



# Weekly Highlight



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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**Please share the Recovery to Practice (RTP) Weekly Highlights with your colleagues, clients, friends, and family! If you are having trouble printing or viewing the RTP Weekly Highlight in its entirety, please refer to the attached PDF.**

**To access the RTP Weekly Highlights and other RTP materials, please visit:**

**<http://www.dsgonline.com/rtp/resources.html>**

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## PERSONAL STORY OF RECOVERY

I am a 54-year-old woman living in the Pacific Northwest. I began experiencing symptoms of bipolar disorder as a young child. While still in kindergarten, I began attempting to harm myself. In my teens, I began to drink heavily to self-medicate. Before being diagnosed at age 34, my life felt like a major roller coaster. Even after my initial diagnosis, I continued to have major symptoms for several years. I was told my life as I knew it was over, and I could no longer have my dreams and goals. In my early 40s, I began my journey on the path of wellness and recovery. I now find myself stable and successful, both personally and professionally.

I have my own consulting and training business. Many of my clients are agencies that assist people with many different types of disabilities. Some of my work involves interacting one on one with people with intellectual disabilities and/or mental health issues to help develop self-directed plans and circles of support. I also periodically do project work for research studies evaluating the effectiveness of peer support.

Much of the peer specialist work I have done in recent years has been online. Some was through a research project evaluating the value of peer coaching on developing and using recovery plans. It was exciting to interact with people who had felt hopeless and to assist them in regaining control and power in their lives. One woman, whose life had deteriorated to the point of being unable to leave her apartment and spending afternoons slumped in a chair in her living room, moved on to writing her memoir, volunteering, taking a writing class, and taking steps to get a service dog. She still periodically experienced some symptoms, but she had the confidence and skills to manage them, and as a result had briefer and less severe symptoms and could continue being active.

I also do what I call “stealth peer support.” I have developed a reputation with one state agency for great success in brief counseling. In reality, it is peer support, which I have explained to the people who authorize the services, but their authorization process requires them to describe it as “brief counseling.” They are amazed at the outcomes.

From my training, I learned listening skills, recognition of the stages of recovery, and helpful strategies for each of the stages. Despite 15 previous years of work in human services, this was a real eye opener and dramatically changed how I do my work.

—“Donna”

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## Webinar Announcement

*The Leadership Council on African American Behavioral Health,  
in collaboration with SAMHSA’s Eliminating Mental Health Disparities (EMHD) Initiative,  
presents:*

### **African Americans, Behavioral Health, and Spirituality: Vital Linkages for Recovery**

**When:** Mon., Oct. 25, 2010, 1:00 – 2:30 p.m. EDT

**Registration:** Registration is required to attend this webinar. [Click here to register now](#). Once your registration is complete, you will receive a confirmation email with instructions for joining the meeting.

**Objectives:**

1. To gain insight into the importance of spirituality and religion in the lives of African Americans in recovery.
2. To increase effectiveness of mental health and substance abuse treatment and services for African Americans.
3. To hear different perspectives on approaches to engage faith communities in behavioral health support and advocacy.

**Speakers:**

**King Davis, Ph.D.**, currently holds the Robert Lee Sutherland chair in Mental Health and Social Policy at the University of Texas at Austin. He was the executive director of the Hogg Foundation for Mental Health from 2003 to 2008 and a professor of public mental health policy and planning at the Virginia Commonwealth University from 1984 to 2000. Dr. Davis served as commissioner of what is now the Virginia Department of Behavioral Health and Developmental

Disabilities from 1990 to 1994. He received his Ph.D. from the Florence G. Heller School for Social Policy and Management at Brandeis University.

**Paula Dobbs–Wiggins, M.D.**, is a Board-certified psychiatrist in private practice in Dallas, Texas, and an associate professor of pastoral care at Perkins School of Theology, Southern Methodist University. Throughout her career, she has had a particular interest in the interface between psychiatry and religion and the role clergy can play in decreasing stigma and promoting greater understanding of mental illness and its treatment. Dr. Dobbs–Wiggins is currently a member of St. Luke “Community” U.M. Church in Dallas, where she serves as an assistant pastor and director of the Angel and Cherub Choirs.

**Micah McCreary, M.Div., Ph.D., L.C.P.**, is an associate professor at Virginia Commonwealth University (VCU) and co-director of the counseling psychology program. He has pursued research on family, spiritual, and cultural issues and is a family therapist who has developed interventions to promote effective parenting within a spiritual and cultural context. His IMPPACT (I Must Pause, Pray, Analyze, Chill, and Take Action) programs are the focus of most of his current research. Interested in academic administration, Dr. McCreary previously served VCU as assistant vice provost for diversity and coordinator of the Quality Enhancement Plan. He is also a 2006–2007 American Council on Education fellow.

**Michael A. Torres, M.D.**, is ordained within the Church of God in Christ and has achieved certification from the American Board of Psychiatry and Neurology. Through educational, research, and clinical activities, he has attempted to build bridges between the faith community and the mental health system. He has stirred the faith community to be more aware of mental health issues, and the mental health system to better understand and address spiritual issues. Dr. Torres is the founder of the Center for the Integration of Spirituality and Mental Health, Inc.

**Moderator:**

**Cathy Cave, Unlimited Mindfulness Consulting**

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## **The Recovery to Practice (RTP) Resource Center wants to hear from you, too!**

We invite you to submit personal stories that describe recovery experiences.

To submit personal stories or other recovery resources,  
please contact Stephanie Bernstein, M.S.W., at 1.877.584.8535 or email

[RecoveryToPractice@dsonline.com](mailto:RecoveryToPractice@dsonline.com).

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**We welcome your views, comments, suggestions, and inquiries.**

For more information on this topic or any other recovery topics,  
please contact the Recovery to Practice Resource Center at  
1.877.584.8535 or email [RecoveryToPractice@dsonline.com](mailto:RecoveryToPractice@dsonline.com).

*The views, opinions, and content of this Weekly Highlight are those of the authors and do not necessarily reflect the views, opinions, or policies of SAMHSA or HHS.*