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Message from Phil Shea President/CEO

Healthcare Reform

In the last issue of the newsletter I noted that the healthcare market place is undergoing major changes in how healthcare services are organized and financed. Hospitals and physicians are being consolidated in larger networks. Rather than paying providers for a specific service or procedure, commercial and government payers are shifting away from the traditional fee-for-service system toward purchasing all or most of the care for a given population from provider networks and primary care physicians. Providers may then subcontract for those services that it does not provide directly. This is generally referred to as a global payment model. These changes are well underway, though they are often invisible to us when we receive care. Blue Cross, for example, reports that over 65% of those it insures are enrolled in such an arrangement.

The federal government has selected six pilot programs in Massachusetts contracting at a fixed rate or global payment for Medicare enrollees. Massachusetts General Hospital and Steward Healthcare have both entered into such contracts with the Medicare program. These are referred to as Accountable Care Organizations (ACOs). In another initiative the state and federal governments together have undertaken a project to combine Medicare and Medicaid funding for those disabled adults in both programs. The state intends to contract with a number of entities across the state to provide all the healthcare needs of a group of those so called "dual eligibles" at a fixed rate. These entities are referred to as Integrated Care Organizations (ICOs). Within this group more than half have a psychiatric illness.

At the state level the legislature has recently passed healthcare reform legislation which is designed to hold healthcare expenditures in the state at a level no greater than the growth of the State's overall economy. This legislation encourages global payment approaches. The bill also includes provisions for review

of those providers that charge rates for care that significantly exceed those charged by other providers.

The purpose of all these initiatives is to reduce the rate of growth of healthcare spending. The expectation and hope of policy makers is that this care will be patient-centered and by focusing on early treatment and prevention, health outcomes will improve and more costly care will be avoided. Everyone would have access to primary care and each individual enrolled in the program would have a health assessment and a plan of care. Many of those now treated with costly emergency room care would have their care shifted to primary care settings and unnecessary hospital admissions would be prevented. Some estimate that as much as 30% of the cost of medical care goes for unnecessary tests, procedures, and treatment.

It remains to be seen whether these efforts toward a more efficient healthcare delivery system will be successful. However what is clear is there will be a shift away from fee-for-service medicine toward some type of global payment.

Another factor that is bringing changes to the care delivery system is the increased awareness that for those with serious health problems, the cost of treating those conditions (e.g. diabetes, hypertension, coronary artery disease) increases dramatically when there is a co-occurring behavioral health condition. For example, studies of the Medicaid population show that 60% of Medicaid's highest cost beneficiaries have co-occurring physical and behavioral health conditions. As a result the integration of healthcare and behavioral healthcare has taken on a new urgency in the redesign of the healthcare delivery system.

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How these changes will impact behavioral health providers like ourselves is not entirely clear. Though we have some indication that we are likely to continue to be reimbursed on a fee-for-service basis for some time, with an increase in the number of managed care entities with which we contract.

With an awareness of the costs that failure to treat behavioral health conditions create, and provider incentives aligned with producing improved health outcomes and reducing costs, behavioral healthcare providers like ourselves will be drawn closer to the healthcare delivery system. It remains uncertain, however, as to whether these ACOs, ICOs and other payers will be willing to pay the cost of adequate behavioral healthcare.

There will also be a greater emphasis upon care management to coordinate care and supports for those with complex and co-occurring disorders. It is also unclear who will provide this care coordination. As this occurs we will likely need to structure our work in new ways, utilizing more evidence-based approaches and working more closely with primary care.

Some of our recent initiatives reflect these changes in the healthcare delivery system. Over a year ago our Community Support Program (CSP) was approached by Steward Healthcare to assist them in reducing Emergency Department (ED) visits by those who needed some type of care, but not costly ED care. Working with Good Samaritan Hospital in Brockton, our CSP staff has been quite successful at engaging these individuals, listening to their needs and providing access to the level of care and type of supports they need in the community. As a result, costly ED visits have been significantly reduced.

This program has been expanded to now include Morton Hospital and St. Anne's Hospital in Fall River. Also we have begun working with physicians in the area who are part of Steward Medical Group to expedite referrals to outpatient and CSP services. In addition, we are engaged in discussions with MBHP to develop a pilot project to address the care management needs of those identified as high utilizers of healthcare and/or behavioral healthcare services. Also invited to participate in this pilot are Mass General Hospital, UMass Medical Center, Leahy Clinic and Behavioral Health Network in Springfield.

These initiatives tap into one of CCBC's longstanding strengths, providing the care coordination and care management that engages clients, facilitates access to treatment, and provides other types of supports in the community. Being drawn more closely to the healthcare delivery system will mean changes in the way we do things. As long as we listen to what our clients need there will remain a place for us in this rapidly changing environment.

Human Resources**Welcome to New Staff!**

CCBC would like to acknowledge and welcome our new hires for May through July.

MAY

Christel Ellis, DAY
Kerri-lyn Rego, CS-MBHP
Mary Anderson, ES
Kathleen Daigle, ACBFS
Amanda Daniel, COP

JUNE

Jason Sousa, IHT
Monalisa Rosa, CSP
Rebecca Bendiksen, CSP
Amanda Deavellar, IHT
Maureen Caflich, COP
Christopher Joinson, TCBFS
Jeffrey Walshvelo, TCBFS

JULY

Allison Meleedy, ADM
Kacie Campbell, TCBFS
Isa Lopes, TCBFS
Robert Ferrelli, CSP
Kara Seccareccia, CSP
Mia Downes, AOP

**CCBC's
Newsletter
Name Contest**

As you can see, we have a new name for our newsletter!

Many thanks to the staff who submitted their picks for CCBC's newsletter name. The votes were tallied and **Mission in Motion** edged out CCBC Out Loud with the most votes, while Therapeutic Times came in third.

Congratulations to Becky Roberts for her submission!

Compensation Update

By Phil Shea, President/CEO

I am pleased to announce that as part of our FY 2013 budget, our Board of Directors has approved an increase in wages and salaries. An increase of 2.5% will be effective September 2nd. To be eligible for the increase employees need to have a year of continuous service as of September 1st and have a written performance evaluation completed within the past year indicating satisfactory performance completed by September 10, 2012. Performance evaluations received after September 10, 2012 for staff that meet the criteria for a rate increase will be effective the pay period after the receipt.

Recent years have been marked by a very painful recession, budget cuts from the state, stagnant reimbursement rates, and health care costs that have risen sharply, all of which has made salary increases difficult to provide. The financial uncertainty of the period led us to improve compensation with annual bonuses in lieu of salary increases.

Several factors contribute to our being able to raise wages and salaries at this time. First, health insurance premiums for the plan we offer to employees and their families did not increase for the first time in many years. Second, the Salary Reserve for which we advocated passed the legislature and was enacted into law over the Governor's veto. While this only effects about 15% of our employees, (those whose employment is supported by a contract with the state agency and earn less than \$40,000 annually) it nonetheless makes some additional funds available to us. Finally we were able to generate a small surplus each of the past several years that leave us financially stable relative to others providing similar services.

I mentioned these three reasons to remind all of us that some of the factors that impact on our ability to improve compensation are factors over which we can have at least some influence. A large part of the reason the Salary Reserve passed and was signed into law was the result of advocacy and literally thousands upon thousands of calls to legislators. Thank you to all of those who made calls. Also as we have discussed at recent meetings reviewing health care benefits, to some extent our purchasing decisions as consumers of healthcare effect our premiums. For example going to an Emergency Room rather than a physician's office for routine care is

expensive. Similarly, having an MRI at a free standing imaging center can be a third of the cost of a Boston hospital. These seemingly small individual decisions taken together across our 400 staff can make a substantial difference in the cost of our healthcare.

Of course by far the greatest impact on our financial strength and the ability to improve compensation is the extent to which we grow and gain efficiencies in our operations. This is something that requires our attention and collaboration of all of us on a daily basis.

I remain appreciative of your efforts to improve the care we provide to our clients and strengthen the organization.



"Every journey begins with that first step."

On May 12th it was a beautiful, sunny day in Boston for over 7,500 walkers who were celebrating hope, recovery and resiliency. Each year CCBC joins this enthusiastic group of walkers to help NAMI fund programs and raise awareness towards mental illness. Led again this year by NAMI Walk Coordinator Meg Harrison Young, CCBC was able to exceed its agency goal of raising \$5,000. On a national level NAMI Massachusetts was the top fundraiser among NAMI state organizations, beating their goal with over \$500,000 in donations given to support NAMI's important work.

This year CCBC had two walking teams, TEAM CCBC was led by Team Captain Meg Harrison Young, and Pro-CBFS/CCBC Team was led by Dr. Paul Weiss. While there may have been some friendly competition between the teams, the end result was still the same - CCBC staff and friends came together, whether as walkers, donors or both, to support a cause that is the foundation of our mission. Many thanks to all who participated!



Pro-CBFS/CCBC Team Captain Dr. Paul Weiss and walker Deb Howell

Meet CCBC's New Medical Director

Background: As many of you know, Dr. Paul Weiss became CCBC's Medical Director in April of 2012. What you may not know is he joined CCBC in the fall of 2010 as a locum tenens, with the intent of working 20 hours a week for three months. He admits that he never expected to stay so long, but the mission of the agency, good leadership, committed and caring staff, and the needs of our clients won him over. He agreed to be a full time consultant for CCBC, went on to be the Associate Medical Director, and now has the responsibilities of Medical Director for the agency.

Professional Career: Born in Pittsburgh and raised in Donora Pennsylvania, Dr. Weiss grew up in a depressed steel mill community of 7,000 that once had grown to 15,000 at the height of steel production. In high school he was the Senior Class President, Editor-in-Chief of the Yearbook and President of the Honor Society. After high school Dr. Weiss pursued an M.D. from Temple University Medical School in Philadelphia. His initial interest and internship was in child psychiatry and pediatrics; however his residency in adult psychiatry led to his interest in a career working with adults. He became Chief Resident at the University of Pittsburgh Medical Center, Western Psychiatric Institute and Clinic, and worked on the Affective Disorder Module of the Inpatient Unit.

After residency, Dr. Weiss's career includes serving for 8 years as Medical Director of the Geriatric Assessment Center at Mon Valley Community Health Center in Monessen Pennsylvania, and 12 years as Medical Director of Mon Valley Community Mental Health/Mental Retardation Center. He also served as Associate Medical Director of the Gerontology Inpatient Unit at Allegheny Hospital, and as Medical Director of Allegheny East Mental Health Center in Pittsburgh. Dr. Weiss later opened a private practice in Monessen where he worked for 15 years while continuing to serve on staff at several hospitals doing inpatient work until he relocated to Massachusetts in 2010. Dr. Weiss is Board Certified with the American Board of Psychiatry and Neurology.

Other Interests: When not administering to CCBC patients, Dr. Weiss leads a full and interesting life. To begin with, Dr. Weiss practices Judaism which is very important to him. He also has an interest in Buddhism, or as he lightheartedly puts it, "I am Jewish with Zen tendencies". He speaks French, describing himself as a "B+ student," and loves to go to Montreal when he has time off. He is currently studying Hebrew and would like to have the ability to both read and write it fluently. A strong animal advocate, Dr. Weiss is passionate about being a vegan, a decision he made 5 years ago after being a vegetarian for 10 years. He remains committed to this lifestyle, as it represents his belief that man should live without exploiting animals in any way. He states that "we need to live harmoniously with God's beautiful creatures."

A topic dear to his heart are his dogs. His eyes light up when he talks about his three Weimaraners. Gracey and Boomer are rescue dogs and Sushi was purchased as a young puppy to be a show dog.



Dr. Weiss with his Weimaraner, Gracey

Gracey was rescued when she was 5½ months old and will be 4 yrs. old in August. Sushi is 9 yrs. old and Boomer is a young and energetic two year old. Although he loves each dog equally for their own unique qualities, he admits that his heart belongs to Gracey. "We are both from the other side of the tracks," he amusingly remarked.

Another important member of Dr. Weiss's life has been his Congo African Grey Parrot, "Reuben." For those who don't know their background, this parrot is known to be one of the smartest birds in the world. Grey parrots are noted for their exceptional talking and cognitive abilities, and are capable of associating human words with their meanings. Reuben loved to mimic household sounds like the telephone, the alarm, and of course the voices of friends and family. In fact, Dr. Weiss confessed that the only time he knew for sure that it was Reuben talking was when he mimicked Dr. Weiss! Born in 1991, Reuben was his closest companion until he became ill and passed away from muscle wasting and liver disease in October of last year. Dr. Weiss did share that he hopes to get another Grey Parrot once he buys a home in the area.

In the interim Dr. Weiss continues to spend his weekdays locally and spends his weekends with his dogs on Martha's Vineyard. While his living arrangements during the week are challenging, he takes full advantage of his weekends away. An avid photographer, you might find Dr. Weiss walking on the rocks of the Vineyard, photo-graphing the coastline, animal and plant life, or his beloved dogs. You might also find him gardening, a pastime that he readily enjoys. Or, if you bend an ear towards his house, you might hear a piano melody that he aptly plays to celebrate the day.

Dr. Weiss wishes to express how honored he is to serve as Medical Director of CCBC and conveys that he is available and accessible to all staff at any time.

By Becky Roberts, Newsletter Editor



Two staff members complete certificate programs that bring rewards to work

CCBC Human Resources Manager Sue Sousa and Accountant Angie Ferreira have both enhanced their job performance by participating in certificate programs.

Sue Sousa was the first to attend a year long course in *Human Resources Management* offered by Massasoit Community College in Brockton. Sue noted that the overall training was informative, and the class work devoted to EEO/Affirmative Action issues, HIPPA and other legislations affecting employment were particularly helpful.

She admits that the most difficult part was maintaining the motivation to drive to school twice a week and attend classes 3 hours a night, after working all day. Once she got into the routine however it did get easier. Sue added that working in HR while attending classes has been beneficial, as she has been able to utilize new skills to problem-solve real time issues more effectively.

This past year **Angie Ferreira** earned a Certificate in *Nonprofit Human Service Management with Advanced Studies in Administration and Finance*. Offered in partnership with the Providers' Council, Clark University provides certificate programs that are designed for mid-career professionals at nonprofit organizations that wish to apply what they learn in school to their current jobs.

These programs are project-driven and many students work on ideas and projects that can be applied at their jobs right away, having an immediate impact for the organization. Students have produced cost-savings studies, job description updates, strategic plans, grant proposals and more, to strengthen their agencies.

Angie's classes met every Wednesday for a full day over the course of the school year. Like Sue, Angie admits to being challenged by the schedule, as missing a day's work and adding school work on top of that was difficult. Thankfully CCBC was very accommodating in giving her the time that she needed to manage her work and school load.

Overall Angie believes that she has grown as an employee while challenging herself and increasing her knowledge and perspective. She notes that in the past she was primarily concerned with her own department, however now she has insight into how the overall agency needs to function to be successful.

CCBC Welcomes New Doctors

Dr. Olga Smetkov and Dr. Mamta Modhwadia joined the medical staff at Mill River Place and Dr. Mary Anderson joined the Emergency Services staff in Norton.

Olga Smetkov, M.D. is a child and adolescent psychiatrist with more than 15 years of experience in the field. Dr. Smetkov received her education and training from Moscow Med Stomatologicesij Institute and received her post graduate training at the So. Illinois University School of Medicine. Prior to CCBC she has worked in Rhode Island as a Child Psychiatrist at Gateway Healthcare and Butler Hospital. Dr. Smetkov is Board Certified with the American Board of Medical Specialties.

Mamta Modhwadia, M.D. received her training in psychiatry at Ross University School of Medicine in New Jersey, and her post graduate training at Harvard Southshore-Harvard Medical School and Brockton VA Medical Center. Dr. Modhwadia has been an attending psychiatric doctor at Banner Good Samaritan Medical Center in Phoenix, NY Presbyterian Hospital in White Plains, and most recently at UMASS Wing Memorial Medical Center in Palmer. Dr. Modhwadia is Board Certified with the American Board of Medical Specialties.

Mary Anderson, D.O. received her training at the University of New England College of Osteopathic Medicine, medical internship at the Massachusetts Osteopathic Hospital and Medical Center, and residency in psychiatry at St. Elizabeth's Medical Center. She has been on the medical staff at Anna Jaques Hospital in Newburyport and Caritas St. Elizabeth's Medical Center of Boston, where she became Chief of Staff, Consultation Liaison in Emergency Psychiatry. She has also been director of the Neuroscience Center in Bradford since 2008. Dr. Anderson is Board Certified with the American Osteopathic Board of Neurology and Psychiatry.



The CCBC Safety Committee, comprised of staff from across the agency, has developed a **Safety Survey** in order to gather information about safety overall at CCBC.

This information will guide the committee and agency leadership on identifying ways to make CCBC a safer place to work. You will soon receive a ["comcounseling" email detailing how you can access this questionnaire on-line at Survey Monkey](#). The results will be tabulated in September and shared in the next edition of Mission in Motion. In addition, the committee will also be hosting a series of safety-oriented focus groups to learn first hand from staff on ways to improve safety at the agency. We strongly encourage your participation in both the survey and the focus groups.

By Andy Dawley, COO

Children's Healthcare Reform and the birth of the CSA - A Recap

By Tom Loftus, CSA Program Director

It all began with Rosie D. In 2001 a class action lawsuit was filed that sought to compel the Commonwealth of Massachusetts to provide intensive home-based mental health services to children with serious emotional disturbance. The lawsuit was filed on behalf of lead plaintiff "Rosie D." and eight other Medicaid-eligible children, aged 6 to 15, who were hospitalized or at risk of hospitalization due to a lack of home-based services. The class included thousands of children in Mass. who are eligible for Medicaid and have emotional, behavioral or psychiatric disabilities.

The plaintiffs challenged the State's failure to provide medically necessary services as required under the Medicaid Act, and its failure to inform parents and children that they were entitled to these covered services. Under Medicaid's Early and Periodic Screening, Diagnosis and Treatment (EPSDT) mandate, all States must screen eligible children, diagnose the conditions found, and furnish appropriate treatment to correct or improve the illnesses.

In 2006 a U.S. District Court Judge found in favor of the plaintiffs, ruling that the Commonwealth violated the EPSDT provisions of the Medicaid Act by failing to provide home-based services to children across the state. As a result of the Court's findings, a remedial plan was ordered, starting with the formation of the Children's Behavioral Health Initiative (CBHI) by the Executive Office of Health and Human Services.

Included under CBHI were requirements pertaining to standardized behavioral health screenings being used by primary care providers (PCPs), the use of a standardized behavioral health assessment tool by mental health clinicians, and that enhanced home and community-based behavioral health services be provided. **This Remedial Plan became the blueprint for the reform of the children's mental health system in Massachusetts.**

The birth of the CSA. The Remedial Plan included the formation of 29 Community Service Agencies (CSAs), which were divided into catchment areas across the State, as well as three specialty CSAs dedicated to linguistic and cultural minorities. CCBC was designated as the "CSA" for Attleboro, Taunton, and surrounding communities.

A CSA is a community-based organization whose function is to facilitate access to, and ensure coordination of, care for youth (birth-21) with serious emotional disturbance who require or are already utilizing multiple services or are involved with multiple child-serving systems and their families.

CSA staff provide services in any setting where the youth resides, (including foster homes or community locations). CCBC's primary role is to provide Intensive Care Coordination to children and their families utilizing the "Wraparound" process.

What Is Wraparound? Wraparound is not a service but a process used to create, put in place, and monitor an individual plan that is created specifically to address the needs of a youth and builds on the strengths of the youth, family, team and community. Wraparound puts the family at the center of the planning process and builds a team around the family's vision for their child's future.

CCBC's CSA - How are we doing?

Wraparound is an evidenced-based modality guided by specific and measurable methods. The Commonwealth has three tools, each measuring the 10 principles of Wraparound. In last year's scores, CCBC's CSA was equal to or exceeded both the MA and USA mean scores in 20 of the 30 items. In 4 of the remaining 10 items, CCBC's CSA was 2% or less away from the highest mean score. **For details on the 10 principles and four phases of wraparound, you can refer to the brochure "CSA Wraparound Principles" which appears in the download section of CCBC's website.**

CSA staff selection, training, and coaching are key toward providing quality care and practicing fidelity. CCBC's two Senior Intensive Care Coordinators (**Lauren Almeida and Nathan Earle**) became the second and third staff to become credentialed as ICC coaches in the State, and Senior Family Partner (**Barbara Fearing**) became the second staff to become credentialed as an FP coach.

CSA staff are trained to help families by first *doing for*, then *doing with*, and finally, *cheering on*. One of the most rewarding parts of the process is to see a family reach self-efficacy, when they are able to use their new skills on a regular basis. *A wonderful example of this is summarized in an email that was recently received by a Family Partner:*



Dear Christine, You've been involved since the beginning and you spent a lot of extra time with me when we started. I really needed someone who could truly hear my story and understand. Thank you for listening and spending your time with me. Most of all, thank you for sharing your story so I didn't feel so alone in my struggles. You have helped bring my faith to a deeper level and I wish you and your family all the best in life. I hope you have found a benefit from me sharing my story and parts of me with you.

I submitted a grant proposal to a Council asking for money to help create a child advocacy and family-support program in my area. I am hopeful we will receive support for this program and initiative. If so, you can be sure I will let people know about the CSA services that are available. Thank you very much for all the work you do and for giving families in crisis hope to continue moving forward. It takes a lot of strength to do what we do. When God chooses his soldiers, he does so with extraordinary wisdom and faith. I hope you can see the compliment He is giving you and sense the light that is shining on you even when it doesn't feel so warm. "We are all angels with only one wing. In order to fly we must hang onto one another." -Blessings-

What it Means to be a Peer Specialist

CCBC Peer Specialist Samantha Sandland has a lot to talk about these days, and people are listening. Samantha has battled OCD and a Panic Disorder for most of her life, but thanks to the right doctors, the right medications, and the encouragement of staff and other peers, Samantha has embraced her role as Peer Specialist for CCBC's Taunton PACT Team. Much of Samantha's success in recovery is driven by her passion to educate others about mental illness. Sharing her story with others is an important platform that she uses to let other sufferers know they are not alone, and that there is hope that they too can recover.

Samantha shares her story in the following article by Greg Johnson of NCAA.org, after her participation in the 2010 Great Northeast Athletic Conference Professional Development Seminar, where she was a participant in a panel discussion regarding mental health issues of student-athletes.

GNAC's Professional Development Seminar's Message reaches NCAA News

Student-athlete depression: 'A feeling of complete hopelessness'

Excerpts from an article by Greg Johnson, NCAA.org

Samantha Sandland had never thought about being depressed. After all, she had a life-of-the-party personality, often appearing at Salve Regina University sporting events dressed up as the school's Seahawk mascot. She was also known as a strong-willed soccer student-athlete.

Depressed? Never.

She did have a traumatic episode when she was 12 and her mother was diagnosed with Stage IV colon cancer. While her mother survived the disease, Sandland was tested again seven years later when her father survived a Stage IV battle of his own, with head and neck cancer.

The second instance of preparing for the death of a loved one apparently was too much for Sandland to bear. It was at that point Sandland went into a deep depression and had to go to a mental institution to receive treatment. ***"I never thought this would be an issue for me," said Sandland, who graduated from Salve Regina last December with a degree in psychology. "If you ask anyone in my family, they will tell you that I thought I was bullet-proof. I would try to fight through anything."***

Sandland talked about battling mental illness at the 2010 Great Northeast Athletic Conference Professional Development Seminar. She wants to share her story publicly so other student-athletes, coaches and administrators can learn from her experience.

Her father's dire diagnosis occurred at the end of Sandland's freshman year in college. At the time, he was given four months to live. That entire summer, Sandland used her soccer regimen as a defense mechanism for dealing with her personal stress. She even went so far as to write her father's obituary.

Lisa Yenush, the associate athletics director at Salve Regina and also Sandland's soccer coach her first two years of college, asked Sandland if she needed to talk to a counselor about the situation. Sandland declined, thinking she could manage it herself.

Just as her mother had done earlier, Sandland's father survived. But something remained troubling for Sandland. She couldn't understand why she didn't feel happy about the good news. The resulting guilt compounded her emotional state. Sandland's teammates even threw her a party, but it wasn't a pleasant occasion for her. Instead, it triggered a nervous breakdown. She felt she had lost her identity as the strong individual who could withstand everything.

For two months, Sandland spiraled downward. She lost 45 pounds from not eating or sleeping. She also lost muscle mass because she quit training for soccer. ***"As a coach, you are always worried about your students," Yenush said. "You care about them and love them so they will be the best they can be. It's disconcerting to see one of your student-athletes go through this. No one will be ready to get help until they are ready to be helped."***

Sandland would disappear for hours at a time without anyone knowing where she was. ***"I would go out and drive for six hours, and my roommates would go out and try to find me," Sandland said. "I truthfully thought I was gone for five minutes. I just wasn't in reality. It was like I was at war with myself."***

Sandland reached the point where she had to be admitted to a mental institution for three weeks. She was placed on prescription medication to regain a sense of herself. ***"I believe that if I hadn't gone to the hospital, I would have killed myself," Sandland said. "I didn't understand what I was going through. It was a feeling of complete hopelessness."***



Samantha has fun with some teammates during her senior season of soccer at Salve Regina.

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Visits from some of her teammates, including best friend Christina Lee, helped, as did support from Yenush and Kerri Scroope, who was her soccer coach during Sandland's final two years of eligibility. ***"My coaches put me in a situation where I wasn't being judged," Sandland said. "I give them credit for watching over me as I went through this."***

Sandland took a semester off from school but returned to her center midfield position at Salve Regina. She was captain of the team her senior year.

As for the future, Sandland is thinking of earning a master's degree and possibly a doctorate in sports psychology or behavioral analysis. She also wants to continue doing public speaking on her experience, all the while knowing her recovery from her major depressive episode is ongoing. ***"This is a constant battle I fight every day," Sandland said. "When you go through something like that, it takes a significant amount of time to recover. I am still petrified of it happening again. I get into funks, but I know I've been through the worst."***

Participating in the GMAC conference opened doors for Samantha to share her story again. In 2011 Samantha was asked to be the Keynote Speaker at the Empire 8 Student Athlete Annual Conference. She also participated in the 2011 national ACT (Assertive Community Treatment) Conference, and in September Samantha will participate in the National Peer Specialist Annual Conference in Philadelphia. It has been the beginning of a new career path, as Samantha believes that telling others about her own struggle with mental illness is her true calling.

Working as a peer specialist is very important to Samantha, and she acknowledges that it was through the support of peers in the hospital and compassionate staff that got her through many of the low points of her hospitalizations. She attests, ***"I am alive and vibrant today because of people who I met that could relate to the feelings I was going through. I have found that every interaction that I have had with someone at my fragile times impacted me in some way. Whether it was the EMT that picked me up and never treated me as a responsibility but as a human being, or the nurse who told me I needed to be where I was, like the cancer patient needed the oncology department to get well"***. Those types of encounters made a big impact on my recovery.

Today, as a PACT Peer Specialist, Samantha is continually learning new skills and ways to cope that help both the clients and herself. Every five weeks Samantha participates in the statewide peer specialist meetings where they discuss ways that peers can be an agent of change in the community as they continue to support people with mental illness.

Samantha brings back new ideas and feedback to the PACT Team and believes that participating in these meetings is key to getting the most out of her role as a peer specialist.

Currently Samantha runs a recovery group at CCBC for PACT clients. Being a tomboy has brought an added dimension to her role too, as Samantha enjoys playing basketball or other sports with the clients and likes the camaraderie that she has developed with many of them. She is quick to add that an important part of her job is to act as a client advocate at team meetings or when decisions are being made that impact them. As both a peer and PACT staff member she has the unique opportunity to develop client connections and gain valuable insight that she uses to speak on the client's behalf. *By Becky Roberts, Newsletter Editor*

Using Positive Thinking to Cope With Change and Loss

*By Lisa Hutchison LMHC
Elder Partial Hospitalization Program*



As a therapist, I have used many different techniques to help clients cope with change and loss. One of the most important factors for all people experiencing loss is to have the ability to express all of their thoughts and feelings in order to heal and process. In addition to that, I have found focusing on what is positive can be a gift during a bittersweet time.

Last year, on March 31st, my mother experienced a severe stroke which left her partially paralyzed. This began a five month personal journey for my mother and myself, coping with the changes that occurred as a result of the stroke. After her death on August 31st, I used the expressive technique of writing to heal myself and move forward.

I would like to share with my colleagues one very positive undertaking that occurred in this past year. I have written a story about my mother and me called ***"Focusing on What We Have."*** It will be published this October in the book ***"Chicken Soup for the Soul: The Power of Positive."*** I feel very honored that my mother's story will live on through others.

Also, I would like to extend a personal thank you to all the CCBC staff that have given me support during this difficult time in my life.



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