



TEND TO HOPE NEWSLETTER



Fall 2020

Issue V

Tend to Hope is a 501(c)(3) nonprofit corporation dedicated to inspiring hope, restoring dignity and providing comfort to individuals during times of crisis.

In this Issue...

Page 2-3... Meet Eric Ayers,
*Delaware County Peer Advocate,
Certified Peer Specialist*

Page 4-6... Interview: Sharon
*Curran, Chief Executive Officer,
Lenape Valley Foundation*

**The Lodge at
Lenape Valley Foundation**

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Page 7... Seeds of Hope Boxes



**WE WANT TO THANK ALL OF
YOU WHO HELPED MAKE OUR
FIRST FUNDRAISER AT
ANTHONY'S COAL-FIRED PIZZA
A SUCCESS!**



The Lodge at Lenape Valley Foundation

A Letter from Tend to Hope

In this issue, we chat with Eric Ayers, Delaware County Peer Advocate, Certified Peer Specialist. Eric reached out to let us know that Tend to Hope's mission had special meaning for him. This gave us the unexpected pleasure of getting to know him better, and we wanted to share with you the special person we discovered.

In late summer, we also had the privilege of having an in-depth conversation with Sharon Curran, CEO of The Lenape Valley Foundation. We learned how her vision of a new form of crisis residential facility in Bucks County shaped what finally became The Lodge at Lenape Valley Foundation.

We hope you're faring well during these times, and we wish everyone safety and good health in the months ahead!

The Tend to Hope Newsletter is a forum for sharing information to help shed light on our common human struggles and make a difference in the lives of individuals experiencing mental health difficulties.

We have no vested interest other than spreading kindness and compassion.

We believe that the more community members join our cause, the more humane our society will become.

INTERVIEW WITH:

Eric Ayers

*Delaware County Peer Advocate,
Certified Peer Specialist*



Eric, Tend to Hope's mission seemed to mean something to you. Can you tell us a little about that?

It does take me back to my own mental health journey, when I was much younger. I would have really appreciated receiving one of those Seeds of Hope boxes when I was in high school and in the hospital. The boxes coming from an outside source into the clinical setting is nice. When you open up the box and see all that color, the contents, the books, the crayons, the markers ... that would have gotten to me right away. That was part of my therapy at the hospital — art, creativity — just to get hold of supplies like that was great. It's not only that, there's a little fuzzy animal in your box. That's something comforting. Most children have had that at some point. The packet of sunflower seeds ... I was always into Van Gogh, and he was a sad person, but the sunflowers he painted were always so bright. I also have a packet of seeds from someone I know who passed away. Instead of giving out prayer cards, they gave out seeds. I may never plant those seeds, but I held onto them. Every so often I come across them and remember that person, so the sunflower seeds was a really nice idea.

Are you an artist yourself, Eric?

I am, yes. I do all kinds of graphic design and illustration, photography and logos, brochures, videos, things like that. I do a lot of work with veterans and mental health.

Are you a veteran?

No, my father is. But I've lost a couple of friends who were veterans. I've always had a love for veterans. Maybe it's because I love my dad so much and he's a vet. If a veteran asks me to do some work for him, especially if it's graphics-related, you can bet I'm gonna do it. I also do a lot of volunteer work.

Do you think volunteer work has contributed to your wellness over the years?

Absolutely! You do some volunteer work and it comes back to you tenfold -- if not in cash, in value to yourself. And it makes you feel good. It makes you feel like you're "part of." I used to think, oh, I'm doing all this work and I'm not getting paid. And then I realized the value of it. It's a healing thing.

What has your mental health journey looked like over the years?

Well, I was first hospitalized when I was around 17. I was very depressed and was reliving a trauma I had experienced. I couldn't do anything about it at 15, 16. They were telling me I had to take medication that I really didn't want to take, and so I struggled with that. I started drinking on a regular basis at 15. I had communication problems related to my trauma. I could never share that with anyone, I was too isolated in it. I self-medicated until I was 29. I was off and on the meds, in and out of the hospital a couple of times in my 20s. And by 29 I was looking at my life and saying, this is not working.

I got hired to work as an illustrator for the United States Navy and I realized I better start taking these meds if I want to keep this job. And then, like two years into it, I was still self-medicating and things got worse and worse. Eventually I found a 12-step recovery program.

So was that a jumping-off point for you, when you started to find some things that worked for you, the companionship of the program and things like that?

Yeah, exactly. I mean it was a struggle the first three years. I wound up losing that job with the Navy. I was on unemployment, went on public assistance, until they determined I was eligible for SSI and then I got a job at Eagleville Hospital. I was a nighttime guy there, so I had a lot of solitude to sort things out. I had to get comfortable with myself because I worked on the unit pretty much alone watching over people, making sure they were staying out of trouble.

How was that experience working at Eagleville? As someone who sought treatment for yourself, was it strange to be in that kind of role reversal?

Well, no. It seemed natural, really. Once I got into recovery, I started doing more mental health-type recovery. I started really working on myself, working through my trauma in therapy. I also just wanted to help. When you're helping other people, you're helping yourself. And it feels good. There are so many ways it builds your character and self-worth. My self-worth was out the window!

What do you do in your role at Eagleville?

Now I work for the Delaware County Office of Behavioral Health. I've been there for four years. My title is Delaware County Peer Advocate, Certified Peer Specialist. I became a CPS at Eagleville, along the way. I also went back to art school to do a graphics program, the same art school I graduated from back in 1987. They gave me a full scholarship for 18 months. It was amazing! And from there I started doing graphics for a couple of the 12-step programs that are out there. And the word got around that I had some skills and I wound up doing artwork for many companies and programs, some of which I consider pretty prestigious.

When you think back on your journey, do you feel there's anything you didn't have that could have made a difference?

Well, I know that when I was in the hospital the first time, there were some young people who were techs, and when I was packing my bags to leave, a couple of them admitted that they had had mental health challenges themselves. They were really hopeful for me and told me I could do it. I still have that moment, packing my bags, when they opened up to me. It still sticks after all these years. And I have that kind of connection to your Seeds of Hope box – that feeling of hope. It reminds me of that trip to the hospital. Now, that's "tending to hope" right there. They tended to MY hope!



**We are pleased to bring you the following interview with
Sharon Curran, CEO, Lenape Valley Foundation.**

Many of us — those with lived experience, family members, allies — dream of a place like The Lodge at Lenape Valley Foundation. The Lodge provides a less restrictive, more holistic form of treatment. It was the first mental health crisis facility our organization contacted because we felt our mission aligned with their vision. We were welcomed with open arms, and our Seeds of Hope Boxes were at the bedsides of their first “guests.”

**We invite you to read on and learn more about
The Lodge at Lenape Valley Foundation!**





INTERVIEW WITH:

Sharon Curran

*Chief Executive Officer
Lenape Valley Foundation*

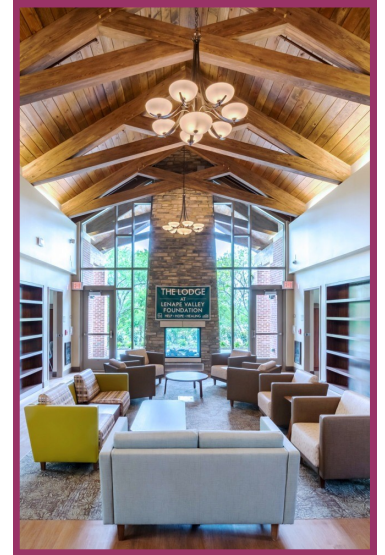
Tricia: We love what you're doing at The Lodge. Can you tell us something about the motivation behind it?

Sharon: Yes, it's exciting! It's taken about ten years to get where we are. To see it actually open was wonderful, to put it mildly. We're really challenging the status quo with a different type of crisis residential facility. We wanted a home-like place where you could get away from that "institutional" experience. I'm always thinking about that hospitalization period. What would it be like if it wasn't a hospitalization? What if we could have somebody who is really struggling come to a program like The Lodge, where, first of all, it's voluntary, and, secondly, you don't feel like you're in a hospital. How could that affect long-term recovery?

Part of what many people have to manage is dealing with the trauma of previous hospitalizations. There's a lot of good information available, especially regarding psychotic disorders, that if we treat the first episode of psychosis in a different

way and basically do better right from the start, the outcomes are so much

better for the person. This is an area that I'm especially interested in because I think that if we can do that kind of treatment in a space like The Lodge, where people don't have to go back to a locked facility, to be able to meet them where they're at and to treat them with dignity and respect, it could really make a difference over the long haul for them. I want that experience for people to be different, but it's hard work to get out of that medical model of hospitalization.



Tricia: For people who don't know anything about The Lodge,

can you give us some background?

Sharon: The Lodge is a licensed crisis residential facility. The state licenses a couple of different kinds of crisis centers and this is one of them. The thing that is different is that the license we have does not require us to do the kind of intense treatment that we're offering. The licensing really just says that you have to provide room and board for people, to keep them safe, and do some basic treatment; however, our goal was to have a really intense stay, kind of equivalent to a hospital stay clinically, but not do it in a hospital environment. We far exceed the licensing requirements for the program. I couldn't imagine a program where you have people there for five to ten days and then not take every opportunity to offer people every kind of treatment you possibly can. It's a missed opportunity if you don't. It's also seven days a week. The program doesn't stop on Saturdays and Sundays; we keep it going, making each day count.



Annie: How are you challenging the traditional medical model of hospitalizations?

Sharon: We do everything we can to train employees on different ways to look at things, different skills to use when people are psychotic. The way it is with licensing is that we're required to hire people with experience, and much of that experience is in the hospital environment. I'm not saying that's all bad, but when they come to work at The Lodge, we have to say, no, we want you to do it differently. We don't want this to be an inpatient psych ward.

Annie: Yeah, that's tricky. It's kind of like unlearning what you've already learned.

Sharon: What we've learned from our clients is that often being in the hospital makes things worse, and not because people are being mistreated in any way, but just that experience of being locked up, taken out of the community, away from family, all that kind of thing. Several clients have said to us that they actually felt worse when they came out, almost like they failed in some ways ... it just caused a lot of other issues for them. The Zero Suicide work we do focuses on not taking people out of the community. If there's any way to treat them in place, then the outcome will be better. And The Lodge is a great place to do that. Let's get that treatment started now, when they're here, and then they can follow up at home. And the family can come and get treatment while their loved one is there, too.



Research is telling us that the way we used to do this isn't the right way, that we can do better. But you have to move everybody over to that way of thinking because it may seem as though you're not responding the way you should. When somebody is voicing suicidal thoughts, if you don't put them in an inpatient facility right away, people may think you're being negligent in some way. So it's a challenge to confront that and do this different thing with them.

Tricia: How do people pay for The Lodge?

Sharon: Right now, the people who can stay at our program need to have Medical Assistance health choices -- Magellan is the managed care organization that takes care of that for Bucks County. And we have county funding; meaning, we have a contract with the county for the people who have no insurance and no way to pay for themselves. We have not sought to be on private insurance panels yet, but we have every intention of doing that once Covid subsides a bit. So it's really the public sector client who can come and stay with us right now. The feedback we've received from them has been really positive. Many of our "guests" -- are doing quite well.

Tricia: The design of the Lodge is so beautiful. Can you tell us about that and about the name?

Sharon: Because this process went on for so long, we had the time to look at a lot of places. When I went somewhere for work, I would look to see if there was a crisis residential and then I called and asked if I could visit. So I had the opportunity to see several crisis residential programs. And the design I liked the best was the one where the living room and kitchen were in the middle and the bedrooms were surrounding it. I liked it for the safety reason that you can be in one place and see everything. I also liked the idea of private bedrooms. The idea of being in a really difficult place emotionally and having to share a room with a stranger did not appeal to me. I wouldn't want to go to a place like that. We also liked the open, airy feel of the design, that lodge-feel with the beams and the fireplace. The fireplace makes it homey and a little less institutional. You know, something that small, having a fireplace that you can sit in front of, immediately changes the tone. There's also a lake behind the building and a patio. And there's a little path outside where you can go for a walk. We're not restrictive; you can go outside when you're staying there, we just ask that you tell us. When we were trying to come up with a name, we didn't want anything institutional. "The Lodge" made sense because it feels like you're staying at a place in the mountains.

Annie: I love that name. It's warm, it's inviting, it's cozy; it doesn't have the institutional association. Not having to say Building 102 is nice.

Tricia: How did you get the funding to build The Lodge?

Sharon: We were able to do the biggest fundraising we've ever done as an agency. We raised over one million dollars from private donors and grants, and the county also invested money in it. Then we took out a mortgage for the rest of the cost of the building. It costs less for a person to stay at The Lodge than it does at a hospital. So, for both payers and funders, there's a financial as well as clinical advantage.

You know, for some of our first folks coming in, it was very different for them, almost a shock to their system. I was there when someone was being admitted and I heard her say, "So I have to give you everything I have with me, right?" and we said "No, not really." We let people have their phones, for example. They just have to keep the cords out in the main area. And they can store their stuff in our lockers and lock it. We just ask them to let us know when they're using their stuff. We've really tried to make it not punitive or restrictive in that way.

Tricia: What kind of treatment is offered at The Lodge?

Sharon: It's a lot of therapy during the course of the day, group as well as individual. We're heavy on the DBT approach -- emotion regulation and distress tolerance -- because it's been shown that that works for any diagnosis, for any of us, really. We use it for the staff, as well. And we also use CAMS Treatment, which is a type of suicide prevention treatment that focuses on reasons to live. It starts from the very beginning with, can you find one reason, one thing to hang on to, and then build on that with the person. It's a collaborative approach -- you sit next to the person, not across from them, you work on things together; it's not "I'm over here, you're over there." It's a different model. If you can give somebody a little bit of relief like that for a short while and then expand on it, that in and of itself is worthwhile.

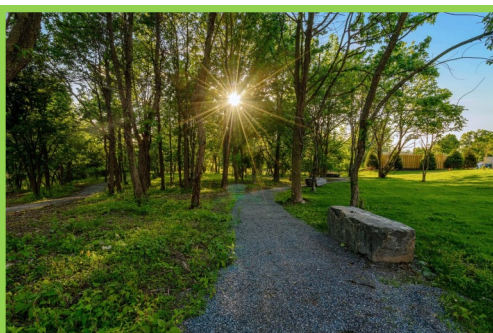


Tricia: What is your stance on medication?

Sharon: People can bring it with them. We keep the medication for them, but then they come to get it from us and self-administer it. Our prescribing staff will review it all with them and see if there are adjustments needed. We focus a lot on reaching out to their existing treatment providers because that's where we're sending them back to. We also do that because we want to make sure that what we're doing is okay. We need to know if there might be something we don't know about; like, have there been bad reactions to medications in the past. We also want to make sure that when they leave, they're leaving with enough medicine until their next appointment. We make sure there's an actual appointment scheduled, all those things that we know as providers might lead to a failure. The highest risk time is coming out of a higher level of care, and we want to ensure there are warm handoffs. We want them to go close to home for their follow-ups, and we make sure they have a way to get there.

Tricia: How have you been dealing with the Covid-19 situation?

Sharon: We have had some folks test positive for COVID. We're doing everything we can to try to keep people safe while they're there. We're masking and we're doing all those things, but we also know that our guests struggle to wear a mask because they're just struggling. They feel awful and then they're told wherever you go you have to wear a mask ... it doesn't work terribly well. We felt like this cohort model works better.



Tricia: What is the "cohort model"?

Sharon: It means we admit people together, as a group. We're trying to admit six people together as a group right now. Even though we technically have twelve beds, we have six bathrooms, and everyone can have their own bathroom as an attempt to stop any spread of COVID. We admit the group all in the same week and we have them stay for two weeks. Then we discharge them and have another group come in. It's an attempt to decrease the exposure. It's been a challenge, and I'm proud that we've been able to keep everyone employed and to stay open.

You can tell I love the program; I could just go on and on!

The Concept behind Seeds of Hope Boxes:

Admission to any type of crisis facility can be a frightening and impersonal experience. Individuals find themselves alienated from everything they know and lacking the most basic amenities of home. Imagine receiving an unexpected gift at this most vulnerable time!

What We Do:

Distribute "Seeds of Hope Boxes" to mental health crisis facilities. Boxes include:

- * Pair of cozy socks
- * Toothbrush and toothpaste
- * Shower Gel or soap
- * Hair brush
- * Deodorant
- * Shampoo and conditioner
- * Non-spiral-bound journal
- * Activity book or coloring book and crayons
- * Card of hope
- * Letter of encouragement with ideas on how to build hope
- * Package of sunflower seeds
- * "Tactile toys" for stress reduction
- * Chap stick
- * Small stuffed animal



Seeds of Hope Box



Ways to Donate...

Click [Donate](#) button on website or Facebook page

Send a check to:

Tend to Hope
234 Central Avenue
Hatboro, PA 19040

Arrange for product donations:

215-208-6105
tendtohope@gmail.com

Benefit to the Community:

- Instill dignity and generate hope in this often-neglected population
- Relieve the financial burden on families and loved ones
- Provide comfort to those without family or close friends
- Plant seeds of hope for the greater well-being of the entire community
- Contribute to the recovery movement in a tangible and memorable way through a show of community support and compassion

Thanks for reading the Tend to Hope Newsletter!

Tricia Stafford



Annie Stafford