

Endurance:

Cherie's Story

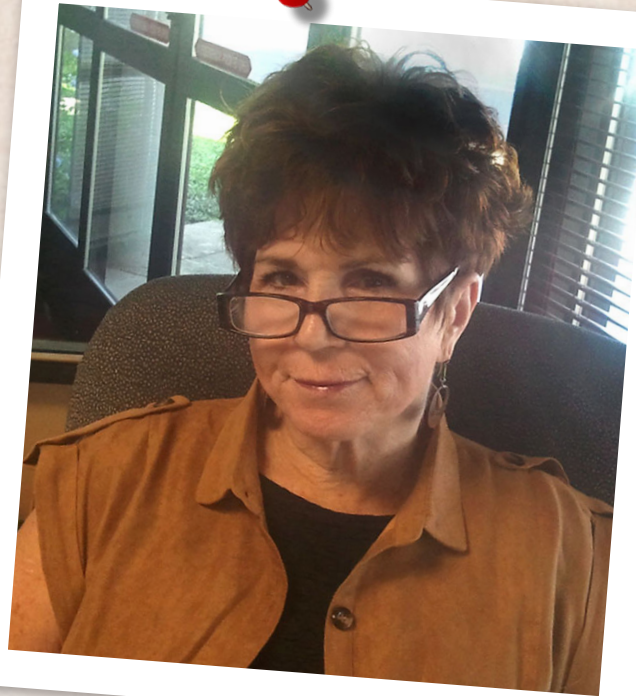
Distant voices whispered, “*She’s lucky to be alive.*” Forty five-year-old Cherie didn’t know where she was or who was speaking. Her vision was blurred. She heard people conversing in hushed tones, but couldn’t process what they were saying. Shock and anesthesia interfered with her ability to separate what was real from the strange dream she was having. She was uncomfortable and knew something wasn’t right. Several faces, her parents’ among them, looked at her with pained expressions that gave her a twinge of anxiety. Anesthesia worked its way into her bloodstream while she heard herself saying, “*Why are you all looking at me like that?*” The rhythmic beeping and antiseptic smell around her began to fade, and as she slipped into unconsciousness, she thought “*...whatever this dream is, it will be gone when I wake up.*” It wasn’t gone. Cherie had no memory of the car wreck that almost took her life. But when she woke to a lengthy hospital stay, it all came back.

Vulnerability and Resilience

The 1998 car crash was the most recent in a series of traumatic events that peppered Cherie’s life in the decades following high school. Vulnerability and resilience are opposite traits. But Cherie’s story serves as a reminder that when people find resilience after suffering, they learn what they are made of.

In the 1980s, Cherie was a straight A student with a love of learning, a passion for mathematical theory, and a propensity to fall in love. With these qualities, she anticipated a bright future. But a treatment-resistant mood disorder also made her vulnerable to the curve balls life can throw, and Cherie struggled to recover from some devastating events in her life. She says her stability was first thrown off by the death of a loved one when she was in college. She stopped going to school and had difficulty recovering from the depression that ensued. “*I kind of drifted for a while,*” she recalls. “*I lived in different places and did odd jobs until I returned to Stockton, CA, in 1985 to spend more time with my parents.*”

That was a good move. Cherie’s depression competed against an energetic and enterprising spirit that was gaining momentum with support from her family. “*My family is made up of farmers,*” she explains. “*Dad grew*



Clinical Depression

Clinical Depression is a medical illness that affects one’s thoughts, feelings, behavior, and physical health. It is a life-long condition in which periods of wellness alternate with recurrences of illness.

25 million Americans will have an episode this year alone, but only one-half receive treatment. If untreated, episodes commonly last anywhere from a few months to many years.

According to the World Health Organization, depression is a leading cause of disability worldwide and represents a global public health challenge. Depression is treatable in most people.

For more information and resources, visit the Substance Abuse and Mental Health Services Administration website at www.samhsa.gov/prevention.

Belgian endive, which no one was doing in 1986, and I sold it at local farmer’s markets.” Cherie began growing a variety of vegetables and had success selling the produce to a growing number of restaurants and markets in the area. From this, she started her own small produce sales operation.

With the right support, Cherie found her path to a better future. Find yours. To learn more, call the Ticket to Work Help Line at **1-866-968-7842 (V)** or **866-833-2967 (TTY)**, or visit www.socialsecurity.gov/work.

“Work gave me a purpose, so it pretty much helped keep my depression in check,” she recalls. Cherie recovered some of the health and well-being she had missed, and by the time she married in 1987, her life was once again on a positive path.

Darkness

But Cherie’s spirit was no match for what came in 1994, when she was the victim of a brutal attack that landed her in the hospital. This violent event triggered a mental health breakdown that began, she described, with small things. *“I stayed in bed for weeks, and then I just stopped making my bed,”* she recalls. *“Next, I found I couldn’t go through the mail. I was afraid to leave the house. My mind and body were shutting down and I stopped functioning,”* she recalls.

After the attack, Cherie’s mood disorder was compounded by post-traumatic stress disorder (PTSD). She was no longer able to work and her business closed.

When it appeared that things couldn’t get much worse, Cherie’s husband passed away at the end of 1994. *“This took me down so far, I was like a zombie,”* she says. *“I couldn’t bathe, feed myself or anything. I was catatonic in bed with the TV on. I quickly became a shut-in.”*

Post-Traumatic Stress Disorder

When in danger, it’s natural to feel afraid. This fear triggers many split-second changes in the body to prepare to defend against the danger or to avoid it. This “fight-or-flight” response is a healthy reaction meant to protect a person from harm. But in post-traumatic stress disorder (PTSD), this reaction is changed or damaged. People who have PTSD may feel stressed or frightened even when they’re no longer in danger.

PTSD develops after a terrifying ordeal that involved physical harm or the threat of physical harm. The person who develops PTSD may have been the one who was harmed, the harm may have happened to a loved one, or the person may have witnessed a harmful event.

To learn more, visit www.nimh.nih.gov/health/topics/post-traumatic-stress-disorder-ptsd

Cherie moved in with her parents once again. It was a dark time. In 1995, she began receiving Social Security Disability Insurance (SSDI) while she sought treatment. But treatment was not working. She struggled to get out of the deep emotional well into which she had fallen.

“I wasn’t getting any better,” she says. *“None of the pills I took helped... nothing seemed to work. People could sympathize, but no-one really understood what was happening to me,”* she recalls. *“Unless you have experienced severe, clinical depression, you can’t possibly understand what it’s like to not want to exist.”*

By 1998, when she hadn’t had much improvement, Cherie tried to end her life. She doesn’t remember the moment she made the decision to drive her car off of the road. But it’s hard for her to forget how much pain she was in at the time.

Dawn

After the car wreck, Cherie began a slow recovery. Staff in the hospital helped her find a treatment plan, and in 2000, she was making progress. For the first time in years, Cherie was able to focus on meeting the needs of her aging parents and she is grateful that they had this quality time together during their final years.

By 2006, Cherie had recovered a sense of well-being. That was when an unexpected opportunity came at the right time. *“I wasn’t looking for work. I didn’t think I was employable. I was scared to try,”* she recalls. *“I figured after being out of the workforce for so many years, no-one would be willing to hire me.”*

But when a friend was having a problem getting some reports done, Cherie offered to help and her friend was grateful for the favor. That favor turned into a few more. *“I went in part-time to help out around this office - just two hours a day. But it was great! I found that as time went by, I started feeling better. I realized, ‘wow. I can do this!’ The more I worked, the better I felt. I was getting out of my own head and involved in an organization [Service First] whose mission is helping other people. So I started to lift from the depression.”*

Ticket to Work and Work Incentives

Cherie had been lucky. The office where she helped her friend with administrative tasks and reconnected with her organizational skills happened to be Service First of Northern California, a Ticket to Work service provider. Social Security’s Ticket to Work program supports career

development for people with disabilities who want to work. It is a good fit for people who would like to improve their earning potential and who are committed to achieving long-term success in the workforce. Service First is among the more than 600 employment service providers around the country, known as “Employment Networks” (ENs). ENs help recipients of Social Security disability benefits (age 18 through 64) prepare for, find and maintain employment. ENs and state Vocational Rehabilitation (VR) agencies both provide these services for free through the Ticket to Work program. As Cherie spent time helping out at Service First, she learned about Ticket to Work and considered whether returning to the workforce full-time would be the right move for her.

“I continued to help out at Service First intermittently, until one day, the office manager didn’t show up for work. My hours became longer. I filled in from 8:00 am to 5:00 pm for a while. When it became clear I could do the job, they offered it to me! But I was scared about losing my SSDI and Medicare benefits.”

Most ENs help people find work with other employers. But Service First had a need for an office manager, which they believed Cherie was equipped to fill. It soon became clear to Cherie and the staff at Service First that she was a quick study, and that the work environment at Service First suited her well. When Cherie expressed her concerns about how work would affect her Social Security benefits, the staff put her in touch with Pat Ehlers, a benefits counselor at Service First. Benefits counselors like Pat are trained professionals who can help people understand how employment will affect their disability and health care benefits. Pat began by addressing Cherie’s concerns about the risks connected with going back to work. Cherie was relieved to learn that she would not lose her benefits as soon as she started working. She would have time to determine whether full-time employment was right for her.

The benefits counselor at Service First explained that special Social Security rules called Work Incentives make it easier for adults with disabilities to explore work and still receive health care (Medicaid and/or Medicare) and some cash benefits from Social Security.

“When I learned that the risk was not as big as I thought, that made it easier to start working, and to keep going from there. When I found out I wasn’t going to lose my benefits right away... it alleviated all of the biggest fears I had about going back full-time,” Cherie says.

Employment Networks



ENs offer free services through Ticket to Work that can help you:

- Find answers to your questions about employment and benefits
- Prepare for the workforce
- Find a job and stay employed
- Advance in your current job
- Get job accommodations
- Stay in touch with Social Security
- Stay Organized

Visit [choosework.net/Assets/docs-materials/TTW_Choosing_EN.pdf](https://www.choosework.net/Assets/docs-materials/TTW_Choosing_EN.pdf) for tips on choosing the right EN. Use the “Find Help” tool to connect with providers who offer the services you need to start or advance your career.

Find Benefits Counseling Help

Benefits counselors (also known as benefits advisors) are professionals who can explain how Social Security Work Incentives apply to you. Professionals who have completed Social Security-sponsored training that qualifies them to offer benefits counseling are known as “Community Work Incentives Coordinators” (CWICs).

Community-based organizations known as “Work Incentives Planning and Assistance Projects” (WIPA), have CWICs on staff. A CWIC can help you learn about Work Incentives and understand how work will affect your benefits. To find a provider that offers benefits counseling, visit www.socialsecurity.gov/work and use the “Find Help” tool. Use the “Advanced Search” feature to pinpoint services tailored to you. Select “Work Incentives Counseling” on the services menu to begin your search.

For help, call the Ticket to Work Help Line at **1-866-968-7842 (V)** or **1-866-833-2967 (TTY)**.

Many Work Incentives are available to make it easier for people to transition to the workforce. Because each person's circumstances are different, it's a good idea to consult a benefits counselor to make an informed decision about employment.

The Road to Recovery is Paved with Paychecks

In addition to benefits counseling, Cherie worked with the staff at Service First and received career counseling, computer skills training and advice on job accommodations through Ticket to Work. Pat Ehlers, Cherie's benefits counselor, worked with her to develop an Individual Work Plan, a roadmap to help Cherie reach her employment goals.

It has been eight years since she began working at and receiving employment support services at Service First. Cherie has worked her way up to the top administrative role in the organization. Now Assistant to the Executive Director, Cherie runs the office, and coordinates many components of the fifteen programs designed to help people with disabilities thrive in their communities. She traded in her SSDI check for a bigger paycheck in 2012, and acknowledges the important role employment has played in her long-term recovery.

"I am so fortunate to have found Ticket to Work and the people at Service First. Pat especially has a unique ability to see the value in people, and it keeps me inspired. This work has given me a lot of self-worth and contentment. I still go in and out of lower grade depressions, but nothing like the major episodes I experienced as a younger person. That all stopped since I've been working at Service First. I feel like I've finally found my path."

Learning about Work Incentives helped Cherie make a decision about working full-time

Cherie was able to test her ability to work during a nine month "Trial Work Period" (TWP), while still receiving cash benefits. After the TWP ends, a 36-month "Extended Period of Eligibility" (EPE) begins. During the EPE, most people with a disabling impairment get benefits for months in which they earn less than \$1,070 (Social Security's definition of "Substantial Gainful Activity"). Cherie was particularly relieved when Pat informed her about a Work Incentive called "Continuation of Medicare Coverage." According to this rule, SSDI recipients who work continue to receive Medicare benefits for at least 7 years and 9 months after completing the TWP. The Work Incentive that put her most at ease is known as "Expedited Reinstatement" (EXR). Cherie learned that with EXR, Social Security may re-start her benefits without a new application, if she has to stop work because of her disability within five years. Cherie felt better about returning to work knowing she would have time to acquire new skills and settle into her job without fear of losing her benefits.

You can learn more about different Work incentives by reading the Red Book, Social Security's guide to Work Incentives at www.socialsecurity.gov/redbook.

To understand how Work Incentives apply to you, meet with a benefits counselor.

