

Nebraska Division of Behavioral Health  
**Office of Consumer Affairs - People's Council**

June 9, 2015 9:00 am – 1:30 pm  
301 Centennial Mall South Lower level room B  
Lincoln, Nebraska  
Public comments during the meeting

DRAFT Meeting Minutes

**I. Call to order and roll call**

**Lisa Casullo**

Chairperson, Judie Moorehouse has resigned from her position as Chairperson until further notice. Carol asked if anyone would like to step into the Chairperson position for the June 9, 2015 meeting. A motion was made by Lisa Casullo that she would be happy to call the meeting to order, first motioned by Jennifer Ihle, and seconded motion by Mary Thunker. Motion was approved by general consent. The meeting was opened by Lisa Casullo on June 9, 2015 at 9:15 am. Roll call was conducted by Lucy Flores and quorum was determined.

**Council members present:** Tammy Fiala, Mary Thunker, Ryan Kaufman, Johnathan Koley, Lisa Casullo, and Jennifer Ihle

**Not present:** Scott Loder, Nancy Rippen, Candy Kennedy-Goergen, and Phyllis McCaul

**DHHS staff present:** Carol Coussons de Reyes, and Lucy Flores.

**Public:** Ken Timmerman, Janelle Jensen, Christina Nance, and Melissa Lemmer

**Handouts: Carol Coussons De Reyes handed out the following handouts:**

**OCA Mission, Vision, and Core Functions,** Office of Consumer Affairs Report; DRAFT in Progress

**Mission:** The Office of Consumer Affairs provides leadership and resources that promote health, purpose, community, resiliency, and systems transformation for Nebraskan impacted by behavioral health conditions.

**WELCOME TO THE JOURNEY:** First Experience with Psychosis DRAFT 1 by Carol Coussons De Reyes

**My Action Plan Booklet-** VA Nebraska-Western Iowa Health Care System

**II. Housekeeping and Summary of Agenda**

**Lisa Casullo**

Lisa Casullo confirmed the order of the agenda with the following changes to be made to the agenda: Carol would present on the Recommendations for the People's Council Link to the State Advisory Councils. Also it was recommended to move the time frame from 1:00 to noon for Christine Nance to present on Suicide Attempt Survivors and Carol would condense the OCA's afternoon presentation into 30 minutes, because we would lose our quorum after this time period due to another meeting. Lisa Casullo made a motion to make changes, first motioned by Mary Thunker, and Seconded by Jennifer Ihle. The agenda was approved by general consent.

**III. Approval of Minutes**

**Lisa Casullo**

A motion to approve the minutes of the March 3, 2015 meeting was made by Lisa Casullo with changes on the media campaign on peer support to add on her behalf that there should be cross training with other professional partners, make sure it would be more concrete on having more positions available and that training is very important. Johnathan Koley added changes to the minutes that he stated to move forward with publicity on peer support, we must have training capacity. Motion was made to

make changes to the minutes by Lisa Casullo and first motion and seconded motion by Johnathan Koley. The motion was carried by general consent.

#### **IV. General Announcements**

**Group-all**

Carol Coussons de Reyes, Office of Consumer Affairs (OCA) Administrator suggested the discussion of an application to the OCA People's Council.

##### **Council comments included:**

\*\*The members discussed how many meetings a member is allowed to miss. Carol stated that there are ex-officio members that can miss any number of meetings and non-ex-officio members that can miss no more than 2 consecutive meetings.

A motion was made that all applicants should have lived experience to be on the council by Johnathan Koley and first motion made by seconded by Mary Thunker for the next meeting to be held on August 4, 2015. Carol will follow up after further discussion with the DBH Director Sheri Dawson.

#### **V. Recommendations for People's Council Link to the State Advisory Councils Carol Coussons De Reyes**

Carol had a structure for the OCA People's Council and requested feedback. Members stated they want the OCA People's Council to be a subcommittee of both advisory committees. Members stated they want a youth subcommittee of the OCA People's Council that meets 2 times per year and reports to the OCA People's Council 2 times per year, consisting of Transition Age Youth ages 16-26. Regions could gather representatives from Professional Partners Orgs and some Family Orgs- sort out barriers before an invitation is extended. Perhaps Cassie or Candy could present at a future meeting. Council members requested a standing agenda item on each agenda for Youth, Family, and Adult for the OCA People's Council. Several council members stated they wanted to join the advisory committees. Members also stated each region should have an urban and rural representative, but that it was even more complex an issue because there needs to be a balance of youth, family, and adult members. Ryan Kaufman observed that the OCA People's Council is currently mostly comprised of urban members. Ryan also stated he felt that there should be no ex-officio position on the council. Carol suggested we move this topic forward to the next meeting.

#### **VI. Wellness Recovery Action Planning in Nebraska**

Master WRAP facilitators Ken Timmerman, Melissa Lemmer, and Janelle Jensen were present as member of the public for the OCA People's Council's discussion of WRAP. Janelle shared that she is becoming an advanced level WRAP facilitator very soon.

##### Council comments included:

Ryan Kaufman: commented on finding an audience on offering a WRAP Plan. Some suggestion were to target audiences for Troopers / Veterans Administration (VA). Contact facilitators to train WRAP. A handout booklet was handed out by Carol Coussons De Reyes to be reviewed. Ryan viewed as an eye opener for Veterans WRAP: The booklet called My Action Plan on VA Nebraska – Western Iowa Health Care System @ [www.nebraka.va.gov](http://www.nebraka.va.gov)

Jonathan Koley: commented that money from the state level to bring workshops and that someone be in charge of costs and notebooks. The cost would include materials and trainings. Johnathan suggested the hiring of a Coordinator to partner with facilitators, have the ability to organize, create training sites, and to pair trainers together.

Tammy Fiala: commented that she has done 7 WRAP Trainings in a year. There could be opportunities to shadow others, do 3 day workshops, and invite high schools through the use of

grants. One suggestion to keeping costs down for WRAP trainings would be to use the recycling of books or store in the network of care and the use of binders. While there can be a recycling approach some of the old red books may not have an up to-date information for a refresher courses? It was suggested that the University Bookstore would soon be closing, and that that would be one place one could ask for binders since they are being discarded.

Jennifer Ihle commented on Facilitators being trained on refresher courses that they can be tracked with updated data and do an EXIT survey.

The members of the council stated the WRAP program training is costly in books and manuals along with materials. The Master WRAP Facilitator's present stated that the contract rate for a WRAP training is entirely negotiable outside of book costs. Janelle and Melissa expressed interest in the mentoring of WRAP facilitators. Currently the State of Nebraska holds about 200+ trained facilitators that are not currently organized in any manner. The council stated a desire to have a statewide WRAP coordinator in the OCA, regular WRAP Facilitator phone calls, a WRAP website and training calendar, basic WRAP to be trained all over Nebraska, and only fund a refresher training until all working and volunteering WRAP facilitators had received the WRAP refresher. The WRAP refresher is currently required of all WRAP Facilitator's after two years to maintain their WRAP certification with the Copeland Center. All Certificate records are kept by the facilitators and not the Copeland Center.

Carol you had a recommendation that you would further discuss with Director Sheri Dawson and see what the budget would be for the fiscal year and report back on WRAP trainings;

A motion was made by Johnathan Koley to recommend that the Division of Behavioral Health explore adding funding to organize systems of delivery for WRAP. The first motion was by Jennifer Ihle and seconded by Ryan Kaufman. A roll call vote was taken. The motion carried by unanimous vote.

#### **VII. Suicide Attempt Survivors**

**Christina Nance**

Carol introduced Christina Nance to the council members. Christina shared her "testimony" as a "peer speaker". She stated that she believes that children from the 8<sup>th</sup> grade up have mental health conditions in her North Omaha community and that they are not getting the support they need. There were many resources that were presented by the council members to enhance and further educate the community and the public in her future presentations. The members welcomed in gratitude Christina's presentation. Council members welcome Christina to come back and to continue to educate and enhance the community and other peer support individuals to reach out and help one another.

#### **OCA Mission/ Vision/Core Functions Feedback and other data**

**Carol Coussons De Reyes**

**Carol handed out** OCA Mission, Vision, and Core Functions, Office of Consumer Affairs Report; DRAFT in Progress: Carol wanted feedback and other data to be included in the draft report. The workbook is in progress and she welcomed comments.

#### **VIII. Peer Support Implementation Plan and Credentialing Update**

**Carol Coussons De Reyes**

Carol stated the UNL PPC is held an online public forum for comments on credentialing. She also stated that there would not be OCA public discussion forums, because these DHHS legal department advised that these forums should not replace the current process of review.

**Council comments included:**

Peer Support jobs must be increased. Behavioral health and physical/medical healthcare needs to be more integrated, therefore one priority/goal would be to implement wellness programs such as Living Well, Whole Health, and WRAP for Trauma. The goal is to increase opportunities in the workforce because more people can be trained, but if there are no opportunities for placement, consumers may not be served and could adversely impacted.

**IX. White Paper - Consumer Family Involvement** **Group & Carol Coussons De Reyes**

Carol discussed Consumer and Family Involvement White Paper and invited more council member to join sub-committees.

**X. Updates from Regional Consumer Specialists** **Johnathan Koley, Tammy Fiala**

Johnathan Koley: commented on a volunteer Peer project he was working on in Region 6.

Tammy Fiala: brought up that Region 6 and 3 were working on a First Episode Psychosis pilot that will eventually roll out to the rest of the state.

**XI. Items for next agenda** **Committee Members**

Jonathon Koley made a motioned that Application Review for membership be placed on the next meeting agenda for further discussion to be held Tuesday, August 4, 2015. To review applications received, and by what by-laws, or rulings to determine to be a Committee Council Member. Carol follow-up after further discussion with DBH Director Sheri Dawson

**XII. Meeting Adjournment:** Motion to adjourn the meeting was made by Mary Thunker, first motion made by Ryan Kaufman, and seconded by Johnathan Koley.

- Lisa Casullo adjourned the meeting at 1:30 pm.
- Next Meeting is scheduled for Tuesday, August 4, 2015 from 9:00 am - 3:00 pm. at Region V, 1645 N Street, Large Conference room, Lincoln Nebraska.

*Minutes prepared by the Division of Behavioral Health, Nebraska Department of Human Services. Minutes are intended to provide only a general summary of the proceedings.*

*mm-dd-yy Meeting Minutes*

**Office of Consumer Affairs**

People's Council

**DRAFT Agenda**

*301 Centennial Mall South, Lower Level, Room B*

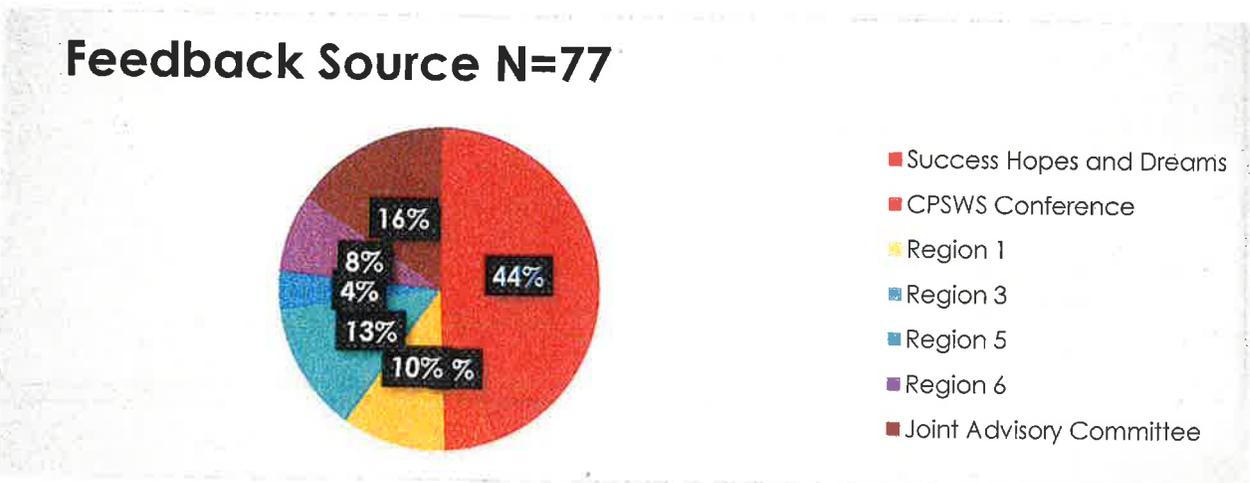
June 9, 2015

**Public Comments may be made during the meeting**

9:00 AM – 3:00 PM

TBD	Selection of Temporary President, Call To Order, Application Review	9:00 am – 9:10 am
Group	Recommendations for People's Council Link to the State Advisory Councils	9:10 am-10:50am
Break		10:50 am-1100 am
Group	Wellness Recovery Action Planning in Nebraska	11:00 am-12:00 pm
Lunch		12:00 pm-1:00 pm
Christine Nance	Suicide Attempt Survivors	1:00 pm-1:30 pm
Carol	OCA Mission/ Vision/ Core Functions Feedback and other data	1:30 pm -2:00 pm
Break		2:00 pm -2:10 pm
Carol	Peer Support Implementation Plan and Credentialing Update	2:10 pm -2:20 pm
Group	White Paper- Consumer Family Involvement	2:20 pm – 2:30pm
Jon, Tammy, Phyllis, Nancy	Updates from the Regional Consumer Specialists	2:30 pm - 2:50 pm
TBD	Adjourn	2:50pm – 3:00pm

# OCA Mission, Vision, and Core Functions



Vision: Nebraskans Impacted by Behavioral Health Conditions Live a Life Full of Wellness and Success

- I like this description. This makes sense to me.
- Good! And Recovery
- I think that some do but not as many could be experiencing success at this,
- Include resiliency
- Include Purpose
- Like using Nebraskans
- Great!
- I like the term "Nebraskans"
- Seems should state with "to facilitate" or "we facilitate" to "live a life..."
- Put abbreviations and spell out acronyms
- I like the wording- "impacted" includes those who care about the consumer (family and friends)
- I like what it is trying to say, but not the way it is said.

Mission: The Office of Consumer Affairs provides leadership and resources that promote health, home, purpose, community, resiliency, and systems transformation for Nebraskan impacted by behavioral health conditions.

Overall strengths:

- Coordinated work plan with listing in all contract requirements
- Partnership with Region 3 for Sustainability Training
- Mini-grant process is well developed with focus on alcohol risk perception, use and sustainability
- Sending members to Healthy Youth Nebraska conference and other trainings

The following items need to be revised and re-submitted. Please change the date of the re-submitted documents to reflect the actual date that they are being re-submitted.

Partnership for Success Grant in Dawson County:

- How are you working toward building Capacity, and, what Technical Assistance activities are you considering to continue enhancing your system?
- What are your plans to identify leadership in this Coalition?
- What are your plans to strengthen this Coalition with the goal of sustainability in mind?

Region II BH20 Provider Budget Summary:

- Please consider providing funding to fund SCIP programs.
- IOM Breakdown section needs to be redone to reflect:
  - Removal of Media Campaign (not an EBP)
  - Removal of Parenting Program (not an EBP) so list names of EBP's
  - Total SAPTBG funds need to be listed in IOM breakdown section

Please revise and resubmit.

Community Connections Provider BH20 Budget Summary:

- Revenue column: what is source of 'Other' for \$39,006?
- Are there other strategies besides Education to be utilized?
- 'Assets' needs to be deleted from form.
- On BH20 Summary, IOM breakdown says 100% selected but BH20 EBP has funds in direct and selected.
- The percentage of SAPTBG funds on EBP form is not correct.

Please revise and resubmit.

Mission:

*Nebraskans (Individuals and Families) Impacted by Behavioral Health Conditions  
Live a Life Full of*

- *Resiliency,*
- *Wellness,*
- *Success,*
- *Purpose.*

Vision:

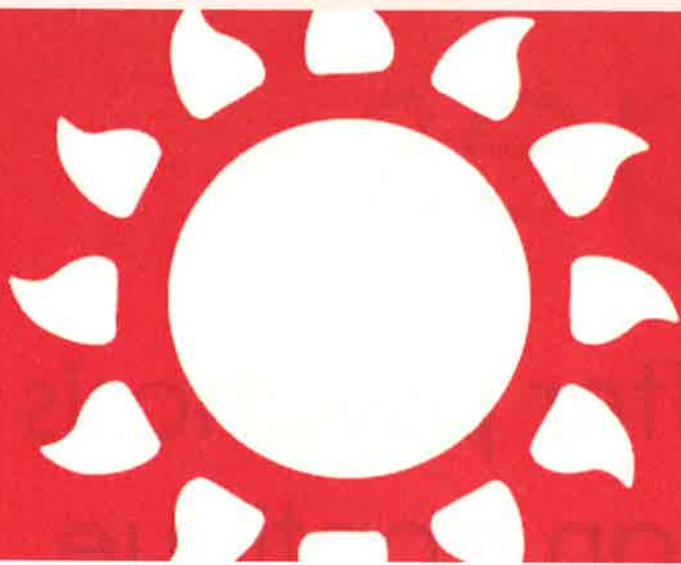
*The Office of Consumer Affairs provides leadership and trauma-informed  
resources that promote*

- *Health,*
- *Home,*
- *Community,*
- *Personal and Systems Transformation*

*For Nebraskans (Individuals and Families) impacted by behavioral health  
conditions.*



**DRAFT 1**



# Welcome

First Experience with Psychosis

# To the Journey

By Carol Coussons de Reyes  
Office of Consumer Affairs  
Division of Behavioral Health, DHHS Nebraska

# pages

DRAFT

3 Life after psychosis

4 You can continue,  
support is out there.

Classroom

5 Accommodations

Workplace

6 Accommodations

7 Supported Employment

8 Self-Determination

9 Peers as Mentors

10 Relationships

11 Wellness

12 Compassion

# Welcome to the Journey by Carol

DRAFT

Life can be difficult on its own. Life after psychosis or during psychosis is a struggle for meaning and purpose in a place where these definitions may have been turned all around. We are looking around for someone somewhere to understand our story and this may not happen. I carried around my own story of psychosis for years, trying to defend its purpose. I wrote a book about it. After writing, I began my writing I was introduced to peer mentoring. Someone with a behavioral health condition that works in the field of providing support. I realized from talking to Beth Filson, Linda Buckner, Charles Willis, and Ellen Awai that what I had experienced was my truth. I didn't need to defend it, it was true for me. It had meaning and purpose. I was living my story that was true for me.

I hope to join you in writing this workbook in evolving your truth and welcome you. I welcome you to the journey of life after what doctor's call psychosis and peers call identification of truth. Along with the experience of truth can accompany many lifelong challenges, this workbook is some hindsight tips and hints about living life on that journey. This time may feel like the last straw, but it can also be the beginning.

I never found my niche in work life until I found my experience of a truth that doctor's call psychosis. I was ultimately unhappy and unsatisfied with life on life's terms. The terms were changed without me being asked about it. I thought it was the end of the world, but it wasn't. It was the beginning of a journey into being.

Welcome to this reading, there is a lot of material in this workbook. Take your time in reading it. Read a little at time, if it is helpful.

"Life begins at the end of your comfort zone."

-Neale Donald Walsch

"Life is what happens while you are busy making other plans."

-John Lennon



DRAFT

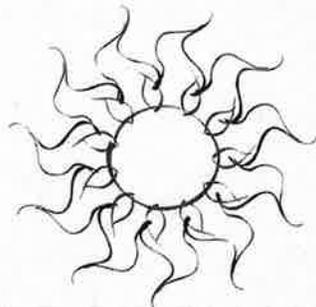
## You can continue and support is out there! By Carol

While you may not consider yourself a person with a disability, this is a time to realize you can get additional supports to continue with your job or school plans, because of your diagnosis from your doctor. Your doctor may be urging you to go on disability, you may have other options worth considering. It is important at this moment to understand the ADA or Americans with Disabilities Act. This act promotes integration of individuals with disabilities in the community, including work and school. There are medical practitioners that can recommend supports to you that will help you continue working and going to school and because of the ADA, people in communities often provide requested supports from doctors or therapists.

It's important to realize that people don't have to make accommodations, but they often do. Some people fear that if they request accommodations, they will be discriminated against. This is a real fear. There are laws against discrimination in the workplace and educational environments, even housing. To understand the ADA better I recommend visiting their website: [ada.gov](http://ada.gov)

You may have lost friends because of your recent diagnosis, though I hope not. The more open you are about your diagnosis, you may hear negative reactions. There are two important nuances here to realize: a) diagnosis should never define you and b) disclosure is not required. There is no law that you have to tell people you have a diagnosis, you have many more unique qualities that make you, uniquely you.

I have gained confidence about sharing my diagnosis with doctors and the public over time. I kind of enjoy the wave a discrimination flaring its ugly head, because it gives me the chance to challenge people's perceptions. It took time to cultivate this confidence. It is also a real reality that I currently work in the consumer and family movement. I am surrounded by people that expect me to use my story, and often I get support in return. There is a whole field of work that may open up for you because of this moment called peer support. To learn more about peer support, page 9, *Peers as Mentors*. It is not to say that I don't face real discrimination in moments and these moments are the reason that we must focus on our own wellness.



DRAFT

# Classroom Accommodations

Staying in the game (list is not exhaustive– speak with your doctor about accommodations)

## Classroom

### Examples:

- **Record the Lecture**
- **Note taker for Lectures**
- **Book on tape/computer**
- **More frequent breaks**
- **Oral or Written test format**
- **Breaks during test**
- **Extended time for test**
- **Test one on one**
- **Extended time for assignments**
- **Partner for assignments**
- **Preferred Seating**
- **Large print materials**
- **Support animal to accompany you**
- **Assistive technology**
- **Assistance with forms for aid and registration**

DRAFT

# Workplace Accommodations

Staying in the game (list is not exhaustive– speak with your doctor about accommodations)

## Classroom

### Examples:

- **Reduced work schedule**
- **More frequent breaks**
- **Support animal to accompany you**
- **Assistive technology**
- **Memory aids**
- **Minimize distractions**
- **More structure**
- **Written instructions**
- **Prioritize job assignments**
- **Ergonomic work station**
- **Identify stressors that can be eliminated**
- **Rest breaks away from the work station**

DRAFT

# Supported Employment

Working can be stressful, which is why sometime people are encouraged to not work. It important to remember while work can be stressful, that living on disability can be stressful too. There are two types of stress: good stress (called eustress) and bad stress (distress). Good stress (or eustress) can motivate us to move forward and achieve things we never have before. Bad stress can take over and impair us, if we don't turn it around somehow. If the thought of work brings thoughts of bad stress to you, perhaps supported employment might change this for you.

Supported employment is gaining support in engaging the field of work. One of the major providers of supported employment is vocational rehabilitation departments. It is a way of wrapping all the services that you need to gain competitive employment around you. It is a personalized service that is designed specific to your needs and takes into consideration your goals for work. Often it involves benefits counseling, if a person is already receiving some type of state or federal benefit with the goal of balancing the number of hours a person can work and retain benefits. Ideally, you begin working at the time you say you are ready to go to work. This assistance may be a simple as assisting you with learning how to fill out a job application or as complex as providing an on the job coach to assist you in learning your new job. Ideally, the supports don't just disappear once you are employed. Ideally, the support stays there until you are comfortable with you job and can continue any time you feel you need extra support.

DRAFT

# Self-Determination by Carol

Its easy to forget yourself in the identification of a serious mental illness or psychosis. You just probably got out of a hospital where your ever move was designed for you from breakfast to when you can shower. There are many places that the system can lead you to or people that will interact with you just differently by telling you what you want. The assumption is that you are incapable of making decisions is a stereotype that can just kind of take over. There are some basic principles for you to remember on this journey. What you want from life matters, right down to what you prefer to eat in the morning on a small scale to the larger what you wish contribute to your community in life. You have strengths. We all have strengths and it can be hard to see these sometimes when you are interacting a lot with a system that is paid based on identifying your deficits or weaknesses. Take time to explore your strengths and use them to your advantage. People around you are telling your to avoid stress in your life and some of the very things that you want to achieve may be stressful. This is your life and you may not be able to do everything you want to tomorrow, but don't stop because of stress. Identify small steps you can take towards your goals and act on them. Dream big and take it one step at a time.

My life changed forever over the course of two years after experiencing a truth that others could not hear and see, what doctors call psychosis. I was at first devastated. My parents were angry that I was rushing back to work or school or some big goal. I knew what I wanted to do and that was paint. I painted a collection of art entitled, "Paris at Night" that kind of summed up all my mixed emotions. I wanted to connect with others, but I was chock full of fears about this. I decided to get peer support training so I could start a support group close to my house. I tried to attend the training with my father and the facilitator found out and almost kicked me out of the training. I talked my way back into the training by saying I would go without him. I was transformed at the training. I learned about supporting other peers and I found my art so deeply touched my fellow peers that they bought several of my pieces of the "Paris at Night" collection. I went home and started a support group in my area through the Depression and Bipolar Support Alliance. One year later, the job supervising the training facilitators and leading recovery projects was open at the state. I applied and just pretended I could do the work. I had no way of knowing that the mere act of pretending that I could be the Director of Consumer Relations and Recovery would become reality. In fact, they said it was the best interview they had ever had. I found work that had meaning for me and I continue to find meaning as the Office of Consumer Affairs Administrator in Nebraska.

# Peers as Mentors

DRAFT

Yes, people with behavioral health conditions (meaning people with mental health, substance use, or co-occurring conditions) can become employed because of their story of living in the face of the condition itself. Wellness, or recovery, is not easy and people are will pay a person to provide support to others with similar experiences. Not just because of the story, while the story is key, the skills related to being well, or having recovery, is what people in the behavioral health workplace desire in an employee providing peer support. There are a variety of types of training for peer support and the preferred model varies based on where you live. The title varies also. There is also family peer support, where a person with a child with a behavioral health condition provides support to other families, based on their caregiving experience. What could be better than someone who has been there providing support to another!

Here are some websites that talk about peer support (not exhaustive):

Nebraska's Certified Peer Support and Wellness Specialists-

[http://dhhs.ne.gov/behavioral\\_health/Pages/DBHOCAPeer.aspx](http://dhhs.ne.gov/behavioral_health/Pages/DBHOCAPeer.aspx)

Finding the Silver Lining: Trauma & Peer Support-

[www.dhhs.ne.gov/trauma](http://www.dhhs.ne.gov/trauma)

Intentional Peer Support-

<http://www.intentionalpeersupport.org/>

National Empowerment Center-

<http://power2u.org/>

National Mental Health Consumer's Self-Help Clearinghouse-

<http://www.mhselfhelp.org/>

National Alliance on Mental Illness' STAR Center-

<http://www.consumerstar.org/>

Faces and Voices of Recovery-

<http://www.facesandvoicesofrecovery.org/>

National Federation of Families-

<http://www.ffcmh.org/>



DEAF

# Relationships by Carol

When people have an illness often that can take over their lives. They may center their life on being ill and rally those around them to act out roles that validate the role. Illness is only one part of who we are and if we begin to take on different roles, those around us may give us friction. I remember after my first hospitalization having to call on my neighbors the police because a relative refused to leave my property and was verbally abusing me. They didn't understand that I had rights and this family member was astounded when the police escorted her off my property. Sometimes people can forget that you are a person with rights when you have a mental illness, even you can. I have learned to set limits with my relatives so that the police don't have to engage her, but this was a dance. I had to learn how to express my needs in the relationship. Now I tell my relatives in advance that I would prefer that if they not come over, if they are going to raise their voice.

It seems like a constant fight for identity sometimes. Early on in my recovery, I often would have a laundry list of fears and I engaged relationships with repetition of this list from my past over and over. I totally forgot that I could write a new narrative and live something new. That is why it is important to not hide a condition from friends, but make sure that one has more to offer in the relationship than mere expression of fears. People want things from friendships. They want someone that can listen to their hopes and dreams. They want someone that will experience life with them also. I remember I really decided to step out of my story, when I met my husband. I decided I would try salsa dancing. After years of stale online dates that led to nothing, this was a revolution. We fell in love, despite the fact that I was heavily medicated at the time having just got out of the hospital.

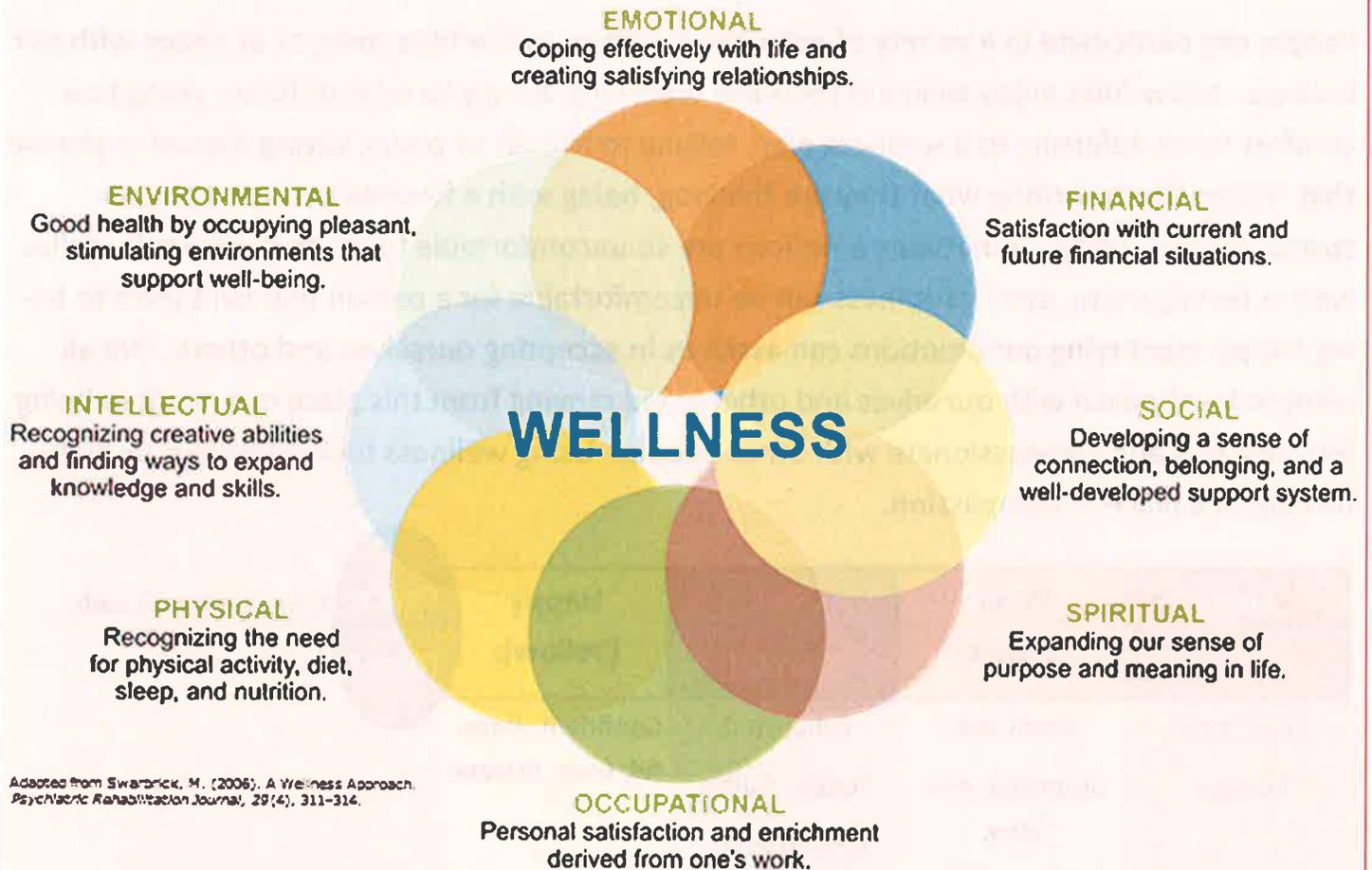
While not as exciting as a husband, the relationship that I have learned to have with landlords has been life changing too. I realize that just because I am a tenant doesn't mean that I can't ask for things within reason and that I don't have to threaten to sue my landlord just to get my way. They are people with needs too. We talk about our lives and I care for the property like I was relating to property that matters to someone. I make sure I pay my rent on time and he always mows the grass right after. We look out for each other.

So life is not centered on giving or receiving, it is about both. It may sound strange to you, but the longer you interact with the system one can forget this all together.

# Wellness

DRAFT

While wellness may have more than 8 dimensions check out this graphic from Peggy Swarbrick:



Don't get overwhelmed and think that you have to tackle all eight at once. Take time to ponder one action that you want to take. Pick something that you can have quick success with and build from there. Small actions can build real change! Its important to remember to work on something in wellness everyday, because research indicates that people with behavioral health conditions have shorter lifespans. With a little action, we can beat the statistics!

Check out this workbook from Peggy Swarbrick:

[http://media.wix.com/ugd/01d44c\\_bf80a3348549400b8c2e2a578188daf8.pdf](http://media.wix.com/ugd/01d44c_bf80a3348549400b8c2e2a578188daf8.pdf)

DRAFT

# Compassion Thermometer by Carol:

This Compassion Thermometer is designed to assist people in understanding how their emotions influence their experience of compassion, or love and respect, for the people around them. Think about how you feel. When we experience emotions that are uncomfortable, we often feel distance from the peace with in us and our feelings for others.

People can participate in a variety of activities to return to the blue zone, or at peace with our feelings. Many folks enjoy wellness tools like breathing deeply to relax or focus, going to a comfort room, referring to a wellness plan, talking to friends or peers, saying a word or phrase that relaxes them, writing what they are thinking, being with a favorite pet, counting, or stretching their body. Sometimes emotions are so uncomfortable for us that we don't realize we are feeling them, even happiness can be uncomfortable for a person that isn't used to being happy. Identifying our emotions can assist us in accepting ourselves and others. We all want to be at peace with ourselves and others; and moving from this place can result in being less peaceful and compassionate with other people. Using wellness tools can assist us in returning to a place of compassion.

Angry	Panic (Orange):	Sad (Purple):	Happy (Yellow):	Peace (Blue) Compassionate with Self and Others
Frustrated, Enraged	Confused, Surprised, Anxious, Hysterical, Suspicious, Frightened, Cautious, Jealous	Exhausted, Lonely, Guilty, Embarrassed, Disgusted, Ashamed, Overwhelmed, Bored, Shy	Confident, Hopeful, Love, Ecstatic	

### Examples of Wellness Tools:

Picture Recovery:

[http://dhhs.ne.gov/behavioral\\_health/Documents/RecoveryWorkbookeditedFinal3.pdf](http://dhhs.ne.gov/behavioral_health/Documents/RecoveryWorkbookeditedFinal3.pdf)

Action Planning for Prevention and Recovery:

<http://store.samhsa.gov/shin/content//SMA-3720/SMA-3720.pdf>

DRAFT

## Other Helpful Weblinks

- 1 Office of Consumer Affairs, Division of Behavioral Health, DHHS Nebraska  
[http://dhhs.ne.gov/behavioral\\_health/Pages/beh\\_mh\\_mhadvo.aspx](http://dhhs.ne.gov/behavioral_health/Pages/beh_mh_mhadvo.aspx)
- 2 Division of Behavioral Health, DHHS Nebraska  
[http://dhhs.ne.gov/behavioral\\_health/Pages/behavioral\\_health\\_index.aspx](http://dhhs.ne.gov/behavioral_health/Pages/behavioral_health_index.aspx)
- 3 Nebraska's Network of Care  
[http://dhhs.ne.gov/behavioral\\_health/Pages/networkofcare\\_index.aspx](http://dhhs.ne.gov/behavioral_health/Pages/networkofcare_index.aspx)
- 4 Collaborative Support Programs of New Jersey  
<http://www.cspnj.org/>
- 5
- 6

For More Information Contact:

**Carol Coussons de Reyes, Certified Peer Specialist, MS**

[carol.coussonsdereyes@nebraska.gov](mailto:carol.coussonsdereyes@nebraska.gov)

[402-471-7853](tel:402-471-7853) (office phone)

[402-471-7859](tel:402-471-7859) (fax)

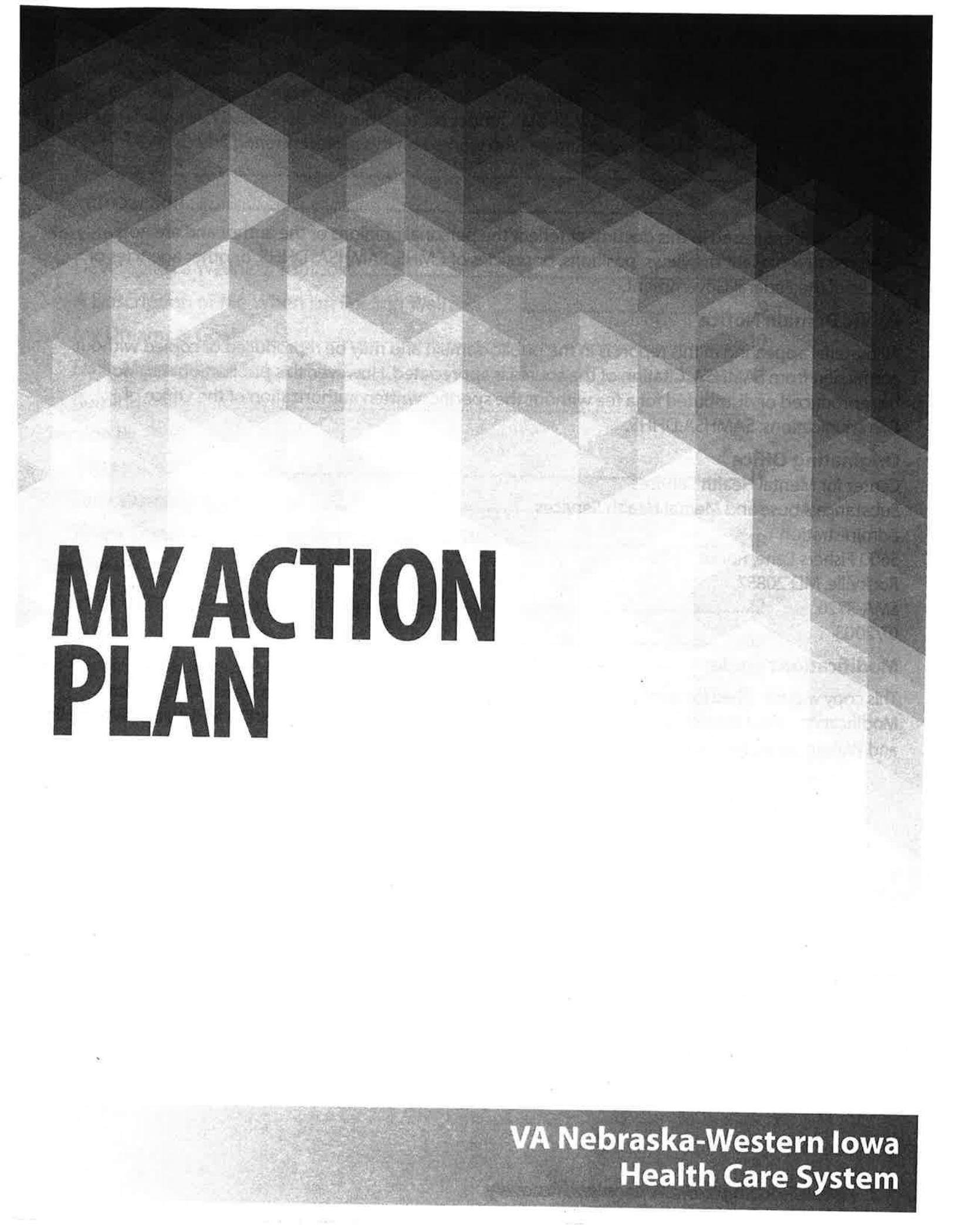
Administrator for the Office of Consumer Affairs

Division of Behavioral Health

Department of Health and Human Services

301 Centennial Mall South - 3rd Floor

Lincoln, NE 68509



# MY ACTION PLAN

VA Nebraska-Western Iowa  
Health Care System



**VA** Defining  
**HEALTH CARE** **EXCELLENCE**  
in the 21st Century

**VA Nebraska-Western Iowa  
Health Care System**

4101 Woolworth Ave.

Omaha, NE 68105

402-346-8800

1-800-451-5796

[www.nebraska.va.gov](http://www.nebraska.va.gov)

2206 Longo Dr., Suite 102  
Bellevue, NE 68113

710 S. 13th St. Ste. 1200  
Norfolk, NE 68701

2201 N. Broadwell Ave.  
Grand Island, NE 68803

600 E. Francis, Ste. 3  
North Platte, NE 69101

1118 Burlington St.  
Holdrege, NE 68949

555 E. John St.  
O'Neill, NE 68763

600 S. 70 St.  
Lincoln, NE 68510

512 S. Fremont St.  
Shenandoah, IA 51601