



We Want You to Share Your Story Of Recovery

**Sponsored by
SCDMH Recovery Steering Committee**

The **Recovery Steering Committee** of the South Carolina Department of Mental Health is collecting stories of recovery from clients served in hospitals and centers. Stories will be collected and distributed through out our 17 Community Mental Health Centers, Hospitals, on-line and with members of the advocacy community.

What is a Recovery Story?

A recovery story is simply an accounting or recounting of your experiences with mental illness and/or substance abuse. Recovery stories are meant to offer hope and inspiration to others who are experiencing similar issues while at the same time celebrating how far you have come.

What's in a Recovery Story?

Before discussing what goes in a story lets explore what recovery is and isn't. To make things difficult there is no one single definition of recovery. It has been described as a deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills, and/or roles, "the process by which a person overcomes the challenges presented by a mental illness and/or substance to live a life of meaning and purpose".



It is also important to remember that there are two kinds of stories – an illness story and a recovery story. Illness stories tend to be more negative, focusing on graphic images or details, anger, feelings of hopelessness, etcetera. If you decide to try to tell or write your story and it has more negative elements than positive ones that's okay. Sometimes people find they have to tell or write an illness story first, before being able to move on to the recovery story.

How Do I know if I Am Ready?

Deciding if you want to share your story is a very important decision, deserving of careful reflection and thought. On the positive side the stories are very empowering because your experiences put you in a unique position to offer hope, understanding and information to others struggling in ways that no other person can. On the negative side telling your story when you are not ready can leave you feeling pressured and overwhelmed.

Recounting your experiences, good and bad, can leave you feeling vulnerable. It is also important to remember that your story will probably change and grow over time as you change and grow. This combined with the lack of a concrete definition means that it is up to you to decide when or if you are ready to begin sharing your story. Below are some guidelines that may help you decide.

- ✓ **Write and Leave Alone:** Write your story down and leave it alone for a day or two. When you are ready read it over, is it an illness or a recovery story? If it is an illness story try recounting your experiences again.

- ✓ **You Don't Have to Share Everything:** Deciding that you want to share your story does not mean you have to report or detail every experience you have had. Not disclosing more than you are comfortable with is okay.
- ✓ **Understand Why** In telling your story you can offer insight and hope to others struggling to understand what is happening in ways that no other person can. But keep in mind what you can't do; you can't recovery for someone else or tell them how to do it.

I Am Ready to Try but I Still Need Help. What Do I Do?

When writing your story keep in mind that you are talking about you and your experiences – you are not giving directions, medical advice, or instructions to others. If you have trouble deciding what might go in your story, try answering the questions that appear further in this book.



How do I get my story added to the collection?

Complete and return the release form at the end of this work book. It must be filled out and returned with your story in order for us to include it.

What if I don't want my whole name published with my story?

On the release form let us know if you want to use your whole name, just your first name or a pseudonym (a pen name that you make up).

How long should it be?

We would appreciate it if you could hold your story to three single pages.

Is there any thing else?

Yes, please print or type your story, and when you are ready, send it to:

Katherine Roberts, SCDMH, Office of Client Affairs
Suite 312, 2414 Bull Street Columbia SC, 29202

Or you can email it to Katherine Roberts at kmr50@scdmh.org

For more information, or if you have questions or concerns please contact Katherine Roberts at (803) 898-8304

“Telling Your Recovery Story” Worksheet

1. What were some of the early indications that you were beginning to have difficulties?

- a. _____

- b. _____

- c. _____

- d. _____

2. How would you describe (briefly) yourself and your situation when you were at your worse - what couldn't you do? (For example: I could not get out of bed, I could not stop crying, I thought people were going to harm me or could hear my thoughts, I could not stop drinking or using.)

At my worst I was _____

**3. What helped you move from where you were to where you are now? What did you do? (For example I quit using alcohol and drugs, I took responsibility for my illness by learning my triggers and early warning signs, I talked to others about my problems, I go to support groups)
What did others do? (Let me know they cared, took me to appointments, were honest with me about the way I was behaving.)**

What I did was _____

Other people helped me by _____

4. What have you had to overcome to get where you are today? (For example: the belief I would never get better, addiction, learning to solve problems in a healthy way).

Things I have to overcome are...

a. _____

b. _____

c. _____

d. _____

5. What have you learned about yourself and what we call recovery? (For example: I am stronger than I thought, I can do anything as long as I work at it, the process of recovery is worth the journey.)

What are some of the strengths you have developed? (For example: problem solving skills, I learned to be a good listener, I can face my fears without relapsing or using)

What I have learned about myself is...

a. _____

b. _____

c. _____

d. _____

**South Carolina Department of Mental Health
AUTHORIZATION FOR PUBLICITY PURPOSES**

I am giving the South Carolina Department of Mental Health permission to publish my recovery story in any or all of the following; "CAPSS NEWS" A Quarterly Publication from the SCDMH Office of Client Affairs, "Images" An in-house newsletter published by the S.C. Department of Mental Health, The SCDMH Intra and internet Web pages, for use in SCDMH centers, facilities, advocacy organizations and other general public presentations.

I give the South Carolina Department of Mental Health permission to use

(Choose one and please print)

My full Name: _____

My First Name _____

My pseudonym or pen name: _____

Please read each statement and check the box if you agree.

- I understand that my story maybe used and/or quoted in Department of Mental Health-related activities. I understand that my picture may appear in these publicity activities. I understand that I may be identified in these publicity activities as a client of mental health programs or services and/or a participant in relevant mental health programs or services. I understand that I may be recognized by family members, friends, employers, and the general community at large.
- I understand that I can choose to not participate in or attend any publicity activity without jeopardizing my care and treatment by the South Carolina Department of Mental Health.
- I understand that signing this form only grants permission for the use of my story only and that I may rescind this authorization by writing Katherine Roberts Office of Client Affairs, SCDMH, Suite 312 P.O. Box 485, Columbia, SC 29202.
- I understand that if I cancel this authorization, SCDMH cannot take back any use or release made with my authorization.
- I also understand that applicable law may permit or require the use, disclosure or re-disclosure of information about me without my Authorization. I have been given a copy of this Authorization.
- I fully understand the above statements and agree to participate in the above mentioned publicity activity.
- I understand that I can refuse to sign this form or refuse to participate in or attend any publicity activity without jeopardizing my care and treatment by the South Carolina Department of Mental Health.

(Please print)

Client's Name: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Telephone Home: _____ **Work:** _____ **Cell:** _____

Client's Signature _____

Parent/Guardian: _____

Witness: _____ **Date:** _____