



Older & Wiser...Not Necessarily — EVERY CHOICE MATTERS —

We make many choices throughout life. And as we grow older, although the choices before us increase in importance, they are—more often than not—utterly avoided! But if we face our choices and choose wisely, our choices may not only minimize aging's impact, they can, in fact, guide us to new adventures!

Our choices are both practical and spiritual, and are necessarily made with a head-on acceptance of our own aging and a conscious decision to be comfortable with that reality.

Aging, however, is frequently experienced by many of us with a simple approach of "What I don't think about... won't happen!" Ahhhh...but it does! And our avoidance of those choices may impact not only our own well-being, but the well-being of those we love.

Instead, we can look forward, consider our options and prepare for our own aging, to the degree that we can. We can make conscious choices, and sooner rather than later.



◆ **Our health and related health care needs:** Do we have chronic conditions that may pose challenges in the future? Can we prepare *now* for those challenges?

◆ **Our financial resources,** that is, our expected income, assets, insurance coverage and eligibility for benefits: Will they be adequate to maintain our current lifestyle, or are changes in order?

Next, we can decide to *identify our own responsibilities* regarding those issues, so that others around us are not saddled with decisions they cannot easily make. To address our expected future needs, we can take action *now*, such as:

◆ Broadening our social network to the greatest degree possible, through participation in new activities, volunteering and online contact, so that friendships remain vital in our lives.

◆ Moving to a smaller living space, so it is manageable, has few or no steps and is closer to our family, doctors, stores and public transportation. We can clear our homes of our unneeded "stuff"! [Give to family! Sell! Donate! Recycle!].

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IF WE FACE OUR CHOICES AND CHOOSE WISELY,
OUR CHOICES MAY NOT ONLY MINIMIZE AGING'S IMPACT,
THEY CAN, IN FACT, GUIDE US TO NEW ADVENTURES!

What are some of our choices?

First, we can choose to honestly *evaluate our personal resources*. We can evaluate *all* of our resources, including:

◆ **Our social network and friendships:** Would we like to make more friends? Are we *near* enough to our family and loved ones?

◆ **Our current housing:** Will it accommodate our needs if we cannot walk easily? Is it close to our family, doctors, stores, bus line, library or senior center?

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This will be my last time writing this column for TSI. Effective December 31, 2011, I am retiring from my position as Chief Executive Officer. It is with mixed feelings that I leave the organization. Having served for over 17 years as CEO and seven years as a Program Director, I have many fond memories. The work has been exhilarating, rewarding and at times very challenging. In spite of the obstacles that I have had to overcome to bring TSI to where it is, there are few things that I would do differently. During my tenure at TSI, I have always placed God first and consequently, I believe that I have been blessed in more ways than I can count.

NO MATTER WHERE I GO OR WHAT I DO,
TSI, THOSE WE SERVE AND THE STAFF
WILL CONTINUE TO LIVE IN MY HEART.

So if it has been such an amazing journey, such a privilege to serve, why am I retiring you may ask? I believe that there comes a time in everyone's life when they have to face the fact that they may just not have the energy or the enthusiasm to face the battles and the hassles that come with this kind of position. They may want a life that is more stress free and that allows more time for family, friends and other pursuits. That is where I am at presently. So while I still love aspects of what I do, I want another kind of pace for myself.



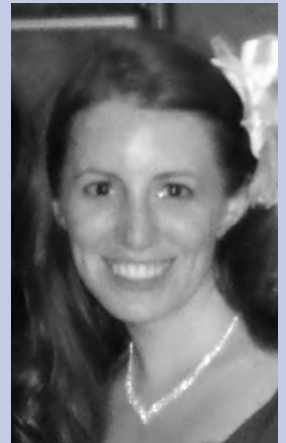
Sharon Alberts, CEO

I can't tell you how many people have asked what I am going to do in my retirement. A type A personality like myself does not retire and do nothing. But I am going to take some time to visit folks that I haven't seen in awhile; travel; do some of the domestic tasks that I have had to ignore because of the job; and look for opportunities where I can contribute and continue to make a difference. No matter where I go or what I do, TSI, those we serve and the staff will continue to live in my heart. I am going to continue to do what a friend and colleague advised and continue to "Enjoy the Ride." God Bless!



RENEE E. WILLIAMS

Lead by example is Renee E. Williams' simple but effective leadership philosophy. With active community service, Renee sets an example for others to emulate. A member of TSI's Board of Directors for almost a year, Renee also volunteers at Children's Hospital of Pittsburgh and Christian Legal Aide, which provides low-income clients with legal services. She works as General Counsel for a company in Moon Township which focuses on financial services.



The mission of TSI speaks to Renee, "I believe the work [TSI] does in the community and the services provided are invaluable."

Renee joined the Board right before TSI opened the Fair Weather Lodge in Moon Township. She began to frequent the blog spot Moon Patch, which focused on the opening of the lodge, and was "often shocked and saddened by the bigotry that seemed to exist" as she followed how residents reacted to the Fair Weather Lodge opening in Moon. "It

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THE NEIGHBORS WERE BASED SOLELY ON
PRECONCEIVED NOTIONS OF MENTAL ILLNESS."

was amazing to me how vicious the neighbors were based solely on preconceived notions of mental illness," she said. With the passage of time and an opportunity for neighbors to meet the residents of the lodge, the neighbors are now friendly. "I think this is a perfect example of how TSI has the opportunity to change the way people view mental illness."

Humble Leader's Award Validates Lifelong Mission



Sharon Alberts, CEO of Transitional Services, Inc., received another honor to add a final exclamation mark to her career before she retires in December. At this year's Pennsylvania Association of Rehabilitation Facilities (PARF) Conference she was given the "Distinguished Career Achievement" award for her contributions to the field of rehabilitation. The nomination declared what most of us who know her have had the privilege to witness, that Sharon has been an "ardent champion of community inclusion for persons with intellectual and psychiatric disabilities and the belief that the contributions of people with disabilities enrich our lives and our communities." All her actions as CEO and within the community at large have reflected her deeply held belief.

"Sharon has repeatedly taken on those members of the community that would oppose them [the rights of persons with disabilities]...taking on the

NIMBYISM of an entire community, or battling housing discrimination on behalf of her foster son..." In Sharon's ever humble manner, she commented upon receiving the award that "she was only doing her job." If all leaders and staff aspire to "only do their jobs" with the conviction, commitment and focus on service that Sharon has applied during her career, services and opportunities for individuals with disabilities will continue to be transformed. The complete nomination for Sharon's award can be found on TSI's website, www.transitionalservices.org.

PARF is a statewide organization of facilities serving individuals with physical, mental, social and/or emotional disabilities. Since 1969, PARF has been actively working toward improving the availability, accessibility and quality of rehabilitation services for persons with disabilities across the Commonwealth (www.parf.org).



Why I Donate to TSI...

I have been so blessed throughout my life in so many ways that I see giving as my responsibility and an opportunity to give back. I believe so fervently in what we do at TSI that I want the organization to have the extra funds to meet needs that can't be met through regular funding. And finally, as the leader of TSI, I must model the behavior I want others to exhibit. I can't ask anyone else to give if I don't.

– Sharon A. Alberts, CEO



Our sincerest gratitude to Staunton Farm Foundation for awarding TSI a generous grant of \$25,000 to enhance its service delivery system.

For info on making a contribution to TSI, please contact
Janet Whitney, 412-464-4370 ext. 252, jwhitney@transitionalservices.org

the Fine Line with Aging & POVERTY

HOW MANY ARE AFFECTED?



Everyone's been talking about the recession for what seems like a very long time. Financial gurus and economic experts spout advice about "protecting your assets" and "reaching your financial goals." TV and magazine ads for investment firms encourage people to "take control of your future." For a vast number of folks these phrases have little meaning. As Americans reach retirement age in record numbers, human services organizations have become more concerned and focused on the role of poverty among the aging and elderly. And although statistics show that a good portion of this country's wealth is held by people over the age of 65, there are other, more alarming statistics—ones that reflect the harsh reality of life for those who didn't know how or could not prepare for their "golden" years.

So, how many people are we talking about? That depends on where you look for the information. According to the Urban Institute, in 2009, about one in three Americans 65 years old or older lived in low-income families, including 8.9% at or below the poverty level. That was a decrease from 9.7% reported earlier in the decade. Experts agree that old-age poverty declined primarily because of Social Security's cost-of-living adjustment formula that increased benefits by 5.8% in January 2009.

Women are more likely to be poor as they age. 39% of women (30.6 million) over the age of 65 were poor or near poor. Ethnicity makes a big difference, too. The 2009 poverty rate was 18.9% for older African Americans, 18.3% for Hispanics and 15.8% for Asians.

However, stats are hard to pin down.

The Census Bureau's preliminary 2009 estimates indicated a 16.8% poverty rate among adults age 65 or older using the modern measure, which takes into account certain expenditures like taxes, child care and other work-related expenses, child support payments to other households, and out-of-pocket medical expenses and certain resources such as: food stamps, housing assistance and home energy assistance.

What are the issues?

According to the AARP Public Policy Institute, increased health care costs, longer life expectancies, soured retirement accounts and decreased property values are hitting the nation's older adult population extremely hard. The recession has left millions with higher expenses, lower incomes, depleted savings and reduced home equity or homes lost to foreclosure.

Longer term trends have also had a negative impact. Here are some key facts:

- 1. Half of those 65 and older** had annual individual income less than \$18,500. Ten million people over 65 had income less than \$10,800.
- 2. Half of all Medicare beneficiaries** spent more than \$3,013 of their own money on health care in 2006. The oldest and poorest beneficiaries spent about a quarter of their income on health care.
- 3. As of May 2011, job seekers 65 or over** spent an average of a year looking for work; there were more than seven million people 65 or older in the labor force; and the unemployment rate for this age group was almost twice what it was in 2007.
- 4. Growing debt.** In 2007, two-thirds of families with a head of household age 65–74 had debt. Of those, more than half owed at least \$40,000 (a 400 percent increase since 1989).
- 5. Wide savings gap.** Three out of five families headed by a person 65 or older had no money in retirement savings accounts (2007). Half of those with savings had less than \$60,800.

6. High cost of long-term care. More than six million people 65+ need daily assistance. Typical private-pay assisted living costs (2011) are more than \$39,000 a year. Nursing home costs are almost twice as much. Medicare pays for very limited nursing home care and does not pay at all for assisted living.

7. Social Security: a lifeline for many. Social Security kept 36% of older Americans out of poverty (2008). It is the principal source of family income for nearly half of older Americans and the primary source of income for older minorities and those with disabilities. More than a quarter of older African Americans and Hispanics depend on Social Security for almost all of their family income.

“IRONICALLY, MANY PEOPLE WHO ARE LIVING IN POVERTY ARE MUCH BETTER OFF THAN THOSE WHO ARE LIVING JUST A FEW DOLLARS ABOVE THE CUTOFF POINT.”

Many experts agree that all of us need to be better prepared for retirement with planning and savings. Relying on Social Security is not the answer. Social Security accounted for at least 70 percent of the cash income of poor and near-poor older adults. There is worry about the financial health of



Social Security. Discussions about raising the “early” retirement age for Social Security eligibility (that would prolong paying into the system and shorten length of dependency) and allowing for more money to be privately invested by retirees have been very popular.

Most of us have inadequate planning for resources needed for long-term care or even extended length of retirement. Good health plays an important role; about half of older adults in poor health lived in a low-income family, compared with about three in ten of those in good, very good or excellent health, who are better off. But inadequate savings have devastated some retirees when long-term care is needed. According to an Alliance for Children and Families 2010 report, *Aging in Poverty: A Call to Action*, there is a crisis related to older adults who live just above the federal poverty level and therefore are ineligible for many current programs

that target the very poor. “Ironically, many people who are living in poverty are much better off than those who are living just a few dollars above the cutoff point,” says Gina Botshtein of Jewish Family Services of Milwaukee.

Other financial concerns affecting the elderly and aging are energy costs, food insecurity and transportation costs. Older Americans are also more vulnerable to unscrupulous lenders who capitalize on seniors’ need for cash and usually have homes that can be mortgaged.

What can you do?

If retirement is still a ways away, save with a plan in mind. It is never too early to begin your strategy. Even small changes can produce significant savings, such as curbing impulse spending, carefully considering options for large purchases such as automobiles and appliances, making savings a priority with direct savings deposits and getting some advice about retirement accounts available to you. And don’t leave investment decisions to others; get information so you can be involved in decisions affecting your retirement accounts.

If you’re already reaching retirement age, become involved in senior advocacy groups such as AARP so your voice can be added to others to champion for protection of benefits and development of programs. Carefully consider supplemental health insurance plans that can fill in the gaps left behind by Medicare. And don’t be afraid to ask for help. There are local programs to assist with food supplements, energy assistance and transportation.

HOUSING OPPORTUNITIES

Looking for safe, affordable housing? Check out TSI’s new housing link:

- (1) Go to www.transitionalservices.org.
- (2) Click onto resources.
- (3) Scroll down to Housing / Housing Resources to access the housing opportunities.

Once you have found the direct website links, there will be a brief description of each. These sites will help increase your awareness of the many housing opportunities available in Allegheny County.





Joyce, a TSI employee, shares her experience of caregiving in hopes of helping someone else.

LIVE for TODAY

PLAN for TOMORROW

As we take a snapshot inside of someone else's experience, experts note that cultural and ethnic differences may influence expectations on family caregiving. In a recent study of caregivers, 39% of the participants identified themselves as men. In another study, 75% of caregivers in America were women; some taking care of spouses and partners; some adult children taking care of parents; and some parents taking care of adult children.

Joyce's father was a police officer, and her mom worked in a department store. Her parents planned to travel in their retirement years. However, they did not plan for a catastrophic illness. Joyce received a telephone call in 2008 that changed her life. Her mom was taken to the emergency room and then admitted to the hospital. Joyce recollected that her thoughts went to her dad, who had early onset of dementia. Joyce's mom had been caring for her husband. With her mom in the hospital, Joyce wondered how she was going to care for her father, work her full-time job and have her own life.

To further complicate the situation, Joyce had her own health concerns and was at best overwhelmed. Joyce contacted her Human Resources Department, and she used intermittent Family Medical Leave (FML) to attend appointments and provide care for her, and also her parents.

Joyce attended medical appointments to sign releases so doctors would know her face. She emphasized asking questions about technical terms used

by professionals. Last minute appointments and changes in routines can be difficult on employers. Joyce was honest about her situation, and her employer was more willing to work with her to manage the unexpected.

Joyce investigated in-home nursing care services, medication services as well as respite services. She eventually got her father into a respite program. Once her mom was discharged from the hospital, Joyce's parents utilized Dom Care Services and Meals on



Wheels. Joyce's parents ended up paying some cost out of pocket, and since her dad was a veteran he qualified for benefits.

As her dad's illness progressed, Joyce described how it broke her mom's heart when her husband was placed in an assisted living facility. Joyce knew if she was going to survive this she had to find support for herself as well. Joyce got a UPMC life coach who made sure she did things for herself and listened to her concerns. She joined a Yoga class to help her deal with the stress. Joyce noticed that as a result of these things her mood started to change.

Joyce's mom had fallen, which caused more complications. Her mom was hospitalized again and afterwards lived with Joyce for a while. Accommodations were made to Joyce's apartment, such as room for an oxygen tank and having handrails put on the bath tub. Her mom eventually had to move to a nursing home. Joyce was her parents' payee and visited her parents in both facilities, designating Saturday as her day to do so. During the other days of the week she worked and cared for her dog, Timmy.

Based on Joyce's experiences she recommended the following:

- ◆ Build a rapport with the medical professionals/providers.
- ◆ Investigate health care services to see what your family member might qualify for.
- ◆ Be proactive by getting regular health care checkups related to your age and don't wait for there to be a problem.
- ◆ Ask your Human Resources Department for more information about FMLA.
- ◆ In planning for retirement, plan for the good times but also plan for the unexpected, such as an illness.
- ◆ Do a Living Will, appoint a power of attorney and a payee in case you or your family member becomes incapacitated.
- ◆ When you can no longer live by yourself, think about where you can live.

The bottom line is to have a plan.

Laugh Often & Have FUN

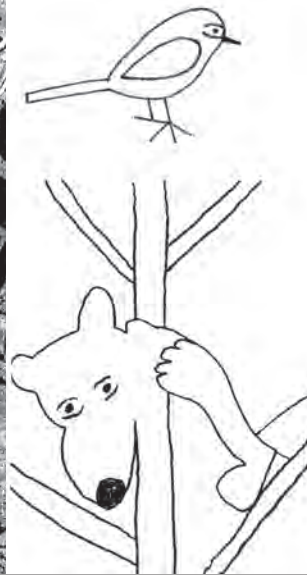


as You Grow Older!

Charles has found enjoyment in his art work as he grows older. He explained that it is important as you grow older to find something you enjoy and just do it. Charles has found comfort in his art work, not to mention a little extra income. According to Charles, older adults should find a hobby or new interest that they enjoy doing.

Charles Regrut was selected to have his artwork displayed at **Milestone's Art Market**. The Art Market is a new program located in the gallery space in Lawrenceville's ADT, formerly known as "Everyone An Artist." The program teaches employment skills while promoting the creative talent of the persons served at Milestone.

Charles created five charcoal sketches of animals, including: Gorilla drawn with dark outlines, Frog Drawing, Bear in the Trees (pictured above), Pair of Giraffes, as well as a bird drawing. Charles' artwork will be displayed on T-shirts and



Artwork by Charles

will be sold Tuesdays–Fridays from 10am–3pm. Those interested in purchasing Charles' artwork displayed on T-shirts may call the Art Program Manager at 412-621-2951. The grand opening of the Milestone Art Market was June 10th.

Terrence discussed several things that have helped him as he ages. "First and foremost is to take care of you, keep medical appointments, eat healthy and exercise." Terrence stated that he gave up smoking to live a healthier lifestyle. He feels

that getting older does not mean to hide out. Terrence has certain activities in his life that are very important to him. For example, he has made many new friends at the local senior center. Terrence feels as you get older it is crucial to make time for the things you enjoy. "Laugh often and have fun" as you grow older is his motto for living a good life.



"Take your time and just do it!" – Charles



"Laugh often and have fun" as you grow older. – Terrence

PERSONALIZING Your Medicine for RECOVERY

In the spring of 2009 TSI, among other recovery-minded providers, was invited to participate in the Recovery Learning Collaborative formed by Community Care Behavioral Health in partnership with Pat Deegan and Associates. The purpose of the collaborative is to help providers transform services into recovery oriented practices. Pat Deegan's CommonGround™ approach is the basis for this effort. The goal of CommonGround is to help individuals work with their doctors and treatment team to make the best decisions for themselves and their personal recovery. For nearly the past two years, TSI and others involved in the collaborative have been working to put in place the Personal Medicine element.

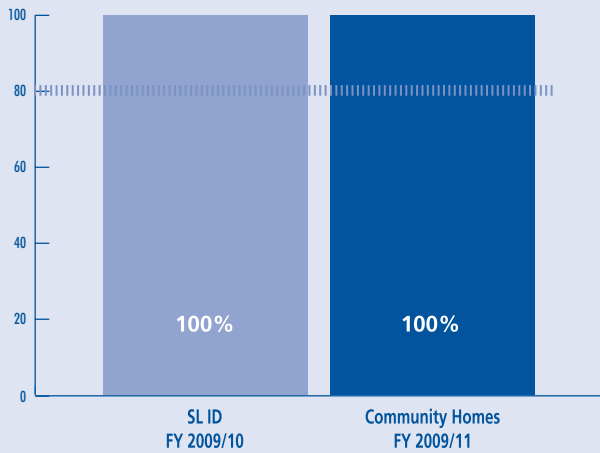
Simply stated, Personal Medicine is something that a person does to feel better about themselves, get enjoyment or give their life meaning. Personal Medicine is really important to identify because it does what pill medicine cannot—it motivates. It speaks to what is individually important and meaningful to each person. The outcome that TSI and the collaborative want to achieve is that all persons receiving

services have identified Personal Medicine. For the past couple of years, TSI's staff have been working with individuals to introduce them to the concept of Personal Medicine and help each person to identify their own. The chart to the below shows the results of that effort as well as other outcomes that TSI uses to evaluate the quality of services. If you have questions about this article or the agency's outcomes, contact the Main Office (412-461-1322) and ask for **Craig**. And remember, recovery is about more than just taking your prescribed medications.

For more information about the Recovery Learning Collaborative or for information about purchasing CommonGround, refer to these websites:

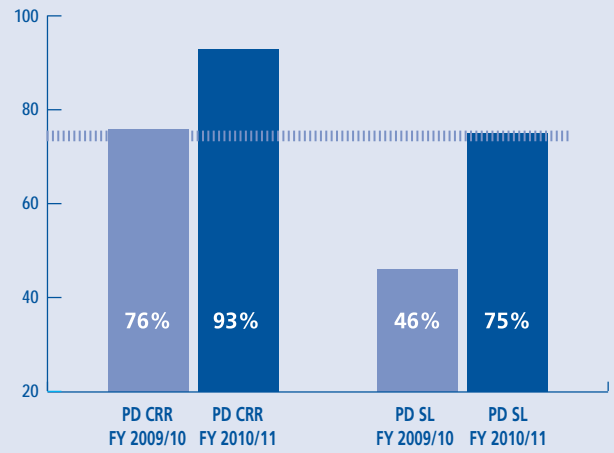
- ➔ www.ccbh.com/providers/recoveryinstitute/resources/commonground/index.php
- ➔ www.patdeegan.com/pat-deegan

**Individuals Living Safely in the Community
FY 2010/11**



Target of 80% was exceeded for FY 2010/2011

**Personal Medicine Usage
FY 2010/11**



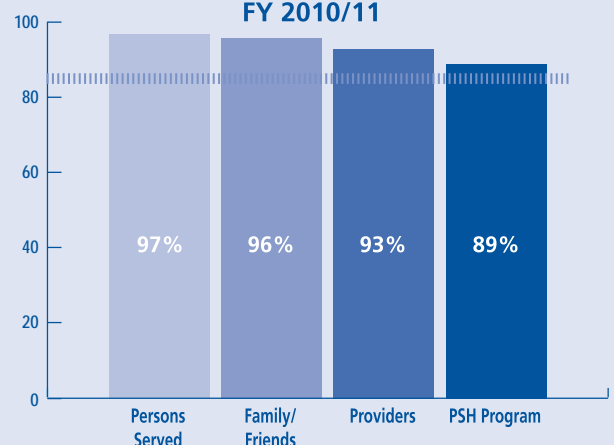
Target of 75% was met or exceeded for FY 2010/2011

**Rehab & Recovery Indicators
FY 2010/11**



Goals were exceeded (Target: 65%)

**Stakeholder Satisfaction
FY 2010/11**



Goals were exceeded for all groups (Target: 85%)

Hot Fun in the Summertime!



This year's annual picnic, sponsored by the Activities and Events Committee, was held on September 13, 2011 at the Four Seasons Resort. Persons served enjoyed playing games such as basketball, bean-bag-toss and BINGO! The picnic is always an event that allows persons served to interact with each other in a fun, lighthearted environment.

Congratulations!

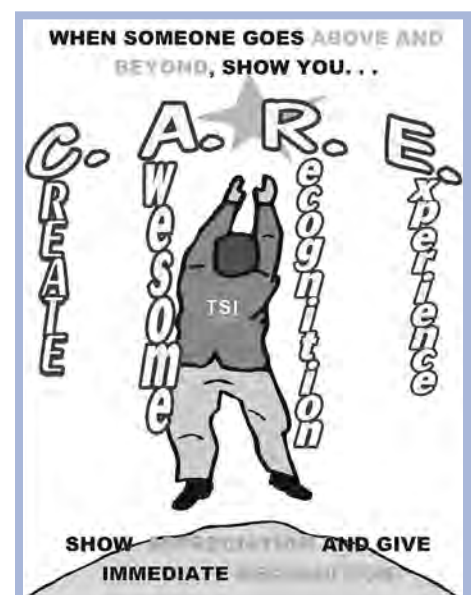
to the 2nd and 3rd quarter *Above and Beyond* Winners:

Joyce Snyder
ID SL

John Starr
Property Management

Damienne Tabuso
Community Supports Program

If you see a fellow TSI employee exemplifying the Values and Guiding Principles of TSI in such a way that you believe they have gone Above and Beyond not only what is expected but beyond their responsibilities as well, nominate them. Nomination forms are located in every office, or you can obtain one from the Human Resources Department by calling **Alissa Bell** at **412-461-1322 ext. 246**.



Certified Peer Specialist

PROGRAM



In November 2004, the Pennsylvania Recovery Workgroup generated the following definition of recovery to guide service system transformation in this state:

“Recovery is a self-determined and holistic journey that people undertake to heal and grow. Recovery is facilitated by relationships and environments that provide hope, empowerment, choices and opportunities that promote people reaching their full potential as individuals and community members.”

In 2005, the Pennsylvania Office of Mental Health Substance Abuse Services (OMHSAS) gave full endorsement to the definition and committed to transforming the state mental health system, which included the development of services that facilitate and support recovery. Peer Specialist Services have been defined in Pennsylvania as one of these services.

Peer support is a system of giving and receiving help founded on key principles of respect, shared responsibility and mutual agreement of what is helpful. Peer support is not based on psychiatric models and diagnostic criteria. It is about understanding another’s situation empathically through the shared experience of emotional and psychological pain. When people find affiliation with others whom they feel are “like” them, they feel a connection. This connection, or affiliation, is a deep, holistic understanding based on mutual experience where people are able to “be” with each other without the constraints of traditional doctor/patient relationships.

The **Certified Peer Specialist Program** teaches peer-specific skills relevant to providing peer support, creating a new standard for those persons providing peer support services in systems of care where credentialing requirements have traditionally excluded them from staff positions. As

“certified provider staff,” peer specialists work to help others with skill building, recovery/life goal setting, problem solving, establishing self-help groups, utilizing self-help recovery tools (e.g. WRAP) and serve as a model for personal recovery. Peer support specialists are hired to fill a variety of roles in many settings across the state.

At Transitional Services, Inc., the Peer Specialist program is housed under the Community Supports Program. Peers are hired to work with persons served in our community residential programs. Once hired, if they have not already received it, peers are encouraged to go through the certification classes to attain their credential. Their primary role is that of recovery educator and providing one-on-one peer support through our internal referral process. Services provided through the individual support include: WRAP plan development, help with transitioning to the community, mobility training and crisis prevention assistance working as part of the team with other staff. They sit on a variety of internal committees. Ad-

PEER SUPPORT IS ABOUT UNDERSTANDING
ANOTHER’S SITUATION EMPATHICALLY
THROUGH THE SHARED EXPERIENCE OF
EMOTIONAL AND PSYCHOLOGICAL PAIN.



ditionally, the peer specialists working at TSI have helped move the organizational culture toward a recovery focused approach by creating and conducting staff trainings. There have been numerous positive changes organizationally and individually as a result of hiring peer staff. It is through these types of new approaches and innovative thinking that TSI continues to be a regional leader.

Agents of Awareness & Kindness

Undaunted by the steady rain early Sunday morning on October 2nd, the southwestern PA community mobilized to attend the 5th Annual NAMI Walk to raise awareness about mental illness and recovery. Several TSI staff led by CEO **Sharon Alberts** braved the elements to attend this important event. When asked if she was considering not attending because of the weather, Sharon replied, "We can't let a little rain and bad weather prevent us from coming together." Many others shared her sentiment as numerous family members, service providers, advocates and even some *secret agents* were present. Secret Agents, members of The Secret Agent L Project™ as they are affectionately known, walked and also spread their message of kindness: "Be Kind No Exceptions"™. Laura Miller, aka Secret Agent L, a NAMI board member, explained the important dual purpose of her group's participation. She said that they were walking to support NAMI as well as promote the concept of using kindness to positively affect others. "All of us have pain and experience challenges. Touching peoples' hearts through anonymous acts of kindness is an easy way to reach out to others and tell them they matter." At this year's NAMI Walk, Secret Agent L's presence reminds us all not to forget that often times it is the little gestures we may choose to show one another that really do make all the difference. Each of us needs to feel supported and valued, and conveying support can be done simply yet powerfully through an act of kindness.

To learn more about NAMI or the Secret Agent L Project, visit the following websites:

www.nami.org
www.secretagentl.com



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**Touching peoples' hearts through anonymous acts of kindness is an easy way to reach out to others and tell them they matter**  
~~~~~



Older & Wiser...Not Necessarily

CONTINUED FROM PAGE 1



- ◆ Assigning someone as a healthcare power-of-attorney for the management of our future healthcare issues, even those as “simple” as selection of drug insurance.
- ◆ Assigning someone as financial power-of-attorney for the possible future management of our finances, if we become unable, from something as simple as routine as bill payment to as complex as application for public benefits.

Lastly, we can choose to affirm our aging and decide to age *spiritually and meaningfully!*

Regardless of our level of ability, we can make a point to always know (and routinely re-evaluate!) our personal

gifts and talents, determining the most appropriate way to share them with others in need, and, in that way, maintaining a personal and meaningful connection to the world around us.

We can develop the skill—when appropriate—of *gratefully and gracefully* accepting the kindness of family and of others, learn-

ing to resist the urge to remain fiercely independent, *if and when*, in fact, complete independence may no longer be practical, or safe.

In a combination of dialogue, photographs and writing, or video, we can share the stories of our lives with our loved ones, defining and imparting our core beliefs, and sharing the key life experiences that have molded our very essence.

Finally, we can practice the habit of an eagerness for new participation in life, asking ourselves: What new sights do we want to see? What new interests do we want to try?...foods...music?! What new friendships do we want to develop...and what previous relationships may we want to re-ignite?

There is a world able to offer us new experiences and waiting to benefit from our talents! Making conscious choices in our lives, as we grow older, adds both a practical and a spiritual dimension to our aging: it can add comfort, security and peace, as well as open us to the opportunity for personal growth.

With these and other choices made, we can grow into the adventure of the rest of our lives!

A former Executive Director of an organization providing care to the aging, Jan Carr has spent her career developing her expertise regarding issues key to this population. Ms.

Carr received her Masters Degree in Education from the University of Pittsburgh. With a genuine passion for Gerontology and a lifetime career in the field, she now avidly promotes the practice of conscious aging. For more information or to inquire about training, please contact Jan Carr at 412-247-1825.



Transitional Services, Inc.
Helping People with Mental Disabilities to Achieve Quality Lives

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412-461-1322 | 412-461-1250 fax
www.transitionalservices.org



Transitional Services, Inc. has been accredited by CARF for the following programs and services:

- Community Services: Community Housing
- Community Services: Supported Living
- Community Housing: Psychosocial Rehabilitation (Adults)
- Supported Living: Psychosocial Rehabilitation (Adults)

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◆ MISSION STATEMENT

To help people with mental disabilities discover and achieve their hopes and dreams for a meaningful life in the community.

◆ VISION STATEMENT

Transforming communities through the contributions of the people we serve.