

## DEFINING Peer Support

by Shery Mead  
(Article Used With Permission)



Peer support is a system of giving and receiving help founded on key principles of respect, shared responsibility and mutual agreement of what is helpful. Peer support is not based on psychiatric models and diagnostic criteria. It is about understanding another's situation empathically through the shared experience of emotional and psychological pain. When people find affiliation with others whom they feel are "like" them, they feel a connection. This connection, or affiliation, is a deep, holistic understanding based on mutual experience where people are able to "be" with each other without the constraints of traditional (expert/patient) relationships. Further, as trust in the relationship builds, both people are able to respectfully challenge each other when they find themselves reenacting old roles. This allows members of the peer community to try out new behaviors with one another and move beyond previously held self-concepts built on disability, diagnosis and trauma world view.

Peer support starts with the basic assumption that meaning and perception are created within the context of culture and relationships. Our self-definition, how we understand and interpret our experiences and how we relate to others, is created and developed from the direct and indirect messages we get from others and the messages we get from dominant cultural beliefs and assumptions. We find that many of us who have used mental health services have been told what we "have,"

how "it" will be treated and how we must think about arranging our lives around this "thing." We have then begun to see our lives as a series of problems or "symptoms," and we have forgotten that there might be other ways to interpret our experiences. Because of this we have felt different and alone and "other-than" much of our lives, leaving us in relationships that have been less than mutually empowering and, more often than not, destructive and infantilizing. We have learned to understand our experiences as signs of illness while burying histories of past violence and abuse. We have lost our power and our choices in most relationships. We have learned to either 'act as if,' or we have become dependent on professional interpretation of our everyday experiences. It is not uncommon for us to then offer (and ask for) help based on this model.

Peer support training can help develop our ability to think critically about "who we've become." Training helps us learn to sit with discomfort while we explore the relational dynamics that have kept us stuck, and also helps us look at our own reactivity. It is helpful to understand people's "hot spots" and the kinds of situations that feel comfortable, tolerable or absolutely intolerable so they can learn to negotiate power rather than take it. Discovering this in a peer community reveals a different way of understanding our behaviors and presents an excellent framework to explore personal and relational change.

Through peer support services we can offer each other relationships that are respectful of our experiences, our ways of communicating and how we have learned to tell our story. We can challenge each other to both face and to move beyond these stories and patterns. We can build new community norms that replace the



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Shery Mead is the past director of three New Hampshire Peer Support Programs, including a peer-run hospital alternative. She has done extensive speaking and training, nationally and internationally, on the topics of alternative approaches to crisis, trauma informed peer services, systems change and the development and implementation of peer-operated services. Her publications include academic articles, training manuals and a book co-authored with Mary Ellen Copeland, Wellness Recovery Action Planning and Peer Support. Shery is currently the project director for the Evidence Based Practice, Consumer Operated Programs Toolkit funded by SAMHSA.



# From the CEO's Desk

Several years ago, a colleague of mine developed an aggressive form of cancer. She was fortunate in that it was caught early and removed completely by a very skilled surgeon. Though the surgery was radical and left some lasting issues, no radiation or chemotherapy was needed. She should have been jumping for joy after that—right? While she was grateful, the trauma of the event left her with some feelings and emotions that her doctor didn't know how to "treat." What helped her through that time was talking to other survivors of cancer who knew exactly what she was experiencing and who were able to help her get through those difficult times. That experience is what we know as "peer support."

Most of us would not be surprised that the support of peers was what finally helped my colleague to return to her old self. For you see, sometimes, the doctor and the professionals can only help heal to a certain point. Sometimes the emotional components of our illnesses only get better when we can connect to others who have been there. The concept of "peer support" in treating such matters is really not a new one. Those in recovery from alcoholism or substance abuse have been successfully using the support of other recovering individuals for years in groups such as Alcoholics Anonymous (A.A.) or Narcotics Anonymous (N.A.).

Sharon Alberts, CEO

In the mental health field, the concept of "peer support" is somewhat newer, but it is one which is rapidly growing in popularity. I am certain, though, that there are skeptics who either don't believe that recovery from mental illness is possible or are secretly afraid that "peer-helpers" will replace the "professionals." I suggest we review the example of my friend. Her peers were certainly not able to treat the physical part of her illness, but her doctor hadn't been where she was and couldn't offer her what she needed to move on with her life. Using this example, I would argue that there is a place for both professionals and peer support in the helping role. It is important for each to partner with the individual who is trying to recover from their mental illness and assist them in regaining the valued role for which they are searching. When this truly happens in our service system, I believe we will see more recovery from these illnesses.

## Movers & Shapers

By Craig Dorin, Coordinator of Quality Operations, and Kathy Doloughy, Clinical Associate

Movers and shapers... People who know what they want and share with others their vision. Movers and shapers do not wait for things to change. They voice their ideas, needs, and concerns and take action to make them a reality. TSI thanks those of you who are movers and shapers. You have partnered with us to achieve some terrific changes in our programs and services. How? You have taken the time to thoughtfully respond to surveys and provide constructive feedback about our programs and services. Through this seemingly simple, yet important involvement, you have taken an active role with helping us to improve ourselves and, more importantly, better meet identified needs. We do not see surveys as simply something to be done. We see them as an opportunity to transform ourselves into the vision and reality you the stakeholder want/desire. Your thoughts and ideas become the blueprint for us to build and shape a better tomorrow. Words written upon a survey are so much more than just paper and ink. The ideas you share could quite possibly become the foundation of a new residence or the development of new services. The next time you receive a survey or a phone call, consider it a personal invitation to shape the future with us.

Look at the impact of feedback TSI has received over the past several years:

### Stakeholder Request

### Vision Realized

Provide better access to services and supports for persons living in the community.

TSI changed the days and hours of operation for the Supported Living programs, enabling individuals to meet with staff after traditional business hours and on the weekends as desired.

Create a more hopeful and personally meaningful service environment for persons to learn and develop themselves as they desire.

TSI adopted a new approach that incorporates the recovery-enhancing principles of Psychiatric Rehabilitation to better assist persons with their personal journeys of recovery. The Community Supports Program was developed to offer opportunities for enrichment, job readiness, peer support and education.

Private bedrooms for all persons served to give them the personal space needed to feel comfortable.

In 2006, TSI completed changes to its sites, enabling 100% of persons served to have the privacy of their own bedrooms.

Update the residences and make them more accessible.

TSI completed the renovation of the East Pittsburgh Commons (Longo) residence and also made changes at the Royer residence to make it easier and safer for individuals to move around independently.

Take the time to become a mover and shaper. Comments or questions about this article should be directed to Craig Dorin at (412)461-1322 extension 247.

# Giving Makes a Difference

## *Giving Makes the Difference*

*By Craig Dorin, Coordinator of Quality Operations*

The Edith L. Trees Charitable Trust has been one of TSI's most gracious contributors through the years. The Trust's financial gifts have enabled us to accommodate the needs of persons served and realize our mission despite the continuing disappearance of resources available due to funding cuts. The support and generosity of the Edith L. Tree Charitable Trust has made it possible for persons served to enjoy a better quality of life. Some of the life-changing improvements they have enabled us to provide include:

- \* A stair glide to enable individuals to move around independently in their two-story residence
- \* Improved sprinkler and alarm systems to increase overall safety
- \* Furnishings and renovations to better accommodate persons served and maintain the inviting atmosphere of the residences
- \* New vehicles to enable individuals to better connect with the community

Each contribution means so much more than the sum of the things it enables us to provide. In actuality, each contribution serves as a bridge for individuals to experience and enjoy as normal a life as any person might desire to have for themselves.

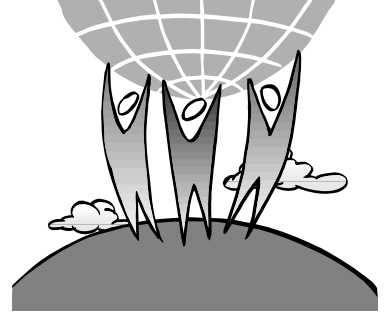
Thank you, Edith L. Trees Charitable Trust, for making a personal difference in the lives of so many individuals.

## *Why I Give*

*by Arden Solomon*

Back in the mid '60s, around the same time that Transitional Services was being formed, my mother was being discharged from Byberry, the state hospital in Philadelphia. Pennsylvania had begun to shift people from state hospitals into community settings. This transition would have been less difficult for my mother if the advantages and services that TSI now offers were available. She needed help regaining the social skills that she lost after approximately 7 years of institutionalization. It's not easy to go from such a totally structured environment to one in which you must make choices for yourself. TSI helps people to develop the skills needed to make those choices and to improve their quality of life.

I give to the Marty Enrichment Fund to help people like my mother.



## *More Than One Way to Give*

TSI service users benefit from contributions no matter how they come in. Of course, a personal check is always welcome. Donations such as bedding, towels, cleaning supplies and other household items are also needed. These items can be dropped off at:

Transitional Services, Inc.  
806 West Street  
Homestead, PA 15120

If you prefer to send a personal check, please make check payable to Transitional Services, Inc. and mail to the above address to the attention of Gerry Henry. Contributions to TSI are tax-deductible in accordance with IRS regulations. TSI also participates in the United Way Contributor's Choice Program, contributor choice # 172.

*For more information on making a contribution to TSI, please contact Gerry Henry at 412-461-1322 ext 222 or [gghenry@transitionalservices.org](mailto:gghenry@transitionalservices.org).*



# THE VALUE OF US Diversity Issues Taken Seriously at TSI

By *Johnnie Smithson, Supervisor*

Diversity is not just a buzz word at TSI; it is a value we are embracing each day. Recognizing the cultural differences among the people we serve, we strive to provide culturally competent services. Also, the leadership team understands the need and value of having a diverse workforce in the organization. With that in mind, in 2002 a cultural diversity committee was formed to provide ways to educated both staff and those we serve on diversity issues. From the beginning we knew that if we were going to be successful in implementing diversity awareness and acceptance in the organization, the change had to start from the top. The senior leadership team of TSI recognized how diversity fit into the mission and vision of the organization and set out to have it reflected in every part of the organization.

The leadership team and the diversity committee then took on the task of shaping the agency's culture to become one that appreciates and values diversity. One of the ways this was done was by conducting a needs assessment survey to get an idea of what employees knew about diversity and look for some areas to concentrate on. Also, the agency made sure to incorporate diversity into their policies and set goals for the Human Resource Department regarding hiring practices.

One of the things that makes TSI different is the effort to not only educate staff throughout the organization, but to also to educate individuals served on diversity. Early on, a diversity newsletter was completed monthly and sent to the departments in the organizations so that staff could be educated as well as individuals. More recently, diversity packets have been designed with various diversity topics such as sexual diversity and religion. Staff members review the packet with individuals served and then they complete an exercise.

Another way to implement a better understanding and acceptance of diversity was through trainings. For example, during sensitivity trainings, staff had an opportunity to experience some of the symptoms individuals with mental illness experience. The leadership team had an opportunity to discuss their experiences in working with those with disabilities and how to effectively manage situations involving someone who needs accommodations for work. TSI has just scratched the surface in efforts to have a diverse workforce and to have staff work effectively with individuals served with diverse backgrounds. TSI also recognizes the value of the staff employed at the organization and will continue to provide professional development around diversity issues.

## Meet the Board...

### GLENN A. CALLIHAN, CHAIRPERSON

An experienced and talented group of leaders from the local area comprise the TSI Board of Directors. Members of the TSI community know that the Board serves a very important function for the agency. Yet, many do not know who these individuals are. From time to time, a member of the board will be spotlighted in *TSI Living*.

To begin this process of introduction, we asked **Glenn A. Callihan**, Chairperson of the Board of Directors, to tell us about himself. He said, "I was born and raised in Pittsburgh, and I married



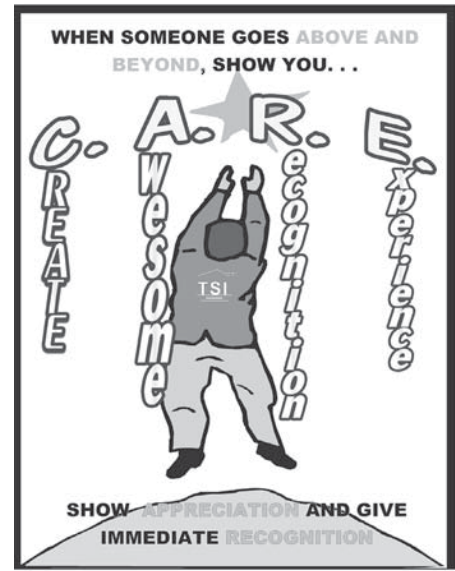
my high school sweetheart. We've been together for almost 20 years and just celebrated our 13th year of marriage. Early on I had decided that I wanted to help people, and I figured the best way to do that was to become a therapist. I went to Edinboro University and graduated with a Bachelor's degree in psychology. I did my internship for my Bachelor's degree at Western Penitentiary. This was a great learning experience. My first job out of college was a direct care worker in a group home with Residential Care Services (RCS). I worked for RCS for a

little over three years before going to work for Goodwill Industries of Pittsburgh. I started at Goodwill as their Community Correction Center Director, running a 32-bed halfway house. Over the past ten years, I have worked my way up through the organization, and I am currently the Vice President of Operations. I am in the process of launching a large workforce development project in which we are employing 100 people a day. The project involves computer recycling and is focused on helping transition individuals off of welfare. The project has gained the attention and support of Governor Rendell and has also lead Goodwill to form strategic alliances with Dell computers and PlanITROI, which is recognized by Gartner research as one of the top ten IT asset recovery companies in the country."

Mr. Callihan said that he cannot say enough about how proud he is to serve on the Board of Directors of TSI. "I can assure you that when I decided to join a nonprofit board, I went to great lengths to make sure I made the right move. I actually took a course at Duquesne University on how to be a nonprofit board member," he said. "After completing the course, I did an exhaustive search and TSI was clearly my top choice. Having worked in the field, I know the business pretty well, but that wasn't what drew me. I joined TSI because of the strength of your leadership team and because of the commitment of the staff. As I began to research your organization, it was immediately clear to me that the staff were deeply committed to the mission of the organization and to helping those we serve. I'm proud of each and every person that is working for TSI as well as of each and every (individual served). There is a saying that some people dream of success while others wake up and work hard at it." Mr. Callihan concluded by saying, "It's easy to see that the staff and (individuals served) at TSI are putting in the hard work each and every day!"



(Left to right): **Mike Baldrige, Mark Wadowsky, Deb Charochak and John Trent.**



## The Journey Begins

By *Jennifer Mullins,*  
Community Supports Program Supervisor

**F**our months of hard work have paid off for three graduates of TSI's first ever Journey Group. Beginning in February 2006, eight individuals met in the community room of the Dohrman program building. Each Friday evening for 16 weeks, the group met. Led by facilitator and Peer Specialist II **Deb Charochak**, the group members learned what recovery from mental illness meant, that people can and do recover and ways in which each of them played a role in their own personal journey.

The class graduated three individuals in a ceremony that took place on Friday, June 23, 2006. **Mike Baldrige, John Trent** and **Mark Wadowsky** were given certificates of completion. Mike led the audience in an icebreaker activity which was a common part of each group meeting. He shared with the participants that he felt the group was important to him and he appreciated the support that was given to him. Deb Charochak created individual "Inspiration Cards" for each graduate that illustrated a message of support. Graduates and guests enjoyed music and refreshments and socialized after the ceremony.

The Journey Group is a 16-week, curriculum-based class that is based on recovery principles and lessons from "The Recovery Workbook" created by The Boston Center for Psychiatric Rehabilitation. It was named the "Journey Group" based on the belief that recovery is an ongoing process of growth, change and discovery (a personal journey). The group is taught in a progressive learning format in which each week builds on the previous. Each group establishes its own rules, and each person is given an active role in group. Participants are assigned homework that encourages them to carry on the concepts and skills discussed during the group. It was piloted at Dohrman and Island Avenue. New Journey Groups have begun at Bryant Square and McKeesport Supported Living in August 2006.

## Exceeding the **ABOVE** and Moving **BEYOND**

Here are the winners through the third quarter of the fiscal year:

- ◆ **Robert Dinkelmeyer** – Fiscal Department
- ◆ **Tawnya Green** – Community Supports Specialist I, Bryant

If you see a fellow TSI team member exemplifying the TSI Values and Guiding Principles in such a way that you believe they have gone Above and Beyond not only what is expected but beyond their responsibilities as well, tell them about it today. Locate a nomination form and complete it. We have many outstanding staff members; let's make sure their efforts are recognized. If you are in need of more forms, please contact David Treece at 412-461-1322.

## The Journey of Recovery

By *Deb Charochak, Peer Specialist*

Recovery is a journey that takes determination and courage.

It is an opportunity to grow, to change, to cope with difficulties and to be empowered to rise above them.

Each group member has traveled this pathway and has made great progress.





PHOTO TAKEN BY ALBERT TORCASO

## Un-Dependence Day

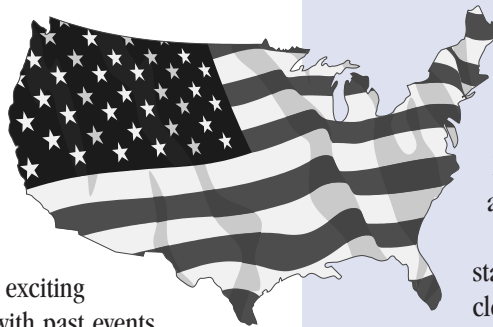
By Craig Dorin, Coordinator of Quality Operations

July 3, 2006 assumed a special significance this year. It became much more than the day before the Fourth of July celebrations honoring our nation's independence. It also became known as **Un-Dependence Day**. Allegheny County Chief Executive Dan Onorato proclaimed July 3 Un-Dependence Day, a day for the public to reflect upon its commitment and support of individuals with mental disabilities and substance abuse issues. The underlying message for Un-Dependence Day is to examine how you have supported and promoted recovery from mental illness and addiction in your own life and the lives of others.

The Allegheny County Coalition for Recovery, whose central message states that people with addictions and mental illness can and do recover, developed Un-Dependence Day and the accompanying activities to achieve several important outcomes. The specific outcomes were to reduce the stigma or shame that is often experienced by persons with mental disabilities, create more awareness of the need to support individuals working to overcome their addictions and disabilities and to create a supportive community that believes in recovery and individuals' potential for growth.

Un-Dependence Day's message was spread in exciting ways that had not been successfully attempted with past events including television, radio, newspaper and a collaboration with the Allegheny County Library Association. TSI's peer specialist, **Jeannette Lee**, along with the county medical director and a representative from the Coalition, participated in a segment of the nationally syndicated "Bev Smith Show" to promote the event, share personal experiences and answer questions from listeners. A petition campaign in support of funding and resources necessary for recovery was also begun to create additional awareness and obtain evidence of the public's support.

The Un-Dependence Day Festival was a great success. The event boasted a festive atmosphere offering participants the opportunity to share food from Myrna's Catering, enjoy the folksy-fun sounds of Cathy Hickling and delight in Mike the Balloon Guy's amazing rubber creations. Amidst the carnival atmosphere, TSI and many other



behavioral health providers shared information and resources with the more than 400 people in attendance. The Invisible Village theater group, sponsored by Mercy Behavioral Health, closed the festival with several spirited and somewhat playful skits for attendees to gain an understanding and appreciation for what it might be like to live with mental illness.

The general public's attendance and support of the festival was very encouraging. It demonstrated that people understand the importance of recovery and support its promotion.

Un-Dependence Day has passed for this year. However, individuals can still show support for the recovery initiative. Signing the petition and making a personal commitment to promote recovery are some important first steps that can be taken. Individuals interested in learning more about the purpose of the event or becoming personally involved with the Allegheny County Coalition for Recovery can access information on their website, [www.coalitionforrecovery.org](http://www.coalitionforrecovery.org).

### FROM MY POINT OF VIEW

By Vessie Nicholas

## Picnic Festivities Get a RAVE Review

The Vietnam Veterans shelter in Schenley Park, modestly decorated in red, white and blue, was the perfect spot for the picnic on August 7. The lush, almost private site, featuring trees, shrubs and flowers, invited many to walk around experiencing it.

The picnic's theme was Stars and Stripes, but the flags present were not all Old Glories. A contest featured flags of many countries created by individuals from various sites. The McLenahan site won for a unique flag representing Greece. People enjoyed bingo, board games, horseshoes and prize drawings.

GOOD EATS! When the time came to chow down, staff was "Jonny on the spot" arranging, serving, cleaning and restocking the tables, as well as grilling food. Glorious plates of vegetables and fruits adorned the spread. A spinach dip caught my taste buds, and I wondered who came up with that delightful creation. As a diabetic, I wish to thank the committee for the low-sugar items available. Juicy hot dogs and hamburgers flew off the grills onto warm buns, where individuals piled on their favorite condiments.

After all this food, John the Disc Jockey urged us to get up and dance off those unwanted calories. The music selection was great, ranging from oldies like Chubby Checker's "Twist" to 2006 blasts. The crowd loved it, and John just kept it coming.

All in all, the picnic was a success. As for me, I think the committee and maintenance crew who put time and effort into this event should feel good about what they did.

# Disaster RELIEF

by Sallianne Brown RN, CPRP

At the one-year anniversary of hurricane Katrina, there were many stories in the news about how the people affected by the devastation have been rebuilding their lives. Little, however, was said about the impact of the disaster on the disability community.

The National Council on Disability (NCD) released its position paper on the government's and private assistance agencies' effectiveness helping people with psychiatric disabilities during and after the hurricane. The results are shocking; truly stigma's effects at their worst.

The Council cited five major areas of concern:

1. In violation of federal policy and law, people with psychiatric disabilities were discriminated against during the evacuation, rescue and relief phases of operation. In some cases, people with mental disabilities were excluded from FEMA emergency trailers because of concern these people would become violent, despite reassurances of professionals that they were not dangerous.
2. Mismanagement resulted in mistreatment and inappropriate institutionalization of people with mental health disabilities. Individuals were sometimes lost during the evacuation. At the shelters, there were no provisions made for mental health support. Evacuees institutionalized in other parts of the country have not yet been discharged or were left abandoned in unfamiliar cities.
3. People with disabilities were not included in disaster planning. Planners did not anticipate the special needs of this population. First responders, such as police officers, were not trained in working with people with disabilities.
4. No individual or office had accountability and/or authority for disability-related issues. One assessor reported she found no one who had responsibility for coordinating efforts to help those with psychiatric disabilities.
5. Disaster relief plans were short-sighted and services were terminated prematurely. Although there is long-range planning for physical recovery after Katrina, FEMA's "long-term" crisis counseling programs expired after nine months, despite experience that confirms the symptoms of disorders such as Post Traumatic Stress Disorder do not surface for a year.

The NCD made these recommendations to the government and private agencies:

- \* In accordance with the Americans with Disabilities Act, plans must require access to services and shelters to people with disabilities.
- \* Evacuation plans should: have the ability to track residents of mental health facilities; maintain contact between individuals and their supports; help return evacuees to their homes; ensure evacuation sites are equipped to meet the needs of people with psychiatric disabilities; and prevent inappropriate institutionalization of evacuees.
- \* People with mental health disabilities should be involved in every stage of disaster planning.
- \* A single person or office must be responsible, accountable and able to make decisions related to disability issues.
- \* Disaster relief should continue for at least two years after the event.

According to a letter sent to the President from NCD's chairperson Lex Frieden, these and other recommendations were made by the NCD before the hurricanes. In their April 2005 report entitled "Saving Lives: Including People with Disabilities in Disaster Planning," the council encouraged the federal government to take steps "...to build a solid and resilient infrastructure...to include the diverse populations of people with disabilities in emergency preparedness..."

To see a full text of the report, go to [www.ncd.gov/newsroom/publications/2006/peopleneeds.htm](http://www.ncd.gov/newsroom/publications/2006/peopleneeds.htm). The Federal Emergency Management Agency (FEMA) lists precautions to take to prepare for disasters if someone close to you has special needs. See:

[www.fema.gov/news/newsrelease.fema?id=24487](http://www.fema.gov/news/newsrelease.fema?id=24487)



## Mission Statement

Transitional Service, Inc. is an innovative human services organization transitioning people with mental health and mental retardation disabilities into the community. We are committed to fostering an environment that provides quality services for all of our customers. Through creativity, respect and partnership, we continue to assist individuals in need to gain the skills necessary to be as self-sufficient and independent as possible through the provision of residential and rehabilitative services.

## Vision Statement

We will be recognized as a regional leader in services provision for people with mental health, mental retardation and other related disabilities. We will provide life-changing opportunities for those we serve to grow individually as people, community participants, and to inspire others in their growth and recovery.

## Defining Peer Support

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illness environments that have kept us trapped. Finally, we can conscientiously name and expose the cultural violence that caused us to end up in these institutions. If we can learn to tell our stories in new ways, we can create communities where the sanctioned outcomes include noncompliance to “mental patient” identities or expectations, rejection of unhelpful treatment regimens, the questioning of overuse of medication and speaking out about the prevalence of trauma and abuse. Finally, we can call into question whose “problem” it really is.

It is no small feat for peer programs to develop this level of critical self-awareness. We are asking people to act in ways that are not instinctual, and we are operating on a level of discomfort that shakes our very realities. It is here however, in community, that narrative becomes transformed. This means an entirely new interpretive framework for our construction of crisis/problem and our construction of help. In other words, we begin to understand change and learning not as an individual process, but rather one where we continuously construct knowledge from actions and reactions, conversations and the ongoing building of consensus. Rather than thinking about personal symptom reduction, we are talking about real social change.

For additional resources on peer support, log on to Shery Mead's website at [www.mentalhealthpeers.com](http://www.mentalhealthpeers.com).



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Transitional Services, Inc. has been accredited by CARF for the following programs:

- *Community Housing: Psychosocial Rehabilitation (Adults)*
- *Community Services: Community Living Services*