



RETREAT REVIEW

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Peter Schorr
President & CEO


Dear Friends,

We are living in some very trying times. This day-to-day uncertainty causes a lot of stress in our lives. For our patients, while the delivery may look different, we are maintaining the structure needed to achieve long term sobriety and mental health awareness. To our staff and community, we continue, to the best of our ability, to provide the equipment and environment to ensure the safety of patients and those caring for them.

We do know for certain, that the disease of addiction and mental health disorders are not afraid of this virus and do not shelter during this pandemic.

Retreat’s brave men and women, in every department, have held steady to make sure our patients receive the services they need. I’ve never been prouder of our staff than I am now. When the going got tough, they stand up, stand together and give it all they have.

This will not last forever. We will go back to the daily routines we are used to, and we will see the world a little more clearly. We do not only worry about our own health, but we look out for others—others that can be affected by our actions and behaviors. Let’s use this time to grow as people. **It’s not over yet, so please be careful out there. God bless.**

All the best,

Peter Schorr
President/CEO



AN ART THERAPIST MAKING A DIFFERENCE IN CHILDREN'S MENTAL HEALTH IN THE MIAMI-DADE SCHOOL DISTRICT

by Ariana Lobo

Did you know that 16.5% of U.S. children have at least one treatable mental health disorder? There exists a common misconception that mental illness is limited to older age groups, and that is simply not the case. In fact, 50% of all lifetime mental illnesses begin by the age of 14, according to the National Alliance on Mental Illness. Recently, I had the pleasure of sitting down with Alicia Ballestas [ATR-BC], a Clinical Art Therapist that works for the Psychological Services Department of the Miami-Dade County School System. Her work has had a significant and lasting influence upon the youth of South Florida, and it all began with her love for art.

So I know you mentioned that you get assigned to your schools as you go, approximately how long do you work for a time period at each school?

I get assigned to any given school for an entire school year. But some schools are different. For instance, I have maintained one of my elementary schools for three years. I just went on to my second year with another middle school. It really depends on the needs of the services for the school.

What inspired your love of the arts and then eventually to combine the two, with art and therapy?

I always loved making things and coloring when I was little. It calmed me down, unconsciously. It was something I did a lot with my brother. And eventually we had my third youngest brother and he didn't talk very much so that was how I interacted with him. When I was 16 years old and he was 5, he was diagnosed with autism. Back in the late 1990's there

wasn't much information or support, but my way of interacting with him was through art. My relationship with my siblings is through the making of art. So when I went into school, I always wanted to do visual art but then I became fascinated by the brain and did pre-med. However, the sciences became really difficult for me. One day, I happened to find an intro to art therapy book at the bookstore at the university. I asked my advisor how can I make this happen? How can I become an art therapist? He helped me to make up my major and I took a couple of psychology classes and some art classes and just took it from there.

What do you find are the needs of the South Florida area in particular?

I work for Miami-Dade schools and ShineMSD. ShineMSD is an organization that works to support the children who survived the Marjory Stoneman Douglas tragedy. They provide creative arts therapy and workshops to connect. Its main focus is to come together and help students heal through these events. So that is a portion of my work here in South Florida that is very focused on a certain community of students.

The art therapy I provide is very child centered. It depends on the community. There's one middle school where the community is predominantly Hispanic and a large majority of the children come from immigrant families and some of them are comfortable and some are financially unstable and some kids have a psychiatric disorder and they are learning to cope. There is an elementary school in Miami Gardens and it is a very low resource area and all the children have experienced a trauma and they are all under 8 years old. Those are the realities that they know and they are learning how to cope with those feelings and those family dynamics can be hard but it doesn't have to be that way. They can really reach their potential and that's what I want them to know.

In your opinion, what is the most helpful aspect of art therapy for children?

A child's natural language is to play. So I play through the art. And sometimes even for adults, words just aren't enough. It provides them the ability to tell me their story. Sometimes I will read them a book and what it means to be mad and sad at the same time and then they have to make a painting. They are playing out their version on the paper. Sometimes they play with a racetrack and they use their social skills to play with one another.

Where do you believe the school system has failed in terms of mental health care? I feel like you would be an individual that is on the ground noticing things. So what have you noticed and where are a lot of these kids at mentally and emotionally?

I am aware that there are a lot of children that are not classified and are not receiving the help that they need. So they may have a diagnosis but it's just not known. A teacher, for example, may have too many students and so she may not be able to pick up why a child is misbehaving. Or maybe sometimes it is the parent. A lot of times, parents don't want to accept that their child may have a special need, and our hands are tied in that regard as we can't tell a parent what to do directly for their child.

How closely do you work with other teachers or administrators and the work that they do everyday?

I work very closely with the teachers and the special education department. I am providing a therapeutic service to the child, so my goals coincide with the teachers' goals for their children as well. In order for those to be met, I have to speak with the teacher. I often ask are the skills we are working on with a specific child, "Are they transferring?" We work constantly to be on the same page and it can be difficult but it's possible.

What would you say is the greatest benefit and greatest joy to using art therapy with children?

The subtle changes. Sometimes just their smile or their awareness. I had a child once say, "I am going to imagine that I am a dragon and I am blowing fire at the people that are bullying me." I asked, "Can you do that in your mind and not in real life?" But for him, that imagery worked.

There was a 13-year-old boy that took me a year to establish a relationship with. He was neglected and was in foster care, and continues to be in foster care since he was 5. Suddenly three months ago, now he is expressing himself and opening up his imagination. Now he is opening up to difficult topics that I don't know if he has ever opened up to anyone else. He is very careful of who he trusts. That is really exciting. ■

COVID-19 AND MENTAL HEALTH: HOW TO MAINTAIN PROPER MENTAL HEALTH DURING A SEASON OF ISOLATION & LOCKDOWN

by Ariana Lobo

As Americans, we are no longer strangers to mental illness. In fact, according to the National Alliance on Mental Illness, 1 in 5 U.S. adults experience a mental health disorder every year. Even more alarming, 1 in 6 U.S. youth, from the ages of 6 – 17, experience a mental illness every year as well. Yet despite this widespread normalization of such disorders as depression, anxiety, or even schizophrenia, extended periods of societal lockdown are not commonplace. Below are a few unique activities that you and your family can utilize during this season of extreme isolation. Countless studies have shown that human interaction, rest, and the practicing of joy boost our health and wellness exponentially. So in a genuine effort to be our healthiest both mentally and physically, dare to think outside of the box, embrace your inner sense of play, and capitalize on this much-needed rest.

1. FaceTime Date

The internet has officially merged with the dating world—this much we know. But what about scheduling dates with your friends, your loved ones, or yes maybe even your special

someone? With so much down time and physical distancing, remaining in contact is vital for our health as human beings. In fact, a common trigger for many mental health disorders is the sensation of extreme loneliness or isolation. So set your parameters for the date, make it fun! We recommend such things as: scheduling a time, setting a topic or activity (online shopping, cards games, etc.), or bringing food to share with one another. Get creative with the people you care about and engage in connection—we need it now more than ever.

2. Reading

As you may have already seen, many people are Instagramming or Snapchatting their way through several books during this time of isolation. But what if you don't have any physical books at home or what if you have books at home but want to branch out? The internet comes to the rescue once again. There are countless resources online through public library systems or a variety of other applications that allow you to use or download free e-books. Reading, however, is also a great activity for your brain health that doesn't require technology so long as you

have a direct copy. Below are a few online e-book resources including a source for those with reading impairments.

[Bookshare.org](https://bookshare.org/)

[Audible.com/ep/freetrial](https://audible.com/ep/freetrial)

[Hubspot.com/resources/ebook](https://hubspot.com/resources/ebook)

3. Build a Fort

So much of the therapeutic process is rooted in our inner child and how we address that tumultuous time in our lives. In fact, many of us walk around carrying deeply rooted scars, experiences, or traumas that affect us to this day – or manifest directly into a mental health disorder. Therefore, we encourage activities that embrace that inner child and remind us of that innocent, uninhibited joy. Building a fort is a great at-home activity for both kids and adults. You can utilize whatever resources you may have such as: blankets, pillows, or even a stuffed animal or two. There is no right or perfect way to make a fort! Use what you have and cozy up. It is also helpful when combatting such things as depression and anxiety to change the space you are in, and a fort is a fun and inexpensive way to add some feng shui to a much lived-in space.

4. Meditation and Exercise

Rest and exercise are some of the most powerful tools we have at our disposal to maintain mental, physical, and emotional health. According to the U.S. National Institutes of Health, research shows that meditation can physically change the brain and improve several health disorders. This level of rest and reflection is extremely beneficial to the body. Similarly so,

exercise is vital to maintaining mental health. In fact, James Blumenthal [PhD], a clinical psychologist at Duke University conducted a study and found that, "After four months of treatment, patients in the exercise and antidepressant groups had higher rates of remission than did the patients on the placebo. Exercise, he concluded, was generally comparable to antidepressants for patients with major depressive disorder," (*Psychosomatic Medicine*, 2007). So during this of time of isolation, we encourage that to maintain proper mental health you practice meditation and embrace the healing power of exercise. After all, they are free and require no technology in order to execute.

5. Try Out a Long-Time Passion!

One of the most common sensations associated with depression, is a feeling of impossibility. Individuals that are depressed often have a hard time getting out of bed today, let alone pre-occupying themselves about what tomorrow brings. An inventive way to combat this sensation during this isolated time period is to dive into new things. However, we not only encourage trying new things, but especially things that you may have had a passion for before and never tried or had the time to try. By taking the leap and delving into your passions, you are keeping your brain engaged and your body active. You are also providing yourself with a newfound strength and skill that you maybe thought you never had. This feeling is polar opposite to the sensation of feeling useless or impossibly trapped. So if you have aspired to a specific kind of hobby or activity, now is an excellent time to invest in those pursuits and remind your body how incredible you really are—your mental health will thank you. ■



MENTAL HEALTH CARE 2019-2020: STATE TO STATE

By Marissa Hayes

Recent stay-at-home measures have increased the conversation surrounding mental health.

In fact, with so many individuals in isolation, the mental health risks continue to increase. The statistics below can provide you with some real-time insight into the current mental health healthcare system, as well as the health of our youth, state by state.

ARKANSAS

Total Population: 2,949,813

- Arkansas, Mississippi, and Alabama had the highest rates of imprisonment and least access to care - NAMI
- According to the 2019 Scorecard on State Health System Performance:
 - Arkansas ranked as #47 out of 50
 - Access & Affordability to Care: #37 out of 50
 - Prevention & Treatment: #47
 - Indicators that worsened the most: Children who did not receive needed mental health care
 - Bottom Ranked: Hospital 30-day mortality
- 40% of high school students report they felt sad or hopeless almost every day for 2 or more weeks in a row so that they stopped doing some usual activities (during the 12 months before the survey) compared to national average of 31%
- 16% of high school students who report they attempted suicide 1 or more times (during the 12 months before the survey) over 7% national average
- 23% of high school students who report they seriously considered attempting suicide (during the 12 months before the survey) over 17% national average.

According to the U.S. Department of Health and Human Services

PENNSYLVANIA

Total Population: 12,602,223

- Pennsylvania, New York, Vermont, Rhode Island, and Maryland score as the top five states for mental health in America- Mental Health America
- According to the 2019 Scorecard on State Health System Performance:
 - Pennsylvania ranked #21
 - Access to affordable care: ranked #12
 - Bottom Ranked Indicators: Drug poisoning deaths
 - Indicators that worsened the most: Drug poisoning deaths
 - Top ranked indicators: alcohol deaths
 - Top ranked indicators: Children who did not receive needed mental health care.
- Recent data ranking with Mental Health America shows Pennsylvania as #1 for lowest prevalence of mental illness and higher rates of access to care.



FLORIDA

Total Population: 20,683,330

- 2019 Scorecard on State Health System Performance:
 - FL ranked #44 out of 50
 - Ranked Access & Affordability to Care: #47 out of 50
 - Ranked Prevention & Treatment: #44
 - Bottom Ranked Indicators: Uninsured adults
 - Top Ranked: Adults with any mental illness reporting unmet need
 - Indicators that Worsened the Most: Children who did not receive needed mental health care
 - Indicators that Worsened the Most: Drug Poisoning
- Percent of high school students who report they felt sad or hopeless almost every day for 2 or more weeks in a row so that they stopped doing some usual activities (during the 12 months before the survey) in Florida is 28% versus national average of 31%
- Percent of high school students who report they attempted suicide 1 or more times (during the 12 months before the survey) in Florida report 8% versus 7% national average

According to the U.S. Department of Health and Human Services

CONNECTICUT

Total Population: 3,537,144

- Bottom ranked in Drug poisoning deaths
- According to Mental Health America, Connecticut ranked #27 for prevalence of mental illness
- Percent of high school students who report they attempted suicide 1 or more times (during the 12 months before the survey) in Connecticut it is 8% compared to national average of 7%
- Percent of high school students who report they felt sad or hopeless almost every day for 2 or more weeks in a row so that they stopped doing some usual activities (during the 12 months before the survey) in Connecticut was 27% versus national average of 31%

According to the U.S. Department of Health and Human Services

CALIFORNIA

Total Population: 39,052,156

- Top ranked for: Adults who smoke
 - Bottom Ranked: Adults with any mental illness who did not receive treatment
 - Indicators That Worsened the Most: Children who did not receive needed mental health care
- According to the California Healthcare Almanac, nearly 1 in 6 California adults has a mental health need, and approximately 1 in 20 suffers from a serious mental illness that makes it difficult to carry out major life activities
- According to a 2019 study with Rand Health Quarterly, a scientific journal in the U.S. Library of Medicine, their findings suggest that, in an environment of limited resources, mental health program planning and policymaking in California may benefit from a focus on improving outcomes for women, Latino and black Californians, and young adults.
- According to a 2019 study with Rand Health Quarterly, a scientific journal in the U.S. Library of Medicine, consistent with higher rates of unmet need, Latino and black Californians also have higher rates of missed work or other daily activities because of mental health problems. We found that 9 percent of Latinos and as many as 12 percent of black Californians reported missing more work or daily activities because of mental health.
- Percent of high school students who report they felt sad or hopeless almost every day for 2 or more weeks in a row so that they stopped doing some usual activities (during the 12 months before the survey) in California was 31% versus national average of 31%
- Percent of high school students who report they attempted suicide 1 or more times (during the 12 months before the survey) in California was 9% versus 7% national average

According to the U.S. Department of Health and Human Services



GRIEF & LOSS: COPING IN THE AGE OF COVID-19

By Tanya Ruhl with Liza Piekarsky [LMHC, CAP, NCC]

Birth and death are the two absolutes that all of us have in common in this life. While the birth of a new child is considered a celebration and just the thought of it make many smile with happiness, death has quite the opposite effect. Death can make you feel many things from sad, to angry, and even sometimes guilt. Right now during this unique time we are currently having in our nation, grief and loss do not look the same for those who are struggling as before. Options are limited and adjustments are being made because of social distancing. We asked Liza Piekarsky a few questions to get better insight:

I know that recently you and your family suffered a great loss with the passing of your grandmother. What has this process been like for you and your family in the age of COVID-19?

Recently, I lost my grandmother the week after I gave birth. That has been a very interesting experience. We did a zoom funeral. She lives in New Jersey, so I was not able to get there, but I had a few family members that were able to go. The police were there to ensure that they were six feet apart. For Jewish burials, everyone scoops some of the dirt and they all help bury

their loved one. We weren't allowed to use the shovel, because everybody would have been touching it. Everybody just had to pick up a handful of dirt and throw it on. Another big change for us was Shiva. In the Jewish faith, you sit Shiva and you share stories. It's a celebration of the deceased. And we couldn't do that, so we set up a zoom with the whole family. It wasn't quite the same because you didn't have that physical connection to just sit down and laugh. I feel the grieving process is somewhat halted.

As a therapist, you have a good understanding of the stages of grief. I have heard that stages of grief can actually fluctuate and not be linear in nature. Is that true? And if so, why?

Prior to any crisis, the stages do not have to happen over any set period of time. The grieving process for every individual is going to be different. You may or may not go through all stages whether it's anger, denial, depression, bargaining or acceptance. You can also go through them in different periods of time. It could be dependent on the nature of the loss or the relationship with the deceased. Especially in a time like this, it might take you longer to achieve the different range of emotions you are going to experience because we are dealing with other crises. It might be increased denial. For me, I feel like I have more denial involved [in my process] and I might sit with

that denial for a period of time, because I wasn't able to say goodbye. There was no closure.

What tips would you give someone to help them with grief and loss, especially during this time where we cannot all get together?

- 1 Stay Connected:** It's cathartic to talk about the loss and grief your experiencing. Share memories and experiences (Zoom, Facetime, etc.)
- 2 Create Rituals and Honor their Loved One:** Cooking their favorite meal, wearing their favorite color, engage in an activity they enjoyed, look at pictures, etc.
- 3 Practice Self Compassion:** Acknowledge that this time of grieving is more challenging
- 4 Remain Physically Active:** Exercise increases endorphins, which are our happy chemicals, and also decreases cortisol levels which attributes to our stress
- 5 Reach Out to a Mental Health Professional (Telehealth Provider):** You are not alone!!!





HOW THE TERM #SOCIALDISTANCING DURING COVID-19 COULD SUBTLY SEND THE WRONG MESSAGE

And why we all need a strong support system to get through these otherwise isolating times.

by Tanya Ruhl

By now we've all heard the many news reports over and over and over again — things like #socialdistancing, orders to stay home unless it is for essentials, and my all-time favorite right now: "Who the heck is hoarding all the toilet paper?!"

While many workers are still considered essential employees, and are reporting for duty every day (hats off to all of you, by the way), many more have been laid off. Indeed, as many as 10 million American workers lost their jobs in March, according to data from the Department of Labor. This period is proving to be unimaginably painful for the most vulnerable among us.

It's a terrifying time for these Americans; they're worried about how they'll cover their rent or pay for food.

Not everyone is suffering, though. Others have found a degree of joy during this time, and might be savoring the mental break from the day-to-day rhythm of life. (Introverts, I'm talking to you. Also — do me a quick favor: Check on your extrovert friends and coworkers. This is a hard adjustment for them. Just send a quick message. Even if it is just to say "hi," it can make a huge difference.)

Nevertheless, there is a middle ground; those of us who are fortunate to still have jobs — many of us doing those jobs from home — but who are still coming to terms with the huge impact that this change has had on our lives.

I know, because I am one of them.

Sure, I've worked from home in the past before on occasion, like on snow days or if one of my kids was sick. It was never for more than two days in a row, though. When I first learned in mid-March that I would be working from home for two weeks, the first thing I did was call my husband as I was slightly worried. At that moment, I was about two and a half hours away from home as I was traveling for work. See, my husband is my rock, my sound board, and, when my mind starts getting what I call a "little wonky," he is able to ground me, especially when I am getting news that is worrisome.

Now, I'm very much an extrovert—so I was worried about feeling isolated and cut off from my friends at work. Plus, in the past I was cut off from friends and family due to abuse I had endured. I've been diagnosed with what trauma therapists called complex post-traumatic stress disorder, or "C-PTSD," which grew out of the variety of traumatic experiences I have endured throughout my life. Complex PTSD is "a type of trauma that occurs repeatedly and cumulatively, usually over a period of time and within specific relationships and contexts," according to Christine Curtois, a psychologist. It frequently manifests at "vulnerable times" in the sufferer's life like childhood or adolescence, Curtois adds, and usually involves an element of "direct harm, exploitation, and maltreatment." In my life, my C-PTSD stems from a variety of traumatic experiences I've endured over the years. Today, I see a prolonged exposure therapy specialist to help manage my symptoms, and have a great support system to keep me in check.

For the first two weeks of this pandemic, I felt mostly in control, though I didn't realize that the anxiety within me was beginning to simmer. Things took a negative turn one Saturday, when I awoke from a terrible nightmare that my sixteen-year-old son may have been harmed. He and his older sister were visiting their dad for the weekend. Rationally, I knew he was safe, but nevertheless, I felt the need to text him urgently to check in. I waited until 8:30 in the morning to send that text, and no reply came. (What 17-year-old is awake at 8:30 a.m. on a weekend, or can be bothered to fire off an immediate text back to his mom?)



So I did the next best thing I could think of: I texted his sister. I told my 18-year-old that I didn't really want to speak to him; I just wanted to know if he was awake. She at least answered me and put my mind at ease: All was fine, and he was awake. This is what I go through when I have my nightmares, any nightmares really, irrational thoughts that control me until I can put them at rest. They can literally be a driving force at times that I can't stop. They can feel all-consuming and almost obsessive. This type of thinking, for me at least, stems from anxiety due to my C-PTSD and my therapist explained that it is due in part to things I cannot control. Like what is going on right now with all the changes due to Covid-19. For instance #socialdistancing.

Throughout the course of the virus response, the hashtag #socialdistancing has really taken off. It's like your morning cup of coffee: Wake up and start social distancing. Your mind when you walk the dog, see a neighbor across the street? Six feet's worth of distance, please. A smile is permitted, but little else. But still, something didn't feel right to me about the term #socialdistancing in the first place. It just didn't sit right, and I realized it's because of its connotation: That we have to

distance ourselves from one another interpersonally in order to stay healthy. Beating the virus isn't about distancing ourselves socially; it's about distancing ourselves physically. That's the key difference.

Fifteen years ago, seeing words like “social distancing” would have signaled to me that I should refrain from seeing or speaking to anyone. I would have believed that if I was in a crisis I would be unable to reach out for help, which is a dangerous and scary place to be in. Fifteen years later, I'm lucky; I have a strong support system around me — my husband who keeps me grounded, my teenage kids who tell him if they see signs that worry them, a best friend I can talk to no matter where he is in the world. I'm one of the lucky ones, but we all need support systems. It doesn't matter whether or not you live with a diagnosed mental health disorder.

“Support systems are critical for the well-being of any person,” says Jarel Gallman, a social worker and executive director of Retreat at South Connecticut, a mental health and substance abuse treatment provider. “Benefits include improved overall wellness, decreased stress and anxiety, and the implementation of coping skills.”

“Some utilize family and friends as support systems. Others utilize support groups or entities that become family or friends,” Gallman adds. Pets, neighbors or clergy are other examples.”

This wasn't always the case: I had a very small support system when I was first diagnosed with bipolar disorder. I was a single mom with three children. My oldest at that time was in kindergarten, and the youngest was six months old. My doctors and my mood medications were my support system back then. My mood oscillated dramatically: Sometimes, I felt highs which caused me to have no understanding of consequences. Other times, I feel extreme lows, where I would sleep 17 hours a day, and be awake the other seven. That's just a small example of some of my side effects of having bipolar if you can call them that.

As the years went by, my support system grew. I have doctors that listen to me and don't see me just as another number. I have coworkers that notice if I am a little off and take some time to make sure I am okay. And, I'm so thankful I report to two of the most empathetic and helpful women I have ever known at my place of employment. But, you may be currently building

your support system. If it's small right now, or even nonexistent, don't worry; give it time and nurture it. Eventually, it will grow.

One way to grow it is to stay in touch with people, especially right now. It's okay to continue to be social. Interact with your friends on Facebook or other social media platforms of your choice. One of my favorite websites to go to for advice is The Mighty, which collects first-person columns from people who experience a variety of mental or physical health challenges, and share the ways they overcome them. Additionally, there are plenty of online support groups and telehealth providers which you can reach out to for help, as well. Be open minded in finding the platforms that work best for you. Eventually, your support group will flourish.

We just have to adjust our way of thinking right now. Maybe we can all make a difference by changing our thoughts away from the hashtag #socialdistancing and instead start using #physicaldistancing. It might just change one person's life. ■



SELF-CARE BINGO

By Tanya Ruhl

Self Care is something many of us over look on a good day let alone during times like the ones we are going through right now. Remember, taking time for yourself is not being selfish.

Senior Clinical Special Kate Ramsey defines the differences between selfishness and self care as this; “Selfishness is when you always place your needs ahead of others and self care is when you tend to your needs with compassion and kindness so that you can by there for others.” So be kind to yourself and take a few minutes each day to see if you can win at our Self Care Bingo game.

SELF CARE BINGO

Take a Shower	Challenge Negative Thoughts	Create a Journal Entry	Draw a Picture
Drink Water	Try Something New	Use a Coping Skill	Ask for Help
Read a Book	Watch a Funny Video	Give Myself a Compliment	Do a Deep Breathing Exercise
Go Outside	Let Myself Cry	Call Someone You Haven't Spoken to in Awhile	Eat a Healthy Snack



SCHOOL'S OUT: HOW COVID-19 CHANGED THE CLASS OF 2020 FOREVER

by Reed Alexander

I'm a graduate student at Columbia University. In spite of what the coronavirus has done to our year, my classmates and I won't let this pathogen defeat us.

At 8:41 p.m. on Sunday, March 8, I was in a taxi heading home after dinner with friends on the Upper West Side of Manhattan, when I received an email from Lee Bollinger, president of Columbia University. An unidentified individual on campus was quarantined after possible exposure to the novel coronavirus that had been stalking countries around the world. Now, classes would shift online for two weeks. It just so happened that we'd have spring break sandwiched in between, which meant that we'd effectively be off campus for three weeks.

I gulped. That seemed like a long time to be cut off from friends and faculty. Who was exposed? we wondered. Would that person test positive? Were others at risk?

That March 8 email marked the beginning of a steady slope of bad news, which eventually led to classes being moved online for the rest of the semester, and the campus being all but sealed off. The virus, a phantom invader too small to see without the strongest of microscopes, has dragged us here.

I'm a master's student at Columbia University's Graduate School of Journalism in New York City. On May 20, my fellow students and I planned to walk across the Ivy League graduation stage wearing our sky-blue Columbia robes to accept our diplomas. Now, at least for the time-being, those dreams of graduation have been dashed, canceled in a May 20 email from President Bollinger. He was right to call off the commencement ceremony; it's too dangerous to gather so many people in such close proximity. Nonetheless, it still hurts.

As I write this, I'm in Rhode Island where I have sought refuge from the virus. Though there are just a few diagnosed cases of COVID-19 here now, eventually the pathogen will blanket this remote stretch of the New England coast. (After all, some

epidemiologists have predicted that up to 60 percent of the world's population may be infected with the disease.) Until it does, I've stayed busy by writing and launching my own news site to tell stories about the virus. Our school has also debuted a publishing platform for our stories too, giving us a home to produce stories and do our jobs as reporters.

In the mornings, I go for walks around the neighborhood, smiling at my fellow explorers who have bravely ventured outside. We strictly adhere to the principles of social distancing, staying at least six feet apart from one another, often much more. These small luxuries would be next to impossible in New York City, the current epicenter of the outbreak.

I brought a few relics of my time at Columbia with me to Rhode Island: a navy blue tumbler from the bookstore for drinking tea, and a black leather portfolio with a gold University insignia emblazoned on the front. I used to feel so proud taking notes in it during my first-semester reporting class.

Leaving New York was a strange experience. Just two weeks before, I had been sipping coffee with friends on the steps leading up to Low Library and grabbing lunch at our favorite Thai restaurant a few blocks south of campus. Now, we meet for our virtual classes on Zoom, but seeing my friends' digitized faces in one-inch boxes on screen isn't the same.

At the time of this writing, the coronavirus has yet to infect me or any of my loved ones. Columbia, though, has been hit hard: Students at one popular university dormitory were instructed to move out of their dorms after a resident died from COVID-19, and many more may have been exposed. International students are terrified; some of my own friends can't get back to their families thousands of miles away, cut off by travel restrictions.

We know that this virus wages an onslaught on the lungs but, in different ways, I'd argue that it goes after the heart and the mind, too, shattering the former and sending the latter into a tailspin of anxiety. But I also know that, in time, we will get through this crisis, as a university, as a country, and as a world.

I know this because, as a journalist, I have witnessed the power of resilience firsthand. Before I enrolled at Columbia, I was the managing editor of the very publication that you're reading now. At Retreat Behavioral Health, I reported on substance abuse and mental health, interviewing dozens of people in recovery. They told me stories of living under highway overpasses, in

abandoned houses, or being raped almost daily. They endured abuse, sold their loved ones' family heirlooms, and even turned to prostitution to fund their addictions. Somehow, in spite of that, they still managed to pull through. They faced the darkness and drove it out.

To get through this crisis, we will need to draw on similar reserves of tenacity. Right now, it's too early: Many of us are still in shock, and many more are trying to make sense of a dizzying news cycle that moves at light speed. But, eventually, we will settle in for the long fight ahead of us, uniting to do battle against this enemy.

I've made peace that it's going to be a while until I step foot onto the Columbia campus again, sip coffee on the library steps with my friends, or go to our favorite Thai restaurant. It may even be several months until I return to New York. But I've realized that my time at Columbia Journalism School doesn't end with the arrival of COVID-19. It begins here — a new dawn where we all become the reporters we have trained to be, spurred into action in this moment of disaster to do the journalism that we came here to do.

The school is still with me in the Columbia sweatshirts I packed on that last night in New York, furiously stuffing duffel bags with whatever I could find in my closet. It's with me when I call my friends on FaceTime to talk about whatever entertains us. It's with me in every word I write, refined by lessons from faculty who have made me the reporter that I am today.

So, until that day comes when we all gather again for graduation, I'll keep working to make my teachers and classmates proud. I'll draw on that most remarkable of remedies—hope—to keep going.

And I'll go to sleep each night with a vision on my mind as I drift off into the netherworld of dreams: a vision of all of us, together again, walking across that graduation stage. ■

Reed Alexander is a journalist at Columbia University. Previously, he was the managing editor at Retreat Behavioral Health. Follow Reed on Twitter: @reedalexander.



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SELF-CARE TIPS FOR COLLEGE STUDENTS

By Ariana Lobo

College can be a time of great change and great adventure. Yet in those periods of life where great amounts of change are taking place, we must monitor our health—especially in this era of COVID-19.

As a former college student, I am blaringly aware of the challenges that face so many of our young people when it comes to attending to their mental health and self-care. So below are just a few simple and maybe unexpected tips that can help you as a college student stay healthy and at peace.

1. Cleanliness & Safety

With such an unexpected turn to the school year, due to COVID-19, practicing the highest health and safety standards is ESSENTIAL. Not only are these standards essential to your health and wellness, but provide a sense of security that benefits your mental health.

- Wash your hands. Remember this is the leading recommendation on behalf of the medical community to combat the direct spread.
- Sanitize all surfaces, especially your phone! With so much virtual connection for both personal use and school-related activities, do not forget to sanitize those electronics so many students are using in excess right now.
- Communicate your needs. College life is challenging enough on its own, however during a time such as this, it can be even more important to reach out to the sources that you need to remain mentally and emotionally stable. So do not hesitate to maintain contact with your friends, your family, your teachers, or your therapist. In fact, many universities are still offering all therapeutic and counseling services, but by virtual means.

2. Exercise

Classes can take such a toll. However, it is not commonly discussed how much of a toll our brains go through when we are learning. The breaks we afford ourselves when learning are so important. They are the times we can actually take extra



time to process what information we are taking in. Exercise can keep energy levels up, brain stimulation high, and anxiety levels low. So whatever that exercise looks like to you, just getting in a little bit each day can be vital.

3. Scheduled “Vent” Sessions

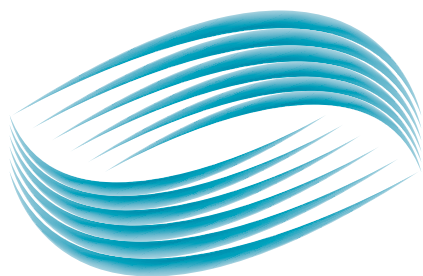
I remember having a classmate that would schedule a “vent” session with her aunt. Every Saturday for 40 minutes she would call this close family member and get out all her frustrations, big and small. The fact that this time was scheduled, provided her with the ability to work it in to her schedule and also allow for a time to process all the difficult emotions of college life.

4. Music & Art

Music has such healing power, as well as any and all art forms. Using an adult coloring book, for example, is now shown to decrease stress and stimulate brain activity. Two things every college student needs! So if it’s for five minutes or five hours, whatever time you can take to unwind in this way, can be helpful. The art of being “mindful” while “mindless” is extremely healthy and powerful.

5. Diet

It is reported by the Association of Anorexia Nervosa and Associate Disorders that approximately 20% of college girls participate in extreme dieting. With such a high activity rate for all the demands of a university setting, a student is going to need all their strength. Therefore, the dieting culture popular in many colleges is simply not helpful or healthy to any given students’ success. So it is encouraged by many health experts that young people eat set meals throughout the day, and even several snacks in between. Stay focused on clean eating and understand that your body is only as strong as it is fueled to be! ■



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