

**3<sup>rd</sup>**  
Annual

McLean County

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**Behavioral Health**

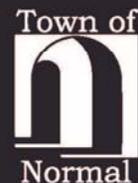
# COMMUNITY FORUM

**Thursday, October 17, 2019**

Bloomington-Normal Marriott Hotel & Conference Center  
201 Broadway Avenue, Normal IL 61761



Presented in partnership by



# The Ripple Effects of Trauma: Community Impact & Resilience

12:15 p.m. — 1:45 p.m.

Marriott Redbird Ballroom (C & D)



**Elizabeth G. Vermilyea, Ph.D. is** the Deputy Director at the Child Parent Institute in Santa Rosa, CA and has been working with trauma survivors and the people who advocate for them since 1991. As an independent consultant specializing in traumatic stress consultation, training and program development, Vermilyea provides substantive, interactive workshops on symptom management, compassion fatigue/vicarious traumatization, trauma-informed care, trauma-informed leadership, ethics, self-injury, trauma and addiction, and addressing trauma in medical settings. Vermilyea is the author of *Growing Beyond Survival: A Self-help Toolkit for Addressing Symptoms of Traumatic Stress* and co-author of *Risking Connection in Faith Communities: A Training Curriculum for Faith Leaders Supporting Trauma Survivors*.

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*Dr. Vermilyea will also be presenting during Session 4 in Redbird B on Trauma-Informed Leadership: Principles and Tools*

Dr. Vermilyea's keynote presentation has been sponsored by:



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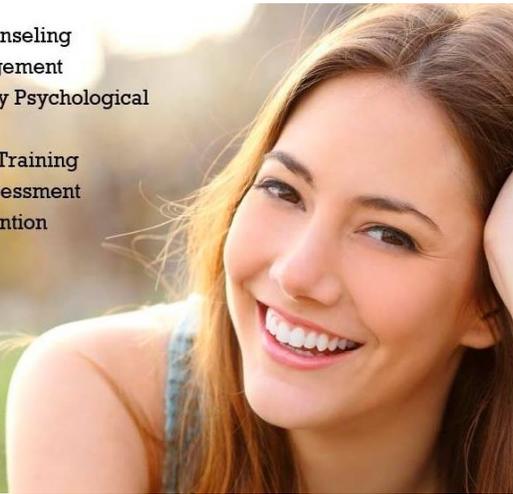
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The 2019 McLean County Behavioral Health Community Forum breakout sessions are structured so that you may interchange topics and attend sessions that appeal to you, or attend a series of sessions throughout the day pertaining to one overall topic. Below are the session tracks and corresponding rooms. The pages that follow depict the full agenda for the day.

## Session Tracks

- Redbird B:**            **Developing and Building our Future Workforce**  
*Attend sessions relating to youth and adolescent development (our future workforce), the impact of employment on mental health, establishing trauma-informed leadership principles in the work place, stressing less, and understanding perinatal mood disorders.*
- Redbird C:**            **Informed Topics**  
*Attend sessions to better understand trauma and resilience, living with and advocacy for disabilities, and better understanding PTSD.*
- Redbird D:**            **Community Updates and Emerging Trends**  
*Learn what has been going on in McLean County, understand transitions in marijuana usage and its impact, and better understand medications for psychological use*
- Redbird E:**            **Adults**  
*Attend a series of sessions relating to navigating a crisis in McLean County, how technology can be useful, functioning with chronic pain, and navigating the healthcare system.*
- Redbird F:**            **Healthy Living**  
*Learn about the significance of nutrition and exercise on mental health, the role of telepsychiatry, disordered eating, the role meditation can play on mood, and keeping the males in our lives mentally healthy.*
- Redbird G:**            **Youth and Adolescent Behavioral Health**  
*Understand the impact of substances on the adolescent brain, caregiving from an attachment and trauma-informed perspective, the importance of outdoor and nature play on youth development, warning signs of mental health concerns or suicide in youth, and the role of social media.*

# Agenda

7:30—7:55 a.m. **Registration—MARRIOTT CONFERENCE CENTER**

8:00—8:30 a.m. **Welcome and Opening Remarks — NORMAL THEATER**

*Please enter the Normal Theater through the Marriott Hotel & Conference Center*

*John McIntyre, Chairman, McLean County Board*

*Trisha Malott, Supervisor, McLean County Behavioral Health Coordinating Council*

8:40—9:35 a.m. **Behavioral Health in Youth Panel—MARRIOTT REDBIRD B**

**Session 1**

A panel discussion on topics relevant to the behavioral health in youth and the opportunity for attendees to ask the panelists questions. Moderated by Mark Jontry, Regional Superintendent, ROE #17

*Christy Kosharek, SPICE; Abby Lyons, ROE #17; Stephanie Barisch, Center for Youth and Family Solutions;*

*Colleen O'Connor, Project Oz*

**Trauma From the Perspective of Those Who Have Lived It—MARRIOTT REDBIRD C  
(Sessions 1 & 2, 8:40 a.m. to 10:40 a.m.)**

A panel discussion and presentation of individuals sharing their stories of trauma, hope, healing and resiliency. Moderated by Dr. Lisa Brandyberry, Psychology Specialists

*Samantha Herrell, NAMI Mid-Central Board Member and Vera Traver, YWCA Labrynth Outreach Services*

*\*This session may be triggering, as panelists share personal details of their trauma stories.*

**Trends and Changes in Psychotropic Medications and the Importance of Medication Timing  
— MARRIOTT REDBIRD D**

Learn about the basics of psychotropic medications, their uses, and why timing is important.

*Jamie Harrison, PharmD, Hy-Vee Pharmacy*

**Advocating for Yourself & Navigating the Healthcare System— MARRIOTT REDBIRD E**

Learn tips for self-advocacy, understand basics of the healthcare system and how to navigate it when you need help

*Megan Demoss, OSF Healthcare*

**Good Mental Health Through Nutrition and Exercise—MARRIOTT REDBIRD F**

Understand how nutrition and exercise play a role in our daily mood

*Wendi Schutte, Memorial Weight Loss and Wellness Center*

**How Substances Affect the Teen Brain—MARRIOTT REDBIRD G**

Learn about the teenage brain in terms of development, as well as how substances impact the brain and possible indicators of teen use

*Joanne Glancy, Project Oz*

9:45—10:40 a.m. **The Role of Employment on Mental Health — MARRIOTT REDBIRD B**

**Session 2**

Learn about the services that DHS-DRS offers and also how supported employment helps those who need it, as well as how employment can impact mental health

*Rebecca Holz, DHS-DRS and Anne Taylor, Marcfirst*

**Trauma From the Perspective of Those Who Have Lived It—MARRIOTT REDBIRD C (Sessions 1 & 2)**

See description from Session 1. Note, this session spans Session 1 & 2.

9:45—10:40 a.m.  
Session 2

**Examining Cannabis Use and the Overall Impact on Public Health—MARRIOTT REBIRD D**

Better understand some recent changes with regard to cannabis and its medicinal use, and the impact on the brain and overall public health

*Bryan Hinman, Chestnut Health Systems*

**Mental Health and the LGBTQIA+ Community—MARRIOTT REDBIRD E**

Learn gender neutral pronouns, better understand the “coming out” process, understand microaggressions and their potential impact, and information relative to the mental health of the LGBTQIA community

*Dr. Blair Brown, Psychology Specialists*

**Mindful Movement: A Somatic Approach to Well-Being and Self-Regulation—MARRIOTT REDBIRD F (9:45—10:30 a.m.)**

Understand the biology of “survival mode,” trauma and mental health, and the intersection with meditation and mindful movement practice.

*Sarah Nannen, RYT, Renkon Yoga Studio*

**Adolescents and Social Media—MARRIOTT REDBIRD G**

Understand the appeal and the impact of social media and technology for adolescents

*Nona Waller, McLean County Center for Human Services*

10:50—11:45 a.m.  
Session 3

**Stress Less for Success—MARRIOTT REDBIRD B**

Learn how stress has changed over time, how our bodies respond to stress from a physiological perspective, and learn tips for “stressing less”

*Kim McClintic, OSF Healthcare St. Joseph Medical Center, The Center for Healthy Lifestyles*

**PTSD: Assessment, Treatment, & Ethical Considerations—MARRIOTT REDBIRD C (10:50—11:40 a.m.)**

Understand PTSD from a practical and diagnostic standpoint, as well as myths and misconceptions relating to PTSD

*Abby Krout, Department of Veterans Affairs*

**Countywide Update—MARRIOTT REDBIRD D (10:50—11:40 a.m.)**

Learn about the origin of the Mental Health Action Plan, how each of the 5 areas have advanced since 2015, and where the County is at with regard to behavioral health initiatives

*Camille Rodriguez and Trisha Malott, McLean County*

**Digital Trends in Mental Health—MARRIOTT REDBIRD E**

Understand how technology, through apps and other platforms, can be utilized to aid in improved mental health

*Luke Raymond, OSF Healthcare St. Joseph Medical Center*

**The Role of Telepsychiatry and Best Practices—MARRIOTT REDBIRD F**

Understand how telepsychiatry has benefited one local agency, understand best practices identified by national organizations, and understand how telepsychiatry works

*Stephanie Barisch, Center for Youth and Family Solutions*

**NAMI Ending the Silence for Families—MARRIOTT REDBIRD G**

Parents and families can gain factual information about statistics of suicide and mental health, and learn warning signs.

*Colleen O'Connor and Neal Iden, Project Oz*

11:45—11:55 a.m.

Break / Redbird C & Redbird D reorganized for keynote presentation and lunch

11:55—12:15 p.m.

Line begins for lunch in Redbird C & Redbird D; lunch coincides with keynote presentation

12:15—1:40 p.m.

**Keynote Speaker: Dr. Elizabeth Vermilyea — Marriott Redbird Ballroom (C & D)**

*The Ripple Effects of Trauma: Community Impact and Resilience*

1:55—2:50 p.m.  
Session 4

**Trauma-Informed Leadership: Principles and Tools—MARRIOTT REDBIRD B**

Understand traits of successful leaders, learn how to better understand your staff, and learn how to focus on the vision of the agency while creating a trauma-informed culture

*Dr. Elizabeth Vermilyea, Keynote Speaker*

**Suicide Prevention: A Community Effort // Understanding When to go to the Emergency Department — MARRIOTT REDBIRD E**

A panel presentation and discussion about the crisis services within McLean County and better understanding how they intersect and when to go to the emergency department

*Meghan Moser, Center for Human Services; Anthony Replinger, OSF Healthcare; Kevin Richardson, PATH; Brian Hanson, Chestnut Health Systems; Christopher Hays, Advocate BroMenn; Officer Brad Park, Normal Police Department; McLean County Triage Center*

**Male Mental Health—MARRIOTT REDBIRD F**

Understand how males' mental health differs from females, why they don't often get the help they may need, and what help may look like.

*Chris Cashen, OSF Healthcare St. Joseph Medical Center*

**Trust Based Relational Intervention: A Trauma Informed Caregiving Approach—MARRIOTT REDBIRD G**

Learn about a holistic approach to connecting with children and parenting from a trauma-informed perspective

*Krista Reichart, The Baby Fold*

3:00—3:55 p.m.  
Session 5

**Perinatal Mood and Anxiety Disorders: What They Are, Who They Affect, How We Can Help —MARRIOTT REDBIRD B**

Understand mood and anxiety disorders as a perinatal spectrum

*Taj Artis, SPICE of Marcfirst*

**Awareness and Education of Disabilities: A Self-Advocacy Journey—MARRIOTT REDBIRD C**

Hear one individual's story and journey of advocating for themselves while understanding the role of their disability diagnosis in the process

*Brian Pihl*

**Addiction 101 & Recovery Oriented Systems of Care—MARRIOTT REDBIRD D**

Understand many nuances of addiction, as well as myths relative to the stigma surrounding addiction. Learn about the newly formed McLean County ROSC Council, its purpose and current accomplishments

*Dan Sokulski and Angi Chasensky, Chestnut Health Systems*

**Focusing on Function: Living Well with Chronic Pain —MARRIOTT REDBIRD E**

Better understand chronic pain, treatment options, and how to cope with pain through therapy

*Dr. Neil Jepson, Psychology Specialists*

**Disordered Eating—MARRIOTT REDBIRD F**

Learn about feeding and eating disorders, as well as treatment options

*Julie Peters, Chestnut Health Systems*

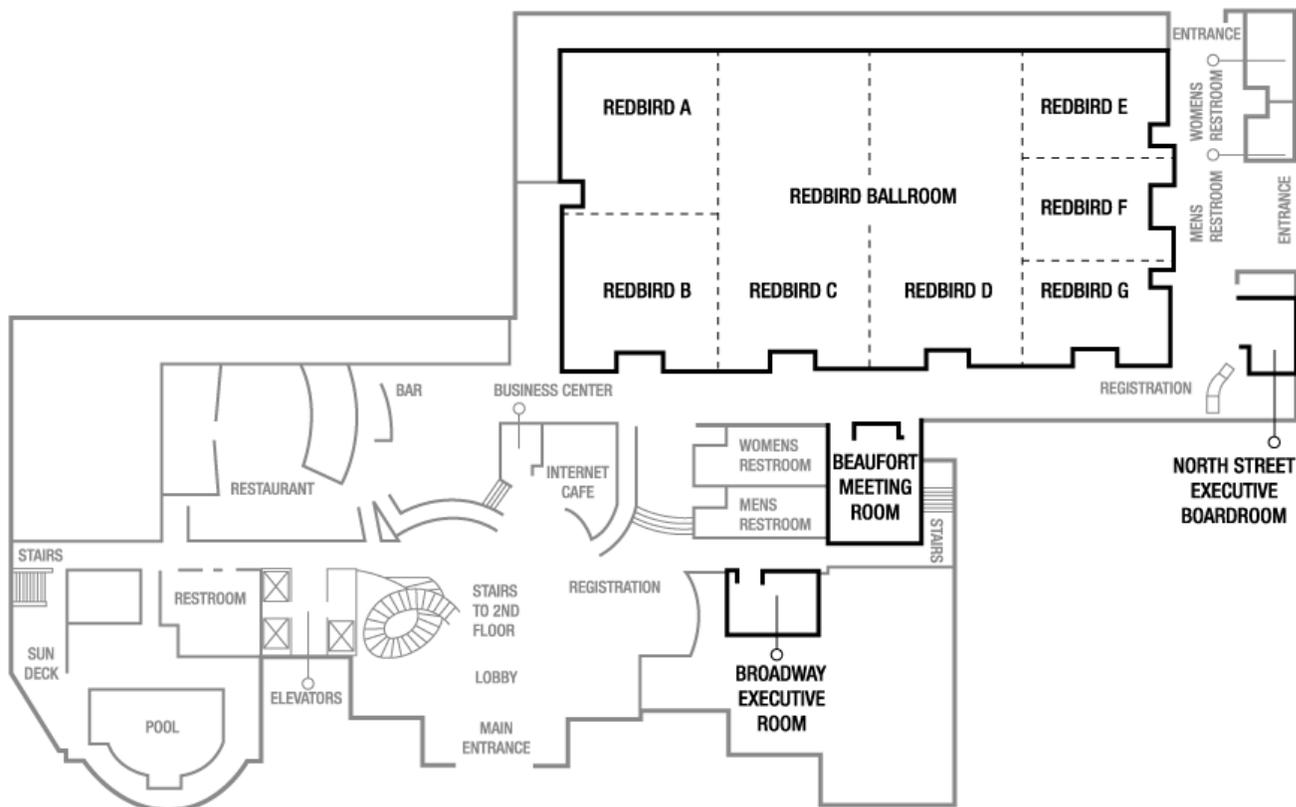
**Finding Balance for All Youth: The Role of Nature Play in Finding Balance for the Whole Child —MARRIOTT REDBIRD G**

Understand the importance of outdoor time and play for children and its impact on well-being and mental health for children

*Jen Stubbs, MA, WilderWonder LLC*

***The Resource Fair will remain open until 4:30 p.m.***

## FIRST FLOOR



### Key points about the venue:

- **Restrooms** are located in the Lobby of the Normal Theater, on the North end of the Conference Center in the Marriott near the North Street exit and Redbird E, F & G, as well as the West side of the Conference Center in the Marriott outside of Redbird B and C/D.
- The **Resource Fair** exhibits will be located in the halls of the Conference Center and open until 4:30 p.m.
- **Coffee, tea and water** will be available throughout the day in the Conference Center in the Resource Fair space.
- **Lunch** will be provided, with priority to those who pre-registered. The line for lunch will begin at approximately 11:55 a.m. so that individuals will be able to be seated by the beginning of the keynote presentation. Lunch is a buffet. Anyone who did not pre-register by October 11, 2019 will be asked to wait to proceed through the line.
- **Parking** is free for attendees in the parking garage attached to the Bloomington-Normal Marriott Hotel & Conference Center.
- Please complete an **Evaluation Form** before leaving today. You may leave this with a "Room Monitor" in any of the rooms for breakout sessions or at the Registration desk. Your feedback is important to us!
- A "**Gap Assessment Survey**" is also included. We ask that you complete it and return to the receptacle box located at the Registration counter. Please note that this is separate from the Forum or the Forum evaluation form. This survey helps the community better understand remaining behavioral health needs in our community.

Free WiFi is available throughout the day. Passcode: MCFORUM2019

## Acknowledgements

Presentation of the 3rd Annual Behavioral Health Community Forum would not be possible without the ongoing support and partnership of McLean County, Town of Normal and City of Bloomington. In addition, members of the Behavioral Health Coordinating Council, the below-named Forum Planning Committee, and various staff members of McLean County Administration and the McLean County Health Department, have spent countless hours of their personal and work-related time helping coordinate this day and promote it. Special thanks to community organizations and members of the media for their further promotion of the event. As our tagline indicates, *we truly are all in this together!*

### Members of the Behavioral Health Coordinating Council

John McIntyre, Chairman, McLean County Board  
Kristin Adams, Director Total Rewards and Shared Services, Country Financial  
Stephanie Barisch, Services Coordinator, Center for Youth & Family Solutions  
Tom Barr, Executive Director, Center for Human Services  
Judge Rebecca Foley, 11th Judicial Circuit  
Lynn Fulton, CEO, OSF St. Joseph's Hospital  
Laura Furlong, Retired CEO, MARC First  
Mark Jontry, Regional Superintendent, Regional Office of Education #17  
Colleen Kannady, President, Advocate BroMenn Medical Center  
Kevin McCarthy, Council Member, Town of Normal  
Colleen O'Connor, President, NAMI Livingston and McLean Counties  
Joni Painter, Council Member, City of Bloomington  
Sonja Reece, Secretary, McLean County Board of Health  
Judge Elizabeth Robb, Retired Chief Judge, 11th Judicial Circuit  
Donna Schoenfeld, Asst. Director for Student Affairs, Illinois State University  
Susan Schafer, McLean County Board  
Dianne Schultz, CEO, The Baby Fold  
Dave Sharar, CEO, Chestnut Health Systems  
Eric Thome, Director of Health and Welfare Benefits, State Farm  
Lisa Thompson, Executive Director, Project Oz  
Karen Zangerle, Executive Director, PATH

### Members of the Forum Planning Committee, 2019

Alicia Allen, Advocate BroMenn Medical Center	Rachel McManus, League of Women Voters
Tammy Brooks, McLean County Health Department	Colleen O'Connor, NAMI McLean/Livingston Counties
Judy Buchanan, President, McLean County Board of Health	Joni Painter, City of Bloomington
Angi Chasensky, Chestnut Health Systems	Sherri Pearson, Advocate BroMenn Medical Center
Laura Furlong, Marcfirst	Sonja Reece, Advocate BroMenn Medical Center
Joanne Glancy, Project Oz	Camille Rodriguez, McLean County Administrator's Office
Cheryl Goldberg, Center for Human Services	Dianne Schultz, The Baby Fold
Amy Hancock, McLean County Health Department	Susan Schafer, McLean County Board
Joan Hartman, Chestnut Health Systems	Cassy Taylor, McLean County Administrator's Office
Valerie Ionescu, OSF Healthcare St. Joseph Medical Center	Cory Tello, McLean County Board of Health
Mark Jontry, Regional Office of Education #17	Trisha Wood, State Farm
Trisha Malott, McLean County Administrator's Office	
Kevin McCall, McLean County Administrator's Office	

## Presenters

Abby Lyons: Regional Office of Education #17  
Abigail Krout: Department of Veterans Affairs  
Angela Chasensky: Chestnut Health Systems  
Anthony Repplinger: OSF Healthcare St. Joseph Medical Center  
Dr. Blair Brown: Psychology Specialists  
Brad Park: Normal Police Department  
Brian Hanson: Chestnut Health Systems  
Brian Pihl  
Bryan Hinman: Chestnut Health Systems  
Camille Rodriguez: McLean County Administrator's Office  
Chris Cashen: OSF Healthcare St. Joseph Medical Center  
Chris Hays: Advocate BroMenn  
Christy Kosharek: SPICE of Marcfirst  
Colleen O'Connor: Project OZ, NAMI  
Dan Sokulski: Chestnut Health Systems  
Dr. Elizabeth Vermilyea  
Jamie Harrison, PharmD: Hy-Vee Pharmacy  
Jen Stubbs, MS: WilderWonder LLC  
Joanne Glancy: Project OZ  
Julie Peters: Chestnut Health Systems  
Kevin Richardson: PATH  
Kimberly McClintic: OSF Healthcare St. Joseph Medical Center  
Krista Reichart: The Baby Fold  
Lisa Brandyberry: Psychology Specialists  
Luke Raymond: OSF Healthcare St. Joseph Medical Center  
Megan Demoss: OSF Healthcare St. Joseph Medical Center  
Meghan Moser: Center for Human Services  
Neal Iden: NAMI Mid-Central Illinois  
Dr. Neil Jepson: Psychology Specialists  
Nicole Kirstein, McLean County Triage Center  
Nona Waller: Center for Human Services  
Rebecca Holz: DHS-DRS  
Sarah Nannen: Renkon Yoga Studio  
Stephanie Barisch: Center for Youth & Family Solutions  
Taj Artis: Marcfirst (SPICE Program)  
Trisha Malott: McLean County Administrator's Office  
Wendi Schutte, LCSW: Memorial Weight Loss and Wellness Center

## TRENDS AND CHANGES IN PSYCHOTROPIC MEDICATIONS AND THE IMPORTANCE OF MEDICATION TIMING

JAMIE HARRISON, PHARM.D.



## WHAT ARE PSYCHOTROPICS?

- Psychotropic medications are used to treat mental health conditions, such as depression, bipolar disorder, anxiety and schizophrenia
- Work by changing or balancing the amount of certain chemical neurotransmitters in the brain, such as dopamine, serotonin and norepinephrine
- These medications are not curative, they are instead used to managed symptoms of these conditions and are generally used in combination with non-pharmacological treatments such as therapy
- Types of psychotropic medications
  - Antipsychotics
  - Antidepressants
  - Anxiolytics
  - Mood stabilizers
  - Stimulants
  - Hypnotics



## CURRENT TRENDS

- Between 2006 and 2015, 60.4% of visits at which a new psychotropic prescription was initiated, no psychiatric diagnosis was recorded for the visit.
  - Many patients are receiving these medications without formally being diagnosed with a mental illness
- In 2017, the American Psychological Association found that 12.7% of the population over the age of 12 is currently taking antidepressants
  - The CDC also reports that 25% of this number have been taking an antidepressant for 10 or more years
- The use of amphetamine stimulant medications more than doubled from 2006 to 2016
- Overall use of psychotropic medications in adults increased by 22% between 2001 and 2010



## PSYCHOSIS

- May be caused by multiple things and there are many different types
- Two most common forms are schizophrenia spectrum disorders and bipolar disorders
  - Schizophrenia affects 1% of the world population and affects men and women equally
    - Typical onset is early adulthood (20-30 years of age) and its onset is usually caused by some stressful event
    - Typical treatment involves the use of antipsychotic medications
  - Bipolar disorders are manic/depressive illnesses that usually onset between age 15 and 24
    - Bipolar I disorder involves manic episodes and depressive episodes
    - Bipolar II disorder involves depressive episodes and hypomanic episodes (less severe, shorter duration)
    - Often misdiagnosed first as depression
    - Treatment usually involves mood stabilizers
- Schizoaffective disorder: mood disorder with additional schizophrenic symptoms that are independent of mood episodes
  - Very often undertreated and underdiagnosed



## ANTIPSYCHOTICS

- Two primary categories: typical and atypical
- Typical antipsychotics are older medications that are used less often, but are often cheaper
  - Generally have worse side effects
- Atypical antipsychotics have less severe side effects and are more commonly prescribed
  - More expensive
  - Less severe side effects



## TYPICAL ANTIPSYCHOTICS

- Very potent dopamine blockers
- High incidence of developing movement disorders over time while on these medications
- Other common side effects: restlessness, involuntary movements, sedation, weight gain, increased blood glucose, and orthostatic hypotension
- Examples
  - Chlorpromazine (Thorazine®)
  - Thioridazine (Mellaril®)
  - Loxapine (Loxitane®)
  - Perphenazine (Trifluon®)
  - Trifluoperazine (Stelazine®)
  - Thiothixene (Navane®)
  - Fluphenazine (Prolixin®)
  - Haloperidol (Haldol®)



## ATYPICAL ANTIPSYCHOTICS

- Work to block serotonin and dopamine and relief symptoms
- Lower risk of developing movement disorders
- Common side effects include: weight gain, increased blood glucose, new onset diabetes mellitus, sexual dysfunction, gynecomastia, increased lipids, dizziness, nausea and sedation
- Many come in long-acting injectables that are given once every few weeks
- Examples
  - Clozapine (Clozaril®)
  - Risperidone (Risperdal®)
  - Olanzapine (Zyprexa®)
  - Quetiapine (Seroquel®)
  - Ziprasidone (Geodon®)
  - Aripiprazole (Abilify®)
  - Paliperidone (Invega®)
  - Asenapine (Saphris™)
  - Risperidone (Fasris™)
  - Lurasidone (Latuda™)
  - Brexipiprazole (Rexulti)
  - Cariprazine (Vraylar)



## DEPRESSION

- Major Depressive Disorder is one of the most common mental illnesses
  - Leading cause of disability in the U.S. for people between the ages of 15 and 44
  - Affects more than 16 million American adults (6.7% of the population age 18+)
  - May develop at any age, and is more prevalent in women than in men.
- Antidepressants are medications commonly used to treat depression.
- May also be used for other mental health conditions, including anxiety, pain and insomnia.
  - Though not FDA-approved, sometimes used to treat ADHD in adults
- Many different types
  - SSRI
  - SNRI
  - TCA
  - MAOI



## SSRI

- Selective Serotonin Reuptake Inhibitors
- Work to increase serotonin in the brain
  - Deficiency of serotonin can cause depressed mood, anxiety, panic, phobia, obsessions/compulsions, and food cravings
- Considered the drugs of choice for treating depression and are 1<sup>st</sup> line
- Common class side effects include nausea, sexual dysfunction, sedation and headache
- Examples
  - Fluoxetine (Prozac®)
  - Sertraline (Zoloft®)
  - Paroxetine (Paxil®)
  - Fluvoxamine (Luvox®)
  - Citalopram (Celexa™)
  - Escitalopram (Lexapro™)



## SNRI

- Selective Norepinephrine Reuptake Inhibitors
- Work to inhibit the reuptake of serotonin and norepinephrine
  - Low levels of norepinephrine can cause impaired attention, problems concentrating, memory troubles, slowness of information processing, depressed mood, slowed movement, and fatigue
- Three major drugs in this class
  - Venlafaxine (Effexor®)
    - Common side effects: nausea, headache, insomnia, sweating, and sexual dysfunction
  - Desvenlafaxine (Pristiq®)
    - Common side effects: dizziness, insomnia, nausea, dry mouth and sexual dysfunction
    - Is also currently being studied for use for hot flashes and night sweating associated with menopause
  - Duloxetine (Cymbalta®)
    - Common side effects: nausea, insomnia, headache, dry mouth, constipation, sweating, and sexual dysfunction
    - Also can be used for diabetic neuropathy & fibromyalgia



## TCA

- Tricyclic Antidepressants
- Work by inhibiting reuptake of norepinephrine & serotonin
- Can be used for depression, but also neuropathic pain, anxiety, obsessive-compulsive disorders & panic disorders
- Side effects: Dry mouth, urinary retention, blurred vision, constipation, sedation, weight gain, sexual dysfunction and increased heart rate
- Examples
  - Nortriptyline (Pamelor®)
  - Amitriptyline (Elavil®)
  - Desipramine (Norpramin®)
  - Doxepin (Sinequan®)
  - Protriptyline (Vivactyl®)
  - Clomipramine (Anafranil®)
  - Imipramine (Tofranil®)



## MAOI

- Monoamine oxidase inhibitors
- Work by inhibiting the breakdown of serotonin, norepinephrine and dopamine
- Only used now for atypical cases of depression or depression that does not respond to other therapies
- Side effects include: orthostatic hypotension, slowed heart rate, insomnia, weight gain, sexual dysfunction, dry mouth, and constipation
- Must avoid eating certain foods (dried meats, aged cheeses, sauerkraut, soy, tofu) while taking this medication
  - Can cause a reaction that leads to headache, flushing, palpitations, neck stiffness or soreness, nausea, vomiting, fever, and chills
- Examples
  - Selegiline (Emsam®)
  - Phenelzine (Nardil®)
  - Tranylcypromine (Parnate®)



## OTHER ANTIDEPRESSANTS

- Trazodone (Desyrel®)
- Nefazodone (Serzone®)
- Bupropion (Wellbutrin®, Zyban®)
- Mirtazapine (Remeron®)
- Vilazodone (Viibryd™)
- Vortioxetine (Trintellix™)



## ANXIETY

- Anxiety is an emotional response to anticipated future threats and the fear associated with this response
- The most common mental health disorder in America and affects more than 25 million Americans annually
- 1 in 4 Americans suffer from some anxiety disorder at some point in their life
- Very commonly coexists with major depression
- Can be treated with certain antidepressants or benzodiazepines
- Example anxiety disorders include phobias, social anxiety, panic disorders, separation anxiety and GAD



## BENZODIAZEPINES

- Enhance the effect of the neurotransmitter GABA, leading to relief of anxiety
- Common side effects include sedation, slowed movements, impaired thinking, slurred speech, impaired coordination and respiratory depression
  - Should avoid using while also on an opioid pain medication, as this causes worsening respiratory depression
- Can lead to withdrawal symptoms if stopped too quickly; must be gradually discontinued to avoid withdrawal
- Examples
  - Clonazepam (Klonopin®):
  - Alprazolam (Xanax®):
  - Lorazepam (Ativan®):
  - Diazepam (Valium®):
  - Clorazepate (Tranxene®):
  - Chlordiazepoxide (Librium®):
  - Oxazepam (Serax®):



## OTHER ANXIOLYTICS

- Buspirone (Buspar®)
  - Works by increasing serotonin in the brain
  - More effective when taken with food
  - Side effects include jitteriness, dizziness, nausea and headache
  - Not as sedating as benzodiazepines, has no risk of developing dependence
- Hydroxyzine (Vistaril®)
  - Antihistamine that is not sedating
  - Not to be used long-term
- Side effects include impaired thinking, constipation, blurred vision, dry mouth and sedation



## MOOD STABILIZERS

- Treat a phase of bipolar disorders and prevent new episodes from occurring
- Lithium
  - Very effective for bipolar I
  - Has good data for suicide prevention
  - Requires close monitoring and should be taken with food
  - Side effects include nausea, hand tremors, muscle weakness, fatigue, lethargy, increased thirst, impaired thinking
- Valproate, Divalproex (Depakote®), Valproic Acid (Depakene®)
  - Lower toxicity risks, easier monitoring
  - Side effects: nausea, diarrhea, sedation, hand tremor, weight gain, rash
  - Not for pregnant women (fetal neural tube defects)
- Lamotrigine (Lamictal®)
  - Good efficacy for depression aspect of bipolar I and II, but no anti-manic effect
  - Side effects include dizziness, sedation, nausea, vomiting, blurred vision, headache, rash
  - No monitoring required
- Carbamazepine (Tegreto®)
  - 2<sup>nd</sup> line therapy after using a different mood stabilizer first and usually used in combination
  - Does require monitoring
  - Side effects: sedation, slurred speech, dizziness, low sodium



## ADHD AND STIMULANTS

- ADHD is a chronic condition where patients have difficulty with attentiveness, being hyperactive and having poor impulse control
- More commonly diagnosed in children and adolescents, but adults are also diagnosed with ADHD
  - Onset of ADHD is typically by the age of 3 and before the age of 7
- Studies have shown that 70% of patients diagnosed with ADHD suffer symptoms into adulthood, with 66% having ADHD that persists into adulthood
- Treatment involves alleviating symptoms, like decreased motor activity and impulsivity and to increase attention span
- Examples:
  - Methylphenidate (Ritalin®, Methylin®, Metadate®, Concerta®, Rextin®, Quillivant®, Daytrana®)
  - Dexamethylphenidate (Focalin®)
  - Amphetamine (Adderall®, Zenzedi®, Dexedrine®, ProCentra®, Mydayis®, Vyvanse®)



## SLEEP

- Sleep hygiene is very important
- Lack of adequate sleep can result in fatigue, impaired attention, errors at work, malaise, irritability, social dysfunction and tension headaches
- Insomnia is the second most common complaint patients have in general medical practice
  - Insomnia may involve difficulty falling asleep or stay asleep, waking up too early or getting poor quality sleep
  - Developing regular sleep and waking patterns and limiting activities or meals before bed can help with insomnia
- Common drug treatment includes benzodiazepines and Z-hypnotics



## Z-HYPNOTICS

- Used to reduce sleep latency and increase total sleep time
- Have little effect on quality of sleep
- Should be taken on an empty stomach before bedtime
- Can cause memory impairment and sluggishness in the morning, which could lead to falls if you're not careful
- Other side effects: dizziness, headache, sleepiness, amnesia, and changes in taste
- Examples
  - Zolpidem (Ambien®)
  - Zaleplon (Sonata®)
  - Eszopiclone (Lunesta®)



## IMPORTANCE OF TIMING OF MEDICATION

- The CDC estimates that non-adherence causes 30-50% of chronic disease treatment failures and 125,000 deaths per year in this country.
- 20-30% of new prescriptions are never filled at the pharmacy and medication is not taken as prescribed 50% of the time.
- Why is this important?
  - Medications should be taken as directed to ensure an effective amount of drug is in your body at all times.
  - When medications are not taken regularly, the level of drug in the blood can become too low to be effective.
  - To help you get the best results from your medications, take them as instructed
- Taking medications regularly means:
  - Right time
  - Right dose
  - Right directions



## THANK YOU FOR YOUR TIME!

What questions do you have for me?



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## ADVOCATING FOR YOURSELF & NAVIGATING THE HEALTHCARE SYSTEM

MEGAN DEMOSS, BS  
BEHAVIORAL HEALTH NAVIGATOR, OSF HEALTHCARE



## ADVOCATING FOR YOURSELF

### What is Self-Advocacy?

According to Equip for Equality

"Self-advocacy is the ability to speak up for yourself about the things that are important to you.

Self-advocacy includes understanding your needs and strengths, learning how to get information, knowing your rights, making your own decisions about important issues affecting you, and reaching out to others for support and help when you need it."



Advocates For Human Potential outline 10 steps for being an effective self-advocate.

#### 1. Believe In Yourself

- You are one of a kind and worth the effort it may take to be a good self-advocate.
- This may take some work on your self-esteem. If we do not tell ourselves how special we are when we are feeling good, how are we going to believe it when we are not well.
- If this is difficult for you, ask someone you trust to help with those reminders.



#### 2. Know Your Rights

- You are entitled to equality under the law.
- Do not allow people you do not know well or do not trust to make decisions for you/take control of your life.
- Have a system in place so if you are unable to make good decisions, others of your choice will make them for you.

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#### 3. Decide What You Want

- Clarifying exactly what you need will help you set goals for yourself. It will also help you make it clear to others what you need and want for yourself.



#### 4. Get the Facts

- You will need to know what you are talking about or asking for.
- Check different references on the internet or the library to get accurate information.
- Check with experts on the topic. Mental health agencies and organizations can be informative and supportive.
- Ask others going through the same thing.



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#### 5. Planning Strategy

- Use the information to plan a strategy you feel will work to get what you need and want.
- Plan different ways to solve the problem.
- Ask for suggestions and feedback.
- Go with the plan YOU feel will be most successful

#### 6. Gather Support

- Ask family, friends, and others with similar issues for support while advocating for what you need.

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#### 7. Target Efforts

- Who do you need to deal with to get action on the matter? It is best to talk directly to the person that can assist you the best. This can take some effort and quite a few phone calls.

#### 8. Express Yourself Clearly

- Be brief, stick to the point, stay focused and avoid rambling.
- State your concern and the change you want to see.
- If this person is unable to give you what you need, ask them to help you get it or to refer you to someone that can give you what you need.



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Get a good understanding of your health insurance coverage.

- What mental health services are covered?
- What are your co-pays, deductibles, and max out-of-pocket limit?
- Is there a limit on the number of visits with particular health care providers?
- Are medications covered?
- If you are employed, check with your employer to see if an Employee Assistance Program is offered. If so, what does it include?
- It can be frustrating dealing with insurance companies but it is important to understand your benefits.



Be open to new innovations in mental health care.

- Telepsychiatry
  - A shortage of psychiatrists across the country is making this the go-to option for many mental health care providers.
  - Access can be quicker than in-person options.
- Online therapy tools
  - Many use the same Cognitive Behavioral Therapy (CBT) approach that is utilized in face-to-face therapy.
  - Certain programs, such as SilverCloud, offer the option to have a supporter during your use of the program.



### Line up some back-up support.

- Find a trustworthy friend, church member, or family member to confide in, accompany you to appointments, and check-in on you.
- Be sure your support system is not one-sided. Be there for them in their times of need as well.
- Unfortunately, family is not always supportive or not always the best support.
  - Can be the source of your stressors
  - Living unhealthy lifestyles themselves
  - May not take your struggles seriously
- If you feel you have no one, reach out to support in the community.



### National Suicide Prevention Lifeline

1-800-273-8255 (TALK)

#### Crisis Text Line

Text HOME to 741741

#### United Way 2-1-1

Dial 2-1-1. For times of crisis as well as for everyday needs. Available 24/7 to help locate resources – from mortgage, rent and utility assistance to food, clothing, emergency shelter, counseling and much more.

#### Illinois Warm Line

They are trained in recovery support, mentoring, and advocacy and are ready to listen and support you. The Warm Line is not a crisis hotline, but is a source of support as you recover or help a family member to recover.

- Call: 1 (866) 359-7953 Monday through Friday, 8am-5pm except holidays
- From the main menu, select option #2

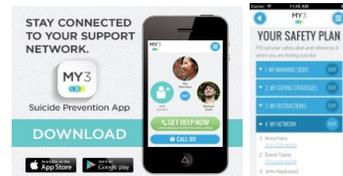


### Have a safety plan in place.

- Unfortunately, the wait for services can be long. It is important to have a plan in place should your symptoms worsen while waiting for services.
  - Keep a list of the following
    - Warning signs to look out for that are specific to you
    - Effective coping skills and distractions that are safe and helpful
    - Phone numbers for your provider, trusted & reliable family members, friends, and crisis services
- Make sure someone is aware of your safety plan. It is best to create it with the help of someone you trust.



My3  
This is a helpful app available on your phone, making your plan easily accessible.



### Utilize available resources while waiting for 1<sup>st</sup> appointment or in between appointments.

Such as support groups, therapy (if you are waiting for psychiatry), and downloadable apps.

- Wait times can be lengthy!
- Apps can help you identify stressors and teach you coping skills. Many are FREE!
- Therapy and support groups are positive, additional supports.

\*Check with National Alliance on Mental Illness (NAMI) for groups running in your area.



### Follow Through!

- Attend scheduled appointments-even if you are feeling better!!
  - Missing or cancelling an appointment could mean another weeks or months long wait for a rescheduled appointment time.
- Take medications as prescribed
  - Try not to get discouraged if you do not notice a difference immediately. It can take some time.
  - Discuss side effects with provider before deciding to stop medications.
- Reach out to provider with any changes in symptoms



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### Questions or Thoughts?

## GOOD MENTAL HEALTH THROUGH NUTRITION AND EXERCISE

WENDI SCHUTTE, LCSW MEMORIAL WEIGHT LOSS AND WELLNESS CENTER



## TRADITIONAL THERAPIES



## NON-TRADITIONAL APPROACHES

**Food is the most abused anxiety drug. Exercise is the most underutilized antidepressant.**



## UNDERSTANDING THE LINK BETWEEN FOOD AND MENTAL HEALTH



## STRUCTURE

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
6am	Exercise-home	Exercise-gym		Exercise-gym	Exercise-gym	Breakfast
7am	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Exercise-gym
8am	Work	Work	Work	Work	Work	
9am						Feeding for Kylee
10am	Snack	Snack	Snack	Snack	Snack	Some 2pm-3pm
11am						Dinner with Patrick
12pm	Lunch	Lunch	Lunch	Lunch	Lunch	
1pm						Sunday
2pm	Snack	Snack	Snack	Snack	Snack	Breakfast
3pm						Exercise-home
4pm	Sister's Recital	Help Mom	Dinner	Call Sally		Exercise-shopping
6pm	Dinner	Kylee's 8-ball game	Council Meeting	Church	Dinner with Sister	Lunch
7pm	Dinner					
8pm	Laundry			Dinner		Dinner
9pm						



## Hunger Scale

Rating	Hunger/Fullness Feeling
10	Uncomfortably full or sick—"Thanksgiving Full"
9	Stuffed, uncomfortable
8	Too full, somewhat uncomfortable
7	Full, but not uncomfortable. Hunger is gone.
6	Filling up, but still comfortable. Could eat more.
5	Neutral—neither hungry nor full.
4	Slightly Hungry—Faint signals that your body needs food, but you could wait to eat.
3	Hungry, but not uncomfortable. Clear signals that your body needs food.
2	Very Hungry, irritable, or anxious. You want to eat,
1	Starving, feeling weak or light headed. Extremely uncomfortable.



## NUTRITION-WEAREWHATWE EAT

### The Balanced Plate Try to use a 9-10" plate for meals.

**Non-starchy vegetables**

- Choose half of your appetite for fruits or vegetables (80% or 90% of plate)
- Serve a variety of colors and types of vegetables.
- The healthy fats in olive oil help to absorb vitamins A, D, E, and K.

**Fruit**

- Eat 3-5 servings per day.
- Choose a variety of colors and types of fruit.
- When choosing cereal, choose whole grain cereal with at least 3 grams of fiber per serving.

**Dairy**

- Choose low-fat or fat-free dairy products.
- Choose plain yogurt with no added sugars.

**Meat & Meat Substitutes**

- Choose leaner for animal only.
- A portion size of about 3-4 oz. of meat.
- To be healthy, eat 25% or less of your plate with meat.
- A portion size of about 1/2 cup of beans and 1/4 cup of lentils or 1/2 cup of soy.

**Grains, beans & starchy vegetables**

- Eat 3-5 servings per day.
- Choose whole grain cereal with at least 3 grams of fiber per serving.
- Choose foods that starchy food products.



## VITAMINS

Nutrient	Effect of deficiency	Food sources
Vitamin B1	Poor concentration and attention	Wholegrains Vegetables
Vitamin B2	Depression	Wholegrains Vegetables
Vitamin B3	Poor memory Drowsy	Wholegrains Vegetables
Vitamin B6	Irritability Poor memory Drowsy Depression	Wholegrains Bananas
Vitamin B12	Confusion Poor memory Psychiatric	Eggs Fish Dairy products
Vitamin C	Depression	Vegetables Fresh fruit

Nutrient	Effect of deficiency	Food sources
Folic acid	Anemia Depression Psychiatric	Green leafy vegetables
Phosphorus	Irritability Depression	Green vegetables Milk Beans
Selenium	Depression Depression	Whole grains Eggs Liver Fish Shellfish Brazil nuts Wholegrains
Zinc	Confusion Depression Loss of appetite Loss of motivation	Cheese Eggs Fish Yeast



## SELF-MONITORING-BUILDING SELF-AWARENESS

**SPARKPEOPLE**

**Choose MyPlate.gov**



## FLUIDS



## EXERCISE

**"IF EXERCISE COULD BE PURCHASED IN A PILL, IT WOULD BE THE SINGLE MOST WIDELY PRESCRIBED AND BENEFICIAL MEDICINE IN THE NATION."**

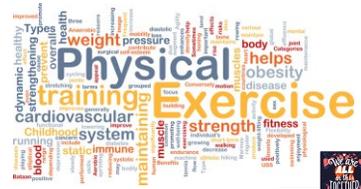
*Robert H. Butler*

- Benefits
- less tension, stress and mental fatigue
  - a natural energy boost
  - improved sleep
  - a sense of achievement
  - focus in life and motivation
  - less anger or frustration
  - a healthy appetite
  - better social life
  - having fun
  - detoxifying the body



## THE EXERCISE EFFECT

- Mood Enhancement
- Fight or Flight
- Buffering the Brain
- Getting the payoff



## EXERCISE RECOMMENDATIONS

- World Health Organization, National Institute of Health
  - Weekly Goals
    - 150 minutes a week
    - 2 days of strength Training



## YOGA FOR TRAUMA



## SLEEP



## TAKE-AWAYS FOR TODAY

- Balance your plate
- Drink more water
- Move more
- Get restful sleep

move more



## QUESTIONS/DISCUSSION



## HOW SUBSTANCES AFFECT THE TEEN BRAIN

JOANNE GLANCY, C.P.S.



## GOALS FOR TODAY

- What is addiction?
- Why are drugs so hard on the teen brain?
- What are some symptoms of drug use?
- What do different drugs do?
- What are some parenting tips I can use?
- Local resources



## DRUG ADDICTION/SUBSTANCE USE DISORDER

### A disease that affects:

- The Brain and Behavior
- Leads to an inability to control the use of legal/illegal drugs or medications.



## ADDICTION IS:

Continued use despite the harm it causes



Addiction often happens on a continuum



## WHY ARE DRUGS SO HARD ON THE TEEN BRAIN?

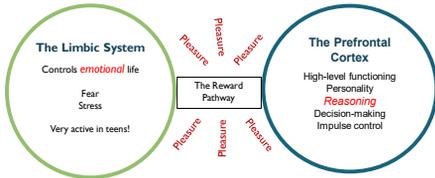


Almost all of us do things that are impulsive, irresponsible and out of character as teenagers. That's really tied to how young people's brains work. ...almost everyone can look back on things they did as adolescents and say to themselves, "What was I thinking?"

David Fassler, M.D.  
Child & Adolescent Psychiatrist



## THE TEENAGE BRAIN - WHERE PLEASURE AND EMOTION RULE



## NO "OFF" SWITCH YET



It's as if a teenager's brain has a fully functioning car accelerator but the brakes haven't been installed yet.

Psychologist David Walsh

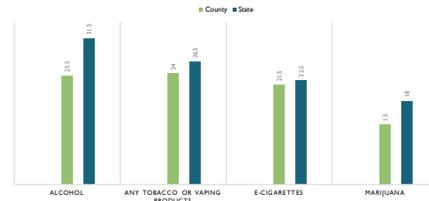


## ILLINOIS YOUTH SURVEY 2018

- Teens are **more likely than adults to act out of emotion** and anxiety - and peer pressure is powerful.
- Teens "**work-in-progress**" status **can make it difficult** for them to decide if a risky behavior would act against his or her identity. If you aren't sure yet who you are, it's harder to say, "This behavior isn't for me."
- If teenage **alcohol/drug use seems likely to reduce negative emotions**, and an emotionally-driven teen is **unaware that all use equals risk** for them, he or she **may make an unhealthy decision**.



## ILLINOIS YOUTH SURVEY 2018 MCLEAN COUNTY - 30 DAY USE



## POSSIBLE INDICATORS OF TEEN USE:

- Problems at school or work** — frequently missing school or work, a sudden disinterest in school activities or work, or a drop in grades or work performance
- Physical health issues** — lack of energy and motivation, weight loss or gain, or red eyes
- Neglected appearance** — lack of interest in clothing, grooming or looks
- Changes in behavior** — exaggerated efforts to bar family members from entering his or her room, being secretive about whereabouts, or drastic changes in behavior and in relationships with family and friends
- Money issues** — sudden requests for money; or your discovery that money is missing or has been stolen or that items have disappeared indicating maybe they're being sold to support drug use



## PEOPLE WHO MISUSE DRUGS DEAL WITH:

- Lower IQ
- Memory loss or impairment
- Slowed thinking and reaction time
- Dependency and Addiction
- Co-occurring mental health disorders
- Trouble performing easy tasks
- Other Brain abnormalities

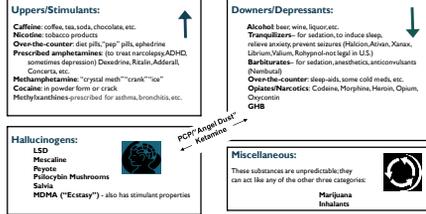


## IN TEENS WHO ABUSE DRUGS, COMMON EFFECTS ON BRAIN DEVELOPMENT INVOLVE:

- Impulse control
- Inability to experience reward
- Judgment
- Planning
- Completing tasks and meeting goals
- Ability to learn and retain information



## PSYCHOACTIVE DRUG CATEGORIES



**Uppers/Stimulants:**  
**Caffeine:** coffee, tea, soda, chocolate, etc.  
**Nicotine:** tobacco products  
**Over-the-counter:** diet pills, "pep" pills, ephedrine  
**Prescribed amphetamines:** (to treat narcolepsy, ADHD, sometimes depression) Dexedrine, Ritalin, Adderall, Concerta, etc.  
**Methamphetamine:** "crystal meth" "crank" "ice"  
**Cocaine:** in powder form or crack  
**Methylxanthines:** prescribed for asthma, bronchitis, etc.

**Meth, cocaine/other stimulants:**

- Exhilaration/confidence
- ↑ alertness, energy
- **Restlessness/Aggression**
- Rapid/rambling speech
- Dilated pupils
- Confusion/delusions/hallucinations
- Irritability, anxiety/paranoia
- ↑ h.r., b.p., and temperature
- Nausea/vomiting w/weight loss
- Nasal congestion/damage
- Mouth sores, gum disease, tooth decay from smoking drugs
- Insomnia
- Depression as drug wears off



**Downers/Depressants:**  
**Alcohol:** beer, wine, liquor, etc.  
**Tranquilizers:** for sedation, to induce sleep, relieve anxiety, prevent seizures (Halcion, Ativan, Xanax, Librium, Valium, Rohypnol-not legal in U.S.)  
**Barbiturates:** for sedation, anesthesia, anticonvulsants (Nembutal)  
**Over-the-counter:** sleep-aids, some cold meds, etc.  
**Opiates/Narcotics:** Codeine, Morphine, Heroin, Opium, Oxycotin  
**GHB**

**Barbiturates and tranquilizers**

- Drowsiness
- Slurred speech
- Lack of coordination
- Irritability or changes in mood
- **Problems concentrating** (thinking clearly)
- **Memory problems**
- Involuntary eye movements
- Lack of inhibition
- Slower breathing and blood pressure
- Falls or accidents
- Dizziness



**Opioid Painkillers**

- Reduced sense of pain
- **Agitation, drowsiness or sedation**
- Slurred speech
- **Problems w/attention memory**
- Constricted pupils
- Lack of awareness/inattention
- Problems with coordination
- Depression
- Confusion
- Constipation
- Runny nose or nose sores (if snorting drugs)
- Needle marks (if injecting drugs)



**Hallucinogens:**  
**LSD**  
**Mescaline**  
**Peyote**  
**Psilocybin Mushrooms**  
**Salvia**  
**PCP**  
**Ketamine**  
**MDMA ("Ecstasy")** - also has stimulant properties

**Hallucinogens**

- Hallucinations
- Greatly reduced perception of reality, mixed senses
- **Impulsive behavior**
- **Rapid shifts in emotions**
- Permanent mental changes in perception
- Rapid heart rate/high blood pressure
- Tremors
- Flashbacks, a re-experience of the hallucinations — even years later



**PCP SPECIFIC:**

- A feeling of being separated from the body and surroundings
- Problems with coordination/movement
- Aggressive, possibly violent behavior
- Involuntary eye movements
- Lack of pain sensation
- Increase in blood pressure/heart rate
- **Problems with thinking and memory**
- **Problems speaking**
- Impaired judgment
- Intolerance to loud noise
- Sometimes seizures or coma



**Miscellaneous:**

These substances are unpredictable; they can act like any of the other three categories.



**Marijuana Inhalants**

**Marijuana/ hashish**

- **Red eyes**
- Dry mouth
- ↓ coordination
- **Trouble w/focus/memory**
- Slowed reaction time
- Anxiety/paranoid thinking
- Cannabis odor/ Exaggerated cravings

**Synthetic cannabis K2, Spice, & bath salts**

- **Extreme anxiety or agitation**
- Paranoia
- Hallucinations
- ↑ h.r./blood pressure or heart attack
- Vomiting
- Confusion



**Inhalants**

- **Brief euphoria** or intoxication
- Decreased inhibition
- Combativeness or belligerence
- **Dizziness**
- Nausea or vomiting
- Involuntary eye movements
- **Appearing intoxicated** with slurred speech, slow movements and poor coordination
- Irregular heartbeat
- Tremors
- Lingering odor of inhalant material
- Rash around the nose and mouth



**HELP TEENS ENGAGE THEIR "BRAKE SYSTEMS"**

Teach youth about how their brain is developing



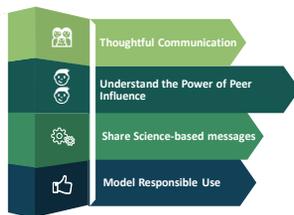
Promote a lifestyle that supports healthy brain development



Encourage youth to engage in safe risk-taking behaviors



**PARENTING TIPS THAT TAKE INTO ACCOUNT THE NEUROSCIENCE OF BRAIN DEVELOPMENT**



THANKS!

**Any questions?**

**Be sure to check out the printed resource page.**

You can find me at: [Joanne@projectoz.org](mailto:Joanne@projectoz.org)



## UNDERSTANDING THE ROLE OF DIVISION OF REHABILITATION SERVICES AND THE IMPACT EMPLOYMENT CAN HAVE ON MENTAL HEALTH

REBECCA HOLZ, DHS-DRS  
ANNE TAYLOR, MARCFIRST



## DIVISION OF REHABILITATION SERVICES ILLINOIS VOCATIONAL REHABILITATION AGENCY

### DRS MISSION STATEMENT

- DHS' Division of Rehabilitation Services (DRS) is the state's lead agency serving individuals with disabilities. DRS works in partnership with people with disabilities and their families to assist them in making informed choices to achieve full community participation through employment, education and independent living opportunities.



### FOUR MAIN FUNCTIONS OF DRS

- Employment
- Independence
- Education
- Advocacy



### WHAT WE DO

- The DRS Vocational Rehabilitation program (VR) helps prepare talented, qualified job seekers with disabilities for their chosen careers. Each year our professional rehabilitation counselors provide VR services to over 40,000 individuals with disabilities, with around 5,000 becoming employed.

### VOCATIONAL REHABILITATION SERVICES

- In 2018, DRS assisted over 5,169 people to become competitively employed.
- VR provides a variety of services based on an Individualized Plan of Employment to fit each person's needs.
- An average of 44,000 people receive services each year in vocational rehabilitation.
- We provided career counseling to 10,249 individuals seeking employment assistance.



## WHAT IS VR?

- VR program assists individuals who have a disability with preparation for employment, going to college or vocational training, and assistance in maintaining employment.
- We assist people with disabilities prepare for and find quality employment that pays a living wage and offers opportunities for advancement.



## TYPES OF SERVICES

- Diagnostics
- Counseling and Guidance
- Information and Referral
- Restoration Services
- Training Services
- Placement Services
- Assistive Technology



## SERVICES WE PROVIDE

Services in the VR program are based on the needs of the individual and are provided in accordance with an Individualized Plan for Employment (IPE). Some of the typical services provided by VR include:

- **Job Placement** - VR counselors work with customers to identify job opportunities in the community, develop a resume and prepare for interviews.
- **College and University Training** - VR assists many customers in pursuing a degree at a community college or at a university based on the needs and abilities of the individual. Each year DRS assists about 2,500 individuals in attending college training.
- **Treatment and Restoration Services** - VR funds may be used to purchase medical, surgical, or psychological services, as well as other therapeutic services, to help customers achieve greater functioning and reduce barriers to employment.



## SERVICES WE PROVIDE

- **On-the-job Training and Evaluations** - Many VR customers receive on-the-job training and evaluation services arranged by VR counselors in conjunction with local employers. These services provide an opportunity to demonstrate job skills and learn the requirements of a specific job.
- **Supported Employment** - The supported employment program provides a variety of intensive supports, such as job coaching, to individuals requiring a high level of support, preparation and on-the-job assistance.
- **Assistive Technology** - Many people with disabilities utilize a variety of technological devices to function in the world of work and increase their employment potential. The VR program can assist customers with evaluation services and purchase of technology equipment that will meet their individual needs.



## SERVICES WE PROVIDE

- We offer specialized VR services for people who are:
  - Blind or Visually Impaired
  - Deaf or Hard of Hearing
  - Hispanic or Latino with disabilities
- We help high school students who have disabilities plan for their futures after high school graduation through our Transition and STEP programs.
- Our Work Incentive Planning and Assistance Program helps people who receive SSD/SSI benefits understand how working will affect their benefits.
- Our Supported Employment Program (SEP) serves eligible people with significant disabilities who want to go to work and need on-going support services to succeed on the job.



## ELIGIBILITY CRITERIA

- Many people with disabilities of working age (16-64 years old) are eligible for VR services. To be eligible, they need to have a significant physical or mental impairment that makes it difficult to go to work. • Must have serious limitations in at least one area of functioning, such as mobility, communication, work skills or interpersonal skills.
- Must be in need of VR services in order to become employed.
- Must be a U.S. citizen or legal resident entitled to work in the U.S.



## FINANCIAL REQUIREMENTS

- Some VR services are subject to a customer financial participation review. Depending on household income, customers may be required to pay for a portion of the cost of VR services.



## HOW TO APPLY FOR VR SERVICES

- There are several ways to apply for vocational rehabilitation:
- Call us at 1-877-761-9780 Voice, (312) 957-4881 Videophone or 1-866-264-2149 TTY
- Apply online at [www.dhs.state.il.us](http://www.dhs.state.il.us) and click on "Rehabilitation Services – Apply Online"
- Access our office locator to find an office near you at [www.dhs.state.il.us](http://www.dhs.state.il.us)



## QUESTIONS

- Questions about VR Services?



## BLOOMINGTON OFFICE CONTACT INFORMATION

Division of Rehabilitation Services  
Serving McLean and Livingston Counties  
207 S Prospect, Suite 4, Bloomington, IL 61704  
(309) 662-1347



## IMPACT OF EMPLOYMENT ON MENTAL HEALTH

## EMPLOYMENT SUPPORTS AND COMMUNITY INTEGRATION

- The goal of Marcfirst is to support each person to reach their potential.
- Marcfirst's Supported Employment Program (SEP) supports job seekers with developmental and learning disabilities in McLean County to find good employment matches in our community.
- We do our best to understand each person's interests, skills and conditions in making sustainable employment matches.
- Many people in our program have both a developmental disability and one or more mental health diagnoses (often referred to as dual diagnosis).



## EMPLOYMENT FOR ALL

- "There is clear evidence that becoming unemployed has a negative impact on mental health.
- There is also clear evidence that people with mental health problems are more likely than others to become unemployed."

- Institute for Work and Health



## WHAT IS IT ABOUT HAVING A JOB THAT HELPS US MENTALLY?

- Relationships
- Learning
- Contributing a skill
- Financial Security
- Opportunities for advancement
- Feeling valued



## MARCFIRST AND CUSTOMIZED EMPLOYMENT IN ILLINOIS



## EMPLOYER RELATIONS: BUILDING THE FOUNDATIONS OF UNDERSTANDING



• The people we represent have unique skills to contribute to a business.

• Our job is to better understand their needs and find a possible match

• If business needs are a good match to the skills and interests of the job seeker, the process moves forward

## BENEFITS

### To Employers

- Identification of workplace needs that can be met by the job seeker
- A match between job seeker skills and employee needs
- An interested employee skilled at the tasks in their job description
- Assistance in training and ongoing supports on the job for the employee

### To Employees

- Planning to make a good match.
- Representation to negotiate through the job search and hiring process
- Resource identification to pay for necessary supports
- Support through training and beyond

## SUPPORT FOR PEOPLE WITH I/DD AND THOSE WITH MENTAL HEALTH DIAGNOSIS IS USUALLY

Marcfirst and other agencies like ours (Bridgeway, UCP) offer support for...





THANK YOU FOR BEING A PART OF TODAY'S PRESENTATION

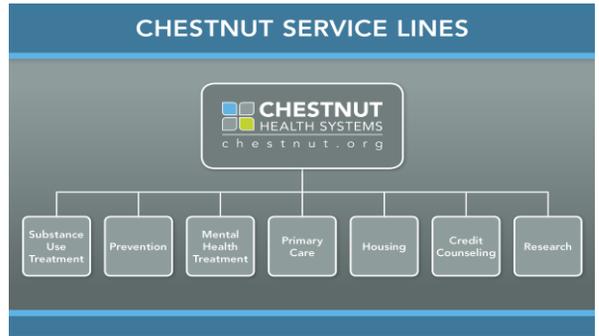


## EXAMINING CANNABIS USE AND THE OVERALL IMPACT ON PUBLIC HEALTH

BRYAN HIRSHMAN M.A., LCPC ASSOCIATE DIRECTOR OF COURT TREATMENT PROGRAMS  
CHESTNUT HEALTH SYSTEMS



## CHESTNUT SERVICE LINES



## Substance Use Treatment

### CHESTNUT SERVICE LINES



## BASIC FACTS ABOUT CANNABIS

- Plant that contains mind-altering THC and other compounds
- Extracts can be made from the plant
- Methods include:
  - Joints, bongs, blunts, vaporizers, resins, edibles, etc.
- Resins/extracts growing in popularity
- Extracts can deliver extremely large amounts of THC
  - Can lead to ER or explosions (using butane lighters) in severe cases



## SYNTHETIC CANNABINOIDS

- Illicit synthetic cannabis (K-2, fake weed, spice, etc.) has markedly different effects than cannabis and is much more potent (4-100 times).
- Usage of research chemicals can lead to an array of mental health effects, even after quitting.
- High usage rates among heavy cannabis users.
- Link between people who use spice exhibiting psychosis with no prior history of psychosis.
- Because the chemicals are relatively new the long-term effects of usage are relatively unknown.



## CURRENT TRENDS IN CANNABIS USAGE

- Cannabis is the most popular illicit drug in the United States.
- Estimated 8.3 % of people 12 years and older have used it in the past month.
- Most prevalent among young people between 18 and 25 (~20%)
- Since 2002 its use has declined in ages 12-17 and increased sharply in the senior population (55+)
- Noticeable increased intensity of heavy users (smoking daily) equals about one third of active users.
- Public perception of cannabis has steadily shifted.
- Estimated market for legal cannabis is \$7.1 billion as of 2016



## CHALLENGES IN CANNABIS RESEARCH

- Many issues prevent researchers from answering specific questions tied to the health effects of cannabis use.
- Lack of diversity in research funding creates a gap in understanding.
  - In 2015, nearly 60% of all studies on cannabis through NIH were done by NIDA.
  - Less than 17% of NIDA's studies investigated potential therapeutic effects of cannabis.
- Methodological Issues
  - Administration (Smoking, edible, vaporization, etc.)
  - Placebo Issue
  - Over-reliance on self-report
- Case example
  - Colorado Researchers



## EFFECTS OF CANNABIS ON THE BRAIN

- Short-term possible effects
  - Altered senses, altered sense of time, changes in mood
  - Impaired body movement, difficulty problem-solving
  - Impaired memory, hallucinations, delusions, psychosis
- Long-term possible effects
  - Using heavy amounts of cannabis at an early age may impair thinking, memory, and learning functioning.
  - Still studying potential long-term effects



## POTENTIAL HEALTH EFFECTS

- Breathing problems
- Increased heart rate
- Problems with child development during and after pregnancy
- Intense nausea and vomiting
  - Cannabinoid Hyperemesis Syndrome
- Wide range of cannabis-related products, varying ways it is taken, and levels of THC make it hard to pin-point what can lead to these symptoms.



## FURTHER AREAS OF CONCERN

- Rising THC levels in products
  - Increasing steadily over past few decades
  - Danger of edibles with delayed reaction in users
  - Popularity of edibles increases risk
  - Greater risk of addiction if exposed to high doses
- Vaping
  - FDA recently alerted the public to deaths related to vaping
  - Many suspected products contained THC or a combination
  - Still unclear, more research is needed.



## COMORBIDITY...IT'S COMPLICATED

- Common for those with mental health issues to use substances of abuse
- Many who have substance use disorders also meet criteria for mental health disorders
- Possible Explanations
  - Substance use as a risk factor for developing mental health issues
  - Mental health disorders as a risk factor for developing substance use disorders.
  - Shared predisposing risk factors for both mental health issues and substance use disorders.
- Explanation is still unclear
- Comorbidity makes determining causality difficult.



## MENTAL HEALTH ASSOCIATIONS WITH CANNABIS USE

- PTSD, depression, and anxiety do not appear to be more likely to develop in cannabis users.
- Compared to non-users, heavy cannabis users are more likely to have thoughts of suicide.
- Risk of developing social anxiety disorder is elevated with regular cannabis use.

### Bipolar Disorder

- Limited evidence to suggest higher risk among cannabis users, greater risk among heavy users.
- Moderate evidence suggest elevated symptoms of hypomania and mania, especially among heavy users.



## MENTAL HEALTH AND CANNABIS USE (CONTINUED)

- Schizophrenia and other psychoses
  - Heavy users of cannabis likely have increased risk of developing these issues.
  - Higher the use, greater the risk.
  - Greater risk if heavy cannabis use begins in adolescence
- Moderate evidence of better performance on learning and memory tasks with history of cannabis use.



## THE GATEWAY THEORY

- Moderate evidence exists that suggests cannabis leads to the use of other illicit substances.
- Studies also show most users of illicit substances first experiment with alcohol or tobacco.
- Large majority of people who use cannabis do not go on to use other illicit substances.
- Cross-sensitization is not unique to cannabis.
- Rather recent research suggests the "Exit" Theory.
- Important to note other key factors that can influence development of substance use disorders in addition to cannabis.



## IS CANNABIS ADDICTIVE?

- A recent survey in 2015 found that 22.2 million Americans identified as users of cannabis.
- Less than 19% reported having symptoms that would qualify as a substance use disorder.
- DSM-V substance use disorders are more of a spectrum (mild, moderate, severe).
- DSM-V removed legal problems as a criterion.
- Lack of official distinction between "risky" or "problem" use of cannabis.
- Research suggests 9% of users will become "addicted" to cannabis.



## RISK FACTORS FOR PROBLEM USE OF CANNABIS

### Moderate Risk Factors

- Major depressive disorder
- Male
- Smoking cigarettes
- Exposure to combined use of abused drugs

### Substantial Risk Factors

- Male smokers
- Beginning cannabis usage at an earlier age



## MEDICAL MARIJUANA

- Term medical marijuana refers to treating symptoms of illness and other conditions with the whole, unprocessed plant or its basic extracts (cannabinoids).
- FDA has not recognized or approved the marijuana plant itself as medicine.
- Research of cannabinoids has led to two FDA-approved medications in pill form used to treat nausea and create appetite.
- THC and cannabidiol (CBD) are of the most interest for treatment.
- Research is being done with marijuana and its extracts (over 100) to treat a variety of potential medical issues.



## WHY ISN'T THE MARIJUANA PLANT APPROVED BY FDA?

- Need for large scale clinical trials in hundreds to thousands of human subjects.
- Not enough current clinical trials to show the benefit of the plant itself as opposed to some of the specific cannabinoids.
- Barriers to conducting research given its status as a Schedule I substance.
- More discussion is needed to examine these issues so the possible health impacts or health benefits can be more accurately determined.



## CANNABIS AND OPIOIDS

- Medical marijuana laws and prescription opioid use outcomes
  - Early research suggested possible relationship between availability of legal cannabis and reduction in overdose deaths.
  - NIDA Study in 2014 suggested from 1999-2010 overdose deaths in states that had legalized cannabis dropped by 21%
  - However, a 2019 study also conducted by NIDA found that the trend changed to an increase in overdose deaths by 22.7%
  - Difficult to examine causal relationship
  - More factors need to be researched to better understand the relationship.



## TREATMENT

- Chestnut offers treatment for both adolescents and adults
  - Outpatient
  - Residential
- Treatment is:
  - Evidence-based
  - Individualized
  - Designed to work on both addiction and mental health
  - Gender-specific
- Family involvement is encouraged



## HOW TO GET HELP

- Call (888) 924-3786
- Visit [www.chestnut.org](http://www.chestnut.org)
- SAMHSA Behavioral Health Treatment Services Locator
  - [www.findtreatment.samhsa.gov](http://www.findtreatment.samhsa.gov)



## CONCLUSION

- Cannabis use covers an entire spectrum of products and chemicals used in a variety of ways.
- Research on cannabis is made difficult by a number of factors.
- More research is needed on the link between physical health, mental health, and cannabis use.
- Marijuana as a plant is not approved by the FDA, but two of its cannabinoids are approved.
- Cannabis has the capacity to become addictive, especially with increasing THC levels in products and the popularity of delivery methods like edibles.
- More discussion is needed on how to address potential dangers and potential opportunities related to the legalization of cannabis.



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- US National Institute on Drug Abuse, "Is marijuana a gateway drug?" factsheet



## QUESTIONS/DISCUSSION

## MENTAL HEALTH AND THE LGBTQIA COMMUNITY

DR. BLAIR M. BROWN, LICENSED CLINICAL PSYCHOLOGIST



## WHAT DOES IT ALL MEAN???

### LGBTQQIP2SAA

Lesbian  
Gay  
Bisexual  
Queer  
Transgender  
Questioning  
Intersex  
Pansexual  
2-Spirit  
Allies  
Asexual

## THE GENDER UNICORN!



## DISCRIMINATION

- LGBTQIA people are vulnerable to vast experiences of discrimination in many areas of life.
  - Employment
  - Housing
  - Public Accommodations
  - Health Care
  - Religious Facilities



## MICROAGGRESSIONS

"Microaggressions are the everyday verbal, nonverbal, and environmental slights, snubs, or insults, whether intentional or unintentional, which communicate hostile, derogatory, or negative messages to target persons based solely upon their marginalized group membership." -Psychology Today

Examples:

- Giggles in an audience during a same-sex love scene
- People staring at same-sex hand-holding
- Being told "you don't look trans" (as if it is an accomplishment)
- "You're only bi because you haven't found the right man yet"
- "Oh you're gay?! John is gay too!!!"
- Not reacting to "straight" PDA, but eye-rolling at "gay" PDA
- Asking a gay man for shopping advice
- "How do you know you're gay if you haven't had sex?"
- "How can you attend church if you're gay?"
- "Your outfit is so gay."
- Seeing every billboard with a straight couple out to dinner



## LGBTQIA MENTAL HEALTH STATS (NAMI)

- LGBTQIA folks are 3 times more likely to experience a mental health condition
- Fear of coming out or discrimination can lead to depression, PTSD, substance use, and suicide
- For LGBTQ people aged 10-24, suicide is one of the leading causes of death
- LGBTQ youth are 4 times more likely to attempt suicide
- Questioning youth are 3 times more likely to attempt suicide, experience suicidal thoughts, or engage in self-harm than straight youth
- 38-65% of transgender individuals experience suicidal ideation
- Familial rejection after coming out increases likelihood of attempted suicide by 8 times
- 20-30% of LGBTQ people abuse substances (general population = 9%)
- 25% of LGBTQ people abuse alcohol (general population = 5-10%)

## LGBTQ AND PEOPLE OF COLOR (NPR)

Discrimination "compounds" by intersecting identities:

Percentage of LGBTQ people, by race or ethnicity, saying they have ever been personally discriminated against in each situation because they are LGBTQ



## TREATMENT ISSUES

[HTTP://WWW.MENTALHEALTHAMERICA.NET/LGBT-MENTAL-HEALTH](http://www.mentalhealthamerica.net/lgbt-mental-health)

- 1 in 5 LGBT individuals reported withholding information about their sexual practices from their health care professional
- 30 percent of transgender individuals reported postponing or avoiding medical care when they were sick or injured, due to discrimination and disrespect
- Approximately 8 percent of LGB individuals and nearly 27 percent of transgender individuals report being denied needed health care outright
- In mental health care, stigma, lack of cultural sensitivity, and unconscious and conscious reluctance to address sexuality may hamper effectiveness of care
- Evidence suggests that implicit preferences for heterosexual people versus lesbian and gay people are pervasive among heterosexual health care providers
- LGBT individuals that keep their sexuality hidden are at an increased risk of psychological distress
  - Also prevents them from accessing group-based coping resources that buffer against stigma

## QUESTIONS TO ADDRESS INTERNALIZED HOMOPHOBIA (UNIVERSITY OF SC)

- Do you laugh at jokes whose humor depends upon stereotypes (usually negative) of lesbians, gay men or bisexual people? Do you tell these jokes in public? If someone makes a humorous remark based on a stereotype, do you point that out or do you just laugh?
- Do you use dehumanizing slang: for example, homos, fags, pansies, dykes, lezzies? Note that queer is seen differently by various sub communities. Some want to reclaim queer as an inclusive word for lesbian, gay, bi and trans people. Others find it as offensive as those in the list above. Use queer at your own risk.
- When you hear of someone being fired or denied promotion or tenure (or limited in any way) because of the person's sexual orientation, do you speak out against that decision and offer your help to the person involved?
- Are you consciously aware of the group about which you are generalizing? For example, when you say "people," do you really mean everyone? When you say "women," do you really mean heterosexual women? If so, do you make the more narrow specification when you teach, write, or speak?
- Do you assume that, because someone speaks in support of gay/lesbian issues, that person is homosexual?
- Do you identify yourself as heterosexual (or let yourself be assumed so) when homosexuality is a topic of discussion or when confronting people about derogatory remarks? Why?

## QUESTIONS TO ADDRESS INTERNALIZED HOMOPHOBIA (CONTINUED...) (U OF SC)

- Do you respond to newspapers & other media which put down lesbians, gay men, bisexuals or transgender people?
- Do you participate in altering city ordinances or other laws which limit the freedom of lesbians, gay men & bisexuals? (Accommodations, insurance, credit, education, etc. for lesbians, gay men & bisexuals?) Do you protest harassment on the basis of sexual orientation?
- When speaking of couples, do you include gay and lesbian couples?
- Do you assume the person you are speaking to is heterosexual? For example, do you say, "Do you have a girlfriend?" or "Do you have a boyfriend" rather than, "Do you have a lover (or spouse, partner, life-mate)?"
- Do you respect the need for secrecy of persons you know to be gay, lesbian or bisexual? If someone asks you whether or not Janet Doe is a lesbian, do you say, "You should ask her," even when you know her to be heterosexual or bisexual or lesbian?
- When speaking to patients, students, or peers about sexuality, do you present homosexuality and heterosexuality as equally valid orientations? Do you press other adults, faculty, administrators, etc. to do the same?

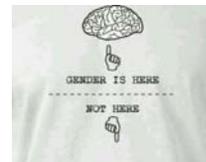
## HELPING SOMEONE "COME OUT" (TEEN VOGUE ☺)

- Understand that coming out is a process
- Don't put pressure on your person
- Realize that not everyone is as accepting as you are
- Don't deindividualize the person with your reaction
- Fully embrace, not just accept, their identity
- Trying to help can sometimes feel insensitive;
  - Don't make assumptions about what you think the person wants or needs



## SEX VS. GENDER

- Sex**
    - A person's physical or biological assignment of male, female, intersex at birth by medical professionals
      - Based on chromosomes, genitalia, gonads
  - Gender**
    - A social construct fabricated by society and culture
    - Traditionally defined as man/masculine and woman/feminine
    - Society suggests behavioral or characteristic traits for each
- A person's biological sex will not predict their gender or sexual orientation



## THE GENDER BINARY

- The societal classification and assumption of gender into two disconnected and opposite concepts.
  - i.e., Male OR female only.



## GENDER AND COLOR



## PREVALENCE OF INTERSEX CONDITIONS

[HTTP://WWW.ISNA.ORG/FAQ/CONDITIONS](http://www.isna.org/faq/conditions)

Not XX and not XY	one in 1,666 births
Klinefelter (XXY)	one in 1,000 births
Androgen insensitivity syndrome	one in 13,000 births
Partial androgen insensitivity syndrome	one in 13,000 births
Classical congenital adrenal hyperplasia	one in 13,000 births
Late onset adrenal hyperplasia	one in 66 individuals
Vaginal agenesis	one in 6,000 births
Ovotestes	one in 83,000 births
Idiopathic (no discernable medical cause)	one in 110,000 births
Iatrogenic (caused by medical treatment, for instance progestin administered to pregnant mother)	no estimate
5 alpha reductase deficiency	no estimate
Mixed gonadal dysgenesis	no estimate
Complete gonadal dysgenesis	one in 150,000 births
Hypospadias (urethral opening in perineum or along penile shaft)	one in 2,000 births
Hypospadias (urethral opening between corona and tip of glans penis)	one in 770 births

Taxid number of people whose bodies differ from standard male or female one in 100 births  
 Total number of people requiring surgery for "nonstandard" genital appearance one in 1,600 births

## PREVALENCE RESEARCH

### Transgender Population Size in the United States: a Meta-Regression of Population-Based Probability Samples

Ester L. Meerwijk, PhD and Jae M. Sevelius, PhD

Published: February 2017

"We used data from national surveys to estimate the population size of transgender people in the United States. Estimates of the number of transgender adults significantly increased over the past decade, with a current best estimate of 390 per 100 000 adults. That is about 1 in every 250 adults, or almost 1 million Americans."

## GENDER DYSPHORIA (AMERICAN PSYCHIATRIC ASSOCIATION)

- Gender dysphoria involves a conflict between a person's physical or assigned gender and the gender with which he/she/they identify. People with gender dysphoria may be very uncomfortable with the gender they were assigned, sometimes described as being uncomfortable with their body (particularly developments during puberty) or being uncomfortable with the expected roles of their assigned gender.
- Gender conflict affects people in different ways:
  - Expression
  - Behavior
  - Dress
  - Self-image
- People may:
  - Cross-dress
  - Medically transition with hormones
  - Medically transition with sex-change surgery
  - Use affirmed gender's pronouns and bathrooms



## MORE ON GENDER DYSPHORIA

- Gender dysphoria is not the same as gender nonconformity, which refers to behaviors not matching the gender norms or stereotypes of the gender assigned at birth.
- Examples of gender nonconformity include:
  - Girls behaving and dressing in ways more socially expected of boys
  - Adult men occasional cross-dressing
  - Gender nonconformity is not a mental disorder
  - Gender dysphoria is also not the same being gay/lesbian



- Some children express dysphoria at 4 years or younger
- Some adolescents do not start to feel uncomfortable in their own bodies until puberty
- Some children find that they are unable to shower, wear swimsuits, or undertake self-harming behaviors

## PERSONAL GENDER PRONOUNS

- Asking for and reinforcing a person's pronouns is a most basic way of showing respect.
- How to ask what a person's pronouns are: What are your pronouns? Mine are she, her, hers.
- There are websites out there to help people practice using pronouns other than she or he.
  - <https://minus18.org.au/pronouns-app/>
  - [www.practicewithpronouns.com](http://www.practicewithpronouns.com)



## COMMON GENDER NEUTRAL PRONOUNS

### THEY

pronounced as they

the most common gender neutral pronoun, often used by non-binary or transgender people

TAP FOR EXAMPLES

SUBJECT	they
OBJECT	them
POSSESSIVE	their / theirs
REFLEXIVE	themselves

### XE

pronounced as zee

a popular gender neutral pronoun community used by non-binary or trans people

TAP FOR EXAMPLES

SUBJECT	xe
OBJECT	xem
POSSESSIVE	xyr / xyrs
REFLEXIVE	xemself

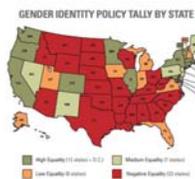
- List of pronouns:
  - Xe, Ze, Ey, Hir, Fae, Hu, They, He, and She

## GENDER IDENTITY POLICY TALLY BY STATE

This image shows the quality of transgender protections in the United States. Policies are judged on the following major categories:

- Marriage and Relationship Recognition
- Adoption and Parenting
- Non-Discrimination
- LGBT Youth
- Health and Safety
- Ability for Transgender People to Correct the Name and Gender Marker on Identity Documents

- For the states in RED, trans folks:
- Are not protected from bullying and/or discrimination in schools
  - Cannot access medically necessary healthcare
  - Often cannot change name & gender marker on ID's
  - Can be unfairly fired, evicted, and/or kicked out of public places



## EXAMPLES OF INCLUSIVE LANGUAGE

### When greeting others

ladies gentlemen ma'am sir girls guys etc.

Consider using instead



Why?

Shifting to gender inclusive language respects and acknowledges the gender identities of all people and removes assumption.

### Be mindful of language

Based on the authors' personal experience

Learn more at [princetn.edu](http://princetn.edu)

## DO'S OF A TRANS ALLY

- As often as possible, ask politely what pronouns and name a person prefers you use when referring to them. "What would you prefer to be called?" "What pronouns do you prefer?"
- Respect the rights of transgender people to define themselves
- Educate yourself on issues that are of importance to transgender individuals and communities
- Ask questions respectfully; recognize that it may take a lot of energy and courage for transgender people to hear and answer your questions and they are justified in not answering any questions that make them uncomfortable
- Be open to discussions about gender and how it affects situations in your life and in the lives of those around you
- Be supportive and a good listener
- Take transgender people and their concerns seriously, even if you do not understand their concern or why it is so important to them
- Challenge gender assumptions and transphobia whenever possible
- Accord transgender people the same credibility, privacy, respect and courtesy that you would desire
- Incorporate transgender issues and individuals into your conversations and work
- Be a visible ally by using trans-friendly language, such as "he, she or they," or "men, women and trans people"
- View transgender as a positive identity rather than a tragic or confused situation

## DON'TS OF A TRANS ALLY

- "Out" a transgender person without their express permission
- Assume an individual's sex or gender identity based upon their appearance
- Refer to a transgender person as "it" or as a "he-she" or "she-he," unless the individual has specifically asked you to refer to them in such a manner
- Put the chosen name, chosen pronouns, or self-identification of a transgender person in quotation marks; this conveys a belief that the individuals chosen name, pronoun or identity is ultimately invalid or false
- Ask transgender people about their body, genitalia or sex lives in any situation where you would not ask a bio boy or genetic girl about their body, genitalia or sex life
- Assume that, because you cannot visually identify anyone in a room as transgender, there are no transgender people present
- Place labels on individuals; instead, mirror their language and self-identification

## INTERNALIZED STIGMA EXERCISE

This exercise allows spontaneous expression of feelings about homosexuality, regardless of sexuality. Read the following sentences to yourself:

- As a parent, if I found out my child were taught by a gay teacher, I would...
- If a close friend of mine who I assumed was straight told me (s)he was gay, I would feel...
- When I think of two people of the same sex making love to each other I feel...
- As a parent, if I learned my child was lesbian or gay, I would...
- If someone of my own sex made a sexual advance to me, I would...
- If I were attending a weekend conference and I found out my roommate was gay or lesbian, I would...
- When I think about children who are being raised by lesbian or gay couples, I feel...
- What I admire about gay people is...
- What I don't like about gay people is...
- Lesbian or gay people make me uncomfortable when...

## CONSIDERATIONS FOR YOUR PRACTICE

- Actively avoid making assumptions about a person's relationship status, gender, or pronouns
- Don't try to label your clients, unless it would be helpful to them
- Always make an effort to use inclusive language
- Speak up and report any harassment or discrimination
- Recognize that disclosure of layered and intersectional identities is complicated
- Ensure clear and implicit anti-discriminatory statements in all policies
  - Must be clearly included and posted for all to see
- Review inclusive policies on a yearly basis
- Change intake forms to include gender and sexuality options
- Post "safe ally" images
- Leave LGBTQIA themed magazines in the waiting room
- Indicate that people can use whatever bathroom makes them feel comfortable



## OCTOBER IS IMPORTANT ☺ (FROM THE TREVOR PROJECT)

- **National Coming Out Day:** Always on October 11<sup>th</sup>
  - First National March on Washington for Gay and Lesbian Rights was observed that day
- **International Pronouns Day:** October 16<sup>th</sup>
  - To bring awareness to the importance of respecting, sharing, and educating people about personal pronouns
- **Spirit Day:** October 17<sup>th</sup>
  - Wear purple to show LGBTQ+ youth that you are dedicated to helping them live authentically and without fear of bullying
- **LGBT Center Awareness Day:** October 19<sup>th</sup>
  - An opportunity to raise awareness about the impact of LGBT Centers on communities world-wide



## RESOURCES FOR INCLUSIVITY (UNIVERSITY OF SC)

- E-Directory of Lesbigny Scholars <http://www.glbtstudies.umn.edu/edirglbt/> Hosted by the Steven J. Schochet Center for GLBT Studies at the University of Minnesota. An electronic service designed to help scholars collaborate
- New York Public Library's Research Guide to Gay and Lesbian Studies <http://www.nypl.org/research/chss/grd/resguides/gay.html>
- Beginning Library Research on Lesbian/Gay/Bisexual Studies <http://www.sul.stanford.edu/depts/ssrg/lkerns/gays.html>
- Queer Theory.com <http://www.queertheory.org/> Online resources integrated with the visual and textual resources in Queer Culture, Queer Theory, Queer Studies, Gender Studies and related fields
- GLBTQ: An Encyclopedia of Gay, Lesbian, Bisexual, Transgender, & Queer Culture <http://www.glbtq.com/> The glbtq encyclopedia was founded to serve as the most comprehensive, accessible, and authoritative online resource about gay, lesbian, bisexual, transgender, and queer (GLBTQ) culture
- National Consortium of Directors of LGBT Resources in Higher Education <http://www.lgbtcampus.org/> The only national organization connecting staff of North American college and university offices serving LGBT campus populations. Extensive web page includes links to academic resources
- Center for Lesbian and Gay Studies (CLAGS) <http://web.gsc.cuny.edu/clags/index.html> The first and only university-based research center in the United States dedicated to the study of historical, cultural, and political issues of vital concern to lesbian, gay, bisexual, and transgender individuals and communities

## ADDITIONAL RESOURCES

- Human Rights Campaign (HRC) <http://www.hrc.org/>
- Gay, Lesbian and Straight Education Network (GLSEN) <http://www.glsen.org/>
- Substance Abuse and Mental Health Services Administration Behavioral Health Resources (SAMHSA) <https://www.samhsa.gov/behavioral-health-equity/lgbt>
- American Psychological Association Lesbian, Gay, Bisexual and Transgender Concerns Office <http://www.apa.org/pi/lgbt/index.aspx>
- Association of Gay and Lesbian Psychiatrists <http://www.aglp.org/>
- Family Acceptance Project <http://familyproject.sfsu.edu/>
- The Trevor Project <https://www.thetrevorproject.org/#sm.000189bxctm4bf0esp71zj30revps>

## THE END ☺

Please feel welcome to contact me with any questions, comments, or concerns!

[bbrown@psychologyspecialists.com](mailto:bbrown@psychologyspecialists.com)



Be yourself  
everyone else  
is already taken

## SOCIAL MEDIA AND ADOLESCENTS

NONA WALLER, CENTER FOR HUMAN SERVICES  
NEAL IDEN, NAMI MID-CENTRAL ILLINOIS



## WHAT IS SOCIAL MEDIA?

- Five media profiles of teens
  - Heavy viewers
  - gamers/computer users
  - Readers
  - Social networkers
  - Light users
- Facebook, YouTube, Instagram, snapchat, twitter, tumblr, reddit
  - Discord, tik-tok



## ACCESS TO SOCIAL MEDIA

- Computers, smartphones, tablets
- Time spent on social media



## WHAT IS IT USED FOR/WHY IS IT HABIT FORMING

- Social comparison, self disclosure, impression management
- Unpredictable rewards, social affirmation and validation, fear of missing out, sounds/vibrations creates trigger for a routine (attention economy), social connection, reciprocal liking, social competition, psychological investment



## NEURAL RESPONSES TO SOCIAL MEDIA

- Being accepted/rejected
- Online feedback
- Retaliation and emotional regulation



## BENEFITS

- Connectivity, connection with others
- ID development, aspirational development, peer engagement
  - Increased SE, increased social capital, self ID exploration, social support, opportunities for self disclosure
  - Develop/maintain friendships
- Support, accessing health information, greater sense of comfort



## COSTS

- Association with depressive symptoms
- Bullying, rumor spreading
- Harm relationships, less meaningful interactions
- Distortion of reality, unrealistic view of peoples' lives
- Cyberbullying, depression, social anxiety, exposure to developmentally inappropriate content
  - Changing sleep cycles, objectified self concept, endorsement of risky behaviors through peer validation, data collection by SM companies
- Sexting
  - Can't control information, leads to humiliation
- Displays of risky behaviors, pro self harm, pro eating disorder



## RECOMMENDATIONS

- Ask about media use, build awareness of SM practices and their outcomes
- Encourage parents to talk to their children, create their own SM profiles, help guide their children
- Digital literacy
- Become familiar with the Children's Online Privacy Protection Act
- Reinforcing "what goes online, stays online"
- Talk about pressures to send revealing photos



## RESOURCES

- Common sense media
- Nature.com
- Science direct
- Pew internet
- Pediatrics.aapublications
- Psychology today
- Bradley [hospital.org](http://hospital.org)
- Adolescent psychiatry



## STRESS LESS

KIM MCCURTIC MS, RD, LDN

OSF HEALTHCARE ST JOSEPH MEDICAL CENTER, THE CENTER FOR HEALTHY LIFESTYLES



## WHAT ARE WE FRETTING ABOUT?

### 21<sup>st</sup> Century Stress

-vs-

### Stress Centuries Ago

What wakes you up in the morning?



## THEN

- No weather channel
- Illnesses without a name
- Illnesses with a name, but no treatment
- Wild animals
- Live off the land
- No 911, fire, police, EMS
- No home security systems



## NOW

- Deadlines
- "To Do" lists
- Keep up with the Jones'
- Parenting parents
- Wayward child
- Troubled marriage
- Chronic illness
- Appearance
- Economy
- Retirement
- Job security



## TYPES OF STRESS

- Good
- Chronic
- Emotional
- Physical
- ABL
- NUT



## STRESS RESPONSE: MEN VS WOMEN

### Women are Closets

(Stress hanging everywhere)



### Men are Dressers

(Open and shut the stress drawer)



## HORMONE PLAYERS

### Adrenaline

Prepares us for  
"fight or flight"

Uses quick energy



### Cortisol

Refueling hormone

Peaks in a.m.

Declines in p.m.

Major job is to refuel body

Most receptors found in  
abdominal region



2019  
Hickory County  
Bureau of Health  
Community Health

## THE CORTISOL CONNECTION

It's the "REFUELING" hormone and food is our fuel:

- Can dictate food choices
- Can affect appetite
- Can increase cravings

All of which have an impact on our overall health, energy levels, and risk for heart disease, diabetes, hypertension, overweight/obesity, cancer, mental health, and more.



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## BODY'S RESPONSE



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Community Health

## PHYSICAL RESPONSE TO A STRESS EVENT

Only organs necessary for survival show up!

Brain  
Heart  
Lungs  
Muscles

Stress Event = Pupils dilate, memory improves, heart rate increases, blood pressure increases, lungs take in oxygen, energy diverted to muscles, blood sugar increases.



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Bureau of Health  
Community Health

## HEALTH CONSEQUENCES OF UNMANAGED STRESS

### Digestion

(Ulcers, Malabsorption, Constipation/Diarrhea, IBS)

### Immune System

(Cancer, Sniffles, Heart Disease, Autoimmune Disorders)

### Pancreas/Insulin

(Blood Sugar Irregularities, Diabetes, Glucose Intolerance)

### Skin/Hair

(Rashes, Flushing, Hair Loss)

### Conception



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Community Health

## PHYSICAL ACTIVITY

Conquers more than just STRESS

- Weight Management
- Disease Prevention
  - Diabetes - Heart Disease
  - Cancer - Hypertension
- Mental Health
  - Depression
  - Mood disorders
  - Increased Cognition, Memory, Mental Acuity
- Improved Sleep
- Anger Management



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## HORMONE PLAYER

### Endorphins

(the feel good hormone)



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## PHYSICAL ACTIVITY GOALS

150 minutes/week moderate intensity or 75 minutes/week vigorous intensity

- 60-90 minutes/day = Weight Control
- 30-45 minutes/day = Heart Health, Diabetes
- 30 minutes/day = Weight Maintenance



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## STRESS LESS EXERCISES

**Yoga** – breathing, stability, flexibility, strength, stamina, balance

**Pilates** – breathing, balance, toning, strength, stability, posture

**Tai Chi** – stability, mobility, balance, breathing, stamina



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Copyright 2003 by Randy Glasbergen, www.glasbergen.com  
 "What fits your busy schedule better, exercising one hour a day or being dead 24 hours a day?"



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## BARRIERS FOR PHYSICAL ACTIVITY

- Time
- Mental fatigue vs physical fatigue
- Motivation
- Expense/money



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## STRESS LESS TIPS...

- Let go of some ABL/NUT stress.
- Journal or keep a stress box.
- Delegate responsibility to capable people.
- Honor breaks from work. Get away in body and in mind.
- Surround yourself with positive people and laugh more.
- Try a quick meditation or a prayer.
- Create opportunities to disconnect from all electronics.
- Listen to music or watch an inspirational podcast.
- Do something you enjoy like a hobby.
- Talk out your problems with a trusted friend.
- Do one thing at a time. Avoid too much multitasking.



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## MORE STRESS LESS TIPS...

- Schedule a realistic day and allow more time between tasks.
- Relax your standards. Some things are not worth perfection.
- Don't rely on memory. Write down your "to-do's".
- Count your blessings. For every 1 thing that went wrong there are probably 10-20 that went right.
- Stay well nourished. Eat breakfast and small meals throughout the day.
- Set a bedtime and stick to it. There's refreshing power in a good night's sleep.
- Practice simple breathing and stretching exercises throughout the day and before bed.



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## JUST BREATHE

### It's quick, easy, and you have the equipment with you 24/7

- oxygen in...carbon dioxide out!
- sit up straight
- inhale thru your nose...exhale thru your mouth

### Let's Do Some...

- **Relaxing Breathing 4-7-8:** Inhale through nose 4 counts, hold 7 counts, out mouth with a huge exhale 8 counts
- **Percussion Breathing:** A series of quick ins & outs
- **Mindful Breathing:** Talk to yourself in your mind
- As you breathe in say "Be" and as you breathe out say "Nice"
  - Or "calm down"; "be patient"; "chill out"



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## JUST STRETCH

**Reach for the Stars**...left arm, right arm, both arms

**Neck Stretch**...ears to shoulders

**Row that Boat**...shoulder roll forward and backward

**Play Footsie**...point and circle right, then left

**Talk to the Hand**...gently stretch fingers backward



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## QUESTIONS



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## PTSD

### ASSESSMENT, TREATMENT AND ETHICAL CONSIDERATIONS

ABBY KROUT, LCSW, IPV/P COORDINATOR, STRENGTH AT HOME REGIONAL TRAINER  
DEPARTMENT OF VETERANS AFFAIRS, VA ILLIANA



## LEARNING OBJECTIVES

- Understand the DSM-IV Criteria for PTSD
- Differentiate "Trauma" Vs. "Tragedy"
- Learn about successful treatment options for PTSD
- Discuss ethical considerations regarding PTSD
- Become familiar with myths vs. evidence



## DSM 5 CRITERIA

- A. **Exposure to actual or threatened (a) death, (b) serious injury, or (c) sexual violation**
- B. Intrusion symptoms (1 or more)
- C. Persistent avoidance of stimuli (1 or more)
- D. **Negative alterations in cognitions and mood (2 or more)**
- E. Marked alterations in arousal and reactivity (2 or more)
- F. More than 1 month duration
- G. **Causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.**
- H. Not attributed to the direct physiological effects of a substance or another medical condition (e.g. traumatic brain injury).

**Subtype: With Prominent Dissociative (Depersonalization/Derealization) Symptom**



## PROPER ASSESSMENT IS KEY

- Does event meet criterion A?
  - Tragedy vs. Trauma
- Are symptoms B, C, D and E directly related to the trauma?
- Clinically significant distress or impairment in functioning?
- What about meeting partial criteria?
  - Unspecified trauma or stressor related disorder
- What about symptoms occurring less than 1 month after event?
  - Acute Stress Disorder



## PTSD IS A FAILURE TO RECOVER

- If the event is stressful enough/traumatic in nature, nearly everyone will have symptoms reflective of PTSD for a period of time
  - **Most** people will recover naturally
  - However some people become "stuck" in the natural recovery process, leading to PTSD
- Avoidance must be blocked if one is to recover
  - Successful avoidance = chronic PTSD
  - **VERY** successful avoidance = subthreshold PTSD
  - Addressing the trauma/blocking avoidance can happen naturally, some need professional help



## PTSD IS TREATABLE

- Psychotherapy is the first line of treatment
- Evidence Based treatments block avoidance
  - Individual can then re enter the natural recovery process
  - Evidence based treatments are effective
  - **53%** of individuals who complete EBT's listed will no longer meet criteria



## PTSD IS TREATABLE

- Prolonged Exposure (PE)
- Cognitive Processing Therapy (CPT)
- Eye Movement Desensitization & Reprocessing (EMDR)
- Other supplemental treatment
  - Written Exposure Therapy
  - Relaxation Training (meditation, mindfulness, etc)
  - Medication Management
    - 42% of those using medications will see significant symptom decrease
    - Type of medication is really important



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## ETHICAL CONSIDERATIONS

- Cannabis use for treatment of PTSD
  - No empirical evidence that cannabis is an effective treatment
  - Cannabis use can often interfere with PTSD treatment
- Benzodiazepines for treatment of PTSD (Valium, Xanax, Klonopin)
  - Physical dependence and withdrawal symptoms are consideration
  - Greatly interferes with PTSD treatment
  - Enables avoidance
- Service Dogs
  - No empirical evidence that service dogs decrease Sx
  - Can enable "safety behaviors" i.e. make it easier to avoid
  - Pets are great and can improve quality of life, this is different than service animal



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## MYTHS AND MISCONCEPTIONS

- All Combat Veterans have PTSD
  - About 14% of OIF/OEF Veterans
  - 12% of Gulf War Veterans
  - 30% of Vietnam Veterans
- People with PTSD all experience "flashbacks"
  - Not one of the more common symptoms
    - In fact, nightmares and intrusive memories far more common
  - Hyperarousal response is NOT a flashback
- I cannot recover from PTSD
  - One of the most recoverable MH disorders
  - Remember, recovery does not equal a cure



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## PTSD AND INTIMATE PARTNER VIOLENCE

- Majority of Veterans with PTSD **DO NOT** engage in IPV use
  - However - of those Veterans using IPV, most have trauma Hx, this is true of civilians as well
- Veterans use of IPV is estimated at 3x the rate of civilians
- At least 1 in 7 Veterans (including women) uses IPV in relationships



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## PTSD AND IPV

- Hyperarousal symptoms associated w/ IPV
- Trauma exposed Veterans more likely to engage in hostile misappraisal of events
- May perceive unrealistic threats
- Overvalue aggressive responses to threat
- Trust, Self Esteem, Power Conflicts, Guilt and Shame



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### PTSD Consultation Program FOR PROVIDERS WHO TREAT VETERANS

#### About the Consultants

- Experienced senior psychologists, psychiatrists, social workers, pharmacists, and other health professionals who treat Veterans with PTSD
- Available to consult on everything from your toughest cases to general PTSD questions

#### Ask about:

- Evidence-based treatment
- Medications
- Clinical management
- Resources
- Assessment
- Referrals
- Collaborating with VA on Veterans' care
- Developing a PTSD treatment program

#### Available Resources - [www.ptsd.va.gov/consult](http://www.ptsd.va.gov/consult)

- Free continuing education
- Videos, educational handouts, and manuals
- PTSD-related publications
- PTSD and trauma assessment and screening tools
- Mobile apps, and more



## QUESTIONS

Contact Information:  
Abby Krout, LCSW  
[Abigail.krout@va.gov](mailto:Abigail.krout@va.gov)  
217-554-3258



## MCLEAN COUNTY UPDATE

CAMILLE RODRIGUEZ, COUNTY ADMINISTRATOR  
TRISHA MALOTT, BEHAVIORAL HEALTH COORDINATING COUNCIL SUPERVISOR



McLean County



## MENTAL HEALTH ACTION PLAN CREATION

- In 2014, the McLean County Board created two advisory groups to look at the issue of mental health in the community.
  - The Best Practices group looked at best practices in the field of mental health for individuals and groups in the community.
  - The Needs Assessment group assessed the most pressing mental health needs in the area.
  - Each group presented a report and recommendations to the McLean County Board.
- The two groups were then consolidated. The Consolidated Mental Health Group worked to put together recommendations and action plans.

## MENTAL HEALTH ACTION PLAN – THE DOCUMENT

- In 2015, the McLean County Board approved the written Mental Health Action Plan.
- The Action Plan has 5 key areas:
  - Collaboration
  - Medication and Medical Management
  - Juvenile Services
  - Housing
  - Crisis Services

## MENTAL HEALTH ACTION PLAN UPDATE

### Collaboration and Coordination

- Establishment of the Behavioral Health Coordinating Council
- Regular engagement with state and federal agencies, as well as national grantors
- Mental Health Advisory Board
- Annual Behavioral Health Community Forum established
- Centralized reporting and data collection through BHCC
- Stepping Up Initiative - NACo




## MENTAL HEALTH ACTION PLAN UPDATE

### Medication and Medical Management

- Expansion of the Law & Justice Center to provide for improved care for individuals with behavioral health concerns
- Contract with Genoa Healthcare to provide outpatient telepsychiatry clinic
- Ongoing discussions about collaborative efforts to increase psychiatric APN's and psychiatrists in the community




## MENTAL HEALTH ACTION PLAN UPDATE

### Juvenile Services

- Board of Health funding has contributed to programs such as:
  - Healthy Start at The Baby Fold
  - Ending the Silence through Project Oz and NAMI
  - Embedded Schools Project to provide in-school counseling in McLean County
- BJA Grant Awarded – Comprehensive Assessment Team for high-risk/high-need youth
- Pending NOFO announcement for Adolescent Mental Health Intensive Outpatient Program
- Continuing focus on services for youth




## MENTAL HEALTH ACTION PLAN UPDATE

### Housing

- Bloomington Housing Authority and BHCC
  - Awarded 13 Mainstream Housing Vouchers in 2019 through HUD after a collaborative grant application with BHCC
- Supportive housing
  - Beds have increased from 84 in 2015 to over 120 in 2019
- McLean County Regional Planning Commission's staff committee for affordable housing



## MENTAL HEALTH ACTION PLAN UPDATE

### Crisis Services

- Nearly 100% of all officers in McLean County are CIT trained
- Board of Health funding helps support CHS' mobile crisis team
- Pending opening of a walk-in behavioral health triage center, staffed by triage specialists and peers



## 2019 MCLEAN COUNTY BEHAVIORAL HEALTH EFFORTS

## MCLEAN COUNTY BOARD OF HEALTH 2019 FUNDING PRIORITY AREAS

- Crisis Hotline
- Mobile Crisis
- Problem Solving Courts
- Youth Suicide Prevention
- Youth Substance Abuse
- Adult Psychiatry
- Embedded Schools/Intervention
- Promoting Positive Child-Parental Relationships



## NYU COLLABORATION

- Purpose: To divert individuals to the most appropriate option at their first contact with law enforcement
- What: A screening tool for law enforcement to use in the field for homelessness, mental health and substance use
- Pilot Testing
  - 1<sup>st</sup> phase in Indianapolis
  - 2<sup>nd</sup> phase in McLean County and Indianapolis
  - Purpose of 2<sup>nd</sup> phase: to validate that the 14 questions on the screening tool are the "right" questions for decision making
- What's next?
  - If tool is validated, one more phase of testing before tool is publicly available



## MCLEAN COUNTY TRIAGE CENTER

- A 24/7 walk-in option for those experiencing a behavioral health crisis
  - Embracing the no wrong door approach
    - Crisis – Connection – Care
- The McLean County Triage Center offers a wide array of resources for those experiencing psychiatric emergencies:
  - Crisis intervention
  - Support from trained staff
  - Assistance with problem solving
  - Linkage to referrals
- The goal of the program is to provide a calm environment in which people can resolve crises without more intensive intervention



## FUSE - FREQUENT USERS SYSTEM ENGAGEMENT

- Breaking the cycle of homelessness and crisis among individuals with complex medical and behavioral health challenges, who are intersecting the justice, homeless, or emergency systems of care most frequently.
- Data Matching Tool
  - Partnerships with: University of Chicago; Corporation for Supportive Housing; Arnold Ventures
  - Purpose: To identify the individuals intersecting between the justice and homeless systems
- What is FUSE?
  - Intensive wrap-around case management services with housing supports, employment supports, and psychiatric care in one team
- Bigger goals of FUSE
  - Scale incrementally
  - Proof of concept = Pay for Success
  - Open up capacity at lower levels of care for more individuals



## THE CSH FUSE ROADMAP



## TELEPSYCHIATRY

- An outpatient clinic with scheduling staff, a nurse, and remote access to a prescriber
- Appointments and walk-ins will be available
- Ages served, days, and hours will be determined upon finding the right prescriber for the clinic



## WHAT'S PENDING?

- Issuing a NOFO and RFP for a collaborative adolescent intensive outpatient services program
  - A core concept document created through 6 months of a collaborative process with adolescent behavioral health providers and leadership
  - Collaborative funding
  - Transition between hospitalization and traditional outpatient
  - Exact services dependent on individual needs
    - Length/duration
    - Group, individual, family, in-home work
    - Transition back to school
    - Linkage to community supports



## FUTURE DIRECTIONS

- Expanding the number of trauma-informed and trauma-led organizations in McLean County
- Increasing attendance at each Behavioral Health Forum to expand the awareness and education of our residents and reduce stigma
- Implementation of Comprehensive Assessment Team for high-risk youth through the Bureau of Justice Assistance Award
- Continued exploration and efforts for recruitment of prescribers
- Continued movement on youth services and prevention efforts



## DIGITAL TRENDS IN MENTAL HEALTH

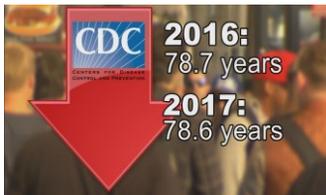
LUKE RAYMOND, LCPC  
OSF HEALTHCARE SYSTEM



- Agenda
- Overview of digital behavioral health
  - OSF experience in virtual BH
  - Potential near future innovations



## WHO ULTIMATELY SUFFERS?

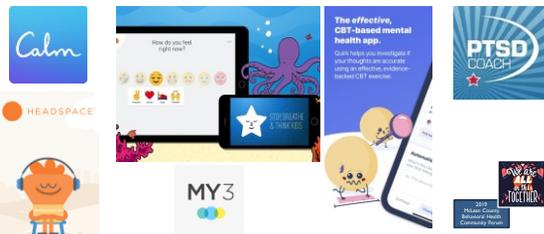


## TRENDING TOWARD DIGITAL

Consumers want virtual health...



## CROWDED SPACE FOR APPS



## APA APP EVALUATION MODEL

- Step 1: Gather Background Information
  - Step 2: Risk/Privacy & Security
  - Step 3: Evidence
  - Step 4: Ease of Use
  - Step 5: Interoperability
- <https://www.psychiatry.org/psychiatrists/practice/mental-health-apps/app-evaluation-model>



## SILVERCLOUD HEALTH

Welcome to SilverCloud, your space for thinking and feeling better

**What is SilverCloud?**  
 SilverCloud is a secure, online platform that allows you to access the support and care you need from the comfort of your home at a time which is suited for you.

**How it works**  
 SilverCloud is a secure, online platform that allows you to access the support and care you need from the comfort of your home at a time which is suited for you.

**OSF Healthcare**  
 OSF Healthcare is a leading provider of healthcare services in the Midwest.

**2019 Illinois County Behavioral Health Community Forum**

## AVAILABLE MODULES AT OSF HEALTHCARE

**Supported**

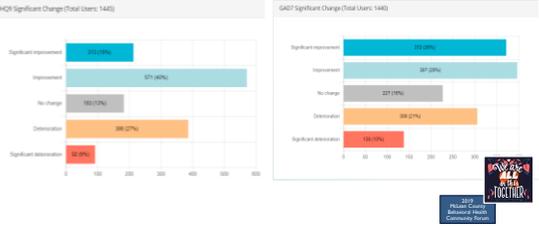
- Space from Depression
- Space from Anxiety
- Space from Depression and Anxiety

**Unsupported**

- Space from Stress

**2019 Illinois County Behavioral Health Community Forum**

## SILVERCLOUD OUTCOME METRICS



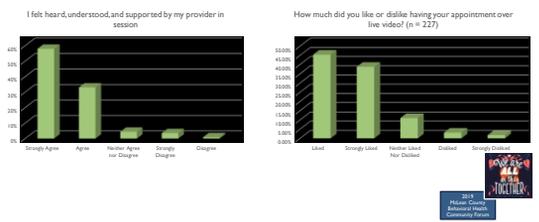
## TELEHEALTH SOLUTIONS

**regroup**  
 4526 N Governors Ave  
 Chicago, 60640, IL  
[info@regrouptelehealth.com](mailto:info@regrouptelehealth.com)

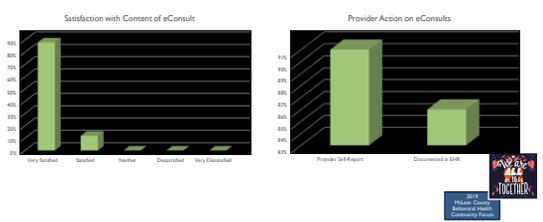
**eCONSULT Process:**  
 1. REQUEST (Requesting Clinician)  
 2. RESPONSE (Specialist)

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## PATIENT SATISFACTION WITH TELEPSYCHIATRY



## E-CONSULT OUTCOMES



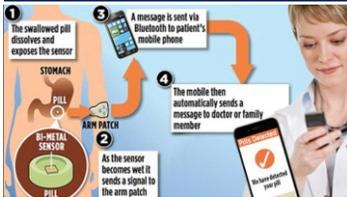
## EMERGING DIGITAL TRENDS



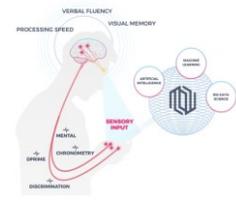
## VIRTUAL REALITY



## DIGITAL THERAPEUTICS



## DIGITAL PHENOTYPING



## BIAFFECT/MINDSTRONG

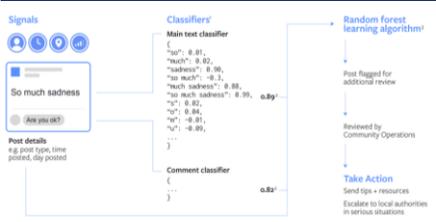
**BiAffect**

Pilot findings support that keyboard dynamics can identify persons with bipolar disorder and unobtrusively predict depression severity

Earlier in the year, a pilot study with 31 participants was completed that validated the hypothesis that keystroke dynamics like typing speed, frequency of texting and use patterns in social media apps are altered during depressive and manic episodes in people with bipolar disorder.



## SOCIAL MEDIA USE OF DIGITAL PHENOTYPING



## INSTAGRAM AND DEPRESSION



The right photo, which was more likely to be posted by a depressed participant, has more blues, grays, and is darker than the left photo.



## WEARABLES



## HOME BASED BRAIN STIMULATION



## BRINGING IT ALL TOGETHER



## MOVING FORWARD



**NAMI**  
National Alliance on Mental Illness

**Ending The Silence**  
For Families

### MENTAL HEALTH and YOUTH

<b>13%</b> OF CHILDREN ages 8-15 experience a mental health condition	<b>13-20%</b> OF CHILDREN living in the U.S.	<b>17%</b> OF HIGH SCHOOL STUDENTS seriously consider suicide
<b>50%</b> OF CHILDREN ages 8-15 experiencing a mental health condition don't receive treatment	 (1 out of 5 children) experience a mental health condition in a given year	<b>1/2</b> OF ALL LIFETIME CASES of mental illness begin by age
<b>14</b>		

Despite effective treatments, there are long delays—sometimes decades—between onset of symptoms and treatment

Source of statistics: National Institute of Mental Health and Centers for Disease Control and Prevention

### Why it MATTERS

Approximately <b>50%</b> OF STUDENTS AGES 14 + with a mental health condition drop out of high school	<b>50-75%</b> OF YOUTH IN JUVENILE JUSTICE SYSTEMS experience a mental health condition
Over <b>90%</b> OF YOUTH WHO DIE BY SUICIDE had one or more mental health conditions	SUICIDE IS THE 2 <sup>ND</sup> LEADING CAUSE of death for people ages <b>15-24</b>

Source of statistics: Centers for Disease Control and Prevention, National Institute of Mental Health and U.S. Department of Education

### When we say MENTAL HEALTH CONDITIONS...

Some of the most common conditions we see in youth are:

Attention Deficit Hyperactivity Disorder (ADHD)  
Conduct Disorder  
Bipolar Disorder  
OBSESSIVE COMPULSIVE DISORDERS  
ANXIETY DISORDERS  
EATING DISORDERS  
Disruptive Mood Dysregulation Disorder  
DEPRESSION  
Oppositional Defiant Disorder

### FOUR STEPS to early intervention

<b>STEP 01</b>  Know the warning signs	<b>STEP 02</b>  Reach out & respond	<b>STEP 03</b>  Work with school staff & your child	<b>STEP 04</b>  Provide resources & support
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### WARNING SIGNS

- Feeling very sad or withdrawn for more than 2 weeks
- Severe, out-of-control, risk-taking behaviors that cause harm to self or others
- Sudden overwhelming fear for no reason, sometimes with a racing heart, physical discomfort or fast breathing
- Seeing, hearing or believing things that aren't real
- Drastic changes in mood, behavior, personality or sleeping habits

## ! WARNING SIGNS

- Extreme difficulty concentrating or staying still that puts a person in physical danger or causes school failure
- Intense worries or fears that get in the way of daily activities
- Throwing up, using laxatives or not eating to lose weight; significant weight loss or weight gain
- Using alcohol or drugs excessively
- Trying to harm oneself, attempt suicide or making plans to do so



## ! Be aware of BULLYING

### Signs of being bullied

- **Recognize the warning signs:**
  - Unexplainable injuries
  - Lost or destroyed clothing, books, electronics or jewelry
  - Feeling sick or faking illness
  - Difficulty sleeping or frequent nightmares
  - Declining grades, loss of interest in schoolwork, or not wanting to go to school
- **Learn what bullying IS and what it IS NOT**
- **Cyberbullying**
  - Learn how to prevent it and how to address it if it occurs



Source: The Relationship Between Bullying and Suicide: What we know and what it means for school, Centers for Disease Control and Prevention, National Center for Injury Prevention and Control



## ! Be aware of BULLYING

### Signs of bullying others

- Get into physical or verbal fights
- Have friends who bully others
- Are increasingly aggressive
- Get sent to the principal's office or to detention frequently
- Have unexplained extra money or new belongings
- Blame others for their problems
- Don't accept responsibility for their actions
- Are competitive and worry about their reputation or popularity



Source: The Relationship Between Bullying and Suicide: What we know and what it means for school, Centers for Disease Control and Prevention, National Center for Injury Prevention and Control



## STEP 01 Know the WARNING SIGNS



**Intensity**  
How severe are the symptoms?



**Duration**  
How long do they last?



**Level of distress**  
How much do they impair daily functioning?

Source: The Relationship Between Bullying and Suicide: What we know and what it means for school, Centers for Disease Control and Prevention, National Center for Injury Prevention and Control



## ! What teachers may see IN CLASS

- Misses class frequently
- Misses assignments and tests
- Quality of work gets worse
- Extremely disorganized
- In schoolwork, expresses violence, thoughts of death, hopelessness, social isolation or confusion
- Frequently seeks special conditions
- Shows patterns of perfectionism
- Responds very emotionally to grades




## ! What you may see AT HOME

### Adolescents:

- Constantly runs late, unexpectedly rude, misplaces belongings
- Is isolated, doesn't participate in social situations
- Uses alcohol and/or drugs excessively, behaves hyper sexually
- Feels sad, hopeless, empty
- Overreacts to disappointment or failure, highly reactive to rejection and criticism
- Has difficulty sleeping, experiences high activity level at night
- Lies and makes up stories






## Younger children AT HOME

- Never slows down, is demanding or unable to focus
- Nothing pleases them, difficult to manage at home but not at school
- Has severe separation anxiety, doesn't want to go to school, unwarranted worrying, is severely shy
- Has excessive, non-stop energy, is impulsive
- Has low frustration tolerance, making it difficult to participate in family activities
- Has disrupted sleep cycles or night terrors
- Is irritable and aggressive, has abrupt mood changes, imagines body pains



## Common warning signs of SUICIDE

- Talking, writing or drawing about death
- Talking about:
  - Having no reason to live
  - Being a burden to others
  - Not being here tomorrow
- Feeling hopeless, desperate or trapped
- Looking for ways to attempt suicide
- Giving away possessions
- Loss of interest in the things they care about
- Behaving recklessly



## Common warning signs of SUICIDE younger children

- Change in usual behavior
- Preoccupation with death
  - Think, dream, fear and worry more about death than other children
- Risky behavior
  - Running into a busy street, trying to get out of a moving car
- Talking about or threatening suicide
- Anger, irritability, violence



STEP 02

## REACH OUT and RESPOND

If you believe a young person is considering suicide:

### Take Action Immediately!

- Ask the question, "Are you thinking about suicide?"
- Don't leave them alone
- Share relevant information with the mental health contact
- Determine who will contact their family



## TALK with your child

- Choose a time to talk when your child feels safe and comfortable
- Communicate in a calm and straightforward way
- Speak at a level that's appropriate to your child's age and development level (preschool children need fewer details than teenagers)
- Watch your child's reactions and slow down or back up if your child becomes confused or upset
- Listen openly and let your child tell you about their feelings and worries



## Start the CONVERSATION



## What NOT to say

- Don't dismiss how they're feeling as routine or as something that will get better on its own
  - "We all go through times like these. You'll be fine"
- Don't ask questions that will only give you a yes/no answer
  - "Are you OK?"
  - "Are you having any problems?"
- Don't ask in a way that indicates you want "no" as an answer
  - "You're not feeling anxious about going to school, are you?"
- Don't promise confidentiality



## Talk with SCHOOL STAFF

- Share your concerns**
  - Ask what teachers see in school
  - Refer to academic indicators
- Establish communication channels**
  - Email, folder, phone/text
- Ask about classroom adjustments**
  - Preferential seating
  - Flexible homework assignments
  - Special education and accommodations (Individualized Education Program (IEP) 504 Plan)




## Talk with HEALTH CARE PROFESSIONALS

**Share your concerns**

Include reports from school staff and what you've seen at home

**Ask for referrals**

Reach out to family, friends and school community

**Educate yourself**

Build your confidence so you can ask questions and advocate

**Ask if an evaluation is needed**

Preferably by a specialist with experience in children's mental health

REMEMBER that you have a voice in your child's mental health care



## Advocate for your child

**Talk with your pediatrician**

Keep a record of concerns

**Work with the school**

- Maintain regular communication
- Help teachers understand your child's challenges

**Get a referral to a mental health specialist**

**Connect with other families**

NAMI Basics, NAMI Family Support Groups



## Promote resilience and well-being

Teach your child how to:	Make sure your child:	Help them see:
<ul style="list-style-type: none"> <li>• Make friends, connections and have empathy</li> <li>• Set goals and work on them at a reasonable pace</li> </ul>	<ul style="list-style-type: none"> <li>• Maintains a routine</li> <li>• Takes a break and has unstructured time</li> <li>• Learns how to have a positive self view</li> </ul>	<ul style="list-style-type: none"> <li>• The good things in life to help them through rougher times</li> <li>• That change is a part of living</li> <li>• How good it feels to help others</li> </ul>



**Colleen O'Connor, CPS, CADC**  
 NAMI Ending the Silence Coordinator  
**coconnor@projectoz.org**

# The Ripple Effects of Trauma: Community Impact and Resilience

Elizabeth G. Vermilyea, PhD  
www.traumaticstressconsulting.com

If child abuse ended today...

If child abuse ended today, in 10 years the jails would be empty and the DSM would be a pamphlet.

- adapted from John Briere, Ph.D.

# Lifelong Impact of Adversity and Trauma

Adverse Childhood Experiences (ACE) Study

*"The most important study you never heard of."*  
Jane Stevens, Acesconnection.com

## Story of the ACE Study

Very large sample -- 17,000 patients at Kaiser Permanente health maintenance organization (HMO)

Average age: 57

High-functioning

All insured  
Middle and upper middle class  
74% attended college

## ACE Categories

### ABUSE AND NEGLECT

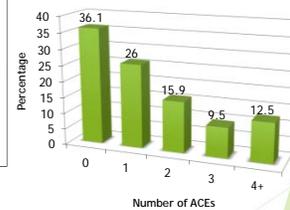
1. Emotional abuse
2. Physical abuse
3. Sexual abuse
4. Emotional neglect
5. Physical neglect

### HOUSEHOLD DYSFUNCTION

6. Mother Treated Violently
7. Household Substance Abuse
8. Household Mental Illness
9. Parental Separation or Divorce
10. Incarcerated Household Member

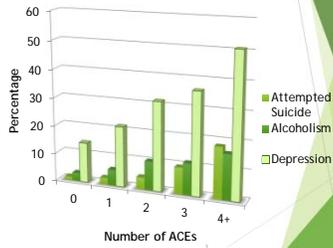
## Findings: High Prevalence

- 64% at least 1 ACE
- 12% 4+ ACEs
- 25% households with substance abuse
- 25% physical abuse



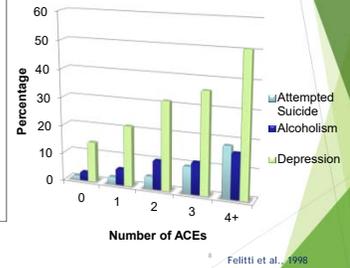
### Findings: High Association to Negative Health Outcomes

- Stunning correlations
- Linear dose-to-response relationship



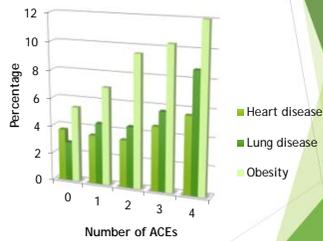
### Findings: 4+ ACEs vs. 0 ACEs

- 6x more likely to attempt suicide
- 7x more likely to be alcoholic
- 7x more likely to have sex by 15
- 46x more likely to use injected drugs



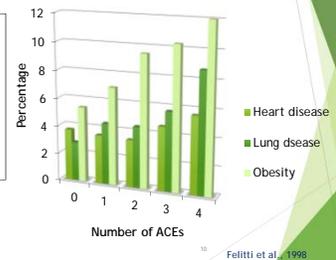
### Findings: High Association to Physical Health Outcomes

- Negative impacts BEYOND mental health
- Repeated stress has lifelong impact
- Physiological impact on cellular level

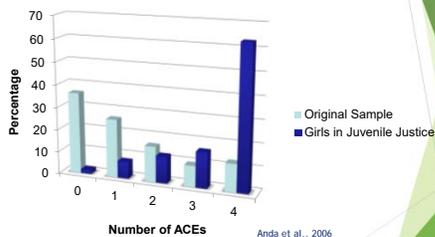


### Findings: 4+ ACEs vs. 0 ACEs

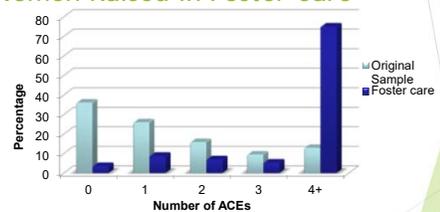
- 2x more likely to have cancer
- 2x more likely to have heart disease
- > 2x more likely to be obese



### Original Sample vs. Girls in Juvenile Justice



### Original Study vs. Women Raised in Foster Care



## Newest Thinking on ACEs

### ABUSE AND NEGLECT

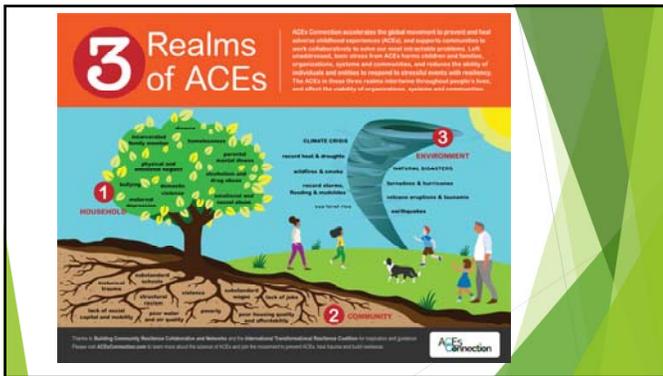
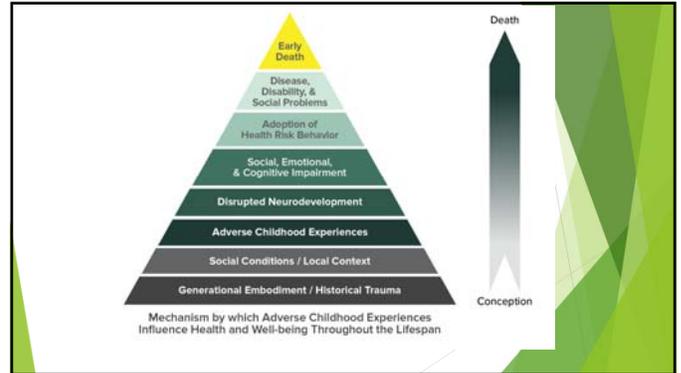
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### HOUSEHOLD DYSFUNCTION

6. Mother Treated Violently
7. Household Substance Abuse
8. Household Mental Illness
9. Parental Separation or Divorce
10. Incarcerated Household Member

### ACES PLUS 5

- Experiencing racism
- Witnessing violence
- Living in an unsafe neighborhood
- Living in foster care
- Experiencing bullying



## Resilience is stronger than ACEs

### Resiliency Factors

- A stable and committed relationship with a supportive parent, caregiver, or other adult.
- Feeling of efficacy and control
- Opportunities to strengthen self-regulation skills
- Access to sources of faith, hope, and cultural traditions.



Harvard Center of the Developing Child

## Why So Important?

Trauma is a public health epidemic  
 Roots of poor health in childhood trauma are unrecognized  
 Physiological impact of chronic stress/trauma  
 Addressing trauma and promoting resiliency prevents health problems throughout life span  
**TRAUMA-INFORMED CARE!!!!**

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## What Is Trauma-Informed Care?

An approach where all levels of a system:

- REALIZE the pervasive impact of ACEs and trauma
- RECOGNIZE the signs of trauma in clients
- RESPOND by applying the principles of TIC to all areas of the system
- RESIST RE-TRAUMATIZATION - provide service that heals rather than make things worse

(SAMHSA, 2014)

An approach where all levels of a system:

- STRENGTHEN RESILIENCY FACTORS

## Protective Factors

- ▶ Knowledge of Parenting
- ▶ Concrete supports
- ▶ Resiliency
- ▶ Nurturing & Attachment
- ▶ Social Support
- ▶ Children's Social Emotional Competence

FRIENDS National Center for Community-Based Child Abuse Prevention

## Knowledge of Parenting

- ▶ Parents who understand child developmental stages are more likely to be consistent with rules and expectations and will communicate more effectively with their children.
- ▶ Parents who understand their child's changing needs over time and how to adjust their parenting style based on the child's needs and temperament will experience less stress in parenting and reduce their risk for child abuse and neglect.
- ▶ Program Strategies that work here:
  - ▶ Offer informal interactions with staff and coaching on specific challenges (e.g. inconsolable crying, biting, eating challenges)
  - ▶ Offer opportunities for parent education to be responsive to issues presented by parents in the moment
  - ▶ Give parents the opportunity to network with each other

## Concrete Supports

- ▶ Families able to reliably provide the basics of food, clothing, and shelter are better able to focus on other important aspects of family life.
- ▶ Life challenges that inhibit stability, create food/housing insecurity, and otherwise draw enormous amounts of energy focused on survival increase vulnerability and result in multiply stressed families.
- ▶ Concrete supports provide access to tangible goods and services to help families cope with stress, particularly in times of crisis.
- ▶ Program Strategies that work here:
  - ▶ Connect parents with economic resources such as job training and placement referrals
  - ▶ Provide referrals for immediate crisis needs of food, clothing, and shelter
  - ▶ Recognize challenges in this area and provide support (e.g. language barriers, immigration status, domestic violence, mental health, substance abuse)

## Family Functioning/Resiliency

- ▶ Families with the ability to openly share positive and negative experiences and mobilize to accept, solve, and manage problems are more successful in daily life.
- ▶ Helping parents to identify their strengths and resources can help to build resilience in times of need. Areas of strength may include problem-solving skills, faith, communication skills, flexibility, humor, and many others.
- ▶ Parents who can learn to identify and access outside supports when needed will experience less stress over time and have the ability to be more nurturing caregivers.
- ▶ Program Strategies that work here:
  - ▶ Make mental health support an integral service that is seen as normal not stigmatizing
  - ▶ Provide resources to parents around causes of stress and how it may affect health, relationships and family
  - ▶ Coach parents in skills such as planning, goal setting, problem-solving, and self-care

## Nurturing and Attachment

- ▶ Children who feel loved and supported by their parents tend to be more competent, happy, and healthy as they progress into adulthood.
- ▶ Parents who can help their children feel loved, safe, and supported over the course of their life increase their child's ability to cope with stress. Parents who can learn to focus on quality interactions with their children will be less stressed over time.
- ▶ Program Strategies that work here:
  - ▶ Offer parent education that shares information on how a strong parent-child bond enhances brain development and supports positive behavior later in life
  - ▶ Emphasize the importance of connectedness with all important adults for the child
  - ▶ Recognize warning signs and ensure effective referrals for parents struggling in this area

## Social Support

- ▶ Being connected - to family, friends, and community- has shown to reduce the risk of harm to children. Parents who feel they have emotional support in times of need are better equipped to handle times of high stress or crisis.
- ▶ Parents who have someone to talk with about a bad day, to strategize with over a difficult parenting issue, or to have a fun evening out to take a break will feel more successful as a caregiver over time. These connections can be crucial components in many areas and should be fostered and encouraged.
- ▶ Program Strategies that work here:
  - ▶ Establish a welcoming space for parents to socialize
  - ▶ Offer opportunities for parents to get together in "normalizing" situations (e.g. picnics, potlucks, block parties)
  - ▶ Connect parents with other organizations that offer opportunities for parents to connect

## Children's Social Emotional Competence

- ▶ We know that children who have the ability to effectively and positively express their feelings and needs are more likely to develop strong, trusting, and cooperative relationships with others.
- ▶ This asset begins to form in infancy—possibly in utero—and is fostered through nurturing interactions between child and caregiver. Child and infant behaviors are impacted by the environment around them. When children interact with others in positive ways, and their actions result in reinforcement, they become better equipped to form bonds and self-regulate their emotions and behavior as well as communicate their feelings, and solve problems effectively.
- ▶ Program Strategies that work here:
  - ▶ Discuss the importance of feelings and how they impact children
  - ▶ Provide opportunities for children to practice self-regulation skills in informal settings
  - ▶ Create programming that allows children to express themselves in creative ways (e.g. play, art)

## Community Approach

- ▶ Envision a community where all members are safe, healthy, cared for, and educated - including people who are documented, undocumented, visible, and invisible.

## The Mission

- ▶ Provide everyone in the community with information on the causes and consequences of trauma, public and provider education, resource assistance, and advocacy for appropriate prevention and intervention services.
- ▶ It is also to effect long-term community improvement by increasing awareness of issues facing traumatized communities in order to promote healing.

## Goals

- ▶ Every community member can give a compassionate response to a traumatized person.
- ▶ Everyone views trauma through the same lens: schools, faith communities, treatment centers, community centers, law enforcement
- ▶ The initial response to problematic behavior is: "What happened to you?" instead of "What's wrong with you?"

## How Do We Do It?

- ▶ Start with the ACEs
  - ▶ ACEs are surprisingly common — 64% of the 17,000 in the ACE Study had one of the 10 ACEs; 12 percent had four or more.
  - ▶ There's an unmistakable link between ACEs and adult onset of chronic disease, mental illness, violence, being a victim of violence, and so much more, including more broken bones (from thrill sports).
  - ▶ The more types of childhood adversity, the direr the consequences. An ACE score of 4 increases the risk of alcoholism by 700%, attempted suicide by 1,200%; it doubles heart disease and lung cancer rates.
  - ▶ ACEs contribute to most of our health problems, including chronic disease, financial and social health issues.
  - ▶ One type of ACE is no more damaging than another. An ACE score of 4 that includes divorce, physical abuse, a family member depressed or in prison has the same statistical outcome as four other types of ACEs. This is why focusing on preventing just one type of trauma (stopping sexual abuse) and/or coping mechanism (stopping smoking) won't ever eliminate that trauma or coping mechanism.

<https://www.acesconnection.com/blog/12-myths-of-the-science-of-aces>

## Present to Stakeholders

- ▶ City Council
- ▶ Community Groups
- ▶ Philanthropic Groups
- ▶ Medical Centers
- ▶ Law Enforcement
- ▶ Faith Communities
- ▶ Community-based Organizations
- ▶ Justice System
- ▶ Schools
- ▶ Media
- ▶ Mental health
- ▶ Funders
- ▶ Nonprofits
- ▶ Local business owners
- ▶ Insurance companies
- ▶ Elected officials
- ▶ Housing authorities
- ▶ Recovery community
- ▶ Landlords

## Present the Upstream Benefits: For People

- ▶ Longer healthier lives
- ▶ More synergy
- ▶ More playful
- ▶ More laughing, more listening
- ▶ Increased resilience, cohesion
- ▶ Personal satisfaction
- ▶ Increases in trust, compassion, and support of others as needed
- ▶ Meaningful work
- ▶ Acceptance
- ▶ Less shame
- ▶ Reduced stigma

## For the Community

- ▶ Increase in happy, active children
- ▶ No more bullies
- ▶ Less fractured families
- ▶ Less violence
- ▶ Decrease high school dropouts, homelessness, involvement in child welfare system
- ▶ Decreases in poverty and less income disparity
- ▶ Reductions in issues such as alcohol and drug use
- ▶ More access to child care
- ▶ Increased sense of community, belonging
- ▶ Reduced domestic violence/sexual assault/mental health incidences, diagnoses, victims, survivors
- ▶ Increase diversity
- ▶ Pay it forward attitude
- ▶ Equal does not necessarily mean the same
- ▶ Access to health care
- ▶ Trauma-informed news, not sensationalist
- ▶ Stronger neighborhood connections

## For Service Systems

- ▶ Cooperation among systems
- ▶ Reduced recidivism
- ▶ Prevention rather than reactionary measures
- ▶ Open discussions about trauma
- ▶ Decreased use of emergency room
- ▶ Less incarceration
- ▶ Increased funding for prevention
- ▶ Replication across service systems
- ▶ Changes in the legal system
- ▶ Integral and holistic service providers

## What essential needs/populations must be served in a trauma-informed community?

- ▶ All populations: want to be as inclusive as possible
- ▶ Everyone is welcome, everyone is accepted and loved
- ▶ Focus on vulnerable
- ▶ Gay, lesbian, bisexual, transgender
- ▶ Military
- ▶ Elderly
- ▶ Minorities
- ▶ People with disabilities
- ▶ Divorced family
- ▶ Physicians and clinicians

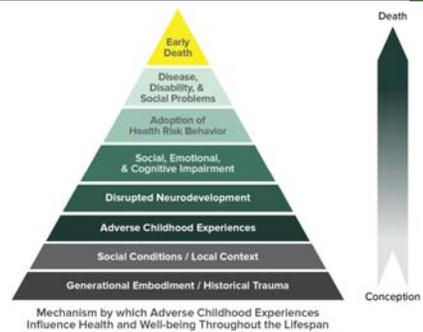
## Barriers

- ▶ Resistance, denial, and avoidance
- ▶ No one likes to talk about trauma
- ▶ Nobody likes changes
- ▶ Fear
- ▶ Too overwhelmed by own trauma
- ▶ (Lack of) common vocabulary of trauma and how impacts everyone
- ▶ Size of the infrastructure, funding
- ▶ Agencies have different disciplines
- ▶ Getting people to the table
- ▶ Overcoming political agendas
- ▶ Politics
- ▶ Apathy
- ▶ U.S. culture of reaction: Waits until disaster to react
- ▶ Ignorance
- ▶ Lack of commitment
- ▶ Lack of open minds
- ▶ Lack of follow through
- ▶ Fear of taking funds from protection and spending it on prevention
- ▶ Enormity of problem itself
- ▶ Focus on self-interest
- ▶ Money is tied to sickness and badness instead of strengths, health, and goodness
- ▶ Scarcity mentality
- ▶ Focus on short term
- ▶ Some people may not recognize they were victimized, so lack of awareness, lack of trust

## Use Results Based Accountability to 'Turn the Curve'



- ▶ Step 1: Graph the measure you have chosen including a history and a forecast of where you think this measure is going if you do nothing differently.
- ▶ Step 2: Analyze the "story behind the data".
- ▶ Step 3: Identify existing and new partners who have a role to play in improving the data.
- ▶ Step 4: Brainstorm what works to address the contributing factors and "turn the curve".
- ▶ Step 5: Develop and implement a comprehensive action plan.



Remember the ACE Study...

If child abuse ended today, in 10 years the jails would be empty, disease, disability and social problems would be drastically reduced, and mental illness would be rare.

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## Trauma-Informed Leadership: Principles and Tools

Elizabeth C. Vermilyea, PhD [www.traumaticstressconsulting.com](http://www.traumaticstressconsulting.com)

### Introductions:

- Who you are
- Where you work
- What you do

### How are You Doing?

- How does it feel at the agency these days?
  - Energy, emotional reactivity, mood.
- How is it actually going?
  - Ability to get the job done.
- What is your support system?

### I'm In CHARGE!!!

- If you could change three things about your agency, what would they be?
  - Write each item on a separate post-it.
- In your group, quickly announce what your three items are – no discussion at this time.
- Have all group members put similar items in piles together.

### My Ideal

- Who is your ideal leader?
- What traits does this person possess?
- What traits do you share in common?

### What does your staff...

- Want from you?
- Need from you?
- Give to you?
- Take from you?

## Keys to Successful Leadership

- Trust and confidence in top leadership was the single most reliable predictor of employee satisfaction in an organization.
- Effective communication by leadership in three critical areas was the key to winning organizational trust and confidence:
  - Helping employees understand the company's overall goals.
  - Helping employees understand how they contribute to achieving key goals.
  - Sharing information with employees on both how things are going - relative to agency goals.

## Principles

1. Be good at your job, be familiar with employee's tasks.
2. Take responsibility.
3. Set the example.
4. Know your people and look out for their wellbeing.
5. Keep staff informed.
6. Develop a sense of responsibility in your workers.
7. Ensure that tasks are clear, supervised and accomplished.
8. Use the full capacities of your team.

## Know Your Staff

- What motivates each person?
  - What do they respond to?
  - How they respond to stress?
- What does each one need in order to do her/his best?
- Which ones push your buttons? Whose buttons do you push?

## Does Your Staff Know You?

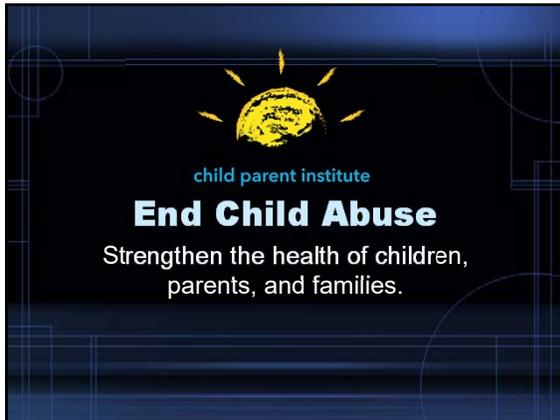
- Are you seen as:
  - Trustworthy (safe)
  - Understanding
  - Communicative
  - Collaborative
  - Respectful

## Discover the Vision of the Agency

- The dream
- The reality
- In small groups identify 2 or 3 value statements or visions of your agency.

## Value/Vision Statements

- Are these "doing" statements or "being" statements?



### Disseminate the Vision

- People want meaning and purpose in their work. The leader's job is to create that meaning.
- "To communicate a vision... you need to live a vision, day in, day out, embodying it and empowering every other person to execute that vision in everything he or she does, anchoring it in realities, so that it becomes a template for decision making."  
– Warren Bennis, *Old Dogs, New Tricks*.

### Drive the Vision Forward

- All decisions must be made in light of the vision. All interactions must embody the framework of the vision.
- Who, in your agency, has the vision "written on their hearts?"
- Know your people and know what they are dealing with in an intimate way.

### A Secret Puzzle

What do people think of me?

How do I want to be seen?

If only I could...

I kind of wish people knew that...

### Leadership begins Within

- Trust
- Authenticity
- Humility

### Bias

- Who do I have trouble understanding?
- How do I make assumptions about others?
- Where are my blind spots?
- Where are my hot spots?

## Managing the Group

"... Praise loudly, blame softly."

- Catherine the Great

Do you have a self-control plan?

## Creating the Culture

- How well does the leader clarify the priorities and goals of the organization?
  - What is expected of us?
- What is the system of recognition, rewards, and punishments in the organization?
- How competent are the leaders?
- Are leaders free to make decision?
- What will happen if I make a mistake?

## Beliefs

- The internal forces guiding the agency.
- What does your agency believe about:
  - The work
  - The staff
  - The clients

## Values

- Values help to determine how we will act as they help us to weigh the importance of various alternatives.
- They drive all organizational and individual efforts.
- What overt and covert values are embodied by you, your staff and your agency?

## Character

- What does your behavior say about your character?
- How do you manifest drive, energy, determination, self-discipline, willpower, and nerve?

## Knowledge:

"a fluid mix of framed experience, contextual information, values and expert insight that provides a framework for evaluating and incorporating new experiences and information." Davenport and Prusak (1998, p. 5)

- First, there is content: "a fluid mix of framed experience, contextual information, values and expert insight." This includes a number of things that we have within us, such as experiences, beliefs, values, how we feel, motivation, and information.
- The second part defines the function or purpose of knowledge, "that provides a framework for evaluating and incorporating new experiences and information." If we don't incorporate new experiences, what good is knowledge?

How do we begin to incorporate new experiences or information?

How do we make new practices second nature?

## Technical Skills

- The ability to perform required tasks.
- Do you feel you have the ability?
- Does your staff?
- What is the covert or overt message about skills and abilities in your agency?

## Social Skills

- Social Skills are the interaction of one person with another. It includes the perception of needs and desires of others, and of one's effect upon others (Gregory, 1987, p. 716).
  - intrapersonal intelligence (Know thyself)
  - interpersonal intelligence (Know the other)
  - adaptability (Accommodation and challenge)
  - stress management (Coping/Adaptation style)
  - general mood (Temperment)

## Traits of Character

- Confidence
- Courage
- Integrity
- Decisiveness
- Justice
- Tact
- Initiative
- Coolness
- Maturity
- Flexibility
- Empathy/Compassion
- Improvement
- Will
- Assertiveness
- Candor
- Sense of humor
- Competence
- Commitment
- Creativity
- Self-discipline
- Humility

## Labels

- Manipulator
  - I feel used, fooled, jerked around.
- Control freak
  - Reflective of anxiety?
- Slacker
  - Do you feel your skills are useful and appreciated?
- Other.....

## Defenses

- Defensiveness
  - “I feel misunderstood.”
- Cynicism/ Mind over matter
  - “I don’ t mind. It doesn’ t matter.”
- Avoidance
  - “Out of sight, out of mind.”
  - “Feelings? I don’ t have no stinking feelings.”

## Survivor Leaders

- Your history is important
  - I'm a survivor
  - I am not a survivor
- How does your survivor status affect your leadership?
  - Bias
    - "You don't know, you haven't been there."
  - Expectation
    - "Staff needs to be professional no matter what!"
  - Triggers: anyone can be triggered, and therefore – reactive
    - "They need to get it together, we're here to serve not be served."
    - "I don't feel safe talking about this."

## A RICH Culture

- **Respect** – respect and love are free
- **Information** – no secrets, but information that is privileged should be acknowledged as such
- **Connection** - leaders maintain a continual effort to foster and nurture connections within the staff and clientele
- **Hope** – to convey it, you must have a renewable source of hope within you

## Application

- Situations and dilemmas

## Scenario 1:

- **What happened?**
- Two colleagues get on with each other and work well together. Suddenly you notice relations seem frosty and work is starting to suffer.
- Their relationship is also beginning to affect the morale and efficiency of the team in which they work.
- **What do you do?**

## Scenario 2:

- **What happened?**
- A reliable, diligent employee comes to see you.
- She is not happy with the way you treat her. She feels you favor male employees when allocating the most interesting tasks.
- **What do you do?**

## Scenario 3:

- **What happened?**
- You're in an important meeting when a staff member rushes in to tell you that you're needed by the busses because a student is fighting.
- **What do you do?**

## Scenario 4:

- **What happened?**
- Two parallel level supervisees seem to have grudges with each other. Most interactions between them require your intervention in order to accomplish the task at hand.
- **What do you do?**

## How Do You Celebrate?

- Rituals
- Merit badges
- Public Praise
- Retreats
- Toys
- R&R

## A Model of Ethical Decision-Making

- Initial appraisal of ethical and legal considerations involved
- Gather information (facts, consultation)
- Secondary appraisal of ethical and legal considerations
- Metaethical deliberation - if there is a conflict between two ethical duties, which takes precedence? (Self-determination/ preserving life)
- Tertiary appraisal
- Make a decision
- Document the rationale and decision-making process (throughout)

## Ethical Decision Making

Always act so as to treat others as an end and never only as a means (Formalism)

**Treat people as people**

Take account of the preferences and interests of all those affected to bring about the greatest net satisfaction of preferences. (Utilitarianism)

**Ask people what they want**

Resist what appears to be good in the short run for what appears to be really good in the long run. (Contextualism)

**What does this person actually need?**

Act to preserve the relationship. (Feminism)

## Know Thyself: Special Considerations

- Competing Priorities: Personal vs. Professional Ethics
- Conflicts of Interest
- Multicultural Competency
- Clarity of Roles/Responsibilities

## Scenario

- A homeless man unknowingly wanders into a mental health workshop at a local community center. He walks into the training room and starts telling the people he's hungry. Since the group has just finished lunch, there are a number of boxed meals left over. When he is offered the meals, he says that what he really needs is money. Two participants escort him into the hallway to talk, and the group begins a debate. They are divided into three camps:
  - Those that want to give him some money
  - Those that only want to give food and water
  - Those that want to call a mobile crisis unit to assess and intervene if necessary

## Self Assessment

- What is my image of a morally good person? Of a competent person?
- What makes me feel as if I have done a good job? Been a good person?
- Where do I stand with regard to my professions ethical principles? Which takes precedence in the event of a conflict?
- Is respecting the client's self-determination more important to me than doing good or not doing harm?
- When the client's welfare or safety conflicts with their autonomy, do I tend to act paternalistically for the client's benefit but in violation of the client's autonomy?

## Assessment

- What ethical theories underpin my decision-making?
  - Formalism, utilitarianism, contextualism, feminism?
- What are my views of free will and determinism?
- What are my spiritual beliefs about identity, destiny, purpose, and meaning?
- Do I put individual rights over those of the community or vice versa? Under what conditions do these present a conflict for me?
- Is my moral voice based on justice, rights, privacy, and noninterference or on is it focused on relationships, connection, and incorporation?

## Blind Spots Prevent Connection

- Are protective.
- Are fear-based.
- Prevent wholeness and holistic vision.
- Prevent growth.
- Promote stigma.
- Really are blind spots!

## The Culture of One

- No one knows you until they KNOW you
- Your beliefs, values and dreams are uniquely yours
- Seeming contradictions, dichotomies and confusion lead us to categorize

## Inhibiting Relationships

- Our attitudes and beliefs about others attitudes, behaviors, beliefs, appearances
- Our own story, experiences
- Our comfort level with intense emotions and challenging experiences
- Our need to be insulated from conflict
- Agency philosophy and policies

## Ethical Communication

- Am I a good listener?
- Do I hear other points of view before beginning to edit comments/form rebuttals?
- Am I motivated by winning or by finding the best solution for everyone involved?
- Do I work to create a safe space where others are able to speak freely, challenge each other, and share new ideas?

# Eliminate Gossip

## Integrity and Ethics in Leadership

- Ethical behavior reflects a sense of self-respect that translates into respect for others in all encounters.
  - My self awareness is crucial to my ability to help you
- Ethical behavior = caring for clients and seeing that their rights are honored and justice is served!
  - According to and including the client's perspective
- As leaders in this field, you are expected:
  - to have the capability to adhere to your personal leadership values
    - Act according to your values
  - To articulate them to your staff & colleagues
    - Infuse the workplace with these values – embody it and teach it
  - And "practice what you preach!"
    - Preach what you practice
- The motivation to engage ethically begins with leader- it starts at the top!
  - YOU ARE RESPONSIBLE, YOU ARE CAPABLE!

## Ethical Behavior as a Theme in the Organization

- Leaders who encourage staff to maintain a high level of ethical behavior and to maximize their potential do the following:
  - Convey interest, trust, and understanding
  - Satisfy the needs of subordinates
  - Develop an organizational commitment
  - Are honest and open in dealings with fellow employees
  - Allow co-workers to play an active role in decision making
  - Provide challenges and responsibilities for staff
  - Assist in personal development

## What can you do? "The resolution of ethical dilemmas challenges feelings" -Melissa Hook

- Discuss barriers to problem solving BEFORE situations become ethical dilemmas. Consider *preventive ethics*.
  - Do we or don't we hug people?
- Deal with dilemmas if they do arise
  - This just happened...
- Avoid mental attitudes that inhibit the possibility of thoughtful awareness in resolution.
  - False dilemmas
  - Rigid patterns of thinking
  - Dogmatism
  - Rationalizations
  - Relativism
  - Passivity
- Being *open hearted* in the resolution is JUST as important as being open minded!

## Leadership and Trust

- Difficult to define but we know when it is present and when it is NOT.
- Involves:
  - Predictability
  - Consistency
  - Clarity of roles, communication, & purpose

## Four qualities of leadership that create and engender trust

- Vision
- Empathy
- Consistency
- Integrity

## McLean County Community Crisis Services

### *Description of Agencies:*

#### **PATH - 2-1-1**

PATH (Providing Access to Help) assists community members 24/7 via a hotline that is manned by trained paraprofessionals. Trained paraprofessionals are skilled at assessing suicidal risk and linking callers with necessary services, including, but not limited to the Crisis Team through the Center for Human Services. In addition, PATH provides crisis services for the homeless and services for older adults, including Adult Protective Services. PATH is also the designated answering service for many social service agencies.

#### **McLean County Center for Human Services Mobile Crisis Unit - (309) 827-5351**

The Mobile Crisis Team is available 24/7 to assess crisis risk and other mental health crisis in person or over the phone. The team consists of members who specialize in mental health and risk assessment. The Crisis Team can provide services such as de-escalation, linkage to other services, suicide and/or risk assessment, and in the moment counseling.

**CARES Hotline - 1-800-345-9049** - Statewide hotline which dispatches the appropriate SASS provider.

#### **Center for Youth and Family Solutions - SASS Program - (309) 820-7616**

CYFS operates the SASS program which serves as the crisis intervention program for youth ages 20 and under who have state funded health insurance, such as Medicaid. CYFS staff is trained in suicidal assessment and can link youth to necessary services. Services are provided in the least restrictive manner.

#### **Chestnut Health Systems - (309) 827-6026 - Crisis Stabilization Unit (CSU)**

Chestnut provides 24 hour short term supervised care for persons aged 18 years and older who are experiencing an acute psychiatric crisis that does not require acute psychiatric hospitalization. The CSU also provides medically monitored detox services. Please note this is a voluntary, 14 bed unit.

**In many instances, individuals are better served in the least restrictive environment within their community. If an individual is at imminent risk of harm, please go to your nearest hospital or call 9-1-1.**

### *Area Hospitals within McLean County:*

#### **Advocate BroMenn Medical Center**

1304 Franklin Avenue, Normal, IL 61761

(309) 454-1400

Advocate also operates a 17 bed, adult inpatient mental health unit for those experiencing emotional trauma or psychiatric emergencies. For more information call 309-268-5747.

#### **OSF St. Joseph Medical Center**

2200 East Washington Street, Bloomington, IL 61701

(309) 662-3311

## Presentation Outline for Mental Health Forum: Men's Mental Health

Chris Cashen, OSF Healthcare St. Joseph Medical Center

### **Introduction:**

My background/career/education/experiences

### **Why do men need help?**

By the Numbers-Statistics from the US and UK

### **Notable Men with Mental illnesses**

Athletes, politicians, celebrities

### **DIAGNOSES** and how these may be different for men

Depression-types and symptoms

Anxiety-types and symptoms

Substance abuse/dependence-types and symptoms

Bipolar-types and symptoms

Schizophrenia-types and symptoms

Suicide

### **Why don't men get help?**

Cultural Factors, Ethnicity, History, Spirituality, Social Norms

### **What is Help?**

Primary Care, Psychiatric Care, Psychological Care

### **WHAT WILL HELP!**

Medicine

Cognitive Behavioral Therapy-examples

Exercise

Spirituality

Meditation and Mindfulness

## TRUST-BASED RELATIONAL INTERVENTION A TRAUMA INFORMED CAREGIVING APPROACH

KRISTA REICHA, THE BABY FOLD



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## WHAT IS TBRI?

Trust-Based Relational Intervention (TBRI) is a holistic approach that is multi-disciplinary, flexible, attachment-centered, and challenging. It is a trauma-informed intervention that is specifically designed for children who come from "hard places," such as maltreatment, abuse, neglect, multiple home placements, and violence, but you'll see that the principles apply to all children. TBRI consists of three sets of harmonious principles: Connecting, Empowering and Correcting.

TBRI is effective because it is founded in research and theory and is based upon how optimal development should have occurred. By helping caregivers understand what should have happened in early development, TBRI principles guide children and youth back to their natural developmental trajectory.

(Purvis & Cross, 2013a)



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## CHILDREN FROM "HARD PLACES" – SIX EARLY RISK FACTORS

1. Difficult Pregnancy
  - Medical drugs/alcohol, crisis or other trauma
  - Persistent high levels of stress throughout pregnancy
2. Difficult Birth
  - Difficult or traumatic birth: emergency cesarean, oxygen deprivation, complications
3. Early Hospitalization
  - Premature birth: organs/body systems not fully formed/function
  - Experience early painful touch rather than nurturing/comforting touch
4. Abuse
  - Exposure to abuse trains the brain to be hypervigilant in all environments
5. Neglect
  - Sends the message that the child "doesn't exist" – often resulting in developmental deficits and severe behavioral problems
6. Trauma
  - Exposure to any trauma (such as witnessing an extreme event) slows/stops developmental trajectory until addressed

(Purvis et al. 2015)



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## PRINCIPLES OF TBRI

- |                |   |
|----------------|---|
| 1. Connection  | <ul style="list-style-type: none"> <li>▪ Engagement</li> <li>▪ Mindfulness</li> </ul>   |
| 2. Empowerment | <ul style="list-style-type: none"> <li>▪ Physiological</li> <li>▪ Ecological</li> </ul> |
| 3. Correction  | <ul style="list-style-type: none"> <li>▪ Proactive</li> <li>▪ Responsive</li> </ul>     |

(Purvis et al. 2015)



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## CONNECTIONS

### Engagement

- Observing
- Recognizing Behavior
  - Matching Behavior
- Eye Contact
- Body Position
- Voice and Inflection
- Encourage Process
- Playful Interactions
- Healthy Touch

### Mindfulness

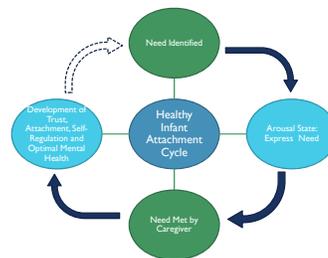
- Where is the Child?
- Where is the Caregiver?
- Where is the Relationship?
- What's going on in the Environment?

(Purvis et al. 2013b)

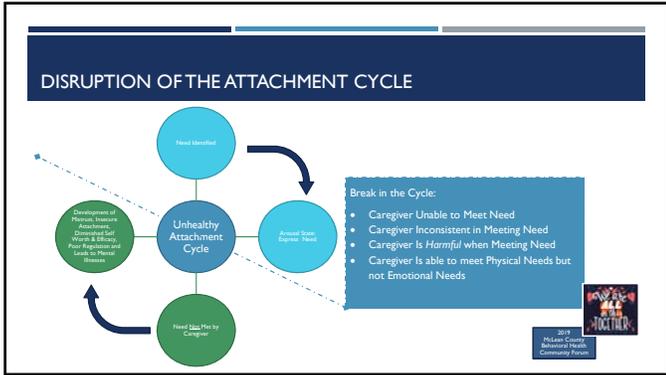


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## ATTACHMENT IN THE HOME STARTS WITH INFANT ATTACHMENT



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### FOUR ATTACHMENT TYPES

- Secure – 'I'm ok, you're there for me'
- Insecure avoidant – 'It's not safe to need help'
- Insecure ambivalent – 'I want comfort but it doesn't help me'
- Insecure disorganized – 'I'm frightened'

**Prevalence:**

- Secure (about 60% of the population)
- Avoidant (about 20%)
- Ambivalent (about 20%)
- Disorganized (1% to 2%) in low-risk

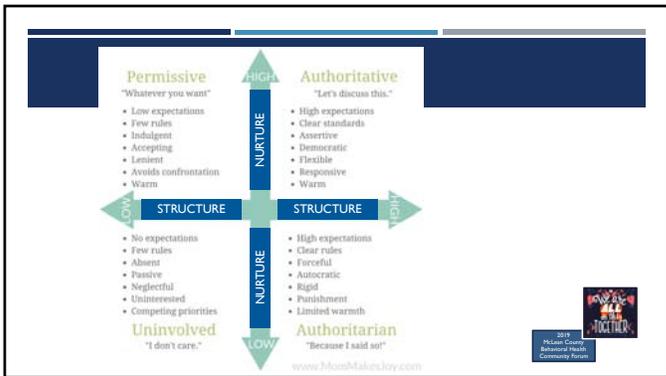
The nature of attachment type is a predictor of emotional responses and later social behavior and resilience

(Purvis & Cross, 2013a)

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ATTACHMENT TYPE	DISPLAYED CHARACTERISTICS	
	AS A CHILD	AS AN ADULT
<b>Secure</b>	<ul style="list-style-type: none"> <li>Able to separate from parent</li> <li>Seek comfort from parents when frightened</li> <li>Returns of parents is met with positive emotions</li> <li>Prefers parents to strangers</li> </ul>	<ul style="list-style-type: none"> <li>Have trusting, lasting relationship</li> <li>Tend to have good self-esteem</li> <li>Comfortable sharing feelings with friends and partners</li> <li>Seek out social support</li> </ul>
<b>Avoidant</b>	<ul style="list-style-type: none"> <li>May avoid parents</li> <li>Does not seek much comfort or contact from parents</li> <li>Shows little or no preference between parent and stranger</li> </ul>	<ul style="list-style-type: none"> <li>May have problems with intimacy</li> <li>Invest little emotions in social and romantic relationships</li> <li>Unable or unwilling to share thoughts and feelings with others</li> </ul>
<b>Ambivalent</b>	<ul style="list-style-type: none"> <li>May be wary of strangers</li> <li>Become greatly distressed with the parent leaves</li> <li>Do not appear to be comforted by the return of the parent</li> </ul>	<ul style="list-style-type: none"> <li>Reluctant to become close to others</li> <li>Worry that their partner does not love them</li> <li>Become very distraught when a relationship ends</li> </ul>

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### EMPOWERMENT

<ul style="list-style-type: none"> <li>Felt Safety</li> <li>Predictability</li> <li>Transitions</li> </ul>	<ul style="list-style-type: none"> <li>Safe Touch</li> <li>Sensory Input/Physical Activity</li> <li>Hydration</li> <li>Nutrition</li> </ul>
--	---

(Purvis et al. 2013b)

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### FELT SAFETY

Children from "Hard Places," though may be in an environment that is safe, struggle in trusting the environments they are in, so do not know they are safe until Felt Safety is established (giving a voice, meeting needs, being nurtured)

(Purvis & Cross, 2013a)

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## A CHILD WITH SENSORY NEEDS:

### Sensory Defensive Behaviors

- Refuses to eat certain foods
- Refuses to wear certain articles of clothing or tags
- Does not like hugs/kisses
- Refuses to get hands dirty
- Dislikes loud noises/covers ears
- Dislikes bright lights/ covers eyes
- Dislikes strong smells or odors
- Prefers to initiate contact rather than receive it from others

### Sensory Seeking Behaviors

- Frequent fast movements; spins, jumps, wings
- Frequently wants bear hugs/being tightly wrapped – restraints
- Enjoys being tossed in the air/off the ground – picks up things on floor from seat
- Seeks out getting hands dirty
- Bites or sucks on fingers
- Enjoys wrestling/tickling/roughhousing – bumping others in line
- Frequently bangs books, hits things, drums on desk, breaks pencil/crayons
- Frequently fidgets/has trouble sitting still
- Prefers loud environments

(Purvis & Cross, 2013a)



## EMPOWERMENT IN THE HOME

- Hydration
  - Drink 8 oz of water every two hours. For children that like to drink juice, pop or sugary drink, require child to first drink a glass of water.
- Snacks
  - Make healthy snacks available the home (great time to offer choices) and encourage the child to eat every two hours instead of focusing on "meal times"
- Healthy Touch
  - Caregivers could give children hugs, high fives, pats on the back, as part of their routine interactions
  - Avoid "no touch" policy between siblings. Instead teach about appropriate boundaries.
- Sensory Input
  - Promote sensory time, fidget toys during study and/or quiet times (gum), adjust lighting, soft music/noise canceling headphones

(Purvis et al. 2013b)



## CORRECTIONS

### Proactive

- Sharing Power
- Choices
- Compromises
- Life Value Terms
- Scaffolding
  - Setting the Bar Low
- Playful Engagement

### Responsive

- Redirection
- Re-dos
- Natural Consequences
- IDEAL Response
- Leveled Response

(Purvis et al. 2013b)



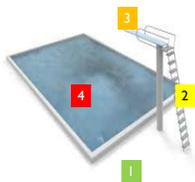
## IDEAL RESPONSE

- Immediate
- Direct
- Efficient
- Action Based
- Leveled at Behavior
- Within 3 sec. to promote optimal learning
- On the child's level with eye contact and appropriate touch
- Intervention necessary (eliminating overreaction)
- Keep moving towards goal
- Do not define child based on their behaviors

(Purvis & Cross, 2013a)



## LEVELS OF RESPONSE



- Level 1: Playful Engagement
- Level 2: Structured Engagement
- Level 3: Calming Engagement
- Level 4: Protective Engagement

(Purvis & Cross, 2013a)



## CORRECTION IN THE HOME

- Life Values Terms
  - Establish common prompting phrases(e.g., "with respect," "asking or telling," "gentle and kind")
  - Actively teach behavioral expectations and model appropriate skills (e.g., caregivers use respect with child)
- Re-dos
  - Re-dos instead of punishment – Create Positive Motor Memories
- Consequences
  - Individualized instead of automatic – Following a Natural Path
- Emotional Regulation
  - Scheduled activities to promote regulation (e.g., quiet reflection time, calming music, yoga)
- Encourage the Positive
  - Positive Practice (e.g., puppets, plays, video-modeling)

(Purvis et al. 2013b)



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## PERINATAL MOOD AND ANXIETY DISORDERS

WHAT THEY ARE • WHO THEY AFFECT • HOW WE CAN HELP

TAJARTIS, LCSW | SPICE OF MARCFIRST



## ACKNOWLEDGMENTS

- Postpartum Support International (PSI)
- Women to Women Giving Circle of the Illinois Prairie Community Foundation
- Baby Fold
- McLean County Health Department



## WHAT IS A PMAD?

- Perinatal
- Mood (depression and bipolar)
- Anxiety (GAD, panic, OCD, PTSD)
- Disorder
- Not PPD, but a spectrum



## TAKE A GUESS!



How many live births are there in the USA each year?

- 4 million
- 6 million
- 8 million



## PMAD PREVALENCE

- Depression/Anxiety: Pregnancy
  - 15-21%
- Perinatal Panic Disorder & OCD
  - 21%
- Perinatal Bipolar Disorder
  - 11%



## PMAD PREVALENCE (CONT.)

- Postpartum Depression
  - 21%
- Postpartum PTSD
  - 9%
- Postpartum Psychosis
  - 1-2% per 1,000 births



## WHAT ARE THE RISKS?

- Paternal depression
- Reduced birth age, weight
- Strained parent-child bonding
- Developmental delays, conduct
- Abuse, neglect
- Homicide, Suicide, Infanticide



## POSTPARTUM CHANGES

- |   |  |
|---|--|
| <b>Psychological</b>  | <b>Physiological</b>   |
| <ul style="list-style-type: none"><li>▪ Pregnancy Myths</li><li>▪ Insecurities about parenting</li><li>▪ Feelings of loss</li></ul> | <ul style="list-style-type: none"><li>▪ Hormonal changes</li><li>▪ Physical healing from labor/delivery</li><li>▪ Fatigue, loss of sleep</li></ul> |



## DARK SIDE OF THE FULL MOON



## TABLE TALK



## TREATMENT BARRIERS

- Practical
- Psychological
- Social
- Racism and Health Disparities



## PMAD SUFFERERS CAN BE HELPED!

"It takes a whole village to raise a child, but we need to remember that it was the mother who had the baby, and she needs our help, too."

~ Jane Honikman, PSI Founder



## PREGNANCY OR DEPRESSION? (1 OF 2)

### Pregnancy

- Mood: Up and down, teary
- Self-Esteem: OK
- Suicidal: No

### Depression

- Mood: Persistent gloom
- Self-Esteem: Guilt
- Suicidal: Thoughts, plans or intentions



## PREGNANCY OR DEPRESSION? (2 OF 2)

### Pregnancy

- Energy: May tire, resting helps
- Appetite: Normal, rises
- Pleasure: Joy and anticipation

### Depression

- Energy: Low, not helped with resting
- Appetite: Poor
- Pleasure: Loss in normal pleasure



## ACTIVITY: WHICH ONE IS IT?



## WAYS TO HELP: PREVENTION

- Reduce vulnerability
- Reduce severity
- Improve functioning
- Practice self-care
- Mobilize support
- Access, use resources



## WAYS TO HELP: SELF-CARE

- Rest, relaxation
- Sleep
- Exercise
- Nutrition
- Others (e.g., PPD/PMAD plan, contract)



## WAYS TO HELP: USE SUPPORTS

- Family, friends, doulas, etc.
- Home visitor programs
- Support groups, Mom groups
- Professional counselors, doctors
- Childbirth education classes, etc.



## WAYS TO HELP: USE RESOURCES

- Info, referrals
- Insurance
- WIC, food help
- Childcare help
- Other financial helps



## THERE IS HOPE AND HEALING

**Remember:  
You are not alone.  
You are not to blame.  
With help, you will be well.**

Postpartum Support International (PSI), June 2001



## QUESTIONS AND ANSWERS



## THANKS FOR PARTICIPATING TODAY!



## SOURCES

Postpartum Support International (PSI)  
<http://www.postpartum.net/>  
Dark Side of the Full Moon: The Documentary  
[darksideofthefullmoon.com](http://darksideofthefullmoon.com)

# LIFE IS A JOURNEY NOT A DESTINATION

AWARENESS AND EDUCATION OF DISABILITIES: A SELF-ADVOCACY JOURNEY  
BRIAN PIHL



2019  
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Inclusion Health  
Community Forum

## THE JOURNEY BEGINS...

- Everyone's journey looks different
- People's abilities differ from one another, all abilities have a role to play in our community
- Success is built on relationships
- We need each other to succeed



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## MYTHS/VS FACT

- Here's the truth. Most likely, many of the things you may have heard about people with Autism are generalizations
- Each person with autism is unique.
- Creating a community of Inclusion is the only way to make sure People with autism are understood
- Never assume anything about or categorize someone by labeling him or her. That label tends to follow people throughout their lives if it is not challenged and addressed.



**MYTH**  
You can't always tell if someone has autism.

**FACT**  
Autism is a lifelong disability, not just "you aren't always left if someone is autistic. Some people continue to be for a disability, while others continue just another part of their identity, not defining or gender."

#worldautismawarenessweek

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## HIGHER EDUCATION

- Higher Education is an Option
- With the right supports in place, people facing challenges can succeed
- The things that are "accommodations" are typically things that are helpful to people in general. Lighting that does not cause headaches, not having abrupt noises in learning spaces, ergonomic seating, etc. are things that help all of us interact with educational experiences in a more positive way.



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## MY LIFE IN THE ARTS, AND IN THE COMMUNITY

- Everyone needs to find ways to share their gifts and talents
- Connecting through the arts provides a lot of benefits through
  - Social interaction
  - Honing skills
  - Having fun and feeling a part of something



BPCA  
BLOOMINGTON  
CENTER FOR THE  
PERFORMING  
ARTS

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## COMMUNITY EMPLOYMENT AND MENTAL HEALTH AWARENESS

- People like to feel productive
- People like to feel they are contributing to their community
- People like to have security
- People like to build relationships

Employment addresses all of these needs and the right job match helps with mental (and often physical) health.



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## COMMUNITY OF SUPPORT



- Building relationships and finding support is essential for any person.
  - For me, support began with my family, continued with teachers and administrators in my education experiences
- and
- I continue to have support in employment from people at Marcfirst



## ADVOCACY FOR ALL



- Know yourself
- Know your rights
- Be part of the political process
- Make communities inclusive through ALL practices, including decision-making bodies



“How do you say to a child in the night, nothing is all black, yet nothing is all white.”



## ADDICTION 101 & RECOVERY ORIENTED SYSTEMS OF CARE (ROSC)

ANGELA CHASENSKY (ROSC PROJECT COORDINATOR) AND DANIEL SOKULSKI (RECOVERY SUPPORT SPECIALIST), CHESTNUT HEALTH SYSTEMS



## WHAT IS ADDICTION?

### A Definition:

"A collection of cognitive, behavioral, and physiological symptoms that occur when a person continues using a substance, despite experiencing significant health, financial, legal, professional, and/or personal problems. Of importance, is the underlying transformation in brain-reward circuitry that takes place, even when a person has gone beyond detoxification process, as evidenced by their return to relapse or intense cravings for more".



## TREATING ADDICTION THROUGHOUT HISTORY

- Bloodletting
- Lobotomies
- Electroshock Therapy
- Hydrotherapy
- Asylums and Sanitariums
- Exorcisms ("Demons")



## ADDICTION AS A DISEASE

- Primary and Chronic
- Progressive (always gets worse, never better)
- Periods of remission and relapse
- Fatal (we go on until the bitter end: jails, institutions and death)
- Treatable; but mere abstinence often leads to:
  - Restless, irritable, discontent, fearful (angry), resentful, shameful and guilty.

### The Jury is in!

- AMA classified alcoholism as an illness in 1956; termed a "disease" in 1987.
- A Brain Disease: The abuse of drugs leads to changes in the structure and functioning of the brain.
- Starts for most as voluntary but becomes an obsession over time; loss of choice/control.

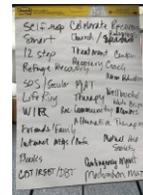
## ADDICTION IN THE BRAIN

- Addiction happens in the mid-brain ("reptilian" part)
- No effect on values, morals, rationality, decision-making (prefrontal)
- All about survival!
- Helps explain symptoms we see (lying, stealing, isolating, etc.)
- Not bad people trying to be good, sick people trying to be well!



## BRIEF HISTORY OF TREATING ADDICTION

- Native Americans (1700s)
- Washingtonians, Keeley "Cure", etc. (1800s)
- Oxford Movement (Frank Buchman, Sam Shoemaker) & Oxford Groups (1908-1930s)
- Alcoholics Anonymous (1935)
- Other 12-steps (N.A., C.A., et al)
- The Hughes Act (Comprehensive Drug Abuse Prevention and Control Act of 1970)
- SMART Recovery, Secular Organization for Sobriety, CBT/DBT Therapies, Celebrate Recovery, Refuge Recovery, Moderation Mgmt, MAT, and many more!



## THE PROBLEM IS NOT A... (COMBATING STIGMA)

The solution makes little sense without understanding the problem

"10,000 pounds of insight is not worth one ounce of behavioral change"

- Moral failing
- Lack of willpower ("weak")
- Lack of moral character
- Lack of knowledge or education
- Deep psychological problem(s)
- Too much Alcohol or Drugs

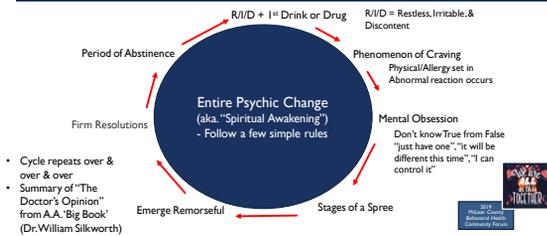


## THE PROBLEM REALLY IS...

- **Physical:** An Allergy of the Body (an "abnormal reaction")
- **Mental:** An Obsession of the Mind (true v. false?)
- **Spiritual:** A Spiritual Malady ("soul hole")
- **Abnormal Reaction = Loss of Choice**
- Drinking/Using all the time or at worst possible times; doing it until sick or even while sick; continuing despite getting into all sorts of trouble repeatedly; no regard for consequences or suffering and humiliation; continuing despite pitiful and incomprehensible demoralization; **wanting to stop but not being able to.**



## ADDICTION AS PHYSICAL, MENTAL & SPIRITUAL



## SPIRITUALITY IN RECOVERY

- Dr. Carl Jung's letter to Bill Wilson (A.A. co-founder)
- A "vital spiritual experience" is necessary to overcome chronic alcoholism (spiritus contra spiritum) – C. Jung
- Great doctors once recommended addicts place themselves under lock and key with guards at the door as only hope to stop.
- Hard Drinker/User vs. 'The Real Alcoholic/Addict'
- For Many: "Frothy emotional appeal seldom suffices" and "No amount of power can relieve our of human power can relieve our alcoholism/addiction."



## THERE IS A SOLUTION

- Treatment (preferably long-term)
- Psychotherapy (medications)
- Recovery Community
- Mutual Aid/Support Groups
- Recovery Program of Choice (see other slide)
- Service to Others / Help Another Addict
- Spiritual Growth / Build Connections
- Other Actions (literature, prayer, meditation, sponsorship, work the steps, sober recreation, health and wellness, church, you find what works!)

"Next we launch out on a rigorous course of **action**"  
 "It takes **action** and more **action**"  
 "Faith without works is dead"  
 "They told of simple idea and a practical program of **action**"  
 "But we must go further and that means more **action**"  
 "It is easy to let up on our spiritual program of **action** and rest on our laurels"



## TRADITIONAL TREATMENT APPROACH VS. ROSC VISION

### Acute Model:

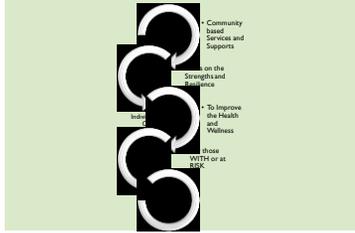
- Person agrees to treatment in a heightened, crisis mode.
  - "My life is burning to the ground"
  - Arbitrary # of days in treatment (often dictated by insurance companies).
  - Typically introduced to basic coping skills and limited recovery programs (e.g. 12-step).
  - Upon completion, referrals to recovery community with minimal follow up.
  - Emphasis on continuous sobriety vs. relapse

### ROSC Model:

- Understands recovery is a journey, with successes and challenges or setbacks.
- Seeks to involve broader community in supporting recovery (Recovery Happens in the Community).
- Supports multiple pathways for recovery (strength-based/person-centered).
- Holistic: Looks at all the various risks to early sobriety, like sober living, healthcare, recreation, jobs, childcare, education, transportation, et al.
- Addiction is a disease, so recovery progress is not solely measured by sober time.



## RECOVERY-ORIENTED SYSTEMS OF CARE (ROSC)



## A MODEL OF THE ROSC



## MCLEAN COUNTY ROSC COUNCIL



The intent of the list is to be inclusive rather than exclusive. Participation by multiple representatives of the same sector (e.g. all the SUD treatment providers in a community) is encouraged.

## WHAT DID THE ASSESSMENTS YIELD?

- Lack of Sober Living accommodations
- Lack of awareness/education about addiction among families and community
- Need for quicker intake process (strike while the iron's hot!)
- Lack of childcare & transportation for recoverees
- Shortage of jobs for people in recovery (criminal history)
- Minimal opportunities for safe/sober recreation (no Sober Café, Recovery & Recreation Center).
- Limited access to psychiatric services and medications for co-occurring disorders
- Shortage of adolescent treatment and youth crisis intervention services
- Shortage of Peer Support Specialists (i.e. recovery coaches) & limited access to them



## MCLEAN COUNTY IS COLLABORATING TO BUILD AND EMPOWER COMMUNITIES OF RECOVERY

The ROSC effort is to maximize the size and diversity of the toolkit available to recoverees for the best possible chance of survival on their recovery journey. We are bridging the gap between community services/supports and those in recovery.

- Menu of Services and Supports
- Person-Centered Strengths and Resiliencies
- Supports/Facilitates Different Pathways of Recovery
- Empower Individuals, Families and Communities to make choices about the care they receive



## ROSC ACCOMPLISHMENTS TO DATE...

- Two Pantagraph newspaper articles
- Facebook Page ("McLean County Recoverers")
- Co-hosted with Sober Redbirds a Community viewing of "The Anonymous People" on the Illinois State Campus
- Accredited workshop on "Breaking Intergenerational Patterns of Addiction" taught by industry expert
- WJBC and WGLT Radio interviews to bring community awareness to the ROSC and its objectives
- WJBC radio interview with a husband (SUD) and wife (sober) team to promote stigma reduction and family recovery.
  - ♦ The person addicted is not the only one effected
  - ♦ It is not a choice or matter of immorality or weakness
  - ♦ Addiction knows no boundaries across race, class, gender, income, education, etc.



## ROSC ACCOMPLISHMENTS TO DATE... (CONT'D)

- Recovery Panel comprised of SUD, Mental Health, and Criminal Thinking recoverees.
- Monthly Newsletter to keep the community informed of ROSC activities and events
- Free Narcan trainings
- Voters Registration Workshop
- Recovery Awareness Month Picnic
- Facilitated plans/ideas for a Recovery & Recreation Center among ROSC Council members (see next slide)
- Appropriate State-required Deliverables
- Coming Soon: Workshop on "Developing an Empathetic Approach to Reduce Mental Health Stigma."



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Recovery Panel

## MENU OF SERVICES, SUPPORTS, ACTIVITIES AND EVENTS

- Skill Development and SUD/MH/COD Classes and Workshops
  - Addiction/Mental Health as a disease/affliction
  - Education/Awareness/Stigma Reduction & Education
  - Independent Living Skills (budgeting, cooking, job interviewing, resumes, apartment finding, hygiene, etc.)
  - Employment Skills (w/ Employment Specialist)
  - Parenting Skills
  - Art/Writing/Music Therapy
  - Yoga and Meditation
  - Exercise and Nutrition
  - Health/wellness
  - Sober "Ted Talks"
  - Others to be identified
- Additional Support group meetings – 12-step, CR, All Recovery, SMART (Self-Management and Recovery Training), Refuge Recovery, Secular Groups, etc.
- Safe and Sober Recreation (sports leagues, pick-up games, gaming tournaments, table games, etc.)



2019  
McLean County  
Recovery Panel

## YOU SAY YOU WANT TO GET INVOLVED...

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**Dan Sokulski**  
Recovery Support Specialist  
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Facebook Page:  
[@McLeanCountyRecovers](#)

Statewide ROSC Website:  
<http://www.govst.edu/ROSC-GSU/ROSCC/CMLC/>



2019  
McLean County  
Recovery Panel

## FOCUSING ON FUNCTION – LIVING WELL WITH CHRONIC PAIN

DR. NEIL JEPSON – PSYCHOLOGY SPECIALISTS



## WHAT IS PAIN?

- Pain is "an unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage." (Merskey & Bogduk 1994, 216:21)
- No objective measurement
- Pain is an entirely subjective experience
- Acute vs Chronic
- Typical Treatments
  - Medications
    - Analgesics (Painkillers), NSAIDs, Muscle Relaxants, Antidepressants, Epidural Steroid Injections
  - Nondrug Therapies
    - TENS, Physical Therapy, Massage Therapy, Biofeedback, Psychotherapy

## A CHANGE IN DIRECTION

- Biopsychosocial Model of Pain
- CBT- helpful, but limited
- Mindfulness- helpful, but limited
- Biofeedback- helpful, but limited

## COPING WITH CHRONIC PAIN

- Interdisciplinary treatments are more effective than unimodal
  - =Combination of medical, physical therapy, and psychological treatments
  - Working together to reinforce the same behavior
- Goal is to move from being stuck with pain to being actively engaged in life.
- Outcomes are measured in terms of *functioning*, rather than pain reduction

## ACCEPTANCE AND COMMITMENT THERAPY (ACT)

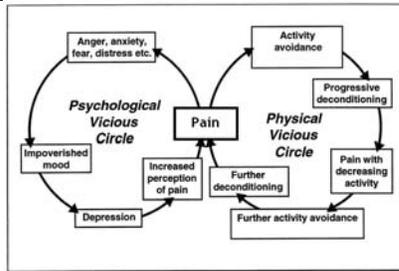
- **A**ccepting experiences
- **C**hoosing behaviors
- **T**aking action

GOAL= **PSYCHOLOGICAL FLEXIBILITY**

## THE "STICK"

- Pain is a motivator
- Attempts are made to control or reduce pain
- Focus on eliminating their pain
- Options in life tend to get smaller.

## STUCK IN 2 CYCLES



## PSYCHOLOGICAL CYCLE

- Pain → Mood Changes (Depression, Frustration, Fear) + Catastrophizing Thinking → Increased Perception of Pain

## PHYSICAL CYCLE

- Progressive Deconditioning
  - Pain → Avoidance → Decreased Strength/Flexibility/Endurance → Activities more painful → More Avoidance

## ACCEPTANCE AND COMMITMENT THERAPY AND CHRONIC PAIN

- Pain neuroscience education-
  - Pain is always an output of the brain
  - Not just internal signals
  - Past experiences
  - External environment
- Hurt does not necessarily equal Harm
- Values-based Goals
- Individual Exercise program
- Group movement activities

## PATIENT CHOSEN VALUES

- Values are the "carrot"
  - Values are the things that are really meaningful to the individual
- All goals are set by patients based on what is important to them

## BARRIERS:

- Avoiding pain increases
- Avoiding negative internal experiences
- Cognitive fusion

## WILLINGNESS

- Attempts to eliminate pain have become "the problem" and decreased quality of life.
- "The Control Agenda"
- What the person has been doing to control their pain made sense, but it is not working.
- Are you willing to experience pain/anxiety/fear/sadness in the pursuit of engaging fully in your life?
- Challenge beliefs about pain.
  - "I can't do X until the pain is gone."
  - "I can't enjoy life until my pain is gone."
- Pain vs. Suffering
- Behavior is always a choice.

## "THE PAIN MONSTER"

- Monster on a rope
- Trying to control the monster
  - another injection
  - another doctor
- What does "dropping the rope" look like for you?
- Dropping the rope does not eliminate the monster. It stops the struggle with it.
- Where is your attention focused?
- "What we resist, persists."
  - You get more of what you focus on.

## VALUES

- Values= The carrot
- What do you want your life to stand for? How do you want to behave? What sort of person do you wanna be? What sort of strengths and qualities do you want to develop?
- What are you fighting for?
- Values versus goals
  - Values are your "why"; your personal compass.
  - Goals are steps that you take to move in the desired direction.
- "Begin with the end in mind."
- Carrot > Stick
- Avoidance of important things in life increases suffering.

## 3. COGNITIVE DE-FUSION

- Problem solving often is the problem.
  - Works very well for external situations, but not so much for internal struggles.
- Cognitive Fusion= rigid rules and reasons as to why we can or cannot do something.
- Experiences create our beliefs.
- Once we believe something to be true, we are very resistant to any suggestions that what we believe is incorrect.
- Can't or won't?
- Your thoughts are just thoughts. They aren't facts.
- De-fusion separates the emotion from the thought and allows us to see our thoughts rather than seeing through our thoughts.
- The goal of defusion is allowing space for change.

## PRESENT MOMENT CONNECTEDNESS

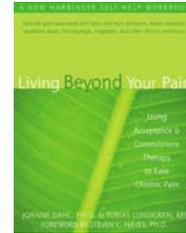
- Mindfulness is about connecting with the present.
- Distraction takes out of the present moment.
  - Can be helpful at times
  - Limited in its effectiveness
  - Promotes a continued avoidance mentality.
- The goal is to be in the moment, fully connected with the present, even in the unwanted aspects.

## BUS DRIVER



## COMMITTED ACTION

- Goal setting.
- What small step will you take towards your chosen value today?
- When our behaviors are not in alignment with our values that is avoidance.
- Consciously showing up and making decisions about what you are going to do in the moment.
- When we remember that we have choice, we are empowered.



## QUESTIONS?

Neil Jepson, Ph.D.  
Licensed Clinical Psychologist  
Psychology Specialists  
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## DISORDERED EATING

JULIE PETERS, APCC, QMHR RECOVERY COURT CLINICIAN  
CHESTNUT HEALTH SYSTEMS



## DSM V FEEDING AND EATING DISORDERS

- Pica
- Bulimia Nervosa
- Rumination Disorder
- Binge-Eating Disorder
- Avoidant/Restrictive Food Intake Disorder
- Other specified feeding or eating disorder
- Anorexia Nervosa
- Unspecified feeding or eating disorder



## DEFINITION OF DISORDERED EATING

"Endorsing unhealthy or maladaptive eating behaviours, such as restricting, bingeing, purging, or use of other compensatory behaviours, without meeting criteria for an eating disorder."



## MY WORK WITH EATING DISORDERS:

1. Recovery Counselor/Residential Counselor
2. Drama Therapist
3. Workshop Facilitator



Cielo House  
Hoson Beach, California



Center for Discovery  
Menlo Park, California



## A BRIEF CASE STUDY:



## NORMAL EATING (SOMETIMES REFERRED TO AS "INTUITIVE EATING")

Eating foods that are healthy and reflect different kinds of foods in moderation that provide the nutrients and calories a body needs to maintain optimal functioning



## CAUSES AND RISK FACTORS

- Mass media
- Family history
- Exposure to trauma
- Co-occurring addictions
- Other mental health diagnosis



## WARNING SIGNS OF DISORDERED EATING

- Weight changes
- Stomach pain
- Changes in bowel habits
- Menstrual irregularity
- Dizziness
- Weakness
- Fainting
- Dry, brittle skin and hair
- Dental problems



## WHAT SHOULD I DO? ASK QUESTIONS

- What are your eating habits?
- What is your relationship like with food?
- How do you feel about the experience of being in your body?
- What did you eat today/yesterday?
- What foods are you afraid to eat and why?
- What are the implicit/explicit ideas about food in your family of origin?
- What are your exercise habits?
- When do you eat, and why do you eat?



## DOMAINS OF RECOVERY (BIOPSYCHOSOCIAL APPROACH)

- Eating and drinking
- Physical activity
- Attitude toward food
- Body evaluation
- Physical recovery
- Psychological recovery
- Emotional regulation
- Relaxation
- Sexuality
- Social relationships
- Co-morbidity



## ASSESSMENT AND DIAGNOSIS

1. Medical status
2. Suicidality
3. Weight percentage
4. Motivation to recover
5. Co-occurring disorders
6. Ability to control compulsive exercise
7. Purging behaviors



## TREATMENT

American Psychiatric Association level of care guidelines for eating disorders:

1. OP
2. IOP
3. PHP
4. Residential treatment
5. Inpatient hospitalization



## TREATMENT

- CBT
- Psychodynamic approaches
- Creative arts therapies



## RESOURCES:

Treatment Facilities:

1. Cielo House <https://www.cielohouse.com> (California)
2. Center for Discovery <https://centerfordiscovery.com/locations/> (Nationwide)
3. Illinois Institute for Addiction Recovery <http://www.addictionrecov.org/index.aspx> (Local)



## RESOURCES

Books:

1. *Eating in the Light of the Moon* by: Anita Johnston, PhD
2. *The Intuitive Eating Workbook* by: Evelyn Tribole and Elyse Resch

Documentary:

- **Expressing Disorder: Journey to Recovery** 40 Min. DVD <http://www.expressingdisorder.com/>



"Recovery from disordered eating is about accepting the wholeness of your being. It is about accepting all of who you are, all of your emotions, thoughts, and desires, even those you may not like or those that bring discomfort. It involves recognizing that certain attributes you have viewed as liabilities are actually assets, realizing that your sensitive nature is a part of your beauty, and understanding that your uniqueness does not have to lead to isolation, rejection, and loneliness."



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## FINDING BALANCE FOR ALL YOUTH

THE ROLE OF NATURE PLAY IN FINDING BALANCE FOR THE WHOLE CHILD




## ABOUT ME



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## NATURE PLAY AND THE WHOLE CHILD



- Benefits of Nature Play
- Barriers to Nature Play
- Our Call to Presence
- Finding Balance Through Time in Nature
- Best Nature Play Spots in Bloomington-Normal
- Resources



## CHILDREN WHO SPEND TIME IN NATURE ARE:

- More creative
- Less Stressed
- Better able to concentrate
- Physically more active
- Interact more positively with others

According to a review of the professional literature by Andrea Taylor and Francis Kuo, 2006



## WHAT ARE THE BARRIERS TO INTERACTING WITH NATURE IN MODERN LIFE?




## BARRIERS?

- The Mess
- The Germs
- The Safety Factor
- Finding the Time




## MESSY KIDS LEARN MORE ABOUT THEIR ENVIRONMENT

"High Chair Philosophers":

- Perry, Samuelson, and Burdinie, Department of Psychology at the University of Wisconsin-Madison, 2014
- Hands-on experiences lay the groundwork for deeper learning



## THE MESS



Making a Mess = Gaining Information about the World



## IMMUNE SYSTEM DEVELOPMENT



"Young immune systems are like young brains, they need stimulation and input to develop normally."

Thom McDade, Director of the Laboratory for Human Biology, Northwestern University



## CHILDREN NEED RISK

- Risk helps to teach children how to regulate emotions like fear and anger
- Facing risk is a part of life
- Letting your children engage in risk is about letting your kids test their own limits in reasonable ways

"Why Risky Play is Good for Your Kids", Katherine Janson



## SUPPORTING RISKY PLAY



Janson offers some basic rules as a guide for supporting a child's risky play:

- Step Back
- Bite Your Tongue
- Put Down the Whistle
- See Them Smile



## MAKING TIME FOR FREE PLAY

More free play time = better "self-directed executive function" (a measure of the ability to set and reach goals independently)

Barker, Semenov, Michaelson, Provan, Snyder, and Munakata, Department of Psychology, University of Colorado, Boulder, 2014



## FINDING BALANCE



Finding time to be in nature provides a necessary balance to the fast pace of modern life, for our children and for ourselves.



## FINDING BALANCE BEGINS WITH OURSELVES



live awake

<https://soundcloud.com/liveawakepodcast/s02-call-to-presence-the-home-of-your-happiness>



## FINDING BALANCE BEGINS WITH OURSELVES

From the Podcast "Live Awake" by Sarah Blondin

"Most days I can sense a sort of dull ache in the background of my life. As if a puzzle piece is slightly out of place, or a splinter is sitting under my skin..."

"The only time the gnawing is absent is when I am engaged with something that is touchable and alive in front of me."



live awake



## FINDING BALANCE BEGINS WITH OURSELVES

"Happiness is the highest desire of humankind, yet somehow seems to be the most elusive of pursuits..."

We have been looking in all the wrong places by searching beyond. When really it has been waiting there beneath our feet...

...In the pearl of dew on the morning grass."



Photo by Aaron Burden on Unsplash



## FINDING BALANCE



Our children give us endless opportunities to slow down and be present in this endlessly busy world.

...Step out of **doing**, step into **being**.



## FINDING BALANCE

### Notice Nature Together

- Wonder, Observe, Appreciate

### Collect Nature Together

- Bring outside In
- Bring Inside Out

### Let Children Play

- Provide time for unstructured play outdoors whenever possible



## HOW CAN TIME IN NATURE BE MADE A PART OF EVERY DAY?

"Keep it simple. Keep it local. A single tree can be as instructive as an entire forest,"  
Ruth Wilson, Learning is in Bloom, 2017

**Where does nature occur in your everyday life?**



## NATURE INSIDE: NATURE OUTSIDE



Bringing nature inside allows for nature play on days when getting out just isn't possible.

You decide:

- Your comfort level
- Your rules around what can come in



## THE BEST NATURE PLAY AREAS IN BLOOMINGTON-NORMAL

1. The green space next to/behind/in front of/down the street from your home
2. The green spaces on your walk to/from the car/train/bus/work/school
3. The landscaping/park space around your local playground



## RESOURCES

### Ruth Wilson:

- Nature and Young Children
- Learning is in Bloom

### David Sobel:

- Beyond Ecophobia
- Wild Play: Parenting Adventures in the Great Outdoors

### Richard Louv:

- Last Child in the Woods
- Vitamin N: The Essential Guide to a Nature-Rich Life



Someone you know  
could experience a  
mental health crisis.  
Will you know what  
to do?



Sometimes, first aid isn't a bandage, or CPR, or calling 911.  
Sometimes, first aid is YOU!

You are more likely to encounter someone in an emotional or mental crisis than someone having a heart attack. The Mental Health First Aid class teaches a 5-step action plan to offer initial help to people with the signs and symptoms of a mental illness or in a crisis and connect them with the appropriate care. Mental Health First Aid is for anyone— parents, neighbors, teachers, health and human service providers, first responders, leaders of faith communities, and caring citizens.

**Are you interested in learning to be part of the solution?  
Join us for a Mental Health First Aid Class.**

**Date:** Monday, November 4, 2019 8am to 5pm  
**Location:** OSF St Joseph Medical Center, 2200 E Washington, Bloomington, IL Building D  
**Fee:** \$10.00 (includes the book, lunch, snacks, and course materials)  
**To register:** Please call (309) 661-5151  
or go to: <https://www.osfhealthcare.org/st-joseph/calendar/event/4357/>



## NOTES

# ACEs training

8 a.m. to 4 p.m. Friday, December 6, 2019

Advocate BroMenn Medical Center Conference Center

## About the Adverse Childhood Experiences training

Our education and conversations will combine your knowledge and experience with emerging evidence from the fields of developmental neurology, epigenetics, resilience, epidemiology (ACE Study), and systems science. You will be trained to give presentations in ACEs and will receive a presentation that is structured with a core talk, plus modules that you can mix and match to tailor the presentation to a variety of audiences. Lunch will be provided.

## About the trainers

Each trainer is a certified ACE Interface Master Trainer. Master trainers have received education from Dr. Rob Anda, Kathy Adams, and Laura Porter, nationally renowned leaders in the ACE Study.

**Fee: \$25 to cover materials;  
CEUs pending for social workers  
and counselors**

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## For more information and to register, contact:

The Rev. Christine McNeal, BCC  
Senior Staff Chaplain,  
Coordinator for  
Faith Community Relations  
Advocate BroMenn Medical Center |  
Advocate Eureka Hospital  
1304 Franklin Ave  
Normal, IL 61761  
christine.mcneal@advocatehealth.com  
309.268.3504

## Understand how ACEs impact you and society:

- Adverse Childhood Experiences (ACEs) are the most powerful determinant of the public's health.
- ACEs are common – in fact, they are widespread – but they don't have to define your future or potential.
- Education and prevention are essential to creating a healthier society for generations to come.
- Regardless of your own ACEs score, other people's trauma affects you. *Help stop the cycle.*



## Partners



## NOTES

## NOTES

Please visit these and other community organizations at our Resource Fair in the  
Bloomington-Normal Marriott Hotel & Conference Center



PROUD TO BE A COMMUNITY PARTNER



**OSF<sup>®</sup> HEALTHCARE**  
St. Joseph  
Medical Center





**NAMI**  
National Alliance on Mental Illness

**Mid Central Illinois**

Connect with others in the community at our support groups!



Get in touch at [namilivingstonmclean.org](http://namilivingstonmclean.org)



McLEAN COUNTY  
**Center for Human Services**

108 West Market St.  
Bloomington, IL 61701  
Phone: 309-827-5351  
Behavioral Health Services  
[www.mcchs.org](http://www.mcchs.org)



**Celebrate Recovery<sup>™</sup>**

- \* A Faith-based 12-Step Recovery Program for adults 18+
- \* Addresses life's hurts, hang-ups and habits
- \* Currently in 35,000 churches worldwide ([www.celebraterecovery.com](http://www.celebraterecovery.com))
- \* Student and children programs included

**EVERY TUESDAY NIGHT @**  
**First Assembly of God Church**  
800 E. Vernon Ave., Normal, IL 61761  
7:00 - 9:00pm

<p>Center for Youth and Family Solutions</p> <p>Children's Advocacy Center</p> <p>Children's Home &amp; Aid</p> <p>Life CIL</p>	<p>McLean County Health Department</p> <p>McLean County Recovery Court Advisory Board</p> <p>McLean County Triage Center</p> <p>OSF Children's Hospital of Illinois</p>
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The 3rd Annual McLean County Behavioral Health Community Forum is presented in partnership by:



*Sincere appreciation is expressed to staff of the McLean County Health Department and Mid-Central Community Action for their design and graphics work in promotional materials for the 2019 McLean County Behavioral Health Community Forum.*

