Patient Rheumatoid Arthritis Social Support Initiative

BRIGHAM AND WOMEN'S HOSPITAL

Rheumatology Division – Arthritis Center

Peer Support Partner Guide

BRIGHAM AND WOMEN'S HOSPITAL

PARASS Peer Support Partner Training Manual

75 Francis Street
PBB-B3
Phone 617 732 5266
Funded through a generous grant from AMGEN

www.PARASSstudy.org

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Chapter 1

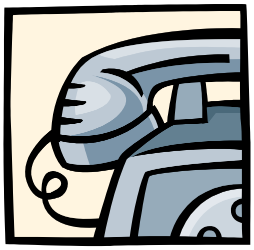
Overview of Peer Support Partner

Welcome to the Peer Support Partner Program. The Peer Support Partner program is available to any rheumatoid arthritis (RA) patient who would like to talk about living with RA with a fellow patient who has been trained as a Peer Support Partner. This guide is intended for those choosing to be Peer Support Partners and provides information, resources, and guidance for handling the partnership between you and your match. As a Peer Support Partner, you will receive training from professionals - counselors, a rheumatologist, and nurses - who will also be available to you if questions arise. You will have the opportunity to support another RA patient dealing with the complexities and disease-specific stressors that come from living with RA. Your support can complement that which is provided by clinicians in a very special way as you have experienced similar life challenges.

Our mission

To help fellow patients feel more hopeful, less alone, and more positive about life, and to help give them a sense of self-competence in dealing with their rheumatoid arthritis.

PARASS Contact Information



Below you will find a list of contact information for the PARASS team members. You can contact any member of the team regarding questions and concerns you may have, or if you just want to chat about your experiences as a Peer Support Partner.

Nancy Shadick, MD, MPH
Principal Investigator, Director

Chapter 2

Training Schedule

The training session is an opportunity to meet other Peer Support Partner volunteers, learn about methods that you can use for working with your patient partner, and experience role playing scenarios and techniques that will help you relax and draw on your own experiences when talking with your participant.

After the training session you will have:

- An overview of your role.
- More awareness of your own natural sense of how you can help another person with RA.
- Familiarity with possible topics that your participant might mention.
- Tools with which to assist and listen to your participants concerns.
- A connection with other Peer Support Partners.
- Experience in how to coach others from your center of strength.
- Procedures for managing your support relationship.

Chapter 3

Peer Support Partner

What is a Peer Support Partner?

A Peer Support Partner serves as a partner in care. S/he is someone who has experience living with RA and can help another patient feel more positive, develop practices that lead to better self management, allow the patient to express emotional concerns, and offer advice, support and encouragement. Coaching differs from teaching in that the coach is not placing emphasis on imparting new ideas but rather focusing on supporting others in their efforts to reach a goal. Although the Peer Support Partner is responsible for assisting the patient partner, often it is the Patient Partner that maintains the pace and control.

The first step

The BWH team matches you with your Patient Partner based on your experience, partner concerns, disease activity, personal interests and age and other aspects. Matches can extend anywhere from one phone call or to a period of weeks that builds a deeper relationship. We have established the term of a match commitment to 6 weeks and at the end of 6 weeks, both the Peer Support Partner and the Patient Partner can decide to end or continue if they choose. Some Patient-to-Patient relationships have been ongoing since the start of the program.

The BWH Peer Support process starts by having you, the Peer Support Partner, contact your Patient Partner by phone to become acquainted. During this initial call, you can explore with your Patient Partner what sort of support s/he is interested in whether to answer some immediate questions or to talk with one another over a series of weeks. During the training session and later in this guide, we present some ways to get to know one another as well as guidelines about how to manage phone calls and develop a relationship.

After your initial call with your Patient Partner, we ask that you contact the BWH team to let us know how it went.

Checking in conference call - We will also schedule monthly conference calls with the Peer Support Partners as a way to provide support to the coaches. The calls last about an hour and give Peer Support Partners time to share what has been working well and whether there are any issues or concerns. Members of the PARASS team will be involved in the call and available to answer questions.

Keeping a log – We will distribute a template for a log in which you can jot down some notes about what is discussed during the phone call. You can write down your sense of how your partner is doing, what topics came up, and anything of note that you think is important. You might also indicate when you both agree to talk next. This log can be helpful to you and your partner during the weekly phone conversations.

Structure and ideas for managing the phone call

Finding what works best for you and your partner will evolve over time. We suggest that you and your partner schedule a convenient time to talk, possibly at the same time each week so you both know when to expect to connect. Partners have found that telephone based peer support has been very helpful and allows for some anonymity and privacy. After getting to know each other, some partners have chosen to meet face-to-face and find that enriches their relationship but this meeting is optional and based on what partners feel comfortable doing.

Basics and tips for the phone call

- Suggested duration of the phone call - 20 to 30 minutes
- Scheduling – When you schedule the call, it helps to include the length of time.
- Make a plan about when to talk the next time before ending the first call.
- Peer Support Partners should call their Patient Partner.

What if you do not connect?

- If your partner doesn't answer when you have scheduled the call you should leave a message that mentions 1) you are calling as scheduled. 2) A request to "please call me back so that we can schedule the next time." Missing a call can happen due to someone forgetting or having a life event come up.

- When you hear back, reschedule the call for a time later that week if you are so inclined or schedule it for the following week.
- If you don't hear back, go about your day. Try again when you have time. If you still don't hear from your participant in a day or two, please contact xxxxx so that we are aware that this has happened.

Questions that come up during the phone call

If something comes up and you have a concern or a question, don't hesitate to call one of the PARASS team. (Team members and phone numbers are at the beginning of the guide). If you think that the person is depressed, please contact xxxxxx and if you don't reach xxxxx, call xxxxxx who will get in touch with a provider.

Remember that even if you cannot solve their problems, that having a caring person listening and connecting will make a big difference for your participant.

Closing the phone call – some things you can say

- We have ___ amount of time left, I want to make sure that if there is anything really important to say or talk about that we discuss it now. (The doorknob phenomenon: sometimes people wait until the end of a meeting to bring up the most important topic.)

- Any last thoughts before we go?

- So what is happening for you after we hang up? Pick up on what it is, and then to close the conversation pick up on what they are going to do next and wish them well and talk next week.

- If there is still a lot to talk about, tell the person, "Let's pick up on this the next time we talk." If you feel the person needs more time and really needs to talk, please call us and we will set up a referral.

- If the person still continues talking, you could say, "I noticed that we have run out of time. We will continue talking about this during our next phone call."

Confidentiality

We respect that much of the conversation between you and your partner will remain confidential. However, we anticipate that you may seek consultation and support from the PARASS staff regarding questions or concerns that arise in order to address them better. When your partner applies for a Peer Support Partner they will be informed that you may, at times, talk with professional staff about certain issues. This is for their benefit. Also, there may be instances when a doctor or nurse may follow up and contact your partner in order to provide appropriate care. We want to allow for confidentiality but at the same time are mindful that sometimes unexpected situations arise.

Reminders:

You are modeling self-care by putting boundaries on the call. A newly diagnosed RA patient that is getting used to living with limitations that they didn't have before~~,~~ needs a model of how to do that with self-respect. By limiting the amount of time, you are helping the participant develop that sense of self-care.

Your role is as a partner in care, providing information, helping your Patient Partner find ways to manage their disease, and offering advice, support and encouragement. If you are comfortable, let the person being supported control the agenda of the phone call.

Chapter 4

Peer Support Partner Tools

Visualizations

For inner calm in an anxious environment or with anxious people.

- Mountain Meditation: As you sit, relaxed and aware, begin to imagine a mountain – a mountain that you know in real life, or one from your imagination. In your mind's eye, fill in all the details – the peak, the sloping sides and center, the solid base rising up out of the Earth. Continue filling in all the details, making it as real and majestic as mountains are by nature. Once you have a full sense of the strength and beauty of your mountain, begin to imagine *being* the mountain: your bottom as the base, your torso as it rises up, your head as the peak. It gets buffeted by seasons – wind, cold, rain, sun, heat, snow, but all the while the mountain just sits, solid, strong, and peaceful. As you imagine yourself as the mountain, notice the feeling in your body: your head, shoulders, torso, back, bottom, and legs. Notice the feeling of strength, no matter what is going on around you. Notice the natural mountain-like qualities in yourself, surviving all that you have, and your ever-present, abiding strength of heart. (Adapted from Jon Kabat-Zinn – "Wherever You Go There You Are")

Relaxation

- Relaxation Cue: select a symbol of the strength, peace, and any other mountain qualities that you noticed feeling inside. Focus on this symbol whether it is visual, kinesthetic, or experienced through sound, smell, or any combination of senses. Allow this symbol, or cue, to embed itself in your memory, forever linked to feelings of peace, strength, dignity, and other positive feelings that you became aware of during the Mountain Meditation. Use this cue as a conscious reminder of, or a bridge to, awareness of your inner strength by focusing on it and evoking the sensation with your mind and in your body.

- Mindful Breathing: In the face of pain or anxiety, our own or someone else's, mindful breathing can help anchor us to the here and now. Rather than following our fear into worry or panic about the future, or replaying the unchangeable past, we can focus our attention on the breath. Simply notice the breath entering your body and leaving your body. Nothing fancy, just notice as air moves in and notice as it moves out. Not trying to do anything different or special, just breathing and being aware that you're breathing. Each time you follow your breath in and follow your breath out with attention, you are adding together moments in which you are actually present and awake.

These exercises were selected for their simplicity of use on the spot. The breath is always available. Your body can be your anchor to the present moment, and the doorway to your inner strength. Use these exercises in whatever way feels right for you. Feel free to adapt them to your specific needs. Remember having greater access to the calm center within you may take time, practice, and support. The higher the anxiety, the more challenging it may be to ground yourself in that place of calm inside. You can think of your relaxation cue as you move through your day and life. It makes sense to start practicing in less challenging situations. Some people think to take a conscious breath sitting at a traffic light, and other little, ordinary moments throughout their day.

Experiment with what works best for you in getting started, and from there, begin to use these tools in situations where you'd like to be the non-anxious, or *less* anxious, person sitting with someone else's anxiety. Keeping in mind, your compassionate heart, and the many ways you've already learned to communicate your care for others, is the core of this program.

Visualization and Relaxation reflection

- What did you find was helpful?
- How do you think it might be used working with your participant?

Situations a Peer Support Partner might encounter

(and suggestions for handling them)

Exercises in using your experience and your training to identify positive ways to deal with a partner who expresses pain fear, hopelessness or any of the statements below.

When encountering a Patient Partner who expresses some of the thoughts listed below, or is in a negative space, one approach is for you to **offer information**. The statements and concerns below, which you may encounter with your partner, can come from uncertainty about the future or lack of understanding about their disease. These feelings get more intense through fear and negative thinking. To help lessen fear, anxiety, and negative thoughts, you can provide information. Negative thoughts are often based on fear, not necessarily facts or reality.

In this situation, you can also **offer perspective** with more **helpful thoughts** and **hopeful experience**. Change is inevitable -- the symptoms, or situation, will not always be the same. We can't know the future, but in the present, we can choose to focus on thoughts that help us cope, or we can choose scary, fear-based thoughts. We can choose to deal with **one day at a time**, which is much more manageable than the future, and not get ahead of ourselves.

Of course, holding someone else's fear, or our own, with **kindness and patience** helps, too. There is a delicate balance between validating the fear as understandable, under the circumstances, but help ourselves and others not to let the fear take over, dictating reality. As a Peer Support Partner, you become the non-anxious presence in the face of someone else's fear. With someone overwhelmed by anxiety, your **compassion** and perspective are most helpful. Naming the feeling that the person is describing helps them to know that you understand: try statements like, "That sounds ______." or "If I were in your shoes, I might have felt ______, too."

As you know, there can be a change of identity that comes from living with this disease. Dr. Shadick's term "the New Normal" speaks to the process of acceptance and adjustment that is required of patients diagnosed with RA – a process that will include many emotions.

Topics that may come up:

- Fear of the future - will I be disabled or have deformities?
- Being overwhelmed with anxiety over having a chronic illness - will I have to take medication for the rest of my life?
- Dealing with the fatigue factor - how to handle fatigue
- Pain and fatigue making life activities difficult - sometimes hard for family members to understand
- Feelings of isolation: others don't understand what they are going through
- Finding themselves more irritable with others due to frustrations with their situation
- Hating to feel dependent on others
- Hopeless feelings leading to depression
- Decreased social circles if they are unable to work and loss of identity that goes with that
- Losses such as not being able to drive, not being able to clean their house the way they used to, care for others

Thinking about these topics, what would be a positive way to help someone who mentions this?

Chapter 5

Beyond Your Role as a Peer Support Partner: Additional Resources

Referral guidelines: topics where you might want to refer the patient to their doctor or a nurse.

NOTE: A Peer Support Partner can use these websites as well as share their own experiences with their partner. However, if your partner requests more expertise or needs to have more involved assistance, the Peer Support Partner should refer the patient either to their doctor or to one of the RA nurses, Pat Green or Fran Griffin.

Below are resources found on the Brigham and Women's Rheumatoid Arthritis Sequential Study (BRASS) website.

1. Medications – issues around drugs, which drug might be better, and drug side effects are better discussed with the doctor. However, a Peer Support Partner can talk about their own experiences e.g., fatigue from methotrexate. Basic information about the different medications is available at:
   http://www.brassstudy.org/?page_id=22

   There is also video of Dr. Weinblatt's June 4th presentation on RA mediation history, current drugs and recent developments, and future research.
   http://www.brassstudy.org/?page_id=75

2. Latest research – Patients should ask their doctors for the latest relevant research.

3. Fatigue – If the person is having overwhelming fatigue, again it is important to have them talk with their doctor. A brief article of some self-management techniques is available at: http://www.brassstudy.org/?page_id=3

4. Pain management – This is an important topic for the patient to take up either with the nurse or their doctor. (Pain can lead to a cycle of depression, fatigue, sleeplessness leading to more depression and pain.)

5. Herbs, vitamins, and alternative therapies. The research isn't clear about the benefits of particular herbs and some interact negatively with RA medications. It is best for the person to check with their doctor if there is any question whatsoever. You can read an overview about "Herbs, Acupuncture, Massage and Exercise at: http://www.brassstudy.org/?page_id=65

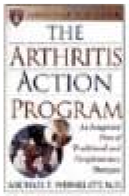
6. Cardiovascular health –
   Research has shown that RA patients have a shorter life expectancy than the general population. This is mostly due to the increased prevalence of cardiovascular disease (CVD) in RA patients. Researchers have yet to determine the exact reason for this high occurrence rate, but we do know that there are several things that you can do to decrease either your risk or severity of CVD. To read about ways to decrease risk, go to: http://www.brassstudy.org/?page_id=5

Additional Resources

Books:

Arthritis Action Program: An Integrated Plan of Traditional and Complementary Therapies – Michael Weinblatt, M.D.

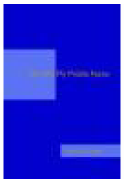
Pub. Date: Dec. 2001



Dr. Michael Weinblatt, one of the primary investigators of BRASS, offers a medical guide to rheumatoid arthritis, including background information about RA and an analysis of alternative therapies. He compares current medications and their risks and offers a physician's perspective on managing the illness. This guide is a valuable reference and resource.

Pain Was My Middle Name – Anita Li Chun

Pub. Date: Feb. 2006



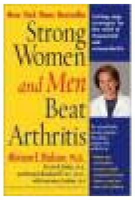
In this stirring memoir, Ms. Chun shares the challenges she has encountered living with RA since she was diagnosed at 26. She describes how, through tenacity and a positive approach, she has been able to conquer the difficulties of her illness and live a happy and complete life.

The First Year-Rheumatoid Arthritis: An Essential Guide for the Newly Diagnosed – M.E.A McNeal and Kevin Sack

Pub. Date: Jan. 2006

Drawing on the knowledge she amassed about RA since her own diagnosis, Ms. McNeil has compiled this excellent manual for the newly diagnosed. She details what to expect during the first year after diagnosis, including lifestyle and habit changes helpful to tackling RA. Ms. McNeil also addresses the emotional impact of RA and how to find support groups.

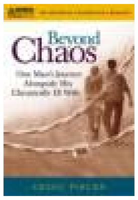
Strong Women and Men Beat Arthritis – Miriam E. Nelson, Kristin Baker, Lawrence Lindner, Ronenn Roubenoff



Pub. Date: March 2003

The authors of this book have developed a simple and practical plan that has been proven to help reduce the pain and immobility of arthritis. This book contains a home strength-training regimen as well as a nutritional plan to reduce stiffness, inflammation, and other arthritis symptoms.

Beyond Chaos: One Man's Journey Alongside His Chronically Ill Wife – Gregg Pilburn



Pub. Date: 2000

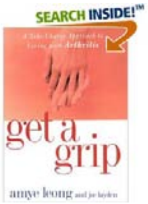
Gregg Pilburn shares the courageous and heartwarming story of how his wife's fibromyalgia changed not only her life, but their relationship and his life as well. Learn how he worked through the frustration, anger and guilt to re-examine his priorities and expectations. Discover how living with chronic illness brought a new level of trust and intimacy to his marriage, and let his experiences guide you through your own journey.

Wellness Book: The Comprehensive Guide to Maintaining Health and Treating Stress-Related Illness

Pub. Date: 1993

Herbert Benson and Eileen M., R.N. Stuart share their extensive knowledge, providing patients insight into gaining control of their health and wellbeing. This book outlines many relaxation techniques useful for treating stress related illnesses.

Get a Grip! : A Take-Charge Approach to Living with Arthritis



Pub. Date: 2002

Amye Leong and Joe Layden share Amye’s personal story coping with a life changing diagnosis of Rheumatoid Arthritis at the age of eighteen. Amye discusses her struggles and eventual triumphs over her disease, bringing a fresh outlook on the day-to-day issues faced by the millions of Americans with RA.

BWH Clinical Resources

Pain Management Clinic: Offers a range of services from simple office procedures, such as trigger point injections and epidural steroid injections, to fluoroscopically guided procedures, such as facet injections or lumbar sympathetic blocks.

617-732-9060
850 Boylston Street
Chestnut Hill, MA 02467
http://www.brighamandwomens.org/anesthesiology/Pain/

Sleep clinic: Our department is proud to serve the patient community and their families. We provide state-of-the-art evaluation and treatment services, and delivering quality patient care is the center of everything we do. For individual service descriptions and other resources for patients, please visit the Patient Resources section of our site.

Sleep Clinic
Sleep Health Center
Suite 109
1400 Centre Street
Newton, MA 02459
Tel: (617) 527-2227
http://www.brighamandwomens.org/sleepdisorders/

Outpatient Physical and Occupational Therapy:_The department of Rehabilitation services of Brigham & Women’s Hospital provides Physical and Occupational Therapy Services, Speech and Swallowing Services and Orthopedic Technician Services.

Brigham & Women's Hospital Department of Rehabilitation Services Ambulatory Service (45 Francis Street):
617-732-5304
Brigham & Women's Department of Rehabilitation Services Ambulatory Service (850 Boylston Street):
617-732-9525
http://www.brighamandwomens.org/RehabilitationServices/default.aspx

Osher Clinical Center for Complimentary and Integrated Medical Therapies:
The Osher Center staff has worked and trained together for several years, becoming a cohesive team whose members understand the value of each other’s unique treatment approach. When appropriate, we offer a combination of therapies under one roof, documented in the patient’s Brigham and Women’s Hospital unified electronic medical record. Most important is that we encourage patients to participate actively in any decisions regarding their health care. Services we provide are acupuncture, chiropractic, massage, mindfulness-based stress reduction, occupational therapy, consults on herbs, vitamins and supplements and more.

Osher Clinical Center for Complementary and
Integrative Medical Therapies
Brigham and Women’s Ambulatory Care Center
850 Boylston Street
Boston, MA 02115
Phone: (617) 732-9700
http://www.brighamandwomens.org/medicine/oshercenter/default.aspx

Brigham and Women's Patient Services
Patient services can assist you with questions regarding insurance, billing, and medical visits.

Brigham and Women's Outpatient Services
Outpatient services: 617-732-5964
Patient billing: 617-724-1914
Inpatient accounts: 617-732-5538
Doctors referral services: 1-800-608-6294

If you have trouble paying for medication or services, speak with your doctor about potential monetary assistance.

Brigham and Women's Medical Records
The medical records department provides patients access to their records. Having access to your records can ease the stress of changing doctors or relocating to a new area.

Brigham and Women's Medical Records: 617-732-6071
Radiological films: 617-732-7180

Financial Assistance for Medications
Rheumatoid Arthritis Patients

1. **Enliven** - A program funded by Amgen, provides financial assistance to individuals without insurance who are on Enbrel. Patients must be on Enbrel and can not have insurance.

   Residents of Massachusetts can not use Enliven services.

   Contact Information:

   An Enliven representative can be reached at 1-888-436-2735.
   http://www.enlivenservices.com

2. **Encourage Foundation** - Foundation that provides financial assistance to patients on Enbrel who have insurance. Assists with medication and medical visit co-payments.

   To receive information contact the Enliven program listed above.

3. **HealthWell Foundation** - The HealthWell Foundation® is a 501(c)(3) non-profit, charitable organization that helps individuals afford prescription medications they are taking for specific illnesses. The Foundation provides financial assistance to eligible patients to cover certain out-of-pocket health care costs, including:

   - Prescription drug coinsurance, co-payments, and deductibles
   - Health insurance premiums
   - Other selected out-of-pocket health care costs

   Contact Information:

   The HealthWell Foundation®
   P.O. Box 4133
   Gaithersburg, MD 20878
   1-800-675-8416

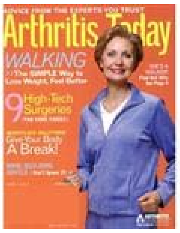
http://www.healthwellfoundation.org

Arthritis Foundation

The Arthritis Foundation is a national not-for-profit organization that supports different types of arthritis and related conditions with social support, advocacy, programs, services, and research.

Arthritis Foundation
P.O. Box 7669
Atlanta, GA 30357-0669
1-800-283-7800
http://www.arthritis.org

The Arthritis Foundation publishes a bi-monthly magazine called “Arthritis Today” which covers medications, lifestyle issues, nutrition, and many other topics. A free issue is provided by signing up on the Arthritis Foundations website http://www.arthritis.org.



Massachusetts Chapter
29 Crafts Street, Suite 450
Newton, MA 02458-1287
info.ma@arthritis.org

Phone: 617-244-1800
Toll-free: 800-766-9449

Massachusetts Chapter

The Massachusetts branch of the AF offers variety of programs and events throughout the year and continues working hard to expand our reach into communities and areas that need our services. For example, you can find a list of aquatic and exercise programs offered across the state on their website.http://www.arthritis.org/chapters/massachusetts/

*RA*Connect

A special section on the AF website, *RA*Connect, connects people with arthritis to talk to others or to ask experts. It contains a wealth of information including a number of personal areas - chats, personal stories, personal profiles, expression gallery where people post pictures or brief summaries of themselves. This community was designed to be easily accessible despite location or lack of resources, whether you are undergoing treatment and may not be physically able to attend a traditional support group or if you feel uncomfortable sharing your experiences, concerns and fears in public settings. The service is free, convenient around the clock via the Internet.

Connect with the online discussion group to talk with others on any issue related to living with RA. Hearing about other’s experiences and stories gives emotional relief, helps you feel less isolated, and provides a place to discuss things you might not be comfortable talking about with your physician. Topics can range from dealing with the nausea and fatigue from Methotrexate vacations.
http://ww2.arthritis.org/communitiesnew/forum/radiscussion.aspx

Websites

1. **The BRASS Study website** can be accessed at http://www.brassstudy.org. This website contains information about the Brigham and Women's Sequential Arthritis Study (BRASS), stories of patients with RA, newsletters, and a forum for discussion between participants.

2. **The PACO website** can be found at www.pacostudy.org. The Patient Centered Outcome Initiative (PACO) website provides information about patient tools, upcoming seminars, and community outreach.

3. **The Arthritis foundation** website can be accessed at http://www.arthritis.org/. This website offers information on the latest research, literature, and other information regarding RA management.

4. **HealthTalk** has an RA community at http://www.healthtalk.com.

Resources found on the Brigham and Women's Rheumatoid Arthritis Sequential Study (BRASS) website.

7. Medications – issues around drugs, which drug might be better, and drug side effects are better discussed with the doctor. However, a peer coach can talk about their own experiences e.g., fatigue from methotrexate. Basic information about the different medications is available at:
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    http://www.brassstudy.org/?page_id=5

Transportation Resources

To apply for a Handicap plate:

Application forms for a disabled license plate and placard can be found at: http://www.mass.gov/rmv/forms/disabled.htm

The forms need to be completed by the applicant as well as signed by a medical professional.

There are several different services that provide transportation to medical appointments in and around the Boston area.

1. **MARTA (Massachusetts Association of Regional Transit Authorities):** MARTA provides shuttle services to veterans, elderly, and disabled individuals to medical appointments around Boston and surrounding areas for a fee. For service information call the numbers listed below are you can access information on the MARTA website. Individuals on Medicaid can be deemed eligible for free transportation.

   MARTA
   978-353-0333
   1-800-854-9928 #2
   info@MontachusettRTA.org.

2. **The Ride:**
   The Ride is a paratransit program of the MBTA. This service provides door to door transportation to people with physical limitations that are unable to use general transportation all or some of the time. The ride costs 2.00 each way per individual. An application is necessary and can be accessed on the MBTA website or by calling the numbers listed below.

   MBTA Office for Transportation Access
   10 Park Plaza - Room 5750
   Boston, MA 02116
   (800) 533-6282 in-state toll free
   (617) 222-5123
   TTY (617) 222-5415
   http://www.mbta.com

Chapter 6

Inspirational Thoughts

"Lance Armstrong said that if he had to choose between the experiences of disease and winning the Tour de France, he'd choose disease; he says it's made him more human. Fortunately, we are not faced with a life-threatening illness, but we can still be changed by a reappraised, refocused life. This diagnosis motivates us to begin to do things we've always intended to do to take care of ourselves. It changes our angle of vision; it prompts us to educate ourselves and act on what we learn. It can bring families and real friends closer. IT can be a catalyst for us to simplify our lives and let go of things that are not important." *Taken from* The First Year: Rheumatoid Arthritis*, M.E.A. McNeil*

"I read and walked for miles at night along the beach…searching endlessly for someone wonderful who would step out of the darkness and change my life. It never crossed my mind that that person could be me". *–Anna Quindlen*