




# **Many Roads to Recovery**

*Experiences with Mental Health and Substance Abuse*

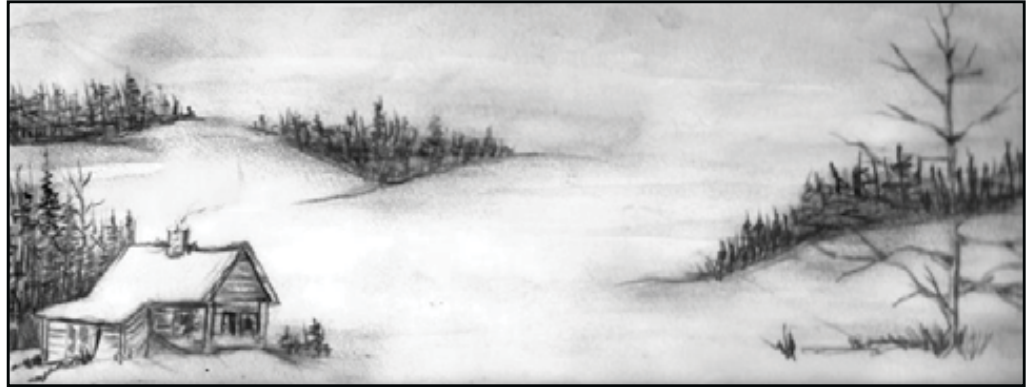




“ The only journey is the journey within. ”  
*Rainer Maria Rilke*

“ A journey of a thousand miles begins with a single step. ”  
*Lao-tzu*

“ Success is a journey, not a destination.  
The doing is often more important than the outcome. ”  
*Arthur Ashe*



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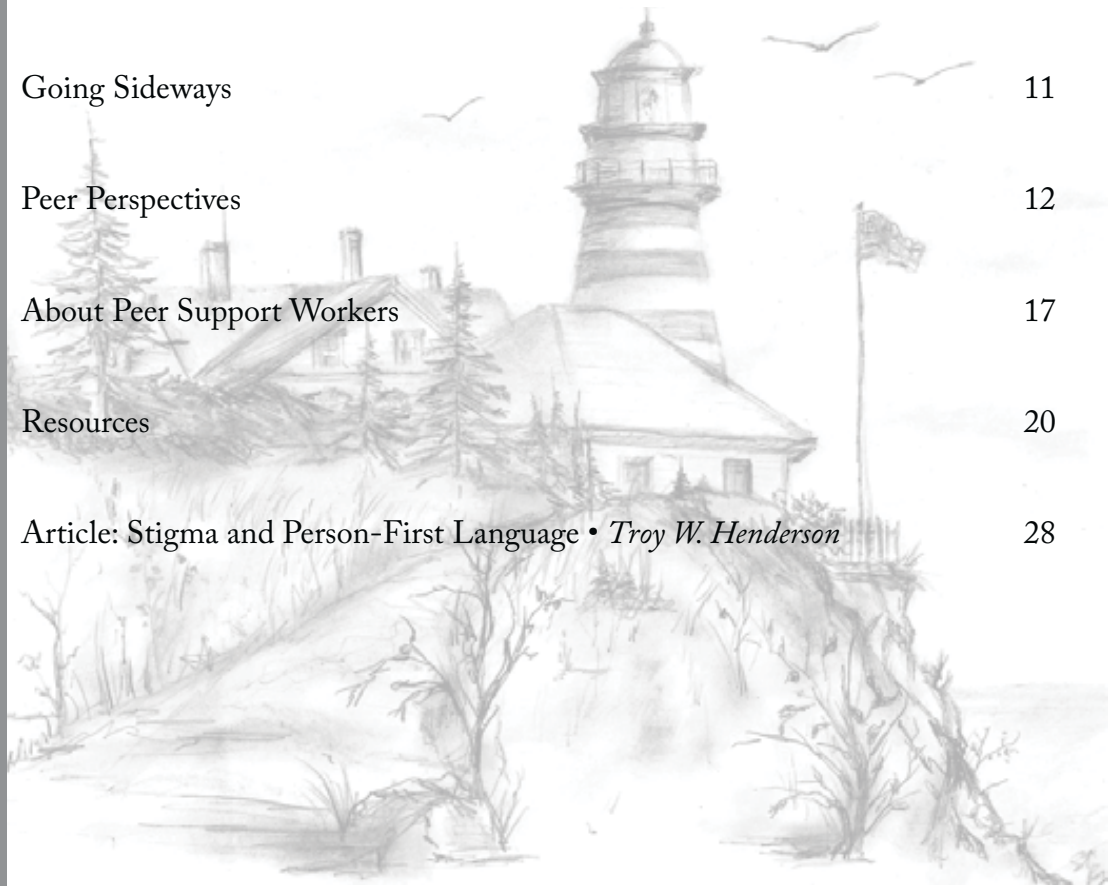
Many thanks to Steve Berry for providing the original illustrations in this book and to Sheila Dobson for her poetry.

*Book designed and edited by Carla J. Ramos • August 2008*

*Co-Editors Jeffrey Irving and Troy W. Henderson*

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## Enough is Enough

*By Sheila Dobson*

You bring to me darkness, hurt and pain  
Guilt, fear and blame  
I will not allow you to consume me  
I'll fight back and from you be free  
I will not tolerate your abuse  
For I have been shown skills I can use  
There is more for me in life than to mope  
For I hold the gift of hope  
When you say I'm no good  
I'll tell myself I did the best I could  
When you attempt to direct my thoughts  
Down a dark path  
I'll write a letter, call a friend, or take a hot bath  
You take my energy and try to hold me back  
But my strength will pull me through and get me on track  
Your goal for me is to always feel down  
I choose to be happy and get my feet on the ground  
You take away my restful sleep, just waiting for me to fall  
I'll show that won't be, I'll make a phone call  
You thrive on burning tears I shed  
For me to believe all you've said  
That won't happen anyway  
For I refuse to allow the lies you say  
Know that you are only here for a while  
And that I again will be able to smile  
For it is only a matter of time  
Until I have back myself who is rightfully mine.

# 1

## Introduction to Co-Occurring Conditions

*What does “co-occurring condition” mean?*

People who have experienced both an emotional/psychiatric and alcohol or drug related issue are said to be persons with “co-occurring conditions” or disorders. ‘Mental health issue’ refers to different kinds of brain disorders; for example, depression (lasting feelings of sadness or helplessness), bipolar disorders (extreme mood swings – highs and lows), or schizophrenia (a partial or complete break from reality) are all examples of disorders where brain chemistry is unbalanced. ‘Alcohol or drug related issue’ refers to the use of alcohol or any illegal drug in a harmful or dangerous way. Not being able to limit or control the use of substances is also considered a brain disorder.

Many people with co-occurring disorders have experienced trauma. The effects of trauma can often affect the way the world is experienced. People with mental health, substance abuse, and trauma frequently have physical health issues as well. Co-occurring conditions can include a number of difficult experiences that improve when a person embraces and develops their own ongoing journey of self-discovery/recovery.

Co-occurring conditions are common, but there are many who are not aware that they could be a person with both diagnoses. One of every two individuals with substance use or mental health issues has experienced the other at some point in their lives. It is estimated that 9 million people in the United States have co-occurring conditions/disorders.

Recovery is a process, not a result. Louie L’Amour once said, “You can be so focused on the destination that you miss out on the journey”. It is helpful if a person gets

integrated treatment that looks at all issues at the same time. It takes many domains of our life to make a whole being. The recovery journey captures hope. Embraced with courage, it happens over a lifetime and is a changing, unpredictable process that is often marked by unexpected setbacks. However, on the recovery journey people can and do achieve meaningful lives in personally satisfying ways.

Which came first? It's not easy to know whether the mental health or substance use issue occurred first. Someone with psychiatric concerns may drink or use drugs for the same reasons others do, such as attempting to feel calmer, happier, or more sociable. Some people are more sensitive to the effects and frequent use of substances and the impact this leaves on their lives.

When people experience relief from the body and mind's dependency on alcohol or other drugs, positive effects can be seen in job performance, careers, personal ambitions, physical and mental health, not to mention goals, hopes, dreams and values. On the other hand, a person with a substance use issue may develop or experience symptoms of a psychiatric diagnosis which may become compounded over time. For some, this may become clear only after attempting to stop or cut down on substances that were often used to mask the emotional, physical or mental pain of past and present experiences.

*Could I be a person with a co-occurring condition?*

Someone with a co-occurring condition may:

- Use alcohol or other drugs to try to control feelings, avoid thinking about issues, and to get relief from being either alone or with other people
- Increase the use of alcohol or other drugs to get the same feeling
- Try time and again to cut down or eliminate their use
- Feel guilty about their use of substances
- Experience mood swings or feel sad for long periods of time
- Lose interest in people or activities that used to be enjoyable
- Be very angry or think about suicide
- Take risks that they wouldn't otherwise take
- Experience difficulty in relationships
- Have challenges with daily activities
- Feel fatigued and experience a multitude of aches and pains, mental or physical
- Notice a change in sleep and/or eating patterns
- Experience confusion or lack of concentration
- Note feelings of unusual fear



### *How can I get assistance in my recovery journey?*

Identifying something you want to change is an important first step. Many people with co-occurring conditions may not be aware there is an issue and can downplay the topic, or don't believe that things can change. It's not uncommon to feel ashamed, hopeless, alone or angry. With support you can regain hope, learn to overcome barriers and sort through feelings while making progress toward your own goals, hopes, dreams and values.

Having support and finding out what helps a co-occurring condition makes sense. Working with a team or individual who interacts with you in a respectful manner while focusing on wellness and incorporating all issues, has been an effective and preferred way to recovery for many people. Recovery involves building healthy, trusting relationships and developing the support you desire.

Achieving wellness may include:

- Developing a personal recovery plan for working towards what you want
- One-on-one or group counseling, attending self-help or peer support groups
- Developing mutually supportive relationships or having a recovery buddy
- Taking prescribed medication
- Referral for evaluation of any medical conditions
- Focusing on any special needs, such as changes in diet or living arrangements, etc.
- Self-education and developing personal hopes, goals, dreams and values
- Developing a personally satisfying network of people who support your recovery
- Hospitalization for detoxification



*What can be included in a recovery journey?*

Medications may be part of your recovery plan and could be prescribed to help:

- Ease early stages of detoxification (withdrawal/physical symptoms of chemicals leaving the body) and to prevent or reduce ongoing use of alcohol or other drugs
- Develop a personal recovery plan that addresses mental health and substance abuse issues

No two people with a co-occurring condition are alike. Your recovery plan is most effective when tailored by you. Remember you are the expert on what works for you and the plan is yours, so be involved in its development. If at any time your plan is unclear or doesn't reflect your personal goals, hopes, dreams or values, ask yourself and others involved in your recovery plan what's happening.

*Are you satisfied with your provider relationship?*

Here are some questions you might ask yourself:

- Am I able to be honest with myself and others?
- Does my recovery plan reflect my hopes, goals, values and dreams?
- Do I have a trusting relationship with my provider?
- Am I feeling positive and do I recognize my strengths?
- Am I able to take my medications as prescribed?
- What happens when I feel uncomfortable?
- Do I recognize opportunities to grow and learn?
- Am I educating myself about co-occurring conditions?
- Has the way I relate to people changed?
- Am I learning about myself?

Personal change is worth the effort! Be patient with yourself; recovery is a journey that requires practice, hope, courage and dedication. Charles Swindoll once said, “Life is ten percent what happened to you and ninety percent how you react to it”.

Sometimes sharing your thoughts with peers, family, providers and friends you connect with mutually can help when sitting with very big feelings. Many people care.

## 2

## How to Choose a Provider

### *Questions You Might Ask a Potential Provider*

1. Does your agency provide integrated co-occurring services?
2. Do you know what a co-occurring condition is?
3. Do you have experience working with people who have co-occurring conditions and do you feel comfortable working with them?
4. How will you and I work on our relationship if things feel uncomfortable?
5. Have you ever worked with people affected by trauma?
6. How will we coordinate with my physical health care provider?
7. Will you work with me even if I am still using?
8. What happens if I experience an unexpected setback?
9. What are your feelings about my taking medications for a mental health or substance use issue?
10. Are there any peer support groups or peer services in our community?
11. Are you allowed to share your personal experiences? If so, are you a person with co-occurring experiences?
12. How would you describe recovery?



# 3

## Hope in Recovery

### *Personal Reflections on Recovery*

“I have learned self awareness through relationships with my providers, peers and others, recognizing how alcohol, drugs and mental health issues effect self-esteem, choice and quality of life. I have defined what recovery means to me. What I’ve learned over time is that I have strengths that can help me move toward my wellness goals, hopes, dreams and values.

By working towards personal change, I’ve learned ways to stay well and understand the uniqueness of my life. I have learned how to develop satisfying and mutually rewarding relationships. I discovered a new way to communicate with family on resolving issues. Hope has provided me the freedom to seek meaningful employment. I have chosen to access my community by participating in local activities and events.”

### *What does recovery look like?*

Recovery is a deeply personal and a unique process. Each person with a co-occurring disorder develops his or her own definition of recovery. It is important to remember that the experience of recovery is different for everyone. There are certain concepts or factors that are common to recovery, some of which are listed below.

#### **HOPE**

Having a sense of hope is important for any ongoing recovery journey. Even the smallest belief that you can get better can help the process. “Hope is the feeling you have that the feeling you have isn’t permanent.” — Jean Kerr

#### MEDICATION/TREATMENT

While sometimes it is frustrating finding the right medications or tolerating side effects, many people with co-occurring conditions have reported that medications are critical to their success. For many, the goal is not to be medication-free, but to take the smallest amount necessary, or to take the medication with the fewest side effects.

#### EMPOWERMENT

Empowerment is the awareness that you have influence and choice in your life, including choices surrounding co-occurring conditions. Empowerment also involves taking a proactive approach and advocating for yourself and others. As you grow in your recovery journey, you gain a greater sense of what you're capable of by actively moving towards your desired dreams.

#### SUPPORT/RELATIONSHIPS

Support and satisfying relationships with others such as peers, family, friends and other health professionals are vital in recovery. Having multiple sources of support helps to minimize the sense of isolation, and can increase activity in the community. These tools for recovery give us a place to practice healthy relationships. Being able to interact and make mutual connections with people that understand your feelings and experiences can be a key part of recovery.

#### EMPLOYMENT/MEANINGFUL ACTIVITY

Employment/meaningful activities provide an opportunity to regain a positive self-image, with a sense of "I can do it" – which equals purpose and value.

#### EDUCATION/KNOWLEDGE

It is important to learn as much as possible about co-occurring disorders, medications, and available resources. Learning about yourself and the environment in which you participate can be key elements in the decision making process. You can educate yourself by speaking with health care providers, peers, attending workshops, support groups, browsing the internet, and by reading books, articles, and/or newsletters. Education helps reduce the devastating effects of stigma associated with mental health and addiction issues. When we educate people about the impact of stigma, stereotyping and judging people who have experienced the world in a different way, it will eliminate the false perception that this is an “us” versus “them.”

#### SELF-HELP

Self-help can take many forms, including learning to identify different ways of being, learning not to judge oneself, and embracing experiences as lessons to grow and learn from. Self-help includes 12-step programs, peer support, as well as friends, family or other support groups. Groups can create a support system to access when needed.

#### SPIRITUALITY

Having a spiritual belief can sustain us even through the most difficult times. A broad definition of spirituality is that it's a partnership with one's own defined higher power. For many, spirituality provides hope, a source of support, comfort during difficult times, and a sense of peace and understanding.

#### PLAYFULNESS/CREATIVITY/FUN AND HUMOR

Playfulness is a quality that everyone is born with. It comes from a spontaneous place within us and can take many forms—perhaps stories, dreams, art, new ideas or creative solutions. Bringing healthy amounts of humor, laughter, creativity and play into your life can have a positive effect and can help you on your wellness journey.

# 4

## Going Sideways

*What happens when I experience an unexpected setback?*

If you experience a setback, here are some questions you might ask yourself:

- What inspired me to be involved in my own recovery?
- What was I experiencing when I had an unexpected setback?
- What did it feel like when I stepped off my path to recovery?
- Did I have difficulty finding the support I needed?



- Do I feel like I am able to move forward after a setback?
- How did I get back on track?
- Do I accept that setbacks are a part of my recovery journey?
- Do I accept that recovery is a non-linear process?



*What convinced you of the need to work on your health and well-being?*

[I hit] rock bottom and realized that what I actually was doing to my body was eventually going to kill me or end up hurting me to a point where I would not be able to bounce back.

Several times I put my life and the life of those I love at great risk... the short and sweet version: Life at that moment sucked enough that change wasn't so scary.

As a teenager I realized that my family was different. I knew that I had experienced trauma, yet my family and I never talked about it. Drugs and alcohol were [what] they wanted to do. I knew then that I would have to be the one to take care of myself. I knew I was using drugs and alcohol to mask or erase the pain in my heart and the memories I had of the past.

I have been self-medicating since I began remembering trauma and being stuck in that story. Before using, I told someone who was using substances my pain story; they suggested [that] street drugs accompanied by alcohol could help me forget. I tried and they did. It wasn't long after that I knew I had the makings of a person with an addiction.

I began to discover when I was very young, but chose to ignore it at that time. Back then, I refused to acknowledge that I might have mental health problems. As an adult, I realized through counseling [that] I did have mental health issues. I didn't find out until November 2007 exactly what my diagnosis really was. I had a complete evaluation done and found out what was going on.

*What has worked for you on your journey?*

What helped [was] sheer stubbornness and a true desire to change my life and my well being.

[What helped me was] authentic, honest, caring, kind people who were willing to have a relationship with me while they held on to my hope when I thought there was none. They found value in me and built on my strengths and challenged my thinking—and I challenged their [thinking] as well. [These are] role models that shine bright.

Counseling was a huge factor on my path. I was able to find a counselor that I could trust to help me through many things. Staying as busy as possible did help some as well. I also stayed away from drugs and alcohol, as well as the old friends I used with.

[What works for me is taking] baby steps, one day and minute at a time.

The things in my everyday life [became] more important to me than drugs and alcohol, such as work, my family and showing my children that life can be good if you work hard for what you want. I also made sure to stay away from drugs and alcohol as much as I possibly could. I no longer hung around with my old friends.

*What life changing experiences or events brought you closer to recovery? What was not helpful or blocked your path?*

What blocks me is getting caught in my mind and head and letting self pity get the best of me.

My husband is an alcoholic and drug addict [which came] first in his life. He made our life at home very difficult. He would harass me until I gave in and had a few drinks or got stoned with him. Then, in May 2005, I had him removed from my home. I have not seen nor heard from him since.

My determination came from wanting to change and have a better life, and to be a good mother to my son who brings me great joy.

While growing up, I went through more than most children could ever think of. My family split up when I was young; there was always alcohol and lots of different men around. Childhood was not easy for me. I began to drink and use drugs at a very early age, and I began having children [of my own]. Then, I refused to allow them to go through the things I went through. I began to sober up, and we moved away.

My children and having the ability to help other people has brought meaning to my life and recovery. By helping others I feel as though there is meaning for me. My children became the highlight of my life; I wanted them to have things in a family that I didn't see as a child. I wanted them to learn that family is one of the most important things.

Recovery is...

- To look at the positive in our lives, avoid negative
- To educate providers
- Knowing we are not alone
- Knowing it's okay to ask for help
- To realize it's not always easy, but it is worth it

*Sheila Dobson*

*Can you reflect on your life before recovery versus after recovery? What brings meaning to your life and recovery?*

Before recovery I was a girl heading down the road to the depths of hell, unable to bring myself back.

Before recovery I was selfish and did not care about others at all. I felt as though life was horrible for me and [there was] no meaning in my life. I was rude and angry all the time. After my recovery I changed myself, the way I thought, and the things I did before. By doing these things I became a much better person. I began to feel as though life does have meaning and that my purpose here is to be of help to others.

*Can you reflect on your process of recovery? What experiences would you share with someone new to recovery?*

It has been a mind, body and soul, life-changing journey now that I am well and able to call myself a true member of society. I am a person who can look in the mirror and say “that person there is someone to be proud of”.

My process of recovery was a chosen career. I became a truck driver and then a chauffeur. With a driving career it is very wise to stay clean. Then, in January 2008, I walked into my first AA meeting and I have been going to meetings ever since.

Just relax and let life roll. Don't get down on yourself because we are our own worst enemies. Take each day one at a time. Don't get caught up in the simple things because life is too short to waste our time on things that are totally trivial. Let yourself feel your [real] feelings because that is where true recovery begins—within yourself. Count each day as a blessing. Remember you are the only one in control of your life, so jump in the front seat and enjoy the ride.

Have a recovery buddy. Find a circle of support that encompasses your values, goals, hopes and dreams for each domain of your life.

Go to the meetings, reach out to others when you need it, read the literature that is suggested. Stay away from people you used to party with if they are still actively drinking or drugging. Put yourself into your work—the more you work the harder it is to drink or use drugs.

# 6

## About Peer Support Work

*What is “peer” support and what is the purpose of having peer relationships?*

One meaning of “peer” is someone who is a friend or person who might naturally support us because they share or understand our experience. Peer support has taken on a different meaning in the recovery movement because of an activity called **Intentional Peer Support** based on a philosophy developed by Shery Mead.

People who provide peer support have a specific purpose and provide support in a particular way. They are trained in the concepts of mutual relationship building and in ways to share their stories to help the person they’re assisting to grow and understand themselves. Peer support involves a specific way of communicating that helps build healthier relationships.

A peer’s goal is to treat others with dignity and respect. Peer support workers model what they have learned through their own personal journeys into greater health. Peers encourage others through social support and help others move towards greater self-empowerment and increased community involvement.

*In peer support, what approaches work?*

- Being non-judgmental
- Welcoming and genuine
- Listening and validating
- Modeling behavior in relationships
- Providing constructive feedback
- Learning together
- Having mutual respect in relationships

### *What would I do to become a peer support person?*

First of all, you have to be responsible for yourself and have skills for managing your own life and issues. Make sure you work through your own recovery before attempting to support others. Know your own limitations.

A peer has to have perspective and to respect other points of view. A peer has to be prepared to connect with people and to know the difference between sympathy and empathy. A peer must listen and validate with no judgment, and accept other's views of life even if they are very different from their own.

As a peer, you have to be prepared to sit in an uncomfortable space, and be willing to challenge others and self. You must be willing to enter into a mutual relationship and help promote growth. Remember, you will be learning from others and ultimately learning about yourself!

Secondly, you need to learn how to be a peer support person by becoming trained. Some ideas about training are provided in this booklet in the resource section.

### *What are some peer tips and strategies?*

- Learn how to speak in a way that comes across to others with dignity and respect
- Always have respectful communications
- Have an awareness of how we (peers) are perceived by others

Part of your recovery could include becoming trained to provide peer support or perhaps working with a peer support worker. Maine is a state that provides many opportunities for training and for work in peer support.

Whether you become a peer support worker or receive support from one, relating to those who understand what you've been through because of their own direct experience can be an important part of recovery.

All peer training emphasizes a learning experience in which people explore "how they've come to know what they know." In other words, through focused conversations, people look at their thinking about who they are, what equal relationships can look like, and ultimately what's possible. This is accomplished through a process of learning about:

- What makes peer support different from other relationships
- First contact and how it controls the way we see the world
- Listening with intention
- Challenging old roles
- Understanding trauma worldview and trauma re-enactment
- Working towards shared responsibility and shared power
- Creating a vision
- Using supervision as a tool to maintain values in action

### **Certified Intentional Peer Support Specialist Training**

Maine Office of Adult Mental Health Services/Office of Consumer Affairs

→ For information contact the Office of Consumer Affairs at (207) 287-4253



## PEER TRAINING AND SUPPORT INFORMATION

- Family and friends
- Local hospitals
- Mental Health and Substance Abuse Centers
- Supermarket message boards
- Your local newspaper
- Books and web sites
- Places of worship
- Doctor or Primary Care Physicians
- Computer/On line →If you don't have a computer, check your local library. Most libraries have computers you can use.
- By telephone 2-1-1 or online at <http://www.211maine.org/index.asp>
- Check the telephone book under *Drug Abuse, Alcoholism, or Mental Health* for names of organizations and sources of help in your area.

## MORE ABOUT PEER SUPPORT

**Peer Crisis Respite Services**

The Learning and Recovery Center at Sweetser in Brunswick hosts Maine's only peer crisis respite overnight program. Using the Intentional Peer Support model based on the work of Shery Mead, Sweetser's peer services offer mutual support for people recovering from mental health issues, substance abuse, or a history of trauma. Crisis Respite includes a short-term stay at the Learning and Recovery Center, recovery groups, art groups, complementary therapies and self-directed learning.

For those who anticipate staying at the Learning and Recovery Center as an alternative to hospitalization, a Crisis Respite interview must be conducted. A respite plan is created mutually between the client and a peer at the center when the client is doing well. It is our belief that it is easier to consider what works for us and is comforting when we are not in the midst of a difficult time. Peer Crisis Respite challenges us to move forward through our crisis, allows ourselves to be vulnerable, feel strong emotions, and consider those times an opportunity to grow and change.

→ For more information call 1-800-434-3000

### **The Peer Support Program at Riverview Psychiatric Center**

Amistad Peer Support and Recovery Center in Augusta operates a peer support program inside Riverview Psychiatric Center.

For many individuals, an admission to Riverview can be an overwhelming and frightening experience. A hospital admission means that people are removed from the supports they may have from family or the community, and they enter an environment that is new and sometimes confusing. Peer supporters are individuals hired by Amistad who have personal experience with mental health issues and recovery. They know first hand the struggles of living with a mental health issue and are living examples that a personal recovery journey is possible.

→ Contact: Holly Dixon, Peer Services Director (Augusta office)  
Email: [holly.dixon@maine.gov](mailto:holly.dixon@maine.gov)  
250 Arsenal Street, Augusta, Maine 04332 • Tel: (207) 624-4610

### **Amistad Peer Support Program in the Emergency Room at Maine Medical Center**

Peer support is what you would expect to receive from a family member or friend if they were to accompany you to the emergency department for a medical emergency. We offer peer support to individuals who visit the emergency room for a psychiatric crisis—individuals who are often frightened, confused and sometimes alone. Peer supporters understand that going to the emergency room can be very upsetting.

You will find Peer supporters in the East wing of the emergency room every evening from 5:00 PM to 11:00 PM. They will find you, or you can request peer support from the nurse on duty in the emergency room.

### **Maine Warm Line**

The Maine Warm Line is somewhere to call when you need to connect with someone. There are many reasons to call. Some people call because they need support or are feeling isolated, or perhaps they want to learn some recovery skills. Others call because they are feeling frightened, sad, or maybe they had a great day and want to share a success. It is not a crisis line (traditionally called a hot line), but rather a place to talk and be listened to. Peer supporters, all who have personal experience with mental health and recovery, answer the calls. The Warm Line is a toll free number from anywhere in Maine.

→ Toll free number: 1-866-771-WARM (9276)

→ In the greater Portland area: 772-9276

**Open 24 hours a day, 365 days a year.**

**For immediate help or if you are in a crisis**, call the statewide crisis hot line, toll free at 1-888-568-1112. Open 24 hours a day.

PEER INITIATIVES AND ORGANIZATIONS

**Advocacy Initiative Network of Maine**

Mail Address: PO Box 878  
Bangor, ME 04402  
Tel: (207) 941-4734  
Toll free: 1-888-375-5969  
Email: info@thenetwork123.com  
Web: www.thenetwork123.com

**Amistad**

Mail Address: PO Box 992  
Portland, ME 04104  
Tel: (207) 773-1956  
Email: amistad1@maine.rr.com  
Web: www.amistadinc.org

**Beacon House**

Mail Address: 150 Congress Street  
Rumford, ME 04276  
Tel: (207) 369-0868  
Email: beaconhousewocmhs.com or  
beaconhousewroadrunner.com

**Capitol Clubhouse**

Mail Address: 37 Stone Street  
Augusta, ME 04330  
Tel: (207) 629-9080  
Email: akirkpatric@kvmhc.org  
Web: www.capitolclubhouse.org

**Co-Occurring Collaborative Serving  
Maine (CCSME)**

Mail Address: 94 Auburn St, Suite 110  
Portland, ME 04103  
Tel: (207) 878-6171  
Email: ccsme@ccsme.org  
Web: www.ccsme.org

**Common Connections**

Mail Address: PO Box 1010  
Saco, ME 04072  
Tel: (207) 286-1117

**Friends Together**

Mail Address: 70 Main Street  
Jay, ME 04239  
Tel: (207) 897-1010  
Email: friendstogether@verizon.net

**The Gathering Place**

Mail Address: c/o Bridgton Community  
Center, 15 Depot Street  
Bridgton, ME 04009  
Tel: (207) 583-5235  
Email: mongoose04040@hotmail.com

**Harmony Support Center**

Mail address: c/o Bernie Roy  
5 Gowen Street, Sanford, ME 04073  
Tel: (207) 490-5253  
Email: harmonysclub@yahoo.com

**Harvest Inn Social Club**

Mail Address: AMHC  
PO Box 1018, Caribou, ME 04736  
Tel: (207) 492-1386  
Email: sgagnon@amhc.org

**High Hopes Clubhouse**

Mail address: 26 College Avenue,  
Waterville, ME 04901  
Tel: (207) 877-0038  
Email: Isoucie@kvmhc.org  
Web: www.highhopesclubshous.org

**H.O.P.E. Recovery Center**

Mail Address: Grand Behavioral Health,  
227 Eastern Avenue, Augusta, ME  
Tel: (207) 621-3700

**LINC Social Club**

Mail Address: PO Box 229  
Augusta, ME 04332  
Tel: (207) 622-5736 or 626-3444 x 334  
Email: jpainter@mocomaine.com

**Maine Alliance for Addiction Recovery  
(MAAR)**

Mail Address: 295 Water Street, Ste. 200  
Augusta, ME 04330  
Tel: (207) 458-4366

**NAMI Maine**

National Alliance on Mental Illness  
Mail Address: 1 Bangor Street  
Augusta, ME 04330  
Tel: (207) 622-5767 or 1-800-464-5767  
Email: info@namimaine.org

**Recovery Through Wholeness (RTW)**

The Holistic Recovery Project  
Mail Address: 2 Swan Street, #2  
Augusta, ME 04330  
Tel: (207) 698-TUFF (8833)  
Email: mailto:holistix-rtw@lycos.com

**Learning and Recovery Center  
at Sweetser**

Mail address: 174 Merepoint Road  
Brunswick, ME 04011  
Tel: (207) 373-4273 or 373-4277  
Warm Line: (207) 373-4278  
Email: smetzger@sweetser.org

**Together Place**

Mail Address: 150 Union Street  
Bangor, ME 04401  
Tel: (207) 941-2997 or 941-2897  
Email: together@mmhc.org  
Web: www.mmhc.us/tpsc.htm

**Valley Social Club**

Mail address: 284 Main Street, Ste 101  
Madawaska, ME 04756  
Tel: (207) 728-4806

**Waterville Social Club**

Mail address: 32 Ticonic Street,  
Waterville, ME 04901  
Tel: (207) 873-1029 or 873-1027  
Email: bfrench@mocomaine.com  
Web: www.mocomaine.com

**100 Pine Street Wellness and  
Recovery Center**

Mail address: 100 Pine Street  
Lewiston, ME 04240  
Tel: (207) 795-6719 or 795-6040  
Email: jnielsen@commonties.org

## WELLNESS AND RECOVERY LINKS

[www.maine.gov/dhhs/mh/wellness/links.shtml](http://www.maine.gov/dhhs/mh/wellness/links.shtml)

[www.maine.gov/dhhs/mh/wellness/intentional\\_peer.shtml](http://www.maine.gov/dhhs/mh/wellness/intentional_peer.shtml)

or call the Maine Office of Consumer Affairs at (207) 287-4253

## MEETINGS AND SELF-HELP GROUPS

### **Dual Recovery Anonymous (DRA)**

#### • *Portland, Maine*

Where: YMCA, 70 Forest Avenue,  
Harris Community Room, 1st floor  
When: Every Tuesday 6:00–7:00 PM

#### • *Augusta, Maine*

Where: Riverview Psychiatric Hospital  
250 Arsenal Street  
When: Every Monday 7:00–8:00 PM

#### • *Augusta, Maine*

Where: Crisis & Counseling  
32 Winthrop Street  
When: Every Monday and Thursday  
12:00–1:00 PM

### **Recovery Through Wholeness (RTW)**

The Holistic Recovery Project  
Mail address: 2 Swan Street, #2  
Augusta, ME 04330  
Tel: (207) 698-TUFF (8833) or  
(207) 242-5109  
Email: [holistix-rtw@lycos.com](mailto:holistix-rtw@lycos.com)

### **Alcoholics Anonymous (AA)**

#### **Portland Central Service Office**

24-hour hot line: 1-800-737-6237 or  
(207) 774-4335  
Web: [www.aamaine.org](http://www.aamaine.org)

### **Narcotics Anonymous (NA)**

Tel: 1-800-974-0062  
Web: [www.namaine.org](http://www.namaine.org)

## **Depression Bipolar Support Alliance**

### DBSA Chapters/Support Groups

Note: Chapters are volunteer-run and many of the telephones listed are personal numbers. Kindly be considerate of the time of day you are calling. Also, **these are not crisis lines**. If you are in need of emergency assistance, please call 911 or 1-800-273-TALK

### DBSA Maine State Organization

Contact 1: Jeffrey Irving

Tel: (207) 650-3248

Email: [jcirving@maine.rr.com](mailto:jcirving@maine.rr.com)

### DBSA Mid-Coast Belfast

Contact 1: Stevan Van Ness

Tel: (207) 338-6041

Contact 2: Thomas Allen

Additional Tel: (207) 542-4760

Email: [thomasa449@msn.com](mailto:thomasa449@msn.com)

### DBSA Portland

Contact 1: Jeffrey Irving

Tel: (207) 650-3248

Email: [jcirving@maine.rr.com](mailto:jcirving@maine.rr.com)

Contact 2: Ken Hess

Tel: (207) 899-0121

Email: [revkenbio@maine.rr.com](mailto:revkenbio@maine.rr.com)

### DBSA Mid-Coast Rockland

Contact 1: Stevan Van Ness

Tel: (207) 338-6041

Contact 2: Thomas Allen

Additional Phone: (207) 542-4760

Email: [thomasa449@msn.com](mailto:thomasa449@msn.com)

### DBSA ACES Saco

Contact 1: Dr. Michael Arenstam

Tel: (207) 283-9375

Email: [drmike@gwi.net](mailto:drmike@gwi.net)

Website: [www.thewanderingmind.org](http://www.thewanderingmind.org)

## FIGHTING STIGMA

### **National Stigma Clearing House**

245 Eighth Avenue, #213

New York, New York 10011

Tel: (212) 255-4411

Web: <http://community.webtv.net/stigmanet>



## **Stigma and Person-First Language**

*By Troy W. Henderson*

Many people in our culture and around the world have been diagnosed with a psychiatric disability; this, however, does not define who they are. In the United States alone, approximately 6.5 million people live with a psychiatric diagnosis. The process that causes this phenomenon is still poorly understood; however, the general consensus within the Mental-Health and Peer community is that stigma, the way others and we view who and what we are, is the largest component contributing to the debilitating aspects of any psychiatric diagnosis.

Stigma is an experience, not just a word; statements that do not recognize people first, carry an unwanted mark. When I am referred to as an illness or I hear someone using language that recognizes illness first, this is what I focus on, and I see myself as the sum of the diagnostic language being used. When I have used “illness-first” language to describe myself, I have watched people react with fear, judgment and rejection.

Webster defines “stigma” as “an unwanted mark, referring to the ancient practice of burning a mark in the forehead, cheek, or the back of the hand of a villain, so that others would know who they were dealing with and would be on their guard, thereby creating an “us” and “them”. People with psychiatric disabilities are no different from anyone else, with the exception of the disability; they too have needs, goals, hopes, dreams and values; we are all an important piece of our community.

Fortunately today we have a clearer understanding of psychiatric diagnoses and have begun to combat the stigma that has been left by ignorance, fear and shame. Illness-first language carries a negative connotation, lending to, and compounding, the negative way in which others view who we are.

Consequently, changing our language to the “person-first” perspective can change the way people are viewed. “Person-first” language refers to seeing and addressing the person first, not the disability. When anyone makes statements such as, he or she has a psychiatric disability, it will only assist people in feeling that the disability is all encompassing and this is what defines them instead of their personhood. Ultimately, the language we use reflects our attitudes and prejudices.

I have been blessed with the pleasure of being a facilitator of a D.B.S.A. (Depression Bipolar Support Alliance) peer-support group; I have seen the difference that “person-first” language can make in someone’s hope for wellness. For example, during support group one evening we were visited by a person with a chronic and persistent psychiatric disability, by her own description. We were discussing the importance of “person-first” language and the impact it has on how we perceive people with a psychiatric diagnosis. We started out by drawing a large circle with a dot in the middle on the chalkboard and said that the dot in the middle represented the person surrounded by the psychiatric disability if “illness-first language was used, ie ”the illness defines me”. Using the same large circle with the dot in the middle, I stated that, when using “person-first” language the dot in the middle represented the disability. This approach takes into account that there are many aspects of being a person. For instance, I am a person with likes and dislikes. I am a person with passion, I am a person with creativity, and yes, I am a person with a mood disorder. When I

finished, there were five dots, distributed evenly inside the large circle. A light seemed to go on inside our visitor, as she jumped to her feet and hurried to the chalkboard, quickly pointing out that there were two dots that could be connected, making a smiley face. Proud as could be and without hesitation, she pointed out that there was only one line of difference between the two statements, as there was only one line of difference between a frown and a smile. It seemed it was the first time in a long time that she remembered that she was a person first; her hope had been rekindled.

In as much as one of the largest contributing factors of a psychological disability is the stigma associated with a psychiatric diagnosis, it should be a written public policy for all people involved in the mental health field to not use “illness-first” language. Agencies should consider asking peers, consumers, survivors, and former patients what phrases are respectful of a person’s dignity.

We are all people first, so we should try to remember when referring to ourselves or someone else as a disability first that we are contributing to an image of less than. Stigma surrounding psychiatric diagnoses can be changed, greatly reduced, and possibly eliminated by the language we choose to use. Using “person-first” language will help eliminate stigma day by day and will continue highlighting our humanity, not our disabilities.

### **References**

Academic Press (1999)  
Psychiatric Rehabilitation  
Carlos W. Pratt, Kenneth J. Gill, Nora M. Barrett and Melissa M. Roberts





Many people with either a mental health or substance abuse condition don't realize that their recovery is affected by more than one condition. As a result, they often don't receive the best available treatment or even realize that they need to ask for it. By providing basic information and personal reflection, the Consumer/Peer Group involved with the Maine Co-Occurring Initiative has found a way to help other consumers/peers, as well as providers, learn more about co-occurring conditions.

This booklet represents an effort to help people identify co-occurring conditions and points the way to the many resources and possibilities for recovery.