



WWEN Connection

Wisconsin Women's Education Network

on Addiction, Recovery & Prevention

Spring 2004



“Stress is an indicator of our belief in the value and validity of our worries and fears.”

--Bill Crawford

WWEN Home Page:

www.dcs.wisc.edu/pda/wwen



**WWEN
Project**

Eustress & Distress

by Mary Unmuth

“The most important thing in life is to relax,” says Kathryn Coleman, a psychotherapist and Taijiquan teacher (see page 7). If we believe that to be true, then why do so many of us find relaxing so difficult? It seems that life has become a daily whirlwind of tasks hinging on deadlines, usually resulting in stress. On one level, we could all stop and see the humor in our condition and ask: why all the craziness? But no, we take most things way too seriously and end up burned or stressed out.

The good news is that some stress in our lives is necessary in order to live exuberantly and with gusto.

Is there actually such a thing as good stress? The answer is yes. But first things first.

The word stress originated in the science of physics. It describes what happens to an object when placed under pressure or when subject to certain forces. In the psychological sense, stress is used to describe the pressures and demands

of present-day life and our reactions to them. Both definitions do an adequate job of describing what happens under stress.

Stress can be of two types: *eustress* and *distress*. Eustress is good stress that motivates one to continue a task and feel energized about it. Distress, on the other hand, is an innervating stress, likely to cause paralysis of some type if not dealt with. Distress we can live without. Eustress, however, seems to be a useful tool for making life more exhilarating and exciting. For example, eustress is valuable in a competitive situation, when performing in front of a group, or acting. Remember, though, that eustress for one person could be distress for another. So know thyself and identify your own distresses and eustresses.

Experiencing distress and eustress every day is common to all of us. Kathryn Coleman, in the *Pathways* article (see page 7), uses the word “hectic” to describe her life before she discovered the eustress of Taijiquan. The *Staying Current* article (see page 4) neatly outlines the ill effects that chronic stress can have on our lives. And Kris Hutchison, Supervisor of Women’s Recovery Journey (AODA Intensive Outpatient Program) is a daily witness to the many women who walk through the doors of Family Services and experience both distress and eustress in their addiction / recovery journeys (see pages 2-3).

It is inevitable that there will be stress in our lives. We want to avoid distress and invite eustress; unhealthy into healthy. But don’t forget to just relax as well.

wwen





In the Spotlight

Kris Hutchison is the Supervisor of Women's Recovery Journey. She has been with Family Services since 1999. She has worked with chemically dependent adolescents and adults providing individual, group and family counseling. She specializes working with women who have a dual diagnosis.

Family Services

of Northeast Wisconsin, Inc.

An Interview with Kris Hutchison



Kris Hutchison

WWEN:

Women's Recovery Journey (WRJ) program is grant funded through the Bureau of Mental Health & Substance Abuse Services (BMHSAS). Is this funding ongoing or do you re-apply annually.

Kris:

The State has been very supportive of this program. We re-apply for the funding each year.

WWEN:

Your brochure mentions that the Women's Recovery Journey program offers services for women and families who are in need of alcohol and other drug abuse (AODA) treatment. Accommodating each family is a mighty task. How does the Women's Recovery Journey go about this undertaking?

Kris:

Accommodating the amount of referrals has been a challenge and we, unfortunately, have had to implement a waiting list. At this point, the average wait is approximately 4 to 6 weeks (with the exception of pregnant and other high-risk women). However, once the woman has completed her assessment, we do get them involved in getting support from other women by having them attend our weekly support group. The purpose of developing this group was two-fold. First, our Intensive Outpatient Program (IOP) group can only accommodate 12 to 14 women at a time; thus many women have to wait to get in. Being able to have women enter the support group provides them with immediate support. Second, we have found that helping women identify their readiness for change regarding their substance use helps prepare them for IOP. Helping women develop support and assess their readiness for change is the primary focus of the support group. We also have a strong family component incorporated into the WRJ program. Our IOP treatment is a 10-week program. One of those weeks is our family/guest program in which we encourage each woman to bring a family and/or guest to attend that week of treatment with her. We also invite the women's support system to attend the Multi-Support Meetings. This is where the woman's informal and formal supports get together to talk about her strengths and how we can continue to support her in her recovery journey. The women and the supportive people in their lives appreciate this coordination of services and their active involvement.

WWEN:

The Women's Recovery Journey program believes that women have special needs regarding AODA treatment. Can you name a few of these special needs?

Kris:

Research shows, and our outcomes reflect, that a large percentage (70-85%) of women who are alcoholic and/or chemically dependent have: (1) a co-occurring disorder; (2) a history of physical and/or sexual abuse; (3) suffer from PTSD due to past trauma and frequently use alcohol and/or other drugs to establish control or to numb their painful feelings; and, (4) many are or have been involved with the criminal justice system and social services.



Further, some of the barriers that prevent women from accessing treatment include lack of childcare, transportation, and lack of insurance to cover the cost of treatment.

WWEN:

Pregnant women receive first priority in assessments/treatment with the Women’s Recovery Journey program. Can you explain to our readers what you mean by priority?

Kris:

Pregnant women who are referred for WRJ are scheduled to see a therapist within the week she calls, regardless of whether or not there is a waiting list. She will be assessed and then promptly moved to the treatment modality indicated by the Uniform Placement Criteria.

WWEN:

What is the first step in helping a woman to be more able to care for herself?

Kris:

The Women’s Recovery Journey strongly adheres to a “strength-based” philosophy. The first thing we do when a woman comes into our program is help her identify her strengths. Just walking in the door takes tremendous courage, and we talk about this with her. We also recognize that there continues to be great stigma toward addiction, particularly with women who are addicted.

Our goal is to work with the women in discarding the stigma they hold toward themselves, to help them become more self-sufficient and self-confident, to help them work through their issues of shame and guilt and, ultimately, help them appreciate and celebrate their recovery.

WWEN:

In terms of numbers and statistics, has outpatient treatment shown to be effective for a successful recovery journey?

Kris:

Very much so! We complete outcomes for all women who enter our WRJ program at admission, at completion of IOP, at discharge from aftercare, and again at discharge four to six months later. Our outcomes have shown the WRJ program to be very effective. An important thing to note though is that the women themselves have talked about the program very positively. We have an Alumni Group that meets on a monthly basis, and the growth all of these women have achieved is remarkable. All the women are maintaining sobriety, all but one of the women are employed (and the one that is not working outside the home is a stay-at-home mother with five children and doing very well), several have gone back to school, and all their relationships with their families continue to improve.

WWEN:

Thanks Kris. We appreciate the interview.



WJF Staff Left to Right:
 Carolyn Martin-Johnson, MS RADCI, Therapist
 Eileen Diller, BSW, CSW Care-Coordinator
 Tina Marie Baeten, MSW, CADCI, Therapist
 Rebecca Laird, MA, RADCI, Therapist/Care-Coordinator
 Lois Mischler, MS, CICSW, Pgm Supervisor
 Kris Hutchison, MS, CADCI, Pgm Manager/Therapist
 Holly Husting, CNA, Childcare Coordinator

“Just walking in the door takes tremendous courage, and we talk about this with her.”

--Kris Hutchison



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Research reveals biology of harmful stress

Scientists studying caregivers say the effects of chronic stress may last for years.
(Harvard Women's Health Watch, Vol 11 ♦ Number 1 ♦ September 2003)

Taking care of a loved one can be deeply rewarding and has important benefits to society.



But it can also place enormous stress on the caregiver, who is usually a woman. Scientists have begun to recognize some health risks associated with caregiving. Compared with non-caregivers, caregiving spouses have more depression, hypertension, infectious illness, and heart disease. They're also at greater risk for early death.

Researchers have located an immune system pathway that links caregiver stress to serious health problems. This mechanism apparently remains active even years after the stress is gone. The findings contribute to our understanding of how stress can make you sick and why stress reduction may be a lifesaver.

Immune system consequences

As part of a long-term study examining stress and health in older caregivers, Ohio State University scientists followed 119 women and men who care for spouses with dementia, along with a similar number of age-matched non-caregivers. The subjects gave regular blood samples and answered questions about stress, depression, and loneliness.

The findings, published in the July 2, 2003, Proceedings of the National Academy of Sciences Online, focus on interleukin-6 (IL-6), a compound that circulates in the blood and helps regulate the immune system. Excess IL-6 plays a role in muscle atrophy and several diseases of aging. It promotes the production of C-reactive protein (CRP), a risk factor for cardiovascular disease. And both IL-6 and CRP are implicated in type 2 diabetes, osteoporosis, and arthritis.

On average, the caregivers in the study had four times as much IL-6 in their blood as the non-caregivers — an effect that continued for several years after the spouse had died. According to the researchers, this suggests that chronic stress may have a lasting impact on the immune system.

These results could have broader implications, the researchers say, if other forms of chronic stress cause similar increases in IL-6. The problem may be compounded by some of the unhealthy habits people develop in response to stress, such as smoking, overeating, sleeping too little, and not exercising. These, too, are linked to higher IL-6 levels.

What now?

Whether you're a caregiver or not, it may be time to take a fresh look at your own situation and, if necessary, commit yourself to finding some stress relief:

- If you're caring for someone with dementia, learn how to manage some of his or her difficult behaviors, such as refusing to cooperate or wandering. Most primary care providers can give advice or direct you to a training program.
- Get some help with caregiving. Call on friends and relatives. Investigate respite care (a substitute caregiver) so you can get a break.
- Consider psychotherapy or a support group to help you develop coping strategies and problem-solving skills.
- Take care of yourself. Eat a balanced diet, avoid fatty foods, and take a multivitamin. Get enough sleep, limit your alcohol use, and try to fit in some daily exercise.
- Try a mind-body approach to stress management. Activities such as deep breathing, meditation, visualization, yoga, and tai chi can help reduce blood pressure, heart rate, and muscle tension.



Frances Garrett

Putting a Face to Recovery . . .

. . . *Frances Garrett*

I grew up in an alcoholic family. It was really noisy in my home and there was always shouting going on. My dad was an alcoholic. He would leave us for a year at a time. He'd come back and we never knew what to expect. We were always scared, and I

continually told myself that I would never drink. Now I have 20 years of substance abuse and I'm a mother of six.

It all began at the age of 14 when I started smoking pot. I dropped out of high school and then I started drinking at 16. Later, I was in an abusive marriage and had three children with my ex-husband. I started taking Valium once in a while to calm my nerves because my ex-husband would beat me up. I did that for ten years and then I started really using Valium. I would go to the emergency room three times a month and it just got really bad. I started taking other people's prescriptions. Then, about a year and a half ago, it just took over my body to the point where it was affecting everybody in my household. During that time, my 13-year-old daughter reported me to the police and turned me in. My children went to foster care at my sister's house for five months.

Shortly thereafter, I entered into the program at Family Services and it was really scary for me the first time going to the Intensive Outpatient Program. I was bipolar and my medication wasn't working. I struggled for the first six months and I had some relapses. I went through big-time panic attacks after all the pills left my system before I got into treatment. I was taking almost 300 pills a week and never thought I could feel happy. I went to the Nova Treatment Center and I really got in touch with myself. My children came and told me how they felt too. A child should not have to turn their mother in, but that was the best thing that could have happened to me because it put me in touch with how much pain my child was in also. Not only did I have to go through treatment, but my kids had to go too; everybody in my family--it wasn't just me who had to go through recovery, they had to go through it too.

It has been a big struggle, but it has all been worth it. My anxieties went away. I don't experience any more panic attacks. I just can't believe that I'm sitting here today because I was so lost a year and a half ago. I didn't know what feelings were. I was so scared and my anxiety was so terrible. I did not think I would be where I am today. I'm finally happy. My kids are happy. They are almost finished with their therapy.

I'm in an Alumni Group once a month with women, and I am just really happy that I can be a part of that. Everybody in my family notices that now. I'm not running in all different directions like I was before. School is going good for my children now too. They aren't afraid to bring their friends home. Even to go to my kids' school and talk with the teachers. It doesn't bother me to tell them what has been going on. I am over that embarrassment because I can only go forward, I can't go backwards.

Aftercare has also made a big difference in my life. I listen to all the girls, I'm focused, and I take a piece with me each day when I come home. I feel a lot stronger than what I ever was. I was just a wreck when I came into this program. My anxiety was so bad and now it is totally down and I am just happy that I am starting to communicate with healthy people, and that makes me feel really good inside.

"My anxiety was so bad and now it is totally down and I am just happy that I am starting to communicate with healthy people and that makes me feel really good inside."

— *Frances Garrett*



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The STAR Projects

STAR Project for Women: During the last three months, the STAR Northern and Southern Area Coordinators have been busy recruiting members, planning fun activities, holding monthly meetings, sponsoring fundraisers and influencing public policy. Below is a just a small sample of STAR Women events:

- State Conference in Oconomowoc
- October Bonfire
- December Christmas Party and Carolling
- Overnight Retreat in Wautoma in February
- Weekend in Hayward at the Lake of the Wood Resort in February
- Collecting recipes for a STAR cookbook
- Ongoing Food Drop Box for the Elk Mound Food Pantry

Southern Area Coordinator: Susie Austin, susieaustin5@aol.com
262-547-0844 (home) 262-695-7941 (work)

Northern Area Coordinator: Dottie Moffat, dlmoffat@newnorth.net
715-356-5811 (home) 715-358-6224 (work)



STAR Project for Men: Kevin Mack, STAR for Men Coordinator, is looking to recruit members for the Men's STAR Project. The Project's Mission is to empower men in recovery through training, support and education. The group focuses on developing and expanding recovery networks, influencing public policy, promoting freedom from stigma, and more. To get involved, contact Kevin at kmacks@ameritech.net or 262-549-1114 (home).

AFRA Project

It is with great enthusiasm that the Alliance for Recovery Advocates (AFRA) embarks on its second year of advocacy within the recovery movement. Working in partnership with WAAODA and collaborating with the WWEN Project, AFRA's mission is to bring people of Wisconsin together to end stigma and discrimination against persons with addiction and in recovery, and to show through education and advocacy, that recovery is a reality. Some of our goals for 2004 include:

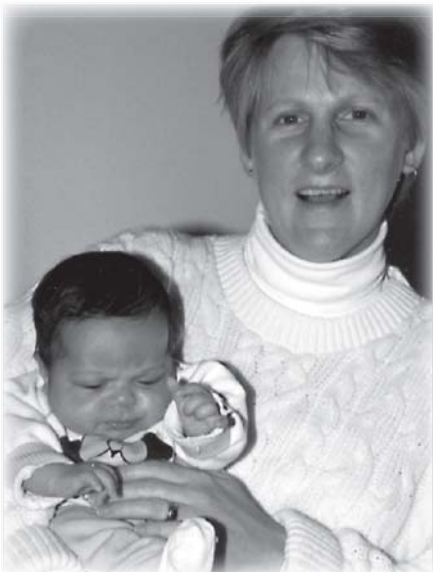
- Increase AFRA's diverse membership base;
- Facilitate training sessions on advocacy and organizing for AFRA members in the state;
- Publish quarterly AFRA newsletter for members;
- Conduct recovery events in conjunction with Alcohol Awareness Month (April) and National Alcohol & Drug Addiction Recovery month (September);
- Conduct 4th Annual Recovery Rally on the Capitol steps on September 18, 2004;
- Advocate for insurance parity for adequate coverage of AODA treatment and services;
- Address issues of recovery in the workplace with corporations and small business owners; and,
- Educate and inform policy makers, service providers and community organizations with current information on issues of addiction and recovery.



If you would like to host a training or get involved with AFRA, call Mara at 608-276-3400.

Pathways In RECOVERY

Reality Exercise Centering Oneness Vitality Energy Relationships Yes I Can



Baby Shani & Kathryn

The first time I ever saw someone practicing taiji, I knew that I would learn whatever it was. The slow movements, almost like the body moving through water, were hypnotizing to me. My life was hectic then. I was in graduate school and my mother had cancer. To me, life was rapid, going from one thing to the next, just trying to get everything done. I think I was attracted to taiji because I loved to move my body. I knew on some level that I needed to slow down.

I started to learn taiji and found that not only did my movements slow down, but my mind slowed down as well. I found that I would have tears when I practiced taiji since I was finally allowing myself to be with my whole body: the grief over my mom's illness (and eventual death) could finally emerge.

On the other hand, I would finish my taiji practice and feel energized. I would feel as if I had nurtured my body, mind and spirit. I found that if I missed a day of practice, I would feel tense again. I was learning to distinguish relaxation from tension, something I could not do before I started to practice taiji.

I discovered that the practice of taiji includes not only choreographed movements, but also breathing and meditation. Meditation has been the most difficult for me since I love to move. However, it has also been profound and balancing. I later discovered another aspect of taijiquan: two person (martial) practice. Two-person practice involves sensitivity exercises and learning how to give and receive energy. It helps one to conquer fear.

There have been times when I have not practiced for several weeks. There have been times when I have moved and had to find a new teacher. Life interrupts practice, and then one must find a new way to carry on. One thing I have learned is that if I don't practice, I am more easily upset, less focused and less energized. I have learned that I do well with structured group practice, and not as well when left to manage on my own. I have met wonderful people through the practice of taiji.

My partner and I have traveled to Europe and met and practiced taiji with people there. I will soon go to Taiwan to practice/study taiji there. This practice has enhanced my life emotionally, physically, spiritually, socially and culturally. I see it as a wonderful tool for healing. The study of taijiquan is profound; one can study for years and still have more to learn. In the ultimate practice, taijiquan is moment to moment--it is about how you perceive the world and others, about self awareness, compassion. One quote that we use at our school is: The most important thing in life is to relax!

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by Kathryn Coleman

Kathryn lives in Madison with her partner, Don and their three kids: Grace, David and Shani. She practices psychotherapy at Group Health Cooperative and teaches Taijiquan at Yen-nien Daoguan, Madison.

Yen-nien Daoguan

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WWEN Project



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We are now on the Web . . . Check us out at
www.dcs.wisc.edu/pda/wwen

Save the Date

10th Annual Substance Abuse Statewide Information Meeting



- October 13, 14, 15, 2004
(Wednesday 8:00am to Friday 11:00am)
- **Kalahari Resort**
1305 Kalahari Drive
Wisconsin Dells, WI 53965
- Developing information available on
the Addiction Services web site beginning
in mid-March or April 2004 at
www.dhfs.wisconsin.gov/substabuse.
Call or e-mail interest in exhibit space
and/or workshop proposals.
Phone: (608) 267-7164
E-mail: langejb@dhfs.state.wi.us

Bureau News



Sue Gadacz Named Woman's AODA Treatment Coordinator

The Bureau of Mental Health & Substance Abuse Services is proud to announce that Sue Gadacz has been given the new title of Woman's AODA Treatment Coordinator. Congratulations Sue.

Look for an interview with Sue in the June 2004 issue of the **WWEN Connection**.