



# Wellness Information Network

A publication of Allegheny County Coalition for Recovery  
Education Committee

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## *Partnership Provides Support for Families with Child Behavioral Health Concerns*

Community Care Behavioral Health Organization, Allegheny County Office of Behavioral Health and Allegheny HealthChoices, Inc. have collaborated to offer Parent-Child Interaction Therapy (PCIT) as an outpatient program. In-home therapy is also offered, known as Intensive Family Coaching (IFC). Both PCIT and IFC are treatments that focus on recovery.

PCIT is an evidence-based treatment for children ages 2 to 7 years old who experience behavior problems.

For children who are at risk of losing their daycare or early childhood educational placements because of behavioral problems, PCIT teaches parents ways to manage their child's behavior. PCIT is scheduled once per week for an hour. It takes place in an office setting where a special room is set up for play.

The PCIT playroom is designed so the therapist can observe the parent and child play through a two-way mirror. The therapist gives direction or "coaching" through an earpiece worn by the parent during the therapy session. Parents practice the skills at home and in the community.

The cost is covered as an outpatient mental health service by Community Care, as well as by other insurance companies.

PCIT is successful because it helps parents and children learn by implementation. Live coaching helps parents discover what they are doing well and helps them to learn and develop new skills in everyday life with their child.

IFC is based on PCIT but is delivered in the home setting two to three days per week for two hours each session. It is designed to help children with disruptive behaviors, those who show signs of separation anxiety or depression, or who have a history of trauma. It is used with families who need assistance building a more positive parent-child relationship. IFC service charges are only covered by Community Care under Behavioral Health Rehabilitation Services (BHRS).

With IFC, the home is set up so the therapist is close enough to observe the parent and child play, but far enough away to allow for unobstructed parent-child interaction. The therapist provides coaching through an earpiece worn by the parent, just like in PCIT. Then the parent practices the new skills they have acquired in everyday life with the child.

To learn more about these programs, or to connect with a provider, contact Community Care Behavioral Health Organization by telephone at 1-888-251-2224.



The Pittsburgh Recovery Walk celebrates the many roads to recovery from addiction and all those who have traveled them. It aims to dispel negative stigma and recognize recovery as a positive force in our community. The walk will take place at **9:00 a.m.** on **Saturday, September 16, 2017**. It begins in the parking lot at **11<sup>th</sup> and Waterfront** in the **Strip District** and proceeds down Penn Avenue to Market Square, where there will be a Recovery Expo with speakers, activities and entertainment. The event is free and open to the public.

# New Federal Effort to Address Serious Mental Illness



The Interdepartmental Serious Mental Illness Coordinating Committee (ISMICC) has been established to improve federal coordination of efforts that address the needs of adults with serious mental illness and children and youth with serious emotional disturbance. Individuals with these conditions too often lack access to evidence-based treatment and supports and experience high rates of suicide and other negative outcomes.

The committee is composed of senior leaders from ten federal agencies along with 14 non-federal public members who represent mental health researchers,

providers, patients, families, judges, and other professionals working with individuals living with serious mental illness (SMI).

The ISMICC will report on advances in research on SMI among adults and serious emotional disturbance among children and on federal outcomes related to measures of suicide, drug overdoses, emergency hospitalizations, criminal justice involvement, homelessness, unemployment, quality of treatment services and other issues. The committee will also recommend actions that federal agencies can take to better coordinate the administration of mental health services.

Visit [samhsa.gov](http://samhsa.gov) for additional information.

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## Emerging Forensic Peer Specialist Services Meeting Critical Demand

The delivery of effective services for persons with behavior health disabilities who have been involved with the criminal justice system continues to pose significant challenges to both the mental health and criminal justice systems. To meet the needs of either jail diversion or re-entry programming initiatives, the "Forensic Peer Specialist" (FPS) profession was developed. This workforce is comprised of individuals who have personal experience with mental illness and/or co-occurring substance use disorders and have personal involvement within the criminal justice system. They are persons who have a proven commitment to social service and advocacy. FPS' are able to provide critical aid to persons in the early stages of re-entry and are role models for risk-free behavior. Because they have 'been there', their experiences can benefit others in helping to prevent or curtail relapses and other crises. The valuable services they provide include:

- Mentoring for the attainment of treatment, housing, education, employment, economic and other recovery goals.

- Helping individuals address the psychological, social, and financial challenges of re-entry.
- Assistance with maintaining adherence to supervision/parole.
- Supporting engagement in mental health and substance abuse treatment services, including attending 12-step and other support groups.

As opioid usage continues to increase in our communities, the need for FPS' is great.

For those interested in FPS certification, a training is being held by PMHCA in Allegheny County in January. The training is for persons who are credentialed as either Certified Peer Specialists or Certified Recovery Specialists. Trainers Joyce Maciak and Raymond Webb have extensive experience in advocacy for persons with behavioral health and community re-entry needs. They are both considered pioneers in the field of Forensic Peer Support.

To find out more about the training or forensic peer support in general, visit [pmhca.org](http://pmhca.org).

**Well Said!**

*"I learned that my sadness never destroyed what was great about me. You just have to go back to that greatness, find that one little light that's left. I'm lucky I found a glimmer stored away."* **Lada Gaga**

*"It's during our darkest moments that we must focus to see the light."* **Aristotle Onassis**

*"A lot of people are living with mental illness around them. Either you love one or you are one."* **Mark Ruffalo**

## Police, Service Recipients and Providers in Candid Discussion on Mental Health

The Coalition for Recovery Dialogues (CRD) recently sponsored a three-way conversation between police officers from Pittsburgh Zone 6, service providers from the area, and persons who use services in the West End neighborhood. It was the first “trialogue” of its kind developed by the CRD and was held in the conference room of the Carnegie Library in the West End. It brought together five people who have used mental health services and are in recovery, six police officers, and five mental health service providers for a two-hour discussion that covered a variety of topics related to the experience of participants in their past encounters with each other. All participants were candid about their reactions and feelings during these encounters, and that enabled everyone to understand the “other” a little better.

Most of the officers participating had Crisis Intervention Team (CIT) training, a process that tries to prepare them for encounters with people who experienced a mental illness that caused them to “lose control” in some manner. While the officers felt the trainings were helpful, they had not had many opportunities to interact directly with persons who had recovered from episodes of that type. The officers described the pressures and dangers they encounter on the job and their hopes to diffuse the crises they encounter, but noted that this was not an easy thing to do. Dealing with difficult situations is sometimes made more difficult by staffing shortages. They described their need to have the person in crisis to follow directions, calm down, and regain control, so they do not have to use force.

The providers attending the meeting were from Mercy Behavioral Health, the agency providing services in the area. They noted the dilemma presented by a crisis caused when a person loses control, and the need for them to be in control to avoid physical confrontation. They acknowledged the conflict that this would create for anyone responding to these situations.

All participants recognized the tension sometimes created by police involvement and preconceptions people have about these encounters. One participant noted that just the uniform and the attached equipment were very intimidating and frightening. They noted that this alone could cause the situation to deteriorate

when the police arrive. There was some discussion of techniques that might be successful in de-escalating an agitated person, but there was general agreement that we are all human and react to certain cues that cannot always be anticipated.

One major theme was trust. Police officers recognized that many people view them with suspicion and that there have been some bad officers that have hurt the reputation of all other officers. They made the point that most of the men and women on the police force are just like everyone else. They want to avoid trouble and want to be helpful whenever they can. The people in the room who had had encounters with the police when they were ill noted that their experiences were quite variable--some officers were comforting and helpful, others were not and did not seem to like their jobs. One person discussed how they had trust issues to begin with, based on experiences. When someone tries to tell them what to do, they become even more fearful and resistant. There was a discussion of whether people really have a choice when they are in crisis and whether they can make rational choices.

One officer emphasized that everyone has free will, that that is what makes us human. Others disagreed and noted it is our frailty that makes us human, and that people are most fragile when they are frightened and confused.

As with all dialogues between people who have different roles and different kinds of power, there were no universal answers that came from this discussion, but participants left the room feeling that the conversation had accomplished, to some important degree, what it set out to do. That is, everyone felt they understood the others who had participated a little better, and that they too, had been heard.

Another triologue is scheduled in September for discussion between service providers of Family Services of Western PA, Pittsburgh Zone 5 officers and persons who have received mental health services.

If interested in having the Coalition for Recovery Dialogues set up these enlightening discussions with your organization, please email Sarah Goldstein at [goldsteinse@upmc.edu](mailto:goldsteinse@upmc.edu).



NAMI Keystone Pennsylvania will be holding a NAMI Connection Recovery Support Group beginning Monday, September 11 at the Dormont Library from 6 to 7:30 pm. The group will meet the second and fourth Monday of every month.

NAMI Connection Recovery Support Group is a free, peer-led support group for adults living with mental illness. Support group peers will gain insight from hearing the challenges and successes of others. They are led by NAMI-trained facilitators who have lived experience with mental illness and follow a structured model to ensure everyone in the group has an opportunity to be heard. By sharing personal experience in a safe and confidential setting, support group peers will gain hope and develop relationships. The group encourages empathy, productive discussion and a sense of community. For more information contact NAMI Keystone Pennsylvania by phone, toll free at 1-888-264-7972 or by email at [info@namikeystonepa.org](mailto:info@namikeystonepa.org).

**SOURCES**

- Brainyquote.com
- Community Care Behavioral Health Organization
- MentalHealthHumor.org
- NAMI Keystone Pennsylvania
- Pennsylvania Department of Human Services
- Pennsylvania Mental Health Consumers' Association (PMHCA)
- PghRecoveryWalks.org
- SAMHSA.gov

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**2017**

11<sup>th</sup> Annual NAMI Walks

⌘ **October 1, 2017** ⌘  
5K Walk • 10am  
The Waterfront  
Homestead, PA

[www.namiwalks.org/swpa](http://www.namiwalks.org/swpa)



Your suicide attempt failed, but if you **JUST** tell me you're not going to kill yourself or hurt others, you're **FREE** to go...**AGAIN**. Okay, got it! Now just like last time... What do you tell me???