



# Voices of Recovery

*Our Philosophy and Integrative Services*

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*Just livin’*

## **A Walk Toward Recovery—Letter From the Executive Director**

Dear Friends –

In 1990 Washington County Mental Health Services engaged in a ground-breaking discussion to answer the question of how people move from significant mental health challenges to feeling a sense of mental and emotional wellness or recovery. This discovery process included holding a number of forums and group discussions with staff, clients, family, and community members. We then shared the outcomes, in the form of a narrative document, with all of our staff, including a growing number of people with lived experience who joined our workforce and continue to influence and enlighten our approach to this day.

Nearly fifteen years later, the Substance Abuse and Mental Health Services Administration (SAMHSA) developed its first recovery document, outlining several guiding principles that might lead a person to a place of mental and emotional wellness. It has been lauded as the lead document for the country in moving both organizations providing services and people receiving services to hopeful and positive outcomes.

This past year, WCMHS decided to revisit its previous recovery document, compare its major messaging with the SAMSHA recovery principles, and hear from our community, once again, around these issues. Our goal in doing this was to honor the spirit of the original work while acknowledging the strides and advances that have been made, particularly in striving for parity between physical and mental health issues. We repeatedly heard that the social determinants of health, such as housing, employment, and connection to the community, are significant to a holistic wellness approach; and an integrated approach to traditional treatment enhances the opportunity for recovery. It was stressed that the experience of healing takes time, which we all appreciate when involved in a process of treatment and support from friends, medical and mental health professionals, family, educational institutions, employers and community. The scope of the ensuing document is intended to reflect the experience of participants' collective vision of recovery in 2015, moving forward. We hope you will find this document to be helpful if you, a family member, or friend are struggling with mental health issues and in crisis; and we are honored that some have shared and recorded inspirational stories which can now be found on our website at: [www.wcmhs.org](http://www.wcmhs.org) and are included at the end of the document.

We hope you will reach out if you need assistance. The more we discuss this process, the clearer it becomes that we are all, in some form or fashion, on a walk to recovery.

Most sincerely,

*Mary*

Mary D. Moulton,  
Executive Director  
Washington County Mental Health Services, Inc.

“Everyone you meet is fighting a battle you know nothing about. Be kind.”

## **Washington County Mental Health Services**

### **Recovery Document**

#### **An Overview**

The Substance Abuse and Mental Health Services Administration (SAMHSA) defines recovery as; 'a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.'

We'd like to acknowledge all of the rich history, efforts and support that other local and national groups have provided to advance the recovery movement. The body of knowledge created by movements like AA and other recovery models has contributed greatly to the current evolution of thinking.

We took this document on the road and heard a variety of voices and perspectives regarding recovery.

Our hope is that this document provides both a philosophical and practical framework to guide us in creating recovery-oriented services.

#### **Mission**

Our mission is to create a continuum of recovery-oriented treatment and support services as well as provide education and resources to staff, clients and community members about recovery.

#### **Vision**

To become a leader in recovery-oriented treatment and collaborate and consult with other agencies, community partners and clients to ensure that recovery remains an integral, core value of our approach to treatment.

#### **Guiding Principles**

We have worked with SAMHSA's guiding principles to create a framework, while incorporating our own community's comments, to explain our philosophical core beliefs towards recovery.

## **Part I**

### **An Individual Approach to Wellness**

#### **Philosophy**

In our journey we learned that recovery means different things to different people.

This includes the concepts themselves, the variety of language used to describe the process and what the experience 'looks like' along the way.

One group described life as sharing a sense of humanity.

Another group defined recovery in terms of 'getting back to' the important parts of their lives... (dreams, goals, school, relationships, working, and finding meaning) vs. recovering 'from' the challenges which life presents.

Another common theme was that we all need to work towards humanizing the experience. We're all in recovery.

Minimizing stigma was also mentioned as an important part of the recovery process.

We need to be thoughtful and respectful with our use of language to people receiving services from us and within the community. Language such as 'peer', 'client', 'recovery', 'health' and 'hope' may be 'loaded' words for people who are having mental health issues.

'Recovery' – may be a loaded word. Some people preferred the word 'health' and preferred viewing recovery in a more 'holistic' way.

Some of the definitions of recovery we heard included;

- a state of becoming
- just living
- wellness
- starting from scratch
- being the best you can be
- weight loss
- staying out of the hospital
- changing your behavior
- steps forward and backwards but you'll get there
- reclaiming your identity and self-worth
- maintaining status quo
- finding a way to get through hard times
- having a job
- balance
- recovery assumes a continuum universal
- invitation – not judging
- options – whatever works for you

“People who matter, don't judge. People who judge, don't matter.”

## **Recovery Story I—Stewart**

### **My Journey to Recovery**

*I was given a diagnosis of bi-polar in my early 20's. During that time I married and raised a son. I am currently divorced and a "house dweller" in the Home Share Program. I remain very close with both my ex-wife and my son.*

*I started receiving services from WCMHS about 24 years ago. This was primarily psychotherapy & medication management as well as case management services and vocational support from the Green Mountain Workforce. After an extremely dark period in my life, I was referred to the Sunrise Recovery Center. As this program builds on strengths, I was soon hired as a driver. Shortly after, I was also offered a position at the Home Intervention Program. Though my duties vary from program to program, I do share my experiences on my Journey to Recovery with other clients as appropriate. . I have currently dis enrolled from services with WCMH and see a psychiatrist in the community. I attend CCV and hope to earn a Human Service Degree. Though I will always struggle with the bi-polar illness, I have learned to better manage my symptoms. My employment and educational goals keep me focused and I am optimistic about my future.*

Stewart



## **Part II**

### **Methods for Delivering the Message**

In addition to our recovery oriented services and some of the work we are already doing in recovery education, community members came up with additional creative ideas and suggestions on how to distribute information and educate our staff, clients and community about recovery.

Ideas that came up included:

- storytelling
- putting a personal face on mental illness
- using social media resources
- offer pamphlets and handouts with 'real-life' stories
- recommend offering a series of 'faces' of recovery
- consider using a handout for families
- H.O.N.Y. (based on Humans of New York) model
- 'multi-media approach using music and art'
- separate stories – unique experiences, Fb?
- strive to be welcoming/guiding/helpful
- link to resources/stories
- 'our stories' collaborate with other groups
- monthly/quarterly blog
- hope/bullets points/concise list
- peer support, etc.
- simulate the conversation/education
- community forums with interactive discussions
- 'moth' type forum
- H.O.V.T. (Humans of Vermont)
- multiple audiences – voice needs to be heard by folks in crisis. Encapsulate hope
- consider a position – collaboratively to hear/record stories
- website; mime therapy
- team/group of people to support you is very important

“I may not enjoy something, but it doesn't mean that I don't want to be there.”

## **Recovery Story II—Charlie**

*In my early teens began several years of institutionalization, both jails and mental hospitals. In my late teens, I become suicidal, telling my mom I wanted to commit suicide. That is how got introduced to mental health system. My history includes several serious crimes. That was a sobering experience and I stayed away from alcohol and drugs. I came to Vermont because I had friends here, had visited VT often. These friends were influential to my life and staying on the right path.*

*In Massachusetts, I was in tractor trailer school and I got into an accident, broke my legs & ankles. The pain intensified and I was told that they would not do surgery until I was 64. I started doing drugs to self-medicate. Before these accidents I worked all the time, construction, masonry, whatever I could do. I was in various trade trainings, carpentry, masonry, etc. I also loved to "jam" with my friends, I love music. After the accident I was no longer able to do that type of work or stand to play the guitar. I went to a community college in Massachusetts for English & Music. I struggled with the academics and computer technology. I came to Vermont to recover from addiction & broken bones. My friend was a nurse and she helped me get to several doctors for other opinions. Here, I was able to get total knee replacement in both knees, so I stayed. After the surgeries, my knees were about 60% of what they were before all the accidents. The surgeries were in 2013 & 2014. I had been in a mental health program in Massachusetts and I sought out the same kind of support here, primarily to stay on my meds.). I had always worked. Recovery from surgery was slow and my case manager suggested I apply at the soup kitchen which I did. I liked the work ok. My GMWF counselor suggested I volunteer at the MSC. After 2 months, I was hired as "a trainee" through Vermont associates. I am still there. I like it. I am now trying to go to College and take some music classes, especially a guitar class offered next fall. in the spring, I plan to start "tech" classes, music and sound production. I hope to stay in school for a few years and hopefully to get into an active band. I would like to have "gigs", recording sessions. My love of music is so important to me it got me through the dark periods in my life.*

Charlie



### **Part III**

#### **SAMSHA Principles of Recovery-**

Another way of looking at recovery is through the framework of the SAMSHA principles.

With this in mind, we presented the principles and asked people to talk about what these ideas meant to them in thought and action. Below is a list of this feedback.

#### **Recovery Emerges from Hope**

- Hope and vision are key components of recovery and can look different to each individual.
- All persons have the potential for recovery.
- Staff and clients can and do overcome obstacles that confront them and continue on the path of recovery.

#### **Recovery Is Person Driven**

- Recovery is an individualized process.
- Belief in one's self and one's potential for recovery is key.
- Respect for different value systems including; religion, ethnicity, sexual orientation, gender identity etc. and individual choice is important.
- Meet each individual where they are at in their stage of recovery.
- Clients, with the support of their team, identify their goals and direct their treatment plan.
- Individuals take responsibility and credit for their own recovery.
- Individuals have a right and responsibility to be involved in their recovery.
- Paths to recovery vary and the individual 'route' is honored.

#### **Recovery Occurs via Many Pathways**

- Each road to recovery is different.
- The process, goals, and objectives of the recovery process are individualized and will differ.
- Challenges are inevitable and can be a useful part of the recovery process.
- Making mistakes is okay.
- The interconnectedness of all different kinds of support can be helpful.
- Recovery is often not linear.
- There are many different "ways of knowing" and this will be acknowledged and respected.

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**"Avoid zealotry about any one therapeutic process."**

### **Recovery Story III**

*I was born in Vermont the eighth of nine children. I graduated from U-32 high school in 1977 and attended Johnson State College in 1988 with a BS in Environmental Sciences.*

*I diagnosed myself while in college when I read my first article on depression while in the library reading the Newsweek magazine with the headline "Depression." I have experienced symptoms of bipolar for most of my adult life. Exercise was my natural fix though college. Under the guidance of my general practitioner I started on the long road of trying out various antidepressants. It was a great deal of hit and miss of going on and hating the side effects and going off thinking I could manage on my own. I realized fairly early on that I needed therapy and a good med doctor.*

*For a long time I was able to manage my mental health symptoms as working full time as a para educator within the Montpelier Public school system.*

*Thirteen of those fourteen years I was very involved in my family and helping care for my mother who had Alzheimer's and later my father also. Managing work, parental care and running my own business during the spring summer and fall. This was a huge undertaking and my condition which comes in unexpected waves was stressful on my sister who did the lion's share of guardianship for my parents.*

*I also attended my local church which gave me a connection to my community as well. I enjoy writing poetry and published my first collection of poetry writing about my mental illness in book and kindle book titled Journey to the Bipolar Regions-The Paths of a Manic Depressive Poet. I retired from my own business in 2011 as a master gardener. "The Relentless Gardener" was a blast for over 15 years. Perennial Garden Design with the three R's...r cubed I use to say- "Regal, Realistic, Renovations!"*

*After my Father's death I became very ill the same year Father passed 2010. I began my return to work plan as a means to further my recovery after becoming ill. I attended weekly appointments with a staff from Green Mountain Workforce and attended the Vocation Resource Center run by the Green Mountain Wor-*

**Continued on page 10**

### **Part III—continued from page 7**

- Individuals empower themselves in a number of ways.
- Individuals derive meaning in different ways including: religion, spirituality, nature, wellness activities, meditation etc.
- Finding a 'Higher Power' can be helpful in assisting individuals to recover from their addictions & find a better way of life.
- A step by step approach can be an important strategy in addressing one's recovery.

#### Recovery Is \*Holistic (\*Holistic may have multiple meanings. We are referring to the practice of integrating body, mind and spirit into treatment using diverse approaches.

- The health of body, mind, and spirit together is essential to the recovery process.
- There are many different types of support and treatment, including non-traditional, that are helpful to one's recovery.
- Diagnosis doesn't define the person.
- Complementary and alternative treatments are an integral and essential component of recovery and should be fully incorporated into the treatment approach.

#### Recovery Is Supported By Peers and Allies

- An inclusive community that is accepting of differences and diversity is important.
- Peer support options and role models are important.
- There is value in seeing and talking to individuals who have been through similar experiences.
- The presence of a positive influence can be powerful in the recovery process.
- Trauma is pervasive; and we share more similarities than differences.

#### Recovery is Supported by Relationships and Social Networks

- As humans, we need support from other people.
- Developing and maintaining strong, positive relationships and social support networks are an important component in recovery.
- Healthy family relationships that support growth and recovery can be helpful.
- Strengths-based peers and providers that believe in recovery are important.

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“There are more similarities than differences between people.”

**Story III— continued from page 8**

*force each week as I began to seek out a return to full time employment. These meetings, as well as sometimes daily phone calls, were crucial to my ability to manage my illness within the employment community, plan for benefit changes, get assistance in the job search process as well as in getting my book published and the ability to believe in myself enough to attempt a return to work. Having gone from a lifetime of full time work to such a lull in my activity level made the prospect of work, which I desired, seem daunting. Working with my Green Mountain Workforce staff, I got a job at Sunrise Recovery Center first as a driver and later as a cook. I like to think I was more than a driver or cook at Sunrise; I hope I provided excellent peer support by motivating my peers and drawing on their strengths to help them to move along in their own recovery as I did too. I also used those talents when I worked at our peer run respite center Maple House.*

*Last Summer, I moved on to working for the State in the Dept of Buildings and Grounds Services, using my talents as a longtime Vermonter and Master Gardener -driving tractors, and revamping many of the gardens around the state buildings. One in particular was the Governor Aiken Garden which consisted entirely of native wildflowers-my favorite. I hope it is obvious to all that I love my work I love to give tours and invited everybody to come see the gardens. It certainly doesn't hurt coming from a family of nine children and wonderfully supportive parents. It has always served me well with work and being cooperative with co-workers.*

*During this transition to community based full time employment, I came to Sunrise Recovery each day to have lunch to get support from peers and staff and give support to my peers. I looked forward to my visits and the gang at Sunrise always made sure there would be something for me for lunch each day. When my seasonal job ended I looked both to peer and former coworkers for moral support and encouragement, as they had often provided me in the past. I also relied heavily on a coordinator of the Green Mountain Workforce and benefits counselor, to navigate for me the changing benefit horizons.*

*When the seasonal job ended I came back to Sunrise to manage my feelings of disappointment, to structure my time and to use*

**Continued on page 12**

### **Part III—continued from page 9**

- Having a sense of community and belonging can play an important part in the recovery process.

#### Recovery is Culturally-Based and Influenced

- Differences in background and experience are acknowledged and respected.
- Everyone carries their own life story and their own unique experience. There is openness to the value of that experience.
- Having a steady income in order to meet basic needs (food, housing, & clothing) is helpful to recovery.
- Communication/context/personal client history is influenced by culture.

#### Recovery Is Supported By Acknowledging Trauma

- A trauma-informed treatment and support system is essential.
- Recovery includes being trauma-informed.
- Recognizing trauma and how it affects how someone relates to the world can be important to helping someone move forward in their recovery.
- Trauma-sensitive treatment interventions are helpful and essential to recovery.
- Focusing on ‘what happened to you?’ versus ‘what is wrong with you?’ is important.
- Staff recognition of their own vicarious trauma and related triggers can be helpful in how effective they can be in assisting clients in the recovery process.
- The lived experience of trauma pervades the lives of those who survive it.

#### Recovery Involves Individual, Family, and Community Strengths and Responsibility

- Personal responsibility is an important component of recovery.
- A supportive and understanding family can have a positive impact on an individual's recovery.
- Developing supports outside the mental health system can be helpful.
- Prejudice and discrimination are recognized to be destructive and a barrier to recovery in both the physical and mental health fields.
- Community consciousness-raising and education is an ongoing process and is a key component to developing a recovery-oriented environment.

#### Recovery Is Based On Respect

- All community members will be treated with trust and respect.
- Being heard and listened to are important components to recovery.

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“It’s okay to not be okay.”

**Story III- continued from page 10**

*the resources and support to beginning looking for another job. Once again I called on the Green Mountain Workforce as well, and after updating my resume and completing several applications, I landed my current full time position, which I have held since October of 2014, as the Grounds Keeper at the Vermont College of Fine Arts. Since the college has had to trim some hours for most of the Facilities staff, I have taken it upon myself to find a route to further my own education and try to achieve my Masters in Writing through my employer. Work is work for me, and I have and still do rely heavily upon and benefit from my deep association with the Green Mountain Workforce of WCMHS CSP.*

*May, 2015*

*"Bring Change 2Mind" I have no shame in my health. "Girl you got to work"*

*Thank you so much WCMHS*



**Part III—continued from page 11**

Recovery Involves Advocacy

- A cornerstone of our work is focused on ‘normalizing’ and de-stigmatizing mental health issues.
- Role models, education and advocacy related to mental health issues are important in the community.
- Treating individuals with equal respect and fairness is important.
- Discrimination of individuals on the basis of their disability is damaging and can compromise recovery.
- Acknowledge through advocacy that a key component of recovery includes basic needs (housing, food, clothing, a sense of belonging) being met.



“Educating everyone and yourself can be helpful.”

**Recovery Story IV—Jessica O.**

March, 2015

To whom it may concern,

*During the summer of 2014 I was hospitalized for almost two weeks due to symptoms of depression and PTSD. My hospitalization was in Massachusetts and they had no information to provide regarding support in Vermont, which is where I live. When it came time to re-enter the community I was at a loss as to where to find community support. Fortunately, Washington County Mental Health Services has an Emergency Services Team telephone number and due to that call, I ended up in WCMHS programs.*

*In September of 2014, I began taking Dialectal Behavioral Therapy (DBT) class and classes through the Wellness Program once a week. Through the Wellness Program I enrolled in Mindfulness 1 and Cooking as Self Care in September. During that time my stress level was considerably high and my confidence was low as to how I would manage myself, including my anxiety in my day to day life. In January of 2015, I enrolled in Mindfulness 2 and retook Cooking as Self Care. I have spoken highly of the positive impact these classes have had on me.*

*These classes offered me skills for my daily life including ways to recognize and manage my anxiety level, use my five senses to appreciate and experience my surroundings, use food as a form of medicine and multiple forms of meditation as well as a daily meditation practice. These all took place in a healthy, safe environment and eventually lowered my stress level over time. Also, due to the social interactions in class I notice my confidence in socializing grew to a more comfortable level. I was very dedicated to going to classes every week and using the skills learned in class while at home or out in the community. These skills empowered me and I began to notice a distinct positive difference in my self-awareness, stress level and inner peace. The positive outcomes of these classes make me grateful that WCMHS programs are available.*

*Sincerely,*

*Jessica O.*

### **Recovery Story V—Marla S.**

*My name is Marla. I was born in 1959 in East Liverpool, Ohio, where my father was a recruiter at a naval recruiting station. I have three siblings, two brothers and a sister. Because my father decided to be a career man in the Navy for almost 25 years, we moved a lot, usually every year or two. So, I would lose everyone and everything every year or two. By the time my father retired in 1974, I had gone to 12 schools. Both of my parents are from poor alcoholic New England farm families. I learned from both of my parents how great it would be to be part of a small community, where I knew everyone. My parents gave me this gift in 1974, when we settled in a rural Vermont town, and I enrolled in my 13<sup>th</sup> school, the high school from which I graduated.*

*Neither of my parents had a skill set for raising children because of their histories of poverty and family alcoholism. My mom was a quiet, capable woman, who kept the household running while my father was out on patrol at sea for anywhere from three to six months. When he would come home for a month or two, it would give me just enough time to get used to him before he would leave again. My dad would get very inappropriate with me — saying and doing scary and inappropriate things, even when I was a small child. I would try to tell my mom, but she wouldn't believe me. I was filled with fear and anxiety because of the trauma and drama and my mother's inability to cope with it. I became self-aware as a small child in order to protect myself from my parents. I have since learned that there is a history, on both sides of my family, of dementia and mental health issues. Also, it has been pointed out to me that some of my childhood head injuries may have been traumatic brain injuries. I graduated from high school with a B+ average and Honors, as my parents expected me to. In college I was on academic probation by the 2<sup>nd</sup> semester, and by the 4<sup>th</sup> semester, I was not well. I was not sure what was wrong with me, and I dropped out of college. I moved back in with my parents. It was clear that my father didn't want me in the house and would prefer that I move on.*

*I couldn't find permanent employment in Vermont after I dropped out of college, so I went to California to live with my sister and brother-in-law. I found a job at a bank just down the street from where they lived. I stayed in banking for five years and met my husband who was working at the same bank. While I was married I took a Career*

*Exploration course at a community college, and discovered that I was interested in Early Childhood Education. It took me twenty years, but I finally did earn an Associate degree in Early Childhood Education. After eight years, our marriage ended in divorce and bankruptcy.*



*At my family's suggestion, I went to live with my brother and his family in southern California, where my brother was in the Navy. After about month, I wasn't sleeping or eating regularly. Nothing felt right. I called every mental health agency I could find in the area for about a week. The first question I was always asked was, "Are you going to hurt yourself or anyone else?" Because I answered "No," they would determine they couldn't help me and would hang up. After a week of horrific emotional struggle, we made the decision that I would go to the county psychiatric hospital. After a six hour wait there, the staff decided to put me on a 72 hour hold. This was in December, which is now a loaded month for me. My family decided I would return to Vermont and get therapy. For me this was going backward, returning to an environment I thought I had escaped.*

**Continued on page 17**

**Marla—continued from page 16**

*In the spring of 1992, I became a client of Washington County Mental Health Services (WCMHS). I started therapy and a day program that ran Monday — Friday. I had a case manager who helped me to look for jobs, which I wasn't able to keep when I got them. Finally, in December of 2008 I interviewed and was hired for the WCMHS peer line which is a "warm line." Being accepted to work on the peer line for two years helped me to re-establish limits and boundaries. I had to follow the policies outlined in the manual; I had to be responsible. In the summer of 2010, my case manager also suggested that I interview to be a Home Intervention Peer Support Worker and a temporary driver for Sunrise Recovery Center. I interviewed and was hired for each of these jobs. My two supervisors thought I was responsible and had the skill set to do these jobs, and it made me feel good that they even wanted to interview me. That was enough for me! I left the peer line in January 2011 because my primary job was 15 hours/week, and I had to cut back on some of my responsibilities.*

*Working for WCMHS has been very helpful for me. I have never had an employer that really "gets" me. They know the kinds of questions to ask me to know how I feel and require me to be where I need to be when I need to be there. Any trainings I have taken through WCMHS as a client and employee: WRAP Recovery, Intentional Peer Support, a Dialectical Behavioral training module, and many others, have helped me in my personal life. They have helped me to be a better person and a better employee of WCMHS. It is important for me to treat everyone with loving-kindness.*

*My relationship with my parents has moved into the acceptance and forgiveness stage. I love them and know they didn't have the skills for healthy parenting and didn't harm me intentionally. My family members have different perspectives about what happened in our childhoods, and I can't expect them to share mine. WCMHS has helped me to form connections and relationships with people in a healthier way.*

*Marla S. WCMHS Client and Staff*



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### **Recovery Story VI—R. H.**

*Mountainous, a lot of ups and downs with rocky terrain...Maybe you are crazy? What's crazy? That's your 'baseline', what's a baseline? It was my 'norm' to be depressed and anxious as it was described. It seemed to me to mean you're down here but everyone else is up here. But when I did go down, it's very down; it was like a hole just opened up. Your serotonin's are low, what are serotonin's? We need to increase these. Medication, what medication? The thought of side effects, seemed too out of control. You have borderline personality, I asked, what's that? A serious mental illness...maybe I am crazy? Well, acute depression and constant thoughts of suicide, then Post-Traumatic Stress Disorder - PTSD.*

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**R.H.—continued from page 18**

*I wish it all could have stopped. Why can't my life be 'normal'?  
Say like the Partridge family...*

*I lost a lot because of this overwhelming constant depression,  
PTSD or whatever they may be treating next. I didn't have a*

*life, this was my life. It was a loss of jobs, apartments, family,  
relationships, marriage and even my daughter ...it was very  
painful, a pain so deep I couldn't get to it and it did not seem  
anyone could.*

*Did I want this? The mountain seemed to settle into something  
that was so familiar, I knew each crack and crevice, every ridge.  
I came to see, this mountain was me, but afraid to let go and  
'move on 'as they say. I was pretty sure there was nothing else  
out there if I let go, it seemed I would just drop and fall off to  
know where.*

*I would try to drink it away, sleep it away, and even overdose it  
away... I so wanted to be in control...but I felt so out of control.*

*Time passed with pain, a lot of hospitalizations and trial and er-  
ror of medications. It was a feeling distant feeling, not a part of  
something – I want to be a part of something*

*I think it was the loss of my daughter then my father then...*

*I needed help, I wanted help. I did not want the diagnosis, I  
wanted me...I needed to stop...*

*When I stopped...I was in ICU then on the 3<sup>rd</sup> floor.  
One day someone came up from Washington County Mental  
Health, I filled out some papers – They found me a psychiatrist  
and therapist, then a Case Manager – what's a Case Manager?  
She helped me map off this mountain and directed me in ways I  
could help myself – which was not an easy task. The Green  
Mountain work force helped me dig myself out and opened some  
doors to someone who gave me a chance with a job – cleaning  
toilets and sweeping floors (you all know who you are)*

*I found of course it wasn't the end of how I was feeling or the  
ups and downs of my emotions but the help, was there.*



*As I was reaching out, they were reaching out... and through years of being here I became to see myself again as a strong and reliable person. I found a place where I did get off that mountain... and got into my car... and drove myself home.*

*My Recovery by R. H.*

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#### **Recovery Story VII—Ron**

*My name is Ron. I suffer from severe depression and anxiety. As I look back to the years before I was hospitalized, I now recognize some of the symptoms that I was experiencing but not aware of at that time. I wish I knew what was happening then so that I could have taken action earlier. My illness caused one divorce and the loss of two businesses.*

**Continued on page 21**

**Ron—continued from page 20**

*In 2004, I attempted to end my life and was hospitalized at Fletcher Allen Hospital for about one month. While there I received Electrical Compulsive Therapy, (ECT) around twenty-four treatments, which I believe were really helpful. This proved to be a simple, easy & effective procedure. While hospitalized, I also started with Cognitive Behavioral Therapy (CBT), Art Therapy, & I practiced mindfulness. After discharge from Fletcher Allen, I was enrolled with WCMHS. I was assigned a case manager, a therapist and a vocational counselor. I occasionally attended Sunrise House to socialize with peers and to do art. I also attended the WRAP session and completed a WRAP plan. I continued CBT in a group setting. I then started Dialectical Behavior Therapy. I met a lot of nice people and helped one individual learn how use a computer. I was committed to getting well and used the various tools I learned. After a couple of years, and ready to take on more responsibility, I was hired by WCMH as a support worker, a job I really enjoyed. Now looking back I wish I had tried working earlier as work keeps my mind busy. There is no time to think the negative thoughts about one's life, or to think about suicide. While working as a support worker, I continued to work with Paul Miller, the one constant in my treatment. I continue to keep in touch with Paul though I am no longer enrolled with WCMHS.*

*My next job was at a local grocery store in the fish department. When I first started working there, I sometimes hid out back so I wouldn't meet customers that I might have known before I got ill. Before my diagnosis, I was once a top manager in several major US retail stores. I wasn't ready to deal with the stigma of mental illness. I wish they could do away with the label "mental illness"*

*A friend convinced me to interview at a new major retailer opening in the Montpelier area. My work history was impressive enough to get me hired as assistant store manager. I was working full time again! For three years, I did a great job and then was promoted to store manager within the same company in an area nearby. It was a new store. I built it from the beginning!*

*From stocking to hiring to training, I did it all. I ran that store for two years. I turned that store into one of the top three in our district and top ten in our region. Unfortunately, I then became physically ill. I was diagnosed with pancreatitis, most likely caused by a new medication I was taking for diabetes. I was hospitalized for a total of five weeks as the complications of my illness exacerbated. The physical illness took a toll, and I became depressed. I was hospitalized on the psychiatric ward at the UVM Medical Center in Burlington for two weeks. I once again was administered ECT treatments and attended CBT groups. Once released from the hospital, I realized how important it was for me to get back to work. The WRAP developed during this hospitalization included working twenty-five hours per week and I was able to convince my doctors to support this. I am currently working at a local convenience store. This is a low pressure position and I am getting back out there to be with people. I now receive support from another community mental health agency as I do not live in Washington County. My goal is to return to work full time before I retire in four years. I am now receiving service from the mental health agency in the county in which I live.*



*I have found meditation works very well for me. There are different forms of meditation. I now use Tai Chi.*

**Continued on page 23**

**Ron—continued from page 22**

*You need to focus to do Tai Chi, and for me the "sitting" meditation was not as effective. I am currently in a relationship with a wonderful person who has been a great support for five wonderful years. She is always positive, goes to church and is always uplifting. Throughout this journey, all my family members have been a tremendous support, and continue to be.*



## **Appendix A**

We would like to thank the many Washington County Mental Health Services' staff & clients and other community partners who participated in the numerous gatherings that we held to talk about Recovery, what it means to us, and how it informs the services provided in the mental health system. The feedback we gathered from these gatherings was informative and inspiring.

The process of gathering feedback took place from July 2014 – June 2015 and included the following settings:

- The WCMHS Community Support Program Management Team Meeting
- The WCMHS Center for Counseling and Psychological Services Staff Meeting
- The WCMHS Community Support Program Standing Committee Meeting
- A Community Forum at Sunrise Recovery Center
- A Community Forum in Montpelier
- A Community Forum in Barre
- A Community Forum at Another Way
- A WCMHS Board of Directors Meeting
- E-Mail Invitations to WCMHS Adult Mental Health, ICS, and Psychiatric Staff for feedback
- WCMHS Agency Website – recovery document was posted and we invited feedback.
- We sent this document out electronically to NAMI and handed out hard copies at a NAMI recovery education seminar and invited feedback.



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