

# November Newsletter, 2018



# AMISTAD

*“People Helping People”*

66 State Street, Portland, ME 04101

Amistadinc.com 207-773-1956

## Important Numbers

Crisis Hotline: 207-774-HELP (4357)

Warm Line: 1-866-771-9276

National Suicide Prevention Lifeline: 1-800-273-8255

Amistad Inc.: 207-773-1956

P.O. Box 992, Portland, ME 04104

[www.amistadinc.com](http://www.amistadinc.com)

The Peer Support & Recovery Center Hours:

Mon – Fri 8:00am – 4:45pm

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## News from Our Programs

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### From Patrick Metro, Peer Coordinator at Amistad's Bath Peer Learning Community

As the leaves change in Bath so has the Peer Learning Community (PLC). Peer participation has continued to increase as word of our space has spread. We have been approached by individuals within the community who wish to start peer groups of their own (a new writing group and a Reiki practitioner) and are hoping to have those up and running for November. We are welcoming Karen Mackie as the new peer support staff at the PLC and looking forward to working closely with her in the future. We look forward to continuing to grow in November and the future!

### From Amy Geren, our partner at Portland Downtown with the Peer Outreach Worker program:

Amistad's new partnership program with Portland Downtown has begun! Led by Amistad's Mark Perry, the **Peer Outreach Worker (POW) program** is responsive to business, neighborhood, and stakeholder requests for service, resolving safety issues for peers and for the community. What has Mark been up to? During the first month of programming, he:

- **Supported many peers in new housing**, including assisting with access to sober and accessible housing;
- **Provided support for mental health, behavioral issues, and substance-use disorders;**
- **Assisted with access to transportation;**
- **Provided employment and personal references;** and
- **Made connections to immigrant and refugee services.**

Mark spends time each week at Amistad's Peer Center, Mercy Hospital, the Cumberland County Jail, Preble Street Resource Center, and walking downtown streets for chance encounters with peers in need of assistance or coaching. **Peer safety** represents the most common request for service, and Mark typically resolves these safety issues through encouraging a change in location and **supporting plans for positive change**.

For questions about the POW program, contact Amistad's Mark Perry at 978-387-7460, or Portland Downtown's Amy Geren at 207-772-6828.

### From Julia Duncan, Peer Services Coordinator at Amistad's Riverview Program

Our Peer Team at Riverview is very busy this session with facilitating/co-facilitating a variety of groups on the Treatment Mall here at Riverview. We are currently involved in Peer Support group, Dual Recovery Anonymous, Non-Violent Communication, Life after Riverview, and two new groups we have introduced this session which are Peer Newsletter and Women's Recovery Group.

Our Peer Specialists have been involved in some community outreach projects such as Island Cares, a collaboration of both peer and community members in Vinalhaven that actively work to support the community as a whole in the face of substance use that has become quite prevalent on the island.

Our team has also been involved in the Homeless Workgroup. This is a collaboration of both community members and providers within the Augusta area to identify a variety of resources, and how to effectively and efficiently utilize those resources among the large population that find themselves in need of such services.

Riverview Peer Support team plans to travel to Amistad on November 20<sup>th</sup> for the annual Thanksgiving feast! Our team always enjoys being a part of this experience ☺

Riverview Peer Support is currently hiring for a 20 hour a week part time position! If interested please contact Julia Duncan, Peer Services Coordinator at [Julia.r.duncan@maine.gov](mailto:Julia.r.duncan@maine.gov) or call (207) 624-4673.

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## From Our Peers

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### Early Morning Thoughts on Peer Support

Ben Skillings

Spring Harbor houses mentally ill patients and helps them to stabilize by prescribing psychiatric medicines. Once folks have been successfully treated with antipsychotic or mood stabilizing medications, they are usually referred to a regular provider if they do not have one already. The day to day staff manage behaviors as they come up and most medication is prescribed to minimize troublesome behavior, which I believe is different than treating an illness and providing tools for success.

If I am depressed, the psychiatrist will try medicine that can alter my brain chemistry and help me to be happier- a series of therapeutic discussions around what has happened to me and/or what is missing from my life is not efficient. And that's not at all how psychiatry works. Psychiatry matches symptoms with drugs and hopes for the best.

Jim, in his early 40s and diagnosed with schizophrenia in his late teens has been in and out of Spring Harbor (and Jackson Brook Institute) for the past two decades. He recently began staying at a sober house that I manage in South Portland, because he had been homeless for a long time and self-medicated daily with alcohol. After a couple weeks at the house, he stopped taking his medication and began to think that the weather channel was talking to him from outer space. Technically that is true since they use satellites to collect weather data, but he was thinking they were communicating with him specifically from wayyyyyy outer space.

He became agitated with some of the signals he was receiving and ripped the mounted TV off the wall around 2am. I got a call from several of his housemates around 5 that morning and made my way over to check in with him.

I approached him and before I could ask how things were going he said, "Everything is fine," with a bit of a wild look in his eyes. I told him everything is gonna be fine and asked if we could talk outside. He declined and went to his room.

I gave him a moment before I followed him. I made sure to smile, first with my eyes, and announced myself. I again told him everything was going to be okay and basically demanded that we go outside to talk and smoke.

He asked, "Do I have to?"

I said, "Yeah, pretty much brother."

His eyes darted around the room and he eventually stared at me for a few extended moments before he spoke.

"Okay, fine, guy."

We got outside, and I gave him a cigarette. It was a Newport.

"Oh a Cadillac! Nice. Thanks... This is about the TV, isn't it?" He asked.

"The TV is part of it. What I really wanna know is how you are feeling and what's going on."

He explained about the signals from the TV coming from way outer space, admitted that he stopped his meds because they made him tired and virtually impotent. He told me everything in detail that he had been thinking and doing the past two days. Every trip to the store. The voices and visions of things he did not want to do. He had been living a nightmare and gone without sleep for three days.

I knew immediately from the phone calls that Jim was sick and would benefit from going back on his antipsychotic medications. It is challenging enough for folks who do not hear voices to manage staying in a house with 20 other men in early recovery.

In this situation, however, you cannot simply tell someone they are sick and what they need to do. You cannot deny their feelings or reality. They will just tell you off and perhaps never talk to you again.

After we connected and discussed the options, Jim agreed to get checked into Spring Harbor, with a plan for us to hold his bed until he was ready to come back. I drove him there and we smoked cigarettes and laughed the whole way.

“I kind of like being this way sometimes,” he said. “It’s better than real life. But it’s confusing and hard, too.”

“I bet, man. I bet.”

Jim came back to the house after a week and has been doing fine ever since. He has a part time job and has made a couple of close friends who have similar stories. He meets with his psychiatric providers and despite the nasty side effects he takes his medication daily. If something happens again, we will have the same conversation and intervention, and see what he wants to do.

I have learned that part of the challenge with folks who have delusions and/or hear voices is they are very reluctant to admit what is going on for them. I think it could be due to confusion and the fact that what is going on is real to them, but I think a big part of it is embarrassment and stigma. Either way, I have much better luck connecting with people and getting them to talk about their reality when I decide to completely accept them for who they are, without reservation. If done the right way, then you will not be scared of them.

Any hint of judgement, dismissing their reality or feeling threatened by them will cause a real disconnect, no matter if you try to hide your feelings or not. We know the mental health system has been an absolute failure for many, many people, and that this system is a fear-based system. Any hard look at policies and procedures for ACT Teams and hospitals points to this.

Peer Support is the antithesis of the fear-based system. We are rooted in acceptance, compassion and love. It is no coincidence that we are able to connect with folks that the system has cast away, folks that scare traditional providers and have been denied services due to bad behaviors. As we continue to infiltrate the system, it is important that we keep OUR values, and do not get sucked into the methods and attitudes of a system that abuses, neglects and fears our friends.

# “Are they talking about that again?”

By Gabe Gregoire

It happens in the check-out line the most, at the beginning of every month. Someone will make a comment to the clerk like, “Busy day, huh?”

The answer, in one form or another: “Busiest of the month, yup.”

And if you do have your monthly SSI or SSDI money in your pocket, whether what’s about to go into your bag is toilet paper and Infant Tylenol, or a half-dozen Natty Daddys for you and the boys, a seemingly unbridgeable gap opens up between you and those around you who seem to have well established finances.

The ‘woke’ people in Portland can tell you about what it is to ‘other’ someone or to be othered yourself. Usually it’s discussed in the context of one’s sexual identity and how difficult it can be for someone who’s not strictly straight to function as an adult on equal footing, without making a secret of that important part of who they are. But to be othered in general is to be made the center of attention and yet not to be even acknowledged as present in the room. In other words, the attention is not positive, and may not even be audible, as real as it is.

At the heart of this kind of othering, in the case of those of us who get a check for a disability due to chemical imbalance, is the sentiment that’s repeated so often by so many Mainers: “I have to work my ass off; why should they get free money out of my taxes?”

And it’s a tough question to answer without going into painful details of past traumas, the incredible frustration of owning a self-betraying brain, the sheer staggering weight of the struggle to live a passably normal life when the people around you might look at you like you just pulled the tail off a lizard any time you try to contribute to a given conversation, though if they could see the sentiment and feel the sense of risk and the resulting bravery that an utterance by a person with brain-chemistry issues can represent, they might feel differently.

And all that is true even during a national political situation that doesn’t encourage open animosity on the street.

In today’s political climate especially though, the pain of being different, especially when specifically othered in public, that pain can be amplified to such an extent that we feel targeted and exposed, sometimes when only doing something as simple as going out to get food for the fridge.

Readers who’ve seen all this play out time and time again may have done the self-work (and gotten the kind of help with it) that allows them to be able to follow the dynamic of that check-out line (or classroom, or office, or home gathering) and fully participate with social grace and humor instead of being silenced by fear. It does happen, more often than you think.

But to those men and women I say, be more than an example of a mental-health success. Be a new friend, one who goes out of their way to call out the subtle insulters and everyone else that puts a stone wall of disproportionately intense disrespect between the good parts of social interaction and those they humiliate, directly or indirectly, because of an imbalance or a monthly check.

If you have the ability to speak up and intervene, as Uncle Ben famously said to Pete, why would you not?

# A Thanksgiving Dream

By Ann R. Berry (Nigel)

Thanksgiving was only a few hours away. I had spent the entire day baking pies and breads, decorating and sharing holiday memories.

I began to think about my son who would soon be arriving. I would be meeting my newest grandchild, Mary Elizabeth for the first time. He and his family were planning to stay for a week.

Life was sweet...

I began to smell a variety of freshly-cooking food. I could hear music and what sounded like a party. As there were only woods surrounding my farm, I was very curious and decided to investigate. At the back of the field I noticed a clearing. I had never seen nothing but trees here. I wondered how I missed this place.

It was like walking back in time. Men dressed like pilgrims, women in antique dresses, Indians adorned in feathers and shells, carrying bows and arrows.

Venison, rabbits, and ducks were cooking over open fire pits. Savory dishes of many kinds, plus pies and other baked goods cooked in homemade ovens.

Several men stood together telling tall tales and drinking home brew. Older ladies sat together working on a huge quilt. Children ran back and forth.



I was noticed by a few of the women sitting tables for their dinner meal. They walked over to me, inviting me as their guest. At first, I was ill-at-ease, but soon relayed enjoying a wonderful meal. Later, I sat and watched the Indians dancing and listened to stories told by men in various stages of inebriation.

I guess I must have drifted off...

“Grandma, grandma, wake up. I’m here. Wake up, Grandma!”

I felt a little hand shaking my shoulder. I opened my eyes to see my grandson holding his favorite teddy with a big “I love you, Grandma,” smile on his face.

At first, I was confused. Evidently, I had fallen asleep. It had seemed so real... I reached down to pick up my mug and plate from the small table...instead of my plate and mug sat the remains of the mincemeat pie and apple cider in the very dishes from earlier at the Pilgrim party....

Oct 25, 2018  
Ann R. Berry (Nigel)