We want to learn from you and your experiences. We encourage you to share with others. When you have slips ups, as we all do, we will give you support, and have confidence that you will ask for what you need. We believe that you can and will make a positive difference in life, will continue your journey with integrity, and will maintain honest accountability with others.

The message heard by the consumer is:

What I went through matters and you and other people really want to hear what I have to say. I don't have to be perfect. If I have a slip up, I can come to you and talk about it without fear and judgment. You believe I have the tools to climb back up if I fall down and that falling down is part of being human, it doesn't mean I've lost everything I have just learned in treatment.

You care enough to watch me and cheer me on and let me be by own person and you accept me for who I am. I am ready and I can make it.

Closing: Effective and authentic partnering may very well make the difference between life or death, reaching out or giving up, or worse yet, doing nothing at all. For most people, effective and authentic partnering gives hope and allows for healthy healing.

PART 2

Introduction: Karen Roop taught me the most about partnering with people in the community setting. She worked for the Division of Mental Health in Texas, when we first met. She was the first person in the Texas Mental Health system to write an article about me.

Karen reached out far and wide to invite consumer share their stories and then wrote and published those stories in State publications.

Karen went on to expand her personal mission to helping consumers show their art. She networked with local businesses, galleries, public and private agencies to not only show consumer art, but to meet the artists and collaborate on future projects. Karen continued to facilitate partnerships by getting professional artists and consumer artists together to collaborate and create art together and then show the pieces together.

Karen's passion and enthusiasm run as deep as her generosity. I am one of many who benefited from her efforts of partnering, networking and personal generosity. She personally paid to have my book re-printed for a second run. Her only request to any one on the receiving end, was to give back by giving opportunities to other consumers,

PT 2: PARTNERING WITH INDIVIDUALS IN RECOVERY IN THE COMMUNITY SETTING

Once an individual is out of in-patient treatment and living in the community or was never in an in-patient setting, but is receiving out-patient services, partnering in the above ways can still apply.

This section will look at how to involve individuals who are not in treatment but are actively engaged in recovery.

Set the Tone

- ❖ Open to partnering
- ❖ Incorporate changes based on input/feedback from consumers
- ❖ We want to listen and learn- All individuals in recovery have important stories and we want to hear yours and learn from your wisdom and experiences.
- ❖ Display consumer works- Books, art, music, etc.

Create Opportunities

- ❖ Peer Counselors- Make it a practice to have one of more as part of your staff.
- ❖ Guest speakers-Invite individuals from all walks of recovery.
- ❖ Members of the board- All boards in the social and human services should have a min of 2 consumers serving at all times.
- ❖ Committee members- Should have involvement on any committee that is going to impact direct care, services, policy.
- ❖ Consultants- The best people to talk to about programming, building layout, staff training needs, after care planning, resources, continuity of care, are those who have been through it.
- ❖ Staff Trainers- Right from the beginning, if workers are trained by consumers, the message is crystal clear- ALL PEOPLE HAVE HOPE OF RECOVERY.
- ❖ Advertise, Commission, Sell, Purchase, Display and Promote consumer work

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- ❖ Create employment opportunities
- ❖ Create housing opportunities
- ❖ Provide spaces for displays, performances/concerts
- ❖ Media opportunities

What it means to give back

- ❖ The struggle was worth it
- ❖ My experiences matter to others
- ❖ I have something important to contribute
- ❖ I can impact change
- ❖ I can help someone
- ❖ My life is not a total failure
- ❖ I still have value in life
- ❖ I can repay some of the kindness bestowed upon me.
- ❖ I have healed and am still healing
- ❖ Growth is finally happening

Closing: The mutual benefits to both the consumer and the community are all too often an under tapped if not completely untapped resource. Partnering with the community of consumers will deeply enrich both the consumer and the community at-large.

PART 3

Introduction: Dr. Wassel Lewis was my treating psychiatrist when I was a patient. Many years later, he invited me to come and bring my high school students to the state hospital and do our drama production of “Portraits of the inner-city”. After the show and many conversations over the next year, Dr. Lewis invited me to come and work on his unit at the state hospital for a summer.

Over the next several years after that job ended, he continued to promote my work and opened many doors for me to come and present.

Finally in 1998, he had invited me to apply for a social work position on the unit he was working on. I secured the position and began an 8yr career in psychiatric forensics.

Dr. Lewis believed in recovery and he believed in me. He was my advocate when I was first trying to get into the field. He educated administrators, staff and supervisors about the benefits of hiring professionals who had also been ex-patients. He created the first ever known job for a former patient who was now a licensed mental health professional.

It is because of Dr. Lewis that I am in the field of mental health today and that I am open about my own journey. I have committed myself to being open about my recovery journey. It is a part of what I bring to patients/consumers, staff and administrators when I work in the field.

PARTNERING WITH THE PROFESSIONAL IN THE FIELD

Coming out and disclosing that you are in recovery is risky business for professionals. There is a great deal at stake in terms of credentialing, privileges to practice, professional reputation, and the list can go on.

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When professionals choose to disclose and share their journey, the impact is powerful. These individuals have come full circle from in the system to in the system and understand the illness/addiction, system and recovery process intimately well.

These individuals make some of the best /therapists/counselors, psychiatrists/doctors/nurses in the field. They are as passionate as they are compassionate. They are tough, they are prepared and they are not afraid to get in the battle with those they are treating.

They know

- ✓ the journey of recovery,
- ✓ the pain of relapse,
- ✓ the fear of failure,
- ✓ the anger that comes when denial can no longer exist,
- ✓ the sickening grief that comes when reality sets in,
- ✓ and they know the exhilaration that comes when life is experienced for the first time with clarity, hope, and the promise of life in recovery.

These individuals are also a powerful force when it comes to

- ◆ impacting laws
- ◆ impacting legislation
- ◆ impacting policy and procedures
- ◆ funding
- ◆ program development
- ◆ accreditation
- ◆ research
- ◆ training

The strength of these individuals includes

- ◆ the clarity of understanding of the illness/addiction, both personally and professionally.
- ◆ the clarity of understanding of the system on both sides
- ◆ understanding of the needs of the system
- ◆ having deep and unwavering passion, desire and commitment to learn more, increase the body of literature and knowledge
- ◆ determination to make changes
- ◆ commitment to educate others,
- ◆ personal courage to stand up and stand out in a profession that is often the most judgmental toward those professionals who have the various illnesses/addictions that they have committed to treat

TIPS to Remember

- ⇒ Do not treat the professional in recovery differently than any other professional. Recovery does not equate to fragile
- ⇒ True professionals have a relapse plan in place, regularly attend to their recovery needs, have a strong support system in place, and seek out supervision without hesitation. They will ask for what they need and listen when concerns are raised.
- ⇒ Do not mistake personality with relapse. – Sometimes that is just how that person is and unfortunately you can't blame that on the illness/addiction.
- ⇒ If a relapse should occur, provide support, make adjustments, and allow the door to remain open for return.

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⇒ Maintain an environment that encourages openness and honesty about experiencing signs and symptoms, without fear of retribution.

Closing: Partnering with the professional in the field is well worth the time and effort. These individuals all have brilliant minds, wisdom well beyond what could ever be attained in the classroom, internships, and residencies and are passionate about making a difference.

Final Remarks:

Addiction and mental illness still carry heavy stigma's, the price of admitting a problem or symptoms can cost people their jobs, careers, credentials, in addition to families, bank accounts, homes, and the list can go on.

Living with either or both addiction/mental illness is a life long challenge that is difficult to fully comprehend let alone appreciate if you don't live with it.

In building partnerships with those who are in treatment, recovery, live with/have a mental illness, those partnerships must be built on respect, genuineness, and with the intent of both parties being the better for the partnership.

Closing

I would give anything to have my brother BJ here, and to be able to help him, knowing what I know now, but I can't, he's gone. So in honor of my brother BJ and my family, I instead pass the gift of this writing to you so that together, we can help others like BJ and so that another family will not loose their beloved son or daughter.

For me, I stand before you because of the healing power of Jesus Christ and because of the many people who have invested in and continue to invest in my life.

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It is my hope that each of you will make contentious efforts to invest in the lives of others, to take time to form strong partnerships with consumers and when you have a moment, you will drop me an e-mail and let me know how the partnership is going.

Enjoy the conference

Thank you.



BJ YATES



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Jean, Hallie, Lori, Kim, Dr. Lewis

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