

ROADS TO RECOVERY NEWSLETTER

Created by Dual Recovery at Warren Washington Association for Mental Health to support individuals in recovery

A NEWSLETTER FOR YOU
AND ABOUT YOU

SPOTLIGHT TOPIC

Building Self-Confidence through Optimism

BY GINGER MILLER

I have found that focusing on positive thinking has built my self-confidence and changed my ability to believe in myself. In the beginning, it really took a lot of effort and felt very foreign to me. I first had to recognize when I was starting to think or speak negatively about something or myself. I asked a few people that I felt were understanding and kind, to gently point out to me when they noticed I was being negative so I could recognize it. As odd as it may sound, much of the time I didn't recognize when I was doing it or how often I did it. Then I had to learn to stop the negative thoughts and words and replace them with positive ones, even if I didn't believe what I was saying wholeheartedly. I started looking for encouraging quotes that I found motivating and I'd write them down, often on a sticky note. I put my positive sticky notes all over the place; several on the mirror in the bathroom to read while I brushed my teeth, a few on the refrigerator to read as I passed by or took something out, on my nightstand, on the edge of the TV screen and computer screen, a couple on the dash of my car, some at my desk at work... everywhere! I started reading some self-help books and listening to some recorded ones. As I surrounded myself with more and more positivity, I slowly noticed I was, in fact, happier more often than I was in the past. I even started feeling a little more confident that I had a little control in my life, whereas in the past I felt like I had no control over anything, I felt that life and the world happened TO me. I started believing in myself a little more and that helped boost my confidence too.

Over time I noticed I was becoming a more optimistic person, which felt pretty awesome since before this I had been described as a "doom and gloom person". I got better at looking at things in my life as *experiences I could learn from and use in my life*, instead of things *happening to me*. Finding the positive side of things started happening naturally and it felt like I didn't have to work at it as hard. I figured out that optimism builds my self-confidence while pessimism tears my self-esteem down. Those negative thoughts can be one of my biggest enemies!

I found myself drawn toward people who seemed confident by the way they talked, and the things they said and how they said them were the way I wanted to sound and be. You know what the results were? I did start sounding more like them, more like I really wanted me to be. It took courage to accept myself as I am, to recognize that I could be who I wanted to be and not what someone else thought I should be, that I am worthy of having the kind of life I want. And guess what else, I started seeing... many people

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Building Self-Confidence (Cont'd)

genuinely like being around me today. A few people have told me that one of the reasons they like being around me was because I am such an optimistic person. The first time I heard that it knocked my socks off! I couldn't believe what I was hearing. I had gone from being 'miss doom and gloom with the dark cloud over her head' to 'an optimistic person' that people want to be around! What an amazing transformation!!! The work, effort, and time it has taken has been SO worth it, and the optimism truly comes naturally today – I don't have to work at it nearly as much. Now when I look in the mirror, I see a person I didn't and couldn't believe I could ever be...optimistic and more self-confident. ✨

UNDERSTANDING THE DIAGNOSIS

Depression



BY GINGER MILLER

'Tis the season to be jolly, right? So why choose depression for this month's diagnosis? For some people diagnosed with depression, this is one of the hardest times of the year. The National Institute of Mental Health (NIMH) explains that depression is a common, yet serious, mood disorder. It is more than just feeling sad or going through a rough patch. It is a serious mental health condition that requires understanding, patience, and medical care. Left untreated, depression can be devastating for those who have it and their families. However, with early detection, diagnosis, and a treatment plan, many people can and do get better. Depression causes severe symptoms that affect how a person feels, thinks, and handles daily activities, such as sleeping, eating, or working. To be diagnosed with depression, the symptoms must be present for at least two weeks. Some may only experience one depressive episode in a lifetime, but for most, depressive disorder recurs. Without treatment, episodes may last anywhere from a few months to several years. NAMI reports that more than 19 million U.S. adults—nearly 8% of the population—had at least one major depressive episode in the past year. That's just the ones that actually sought help. People of all ages and all racial, ethnic, and socioeconomic backgrounds experience depression, but it does affect some groups more than others.



There are several types of depression. Some are different, some are very similar, and some develop only under certain conditions. Here is a brief description of a few of the more common ones:

- Persistent depressive disorder (also called dysthymia) is a depressed mood that lasts for at least two years. A person diagnosed with persistent depressive disorder may have episodes of major depression along with periods of less severe symptoms, but symptoms must last for two years to be considered persistent depressive disorder.
- Bipolar disorder is different from depression, but it is included in this list is because someone with bipolar disorder experiences episodes of extremely low moods that meet the criteria for major depression (called "bipolar depression").
- Psychotic depression occurs when a person has severe depression plus some form of psychosis, such as having disturbing false fixed beliefs (delusions) or hearing or seeing upsetting things that others cannot hear or see (hallucinations). The psychotic symptoms typically have a depressive "theme," such as delusions of guilt, poverty, or illness.
- Postpartum depression is much more serious than the "baby blues" (relatively mild depressive and anxiety symptoms that typically clear within two weeks after delivery) that many women experience after giving birth. Women with postpartum depression experience full-blown major depression during pregnancy or after delivery (postpartum depression). The feelings of extreme sadness, anxiety, and exhaustion that accompany postpartum depression may make it difficult for these new mothers to complete daily care activities for themselves and/or for their babies.



Depression (Cont'd)

- Seasonal affective disorder (SAD) is characterized by the onset of depression during the winter months, when there is less natural sunlight. This depression generally lifts during spring and summer. Winter depression, typically accompanied by social withdrawal, increased sleep, and weight gain, predictably returns every year in seasonal affective disorder.

If you, or someone you know, has been experiencing some of the following signs and symptoms most of the day, nearly every day, for at least two weeks, you may be suffering from depression: persistent sad, anxious, or “empty” mood, loss of interest or pleasure in hobbies and activities, decreased energy or fatigue, moving or talking more slowly, feeling restless or having trouble sitting still, difficulty concentrating, remembering, or making decisions, difficulty sleeping, early-morning awakening, or oversleeping, aches or pains, headaches, cramps, or digestive problems without a clear physical cause and/or that do not ease even with treatment, appetite and/or weight changes, or feelings of hopelessness, or pessimism, irritability, guilt, worthlessness, or helplessness, or thoughts of death or suicide, or suicide attempts. Not everyone who is depressed experiences all these symptoms. Some people experience only a few symptoms while others may experience many. Several persistent symptoms in addition to low mood are required for a diagnosis of major depression, but people with only a few - but distressing - symptoms may benefit from treatment of their depression as well. The severity and frequency of symptoms and how long they last will vary depending on the individual and his or her particular illness. Symptoms may also vary depending on the stage of the illness.

Scientists believe several factors can contribute to depression: trauma, genetics, life circumstances, brain changes (chemistry), other medical conditions, and the misuse of drugs and/or alcohol. Depression does not have a single cause. It can be triggered by a life crisis, physical illness or something else—but it can also occur spontaneously. Depression, even the most severe cases, can be treated. The earlier that treatment can begin, the more effective it can be. Depression is usually treated with medications, psychotherapy, or a combination of the two, however, alternative approaches such as acupuncture, meditation, faith, light therapy, exercise, and nutrition can be part of a comprehensive treatment plan as well. If these treatments do not reduce symptoms, electroconvulsive therapy (ECT) and other brain stimulation therapies may be options to explore.

Helpguide.org offers the following suggestions for helping a loved one cope with depression:

- The symptoms of depression aren't personal. Depression makes it difficult for a person to connect on a deep emotional level with anyone, even the people they love the most. It's also common for depressed people to say hurtful things and lash out in anger. Remember that this is the depression talking, not your loved one, so try not to take it personally.
- Your loved one isn't lazy or unmotivated. When you're suffering from depression, just thinking about doing the things that may help you to feel better can seem exhausting or impossible to put into action. Have patience as you encourage your loved one to take the first small steps to recovery.
- You can't “fix” someone else's depression. As much as you may want to, you can't rescue someone from depression nor fix the problem for them. You're not to blame for your loved one's depression or responsible for their happiness (or lack thereof). While you can offer love and support, ultimately recovery is in the hands of the depressed person.
- Sometimes it is hard to know what to say when speaking to someone about depression. You might fear that if you bring up your worries the person will get angry, feel insulted, or ignore your concerns. You may be unsure what questions to ask or how to be supportive. If you don't know where to start, the following suggestions may help. But remember that being a compassionate listener is much more important than giving advice. You don't have to try to “fix” your friend or family member; you just have to be a good listener. You can help them to cope with depression symptoms, overcome negative thoughts, and regain their energy, optimism, and enjoyment of life. Often, the simple act of talking face to face can be an enormous help to someone suffering from depression.



Depression (Cont'd)

- Encourage the depressed person to talk about their feelings and be willing to listen without judgment. Your companionship and support can be crucial to your loved one's recovery.
- Don't expect a single conversation to be the end of it. Depressed people tend to withdraw from others and isolate themselves. You may need to express your concern and willingness to listen over and over again. Be gentle, yet persistent.
- Remember, being supportive involves offering encouragement and hope. Very often, this is a matter of talking to the person in language that they will understand and can respond to, even while in a depressed state of mind.
- Finding a way to start a conversation about depression with your loved one is always the hardest part. You could try saying: "I have been feeling concerned about you lately", or "recently, I have noticed some differences in you and wondered how you are doing", or "I wanted to check in with you because you have seemed pretty down lately."
- Once you're talking, you can ask questions such as: "when did you begin feeling like this?", "did something happen that made you start feeling this way?", "how can I best support you right now?" or "have you thought about getting help?" Other examples of things you can say that helps: "You're not alone. I'm here for you during this tough time." "It may be hard to believe right now, but the way you're feeling will change." "Please tell me what I can do now to help you." "Even if I'm not able to understand exactly how you feel, I care about you and want to help." "You're important to me. Your life is important to me." "When you want to give up, tell yourself you will hold on for just one more day, hour, or minute—whatever you can manage." Here is what **NOT** to say: "This is all in your head", "Everyone goes through tough times", "Try to look on the bright side", "Why do you want to die when you have so much to live for?" "I can't do anything about your situation." "Just snap out of it." "You should be feeling better by now."

The risk of suicide is real. It may be hard to believe that a person you know and love would ever consider something as drastic as suicide, but a depressed person may not see any other way out. Depression clouds judgment and distorts thinking, causing a normally rational person to believe that death is the only way to end the pain they're feeling. If you believe your loved one is at an immediate risk for suicide, do NOT leave them alone. Dial 911 or call the National Suicide Prevention Lifeline at 1-800-273-TALK.

NATIONAL
SUICIDE PREVENTION LIFELINE 1-800-273-TALK (8255)
suicidepreventionlifeline.org



HEALTH & WELLNESS

Acceptance & Forgiveness

BY GINGER MILLER

Acceptance was a concept I really struggled with for a while, until I was able to develop a better understanding of it. It does not mean condoning or approving of a situation, person, idea, etc. Nor does it mean forgetting, or pretending like the disagreement or wrongdoing never happened. I came to understand that acceptance is just recognizing the situation, person, etc. is present - setting the emotions aside. Easier said than done, right? Looking at the "facts and nothing but the facts", or "it is what it is", as some people say. I can't change it, nor can I control the ripple effects it has. I can only control what I think and how I respond to it.

Acceptance played a large role for me in learning how to practice true forgiveness. And acceptance took effort, intent, practice and time. Once I started looking more and more at what forgiveness means, I saw how the two connected for me, they overlap.



Acceptance and Forgiveness (Cont'd)

Forgiveness is letting go of resentment, anger, and hostility toward someone who treated you unfairly, even when you are justified in having those feelings. When I accepted something, I found it became a little easier to begin to forgive. Then I learned about the bigger piece of forgiveness. It isn't for the wrongdoer—it's for *me!*

Forgiveness is a process where someone who has been wronged chooses to let go of their resentment, and treat the wrongdoer with compassion. Forgiveness, does not mean forgetting or condoning the wrongdoing (just like acceptance), granting legal mercy, or reconciling a relationship. You can forgive a person while in no way believing that their actions were acceptable or justified. This too took a lot effort, intent, practice and time. When I continued to hang onto painful emotions (often because I was replaying it in my mind, another thing to work on...ugh!) related to the disagreeable situation of being mistreated—even though I had have every right to have those emotions—I was, as a result, punishing myself. In a way I was extending what had happened. This is something I **can** control with some effort and practice, and there have been a number of rewards for all of my efforts! I noticed some reduction in my depression and I have far less resentments and rumination (repeatedly replaying the events). I have more inner peace and it is far easier for me to feel happier in general. It's sort of like I gave myself a gift! Is it a gift you can give yourself?

THE FUN SPOT



Christmas Rebus Puzzle

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____

SEE ANSWER KEY ON PAGE 6

INSPIRATION & MOTIVATION





THE DECEMBER CHALLENGE

December has two challenges. The first is to share with us a positive affirmation, mantra, or encouraging quote you like. The second challenge is to share with us what has helped you to learn acceptance or to be forgiving.

Everyone who chooses to participate in December's challenge and writes to us before December 23rd will win a gift card to Dunkin Donuts! You will also see your response in the January Newsletter "Your Voice" section! If you want it to be printed anonymously, just let us know when you send it in that you don't want your name on it. Email us at: gmler@wwamh.org to participate.



ST. LUCIA'S DAY



YULE



KWANZAA



CHRISTMAS

IN THE SPIRIT OF THE HOLIDAYS:
 I WISH YOU AN ABUNDANCE OF BLESSINGS.
 SO YOU CAN SHARE SOME WITH OTHERS.
 MY YOUR LOVE FOR YOU NEVER FALTER.
 CAUSE YOU NEED TO LOVE YOU TO LOVE OTHERS.

I WISH YOU ALL THE CLARITY.
 TO DISCERN WHAT MATTERS MOST.
 MAY YOUR TIME BE WELL SPENT.
 TO SPEND ON WHAT'S IMPORTANT TO THE UTMOST.

I WISH YOU DARING SPIRIT.
 TO CHANGE THE THINGS IN YOUR LIFE THAT YOU CAN.
 MAY YOU HAVE PLENTY TO RESOLVE.
 TO ACCEPT THOSE YOU WANT TO CHANGE BUT CAN'T.

I WISH YOU ALL THE LOVE IN THE WORLD.
 TO BRING YOU CONTENTMENT AND FELICITY.
 MAY YOU LIVE A LIFE OF MEANING.
 CAUSE THAT'S A WONDERFUL LIFE REALLY.

~UNKNOWN



HAPPY HOLIDAYS!
 FROM THE DUAL RECOVERY TEAM

Rebus Puzzle Answer Key

1. LAST CHRISTMAS
2. REINDEER
3. WALKING IN A WINTER WONDERLAND
4. LITTLE DONKEY
5. WRAPPING PAPER
6. KISSES UNDER THE MISTLETOE
7. HOLY NIGHT
8. WISH UPON A STAR
9. ROCKIN' AROUND THE CHRISTMAS TREE
10. SNOWMAN
11. FESTIVE SEASON
12. THREE WISE MEN

RECOVERY

Resources

WEBSITES

- Al-Anon and Ala-teen Groups** – Hope and help for families and friends of alcoholics: al-anon.org
- Alcoholics Anonymous (AA)** - Local group schedule and information: district13.aahmbny.org
- Celebrate Recovery (CR)** – Celebrate Recovery is a Christ-centered, 12-Step recovery program for anyone struggling with hurt, pain or addiction of any kind: celebraterecovery.com
- Debtors Anonymous** - Debtors Anonymous offers hope for people whose use of unsecured debt causes problems and suffering in their lives and the lives of others: debtorsanonymous.org
- Digital Recovery Support** -Online recovery support groups are available daily. They are open to anyone who is dealing with substance use, mental health conditions, and any other quality of life concerns. Meetings are led by peer recovery support specialists who have firsthand experience and understand what you're going through: www.recoveryanswers.org
- Gamblers Anonymous (GA)** – Online services for anyone struggling with a gambling addiction: gasteps.org
- Grief Recovery After a Substance Passing (GRASP)** – For those who have lost someone to substance use or addiction: grasphelp.org
- In the rooms** - A global online recovery community who share their strength and experience with one another daily through live meetings, discussion groups, and other tools in the rooms: intherooms.com
- My Recovery** – Online 12-step meetings: myrecovery.com
- Narcotics Anonymous (NA)** - local group schedule and information: narcotics.com
- Overeaters Anonymous (OA)** – Online support groups for anyone who wants to stop eating compulsively: oarecovery.com
- The Phoenix** – Recovery community organization offering daily live stream cross-fit, yoga and meditation every two hours through the COVID Crisis: thephoenix.org

PHONE NUMBERS

- The Trevor Project** - Support for youth in crisis: thetrevorproject.org/hotline: 866-488-7386
- International Bipolar Association Crisis Line**: 1-800-273-TALK (8255)
- National Association of Anorexia Nervosa and Associated Disorders Helpline**: 630-577-1330
- National Center for PTSD Helpline**: 1-800-273-8255
- National Alliance on Mental Illness (NAMI)**: Hotline staff are prepared to answer any mental health questions you may have. You can also text NAMI to 741741 for free support. (800) 950-NAMI (6264)
- Substance Abuse and Mental Health Services Administration (SAMHSA)**: Available 24/7, 365 days a year: (800) 662-HELP (4357). The professionals on the phone can provide treatment information and referrals in English and Spanish.
- MentalHealth.gov**: Available 8am to 8pm EST to provide mental health information and treatment referrals: (877) 726-4727
- National Institute of Mental Health (NIMH)**: Available 8:30am to 5pm EST: (866) 615-6464 or (866) 415-8051 (TTY). Professionals can answer any mental health related questions in English or Spanish.
- Boys Town**: Specially trained counselors are available 24/7, 365 days a year to provide crisis support specifically for children and their families: (800) 448-3000

PODCASTS

- This Naked Mind** - Some of the episodes discuss alcohol withdrawals, the link between drinking and binge eating, how to deal with loneliness, and more.
- Recovery Rocks** - Our varied paths show listeners that there are a myriad paths to recovery and countless songs to rock out to along the way.
- Mental Health - Hope and Recovery** - They share inspirational true stories and a host of recovery skills. You'll learn about treatment options, coping skills, goal setting, relationships, and mindfulness.
- Mental Illness Happy Hour** - Weekly interviews with comedians, artists, friends, and the occasional doctor.; exploring mental illness, trauma, addiction and negative thinking.

APPS

- Addiction Apps**: Twenty-Four Hours A Day (Free), Quit That! Habit Tracker (Free), NoMo (Free)
- Counseling Apps**: TalkSpace (\$\$) BetterHelp (\$\$) Larkr (\$\$) ReGain (\$\$) TeenCounseling (\$\$)
- Suicide Prevention Apps**: MY3 (Free) notOK (Free)
- General Mental Health Apps**: What's Up (CBT; Free) Mood Kit (CBT; \$)
- Anxiety Apps**: MindShift (Free), Self-Help Anxiety Management – SAM (Free), CBT Thought Record Diary (Free)
- Bipolar Disorder Apps**: IMoodJournal (\$), EMoods (Free)
- Depression Apps**: Talk Space Online Therapy (\$\$), Happify (Free), MoodTools (CBT; Free)
- Eating Disorder Apps**: Recovery Record (Free), Rise Up & Recovery (Free), LifeSum (Free)
- Obsessive Compulsive Disorder Apps**: nOCD (Free), Worry Watch (\$), GG OCD (Free)
- PTSD Apps**: PTSD Coach (Free), Breathe2Relax (Free)
- Schizophrenia Apps**: UCSF Prime (Free), Schizophrenia Health Story Lines (Free)
- Mindfulness & Meditation Apps**: Headspace (\$), Calm (\$), Ten Percent Happier (\$)

WWAMH DUAL RECOVERY SUPPORT GROUPS

EVERY TUESDAY FROM
4:00-5:00 PM AT THE
HOPE & HEALING
RECOVERY CENTER:
2 MAPLE STREET, HUDSON FALLS
ATTEND IN PERSON OR
VIRTUALLY - ZOOM MEETING ID:
844-2214-0148

PLEASE VISIT WWW.WWAMH.ORG FOR
MORE INFORMATION & COPIES OF
OUR NEWSLETTERS

THANKS FOR READING! :)

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AT RRYAN@WWAMH.ORG

