



Kind Words

From Community Care Corporation

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Healing Touch: A New Treatment An Interview with Kara Vangen, Practitioner

By Peggy Wright

Community Care recently received a grant from the Healing Touch International Foundation, Inc. to fund a research project that provides Healing Touch services to our clients. The foundation supports the education and practice of Healing Touch.

We currently are seeking additional grants to increase the number of clients we can serve. We welcome donations from individuals who would like to support this project.

Kara Vangen, one of Project Connection's case managers, will provide the service and coordinate the project.

Q: What is Healing Touch (HT)?

A: A group of Registered Nurses (RNs) developed HT. Its founder, Janet Metgen, was an early practitioner of therapeutic touch.

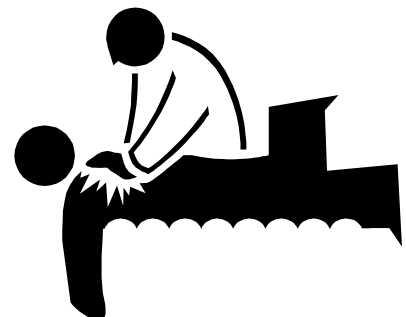
Healing Touch is a complimentary medicine whose practitioners develop the capacity to sense a person's energy field. A person's field can become congested,

unbalanced, or overactive due to stress, disease, or just plain old living. The practitioner uses these fields to assess and treat the person therapeutically, with a goal of restoring natural physical, emotional, and mental health.

Q: Why did you decide to pursue this project?

A: My direct experiences as a recipient of energy medicine inspired my training as a Healing Arts practitioner. I personally can vouch for its effectiveness in reducing stress, promoting physical well-being, and aiding emotional and psychological processing of life's experiences.

I have always wanted to make complimentary



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Healing Touch, continued

medicine more accessible to our clients. Why shouldn't they benefit from what we know to be helpful just because they don't have discretionary income? Also, complimentary medicine



is nurturing and gentle and offers an antidote to the often inhumane and traumatic environments our clients experience within the mental health system.

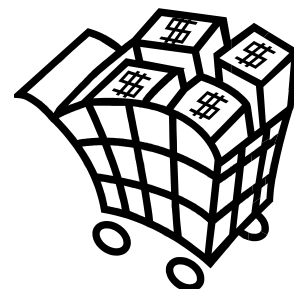
The Healing Touch movement has grown through the field of nursing. I currently provide Healing Touch to staff at Abbott Northwestern through their Integrative Medicine Center and to cancer patients at St. John's Hospital in Maplewood. A number of other medical centers and agencies provide Healing Touch for clients. I believe it eventually will be very mainstream and accessible.

Q: How do you think Healing Touch will help our clients?

A: A couple of years ago, a long-term client—who suffers from severe, chronic depression and anxiety—told me excitedly about a wonderful experience she'd had during physical therapy. She said her therapist had offered her

a Healing Touch session. She described the impact of this treatment as very powerful, reporting that her depression had lifted, and afterward, she felt joyful, relaxed, and more like herself. This sense of well-being stayed with her for a number of days after the session. She was eager to keep trying it! Unfortunately, the treatments ended when her physical therapy ended. She has spoken longingly of it ever since.

When I compare the relatively low cost and large benefits of a Healing Touch session to the cost and benefits of more conventional services or therapy, I wonder why Healing Touch is not an option for clients.



Q: How will your treatments be similar to and how will they differ from treatments for physical conditions?

A: While specific techniques exist to quiet mental agitation, the intention in any healing session is to support relaxation, remove congestion in the energy field, and support the mind-body to heal itself.

Practitioners must maintain clinical boundaries and ensure a supportive and safe environment while making sure that clients are

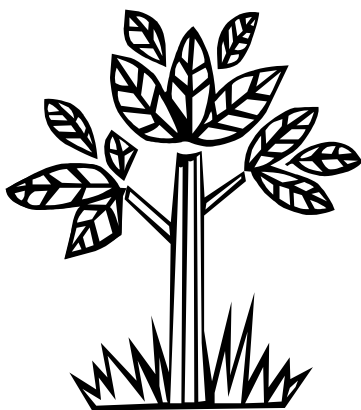
Healing Touch, continued

psychiatrically stable enough to integrate the experience in a helpful and positive way.

Q: Of clients living with serious and persistent mental illness, whom do you think will benefit most from treatments?

A: Many clients express an interest in the healing arts and have independently pursued treatment with energy workers, herbalists, and acupuncturists. These clients experience diverse diagnoses and symptoms.

I want to emphasize that Healing Touch can be an effective alternative treatment for many diagnoses. The specific treatment will depend on each individual's history and symptoms.



Q: Walk me through a Healing Touch session. What will happen?

A: I schedule the session during business hours in a space reserved specifically for Healing Touch practice. The session is quiet and as private as possible. The client remains fully clothed,

lying on a massage table or sitting in a chair.

Prior to the session, I gather a basic social history including the client's symptoms, physical and mental health, and other information specifically related to my research. I introduce the client to Healing Touch's basic philosophy, explain what a session might look like from start to finish, and address any questions the client may have.

I select a particular treatment based on the client's self reporting and history. A session may involve some physical touch, after I explain its benefits to the client.

After the session, the client cools down, lying or sitting for about ten minutes.

Q: What results do you expect? How will you measure results?

A: We expect that Healing Touch will prove an effective resource to manage and reduce primary and secondary symptoms of mental illness. We will measure symptoms that we hypothesize HT can impact. We recognize some symptoms will not improve.

The project's researcher will develop measurement tools and protocols. We will establish each client's baseline measurement before treatment starts

Wish List



CLIENTS' NEEDS

Personal Care Items

- Donations for medication copays
- Shampoo & conditioner
- Toothbrushes & tooth paste
- Dental floss
- Deodorant
- Multivitamins
- Gift certificates for new shoes
- YM or YWCA or health-club memberships

Other Items

- Gift certificates to coffee shops
- Long-distance phone cards
- Bus passes
- Variety of art supplies
- Portable TV with built-in VCR
- Craft kits
- Magazine subscriptions
- Movie tickets

Programs' and Staff's Needs

- IBM Blank Diskettes
- White Copier Paper
- Furniture Dolly
- Window Air Conditioners
- Services from a Print Shop
- Black Pens

Continued on page 4

Healing Touch, continued

and measure well-being and relaxation pre- and post-session.

If I did not have the interest and support of my colleagues, this project would not exist. First, our case managers and other clinical staff will identify clients who exhibit the symptoms targeted for treatment, and then we will invite those clients to participate. We want to collaborate with clients to ensure a good experience.

Q: Do you want to add anything?

A: I want to emphasize that this project is not frivolous. I have been contemplating and dreaming about it for



over ten years. And I am not alone in my interest. Many colleagues at Community Care are also passionate about complimentary medicine's use to support mental health treatment.

I do not see structures in place that provide our clients with anything more than basic psychiatric interventions. We really believe we must support

the whole person to enhance quality of life, reduce symptoms, and reduce the cost to the community of conventional treatments. I hope the community will support our efforts in this Healing Touch project.

For questions about our Healing Touch project, contact Kara Vangen at 612-874-6409, extension 107, or at kvangen@communitycarecorp.org.

For more information about Healing Touch, see Healing Touch International's website at <http://www.healingtouch.net/hti.shtml>.

What can you do?

The bus strike makes things impossibly difficult for most persons with serious mental illness. They generally do not own and cannot afford cars. They rely on buses to keep appointments with doctors, meet with financial workers, attend vocational programs, find work, shop for groceries, and visit friends or family. Our staff can transport clients to essential appointments, but we cannot begin to meet all the needs of 130 clients each week.

The bus strike is not the only current challenge for clients. Most receive Medical Assistance (M.A.). Last year, the state legislature passed changes requiring recipients to pay up to \$20 per month in copays for drugs treating physical problems. The medications for mental illness often contribute to other health problems like dia-

By Helen Raleigh, Executive Director

betes, high blood pressure, or gastric reflux. Clients receive only \$35 a month for personal needs. The remaining \$15 does not go far for bus fare, shampoo, clothing, or an occasional cup of coffee.

In addition, by January 2005, Rule 36 programs throughout Minnesota must offer intensive residential treatment for up to 90 days or convert to some form of supportive housing. The shorter timeline and development of housing like assisted living both require adjustments, which take time. Case managers now must find homes for clients sooner, despite a lack of decent, safe, affordable housing. Counties are developing assertive community treatment teams to provide supports for clients in the community but gearing up these teams also takes time. How much the

changes will help or harm clients is yet to be determined.

What can one person do?

- ‡ Learn about candidates for political office before November's election. Vote for candidates who support mental health services. Encourage everyone you know to vote.
- ‡ Become a be-friender to a person with mental illness. The combination of mental illness and poverty isolates our clients. Call Bob Marion, Volunteer Coordinator, at 612-874-6409 for more details.
- ‡ Make a donation to Community Care to help us develop supportive housing and furnish a new assisted-living facility or to help clients pay copays.

More Changes

*By Glen Albert,
Program Director*

For almost everyone, anxiety is a common experience in periods of transition. During Breckinridge House's change from Residential Treatment to Assisted Living Plus facility, uncertainty about the final outcome has increased both the residents' and the staff's anxiety. Residents worry about the loss of a place to live and of the stability now provided by the community they have created. Staff members worry about their clients and their jobs.

Changing the facility from a group home to a building with three apartments and up to nine tenants requires extensive remodeling. This remodeling requires substantial funds and two moves by residents—one to temporary quarters during the remodeling and one back to the new facility. Community Care also intends to rent some additional apartments in the immediate neighborhood and these units are eligible for Assisted Living services.

Despite Hennepin County's support, the Minnesota Department of Human Services (DHS) declined our request for funds to remodel Breckinridge House, even though they express support for the concept of assisted living for adults with serious mental illness. This lack of funding and subsequent postponement of the move has increased the uncertainty that residents and staff feel.

CCC must resolve many issues before remodeling can begin:

- ✘ Hennepin County and the landlord must secure funding for the remodeling.

Donors (from December 2003 through March 2004)

Individuals

Nancy Abramson
Glen Albert
Anonymous (1)
Anonymous (Barnes and Noble Giftwrapping)
Marie Barron
David Baune
Sarah Brew
Jonathan Burris
Margo Cohen
Christy Downing
Signe Middlefort Dysken
Edward Ferguson
Kristen Fritsinger
Lyn Badje and Michael Gerdis
Ronald and Martha Hammer
Judy Hanks
Carol Johnson
Greg and Janet Johnson
Lorrie and Marlyn Johnson
Kathleen Jones
Merrie Kaas
Charles Kluve
Barbara Koropchak
Richard Lanigan
Arthur Lebow
Jeanette Milgrom
David Miller
Doreen Obi
Helen Raleigh
Kelly and Rafael Robert
Patrick Robinson
Margaret and Carl Roser
Linda Silver and David Ramp
Maura Sullivan

Tami Swiggum
Carol and Dan B. Williams

Businesses and Organizations

Healing Touch International
Foundation, Inc.
Osseo Lions Club

In Honor of

Anonymous in honor of Peggy Wright

In Memory of

Jane Garvin in memory of Hal Garvin
Kathleen Jones in memory of Marguerite McGraw
Jennifer Ward in memory of Kenneth Ring

In Memory of Cynthia Riggs

Eileen Aiken
Larry Bourgerie
Ronald and Martha Hammer
Barbara Koropchak
Diane Martin

In Kind Donations

Esther Folayan
Ana Martinez
Julianne Siminsky
Mark and Amy Smith
Mike Smith
Ronald Villejo

- ✘ The contractor must finalize the cost estimate and the amount of time required for each subcontractor's work.
- ✘ CCC must make arrangements for residents to move into a temporary location.

In meetings with residents and staff over the past six months, Glen Albert, Program Director, has fostered an open dialogue in which he shares updates on the actions and plans of both the state and county. The twice-

monthly meetings with residents provide a forum to share concerns and anxieties about the final outcome and about the timing of the required move. They have participated actively, developing a list of what they want from the new housing and a plan for how they will support each other during this period of significant change. The residents look forward to a celebration once they are able to move into the remodeled facility.

At Community Care, we remain optimistic. We continue to work with Hennepin County's staff and the landlord to find a way to fund Breckinridge House's remodeling. We plan to open the new Assisted Living Plus facility by Fall 2004.



Mission Statement

We collaborate with
persons living with
mental illness and
those who support them
to create community and
opportunities for well being.

The Fifth of July

The parade is over
And commercial jingles
Are once again
The anthems of the day.
The fireworks display
Seemed like flares
Launched by sailors
Adrift in anonymity.
Yesterday, we did not notice the temperature,
But today seems to simmer.
It is not a holiday,
So we are not sure what to say
And the rugged individual
Refuses to remove his costume.

Scott S.

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