



A COMMUNITY  
CONNECTIONS OF  
NEW YORK  
NEWSLETTER

# Get Connected!

VOLUME 3, ISSUE 2

SEPTEMBER 2010

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## Guest Essay: Why Art Therapy?

*Guest Author, Elizabeth Davis from The Family 25 & Gateway-Longview:*

In my work as an art therapist, my role as an educator is unique. By educator, I am not referring to my interactions with clients. Unlike social workers, school counselors, psychologists, OT's and other service providers, when I tell people I am an art therapist I

invariably get the question, "What exactly is an art therapist?". Thus enters the educator. In fact, the very idea of 'art therapy' so often seems mysterious, vague, "far out" or "out there". Perhaps the idea of combining together the word 'art', which as a concept is often

perceived as frivolous and childish, and 'therapy', which is so often attached to all kinds of things, creates a precarious and slippery combination. Whatever the problem that the two words in conjunction seem to

**"Art Therapists tend to connect first with their clients through the senses using the materials that are the "medicine" of our profession."**

create, I find myself quite often the ambassador of the field, pulling out my clinical vocab and art know how to explain to others the worth and viability offered by the fusion of these two words. I often probably start to sound defensive. After all why should I have to be explaining

myself all the time? However, when I look at the larger picture, that being the opportunity that these questions afford me, I find that I have a golden moment to share information about a life changing approach to healing that naturally builds on strengths, is most often fun, and the very nature of which is growth oriented.

Art therapists, like all mental health counselors, are there to treat the traumas, anxieties, phobias, and the conflicted lives that we meet in our practice as service providers. The difference is not one of psychological orientation or core beliefs, (I work in a CBT model most of

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## M.I.S.L.A. Takes a Bow

It was a rather quiet, yet festive celebration for the FVN Management Information System Local Administrators (MISLA) present on July 26<sup>th</sup>, for the final "Thank You" and "fare thee well" meeting. Although at a total of 12, it was still a much smaller group present than the capacity crowd of 32 of the "olden days", where Care Coordination Supervisors, County Personnel, CCSI

representatives, and Family Advocates got together to review, discuss, modify, and ultimately recommend, test, and finally approve the changes that were implemented in the CareManager database system. Does that sound like a mouthful? Then you can imagine and appreciate the hours of intense study and work that went into this ongoing project of making the

CareManager database a system that would provide cutting-edge information such as reports, graphs, tables, and the list goes on...

Stories were shared regarding how passionate some of the earlier discussions had been around resolving particular areas of concern, as well as sharing the deep appreciation the team had for the hard work

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## John Rooney Joins the Team

CCNY welcomes John Rooney, MS, CRC to the team as their new Quality Improvement Coordinator for Co-Occurring Disorders. His many years of professional experience in the field of Mental Health includes working with adults in residential, institutional and clinic settings.

John's recent work as a Compliance Specialist involved advocacy on behalf of people with disabilities, the

development and presentation of training programs on the Americans with Disabilities Act (ADA), the Fair Housing Amendments Act (FHAA) and the provision of technical assistance to architects and building code officials regarding federal and state building code requirements for accessibility to the built environment.

In his role as Quality Improvement Coordinator he will act as a system wide resource and work with service providers

to assist in improving services to individuals with issues of serious mental illness and severe substance abuse disorders. The goal is to work with agencies from a quality improvement framework to facilitate effective practice through objective decision making in clinical practice utilizing national best practice standards, sound data and collaboration.

## Art Therapy (Cont.)

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the time). The difference is one of materials. Art Therapists tend to connect first with their clients through the senses using the materials that are the "medicine" of our profession. (I personally carry with me the contents of an art/play room.) This approach has many benefits. Creative expression can tap into our client's implicit memory where traumatic memory is stored. Creating images also demands an active role in treatment on the part of the client. Creating is naturally future oriented while reflective of the past. The created object serves as another source for communication that can often be more accurate and powerful in expressing feelings than words alone. The act of creativity builds upon the client's own strengths, and they are the immediate benefactors. The art work serves as a window through which the therapist can bear witness to their client's struggles.

As an art therapist working within the wrap community in Erie County I have found families delighted by the idea that art can become a part of building communication,

connection, and healing. My families, without exception, have gotten the idea of art as therapy off the bat. When given the resources to witness each other in a new and different light, they often reveal so much more about themselves and their desires. The resulting art objects often serve as profound symbols for families who have created everything from t-shirts to grave monuments.

I have one caveat for those who would like to use art as a part of their clinical practice. I spent two years in graduate studies for a reason, (plus I have an MFA).

Understanding art materials and the sensory and emotional responses that often accompany them is important. Also, the ability to provide a therapeutic experience for clients takes skill and experience. Clients need to find success in their efforts. That is part of what makes art therapy effective, and reinforcing. That being said, no one owns art as no one owns talking. There are responsible ways to incorporate art therapy into any clinical practice, a topic which I have lectured on and would be glad to consult.

*What to share your thoughts and ideas with our audience?*

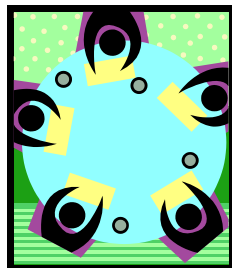
~ Contact David Monroe @ [david.dmonroe@comconnectionsny.org](mailto:david.dmonroe@comconnectionsny.org)



This lasted only a few minutes.

**SAVE THE DATE**

**“Supervisor Roundtable Meeting”**



- WHEN:** Tuesday November 16, 2010
- TIME:** 11:30 a.m. – 1:00 p.m. (LUNCH will be provided!)
- PLACE:** To Be Determined
- WHO:** Care Coordinator Supervisors & Vendor Supervisors

**AGENDA TOPICS INCLUDE:**

- Vendor-Care Coordination Communication (via Caremanager)
- Training Updates
- SOC Announcements
- And anything else that you identify between now and then!

**RSVP:** Email Amy Hecht at [ahlecht@comconnectionsny.org](mailto:ahlecht@comconnectionsny.org) by November 12, 2010

**M.I.S.L.A. (Cont.)**

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invested over the previous 5 years (now almost 6 years in total).

On hand to deliver a beautiful (and tasty) cake and accompanying certificates of appreciation on behalf of the county were Marie Sly, Director of Quality Improvement for ECDMH, Deborah Goldman, Director of Planning & Evaluation, and Jeanne Leising, Director of Utilization Management. The Local Administrators who all contributed to what our current iteration of CareManager has become are: Lisa Gamble, Deborah Goldman, Robert Taylor Sr, Isabel Higgins, Giuseppina Bugenhagen, Michael Throm, Dawn Skowronski, Nicole Borkowski, Shannon Riley, Brian Pagkos, Michael Doreen, Alisha Baggiano, Jean Hennesy, Margaret Flannery, Sarah Taylor, Kristy D’Angelo, Carolyn Keenan, Patricia Dixon, Renee Bair, Paul Pasternak, Cathy Smith, Glenn Spencer, John Grieco, Linda Eckert, Rachaelle Benz, David Serinowski, and Jeanne Leising, Eric Maldonado, Heidi Milch, Mary Steindorf, Bill Camperlino .

However, even though FVN MISLA will no longer meet, CareManager modifications continue—though to a much smaller and focused degree than previously funded. Concerns or suggestions will be presented and reviewed through a collaboration composed of CCNY and ECDMH, and should be emailed to the attention of Eric Maldonado:

[emaldonado@comconnectionsny.org](mailto:emaldonado@comconnectionsny.org)

# Incredible Years Parent Groups

Incredible Years is an Evidenced Based Parenting and Child Program designed for at risk families. The program utilizes a problem solving format in which parents identify personal goals, potential barriers, and brainstorm possible solutions.

## Being a Parent is the Hardest Job You Have:

- Are you tired of repeating yourself?
- Do you think Time-Out isn't working?
- Do you feel like you are the "only one" who has problems with their kids?

## In your these sessions, families will learn:

- How to effective praise and encourage your kids.
- How to follow through with limit setting and consequences without yelling and losing your patience.
- How to catch your kids being good.
- How to build supports and use your community resources.

- How to solve problems, communicate effectively, and avoid conflict.

This is a solution-focused program which reconnects parents to their children. If you're interested, determine which program would be appropriate and contact them to learn more.

### For Wraparound Clients

**Where:** Gateway-Longview's Family Resource Center  
347 East Ferry Street  
Buffalo, NY 14208

**When:** Thursdays beginning September 23rd

**Time:** 5:30pm-7:30pm

Contact Alisha Baggiano at Gateway-Longview  
783-3101 or 207-9829.

### For those clients who qualify for services under Office of Persons with Developmental Disabilities:

**When:** Thursdays beginning September 30th

**Time:** 5:30 - 7:30

Contact Sue Olexenko at People Inc,  
Office: 716-880-3767  
Cell: 716-566-810

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