

HEALING AND RECOVERY.....

*for our community....
for ourselves.*



What you'll find inside:

- Social Media and your kids
- Improving social determinants of health
- How to support people in substance use recovery
- How we all have trauma and why it's so important to address it
- What protective factors are, why they matter, and how we create more of them
- Reducing stigma about mental health and substance use treatment
- Identifying and addressing complicated grief
- Overcoming compassion fatigue
- Connection between exercise and mental health



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INTRODUCTION

This marks the fifth year United Way of Rutherford County has partnered with *The Daily Courier* to provide a special annual insert. It's an honor and a privilege to create this each year. We rely upon our local experts and experts across North Carolina to share their wisdom and personal experiences with you. This year, we asked them to write about different aspects of recovery and healing. Our hope is that they engage, inform, and inspire you. That those of you who are struggling find some solace in their words. That those of you who are on the fence about making positive changes for yourself decide to take action. That those of you who are suffering in silence know that there is no shame in asking for help.

As you read the articles, we hope that you'll take a few moments to read the authors' bios for those that elected to include one. You'll find that each of our authors brings more to their work than is reflected in their author's byline. Dr. Wanda Boone is also a pastor. Anyone who meets Wanda instantly recognizes the love for humanity she brings to the table. Kurtis Taylor is in long-term recovery and has an inspiring personal

story. He was our keynote speaker at our 2019 Mental Wellness Summer Forum Series in partnership with New Bethel AME Zion Church and Harvest House Baptist Church. His story garnered multiple standing ovations (we lost count after the first few!). Pam Kuras is a therapist who leads the HEAT Grief Support Group in collaboration with the US Attorney's Office of the Eastern District of North Carolina's Heroin Education Action Team. She's also a yoga teacher.

Recovery and healing. The words mean different things to different people and they can apply to individuals as well as to the entire community. As you know, United Way has been working to address substance use issues in Rutherford County for more than a decade. One of the most important things we've learned is that it takes a community working together to bring effective changes — and that everyone deserves a chance to get help and to heal.

But substance use doesn't happen in a vacuum. Neither do other health conditions and illnesses. Sure, genetics play a role in your health. So does your family history. Scientists are uncovering

more connections between the trauma of our ancestors and our physical selves. Many researchers now believe the trauma our ancestors experienced is embedded in our DNA. We're not going to dive too deeply into that new, complex branch of research but we are going to explore the role trauma plays in all of our lives. We're all healing from something. And the environment around us, our community, plays a role in that process.

We chose the picture of the tree on the cover because it symbolizes the effects of our environment and the community. Humans and plants have some basic similarities. Farmers know that if you're planting seeds you have to treat the soil. You must water the seedlings as they grow. But that's not all. You also have to defend the plants from insects and other pests that will nibble at their leaves or eat them so heartily that there's nothing left. Sadly, if one plant is affected, infestation or disease can spread quickly to the others. Humans aren't that different, are we? We talk about nurturing our children when the reality is all of us need nurturing and care no matter our age. We all need

our basic needs met if we expect good outcomes. We all need meaningful social connection, love, and compassion. We need 'healthy soil' aka a healthy environment around us.

So as you delve into the articles, you'll see a variety of topics. Some focus on substance use and recovery supports, others discuss grief, or abuse. Self-advocacy and self-care. The importance of safe housing. The benefits of exercise and good nutrition. Collective trauma that affects groups and communities. Building resilience. Every article may not describe something that affects you personally. But we hope the theme of healing and recovery resonates with you throughout. Taking care of ourselves physically can help improve our mental well-being and vice-versa.

Thank you to *The Daily Courier* for this ongoing annual project. Thank you to all of our sponsors who chose to advertise here and support this insert. Thank you to all of our contributing authors for their time and expertise. And thank you to all of you, the readers, for sharing your time with us. We appreciate all of you and wish you healing, happiness, and wellness.

Exercise your way to better *mental health*

One in ten adults in the United States struggles with depression. At least eighteen percent of the population experiences an anxiety disorder each year. Treatments for depression and anxiety include medications and psychotherapy. In addition, research has clearly shown that exercise provides a significant benefit for mental health.

There are many ways that physical exercise improves mental health. The benefits include chemical, cognitive, and perceptual improvements. Let's look at a few of the research results.

BENEFITS FOR DEPRESSION

Some exercise benefits are chemical. According to Harvard Health Publishing (April, 2018), sustained low-intensity exercise triggers the release of proteins called neurotrophic factors, which cause nerve cells to grow and make new connections. Physical activity also stimulates the release of dopamine, norepinephrine, and serotonin, which happen to be the very chemicals impacted by our most effective antidepressant medications. Some individuals have noticed an improvement in their

mood within five minutes of beginning a physical activity.

Physical exercise can also improve cognitive functioning and wellbeing. Low-intensity activity can improve memory and high-intensity exercise helps with information processing. Exercise can also boost energy and provide more restful sleep.

BENEFITS FOR ANXIETY

Some studies indicate that exercise works as well as medication for some people with anxiety disorders. One exercise session can help alleviate anxiety symptoms for hours and regular exercise may significantly reduce them over time.

Physical movement decreases muscle tension, helping our bodies relax. It also boosts several anti-anxiety neurochemicals and activates the logical, rational parts of the brain. As a result, we worry less and feel more relaxed.

GETTING STARTED

So, physical exercise is good for your mental health. Even without reading the research, most people would agree. However, starting an exercise program when you're depressed or anxious



is easier said than done. When we're depressed, we often can't find the energy to get out of bed, much less go jogging.

I recommend taking very

small steps. Do as much as you can comfortably do and give yourself credit with any small effort. Any aerobic exercise will work, but simply walking can

do the trick. Put on your comfortable walking shoes and step outside. If you can only walk five minutes, that's great. Do it again the next day, then the next. Gradually, your endurance will improve. Work your way up to thirty minutes per day, five days per week. Before you know it, your mood and anxiety level should begin to improve.

Of course, exercise is just one element in proper mental health treatment. You may also need medication and psychotherapy for complete recovery, but exercise will definitely help. Start with that first step outside. You'll feel better for it!

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Recognizing the signs of COMPLICATED GRIEF

BY TRAVIS SMITH M-DIV
BLUE RIDGE HOPE

Holidays are a mixed bag. For many it is a time of great expectations and thrills. For others it can lead to a feeling of dread and sadness. Over the past 15 years I have spent working in the business of loss, grief, and change, one thing I am sure of is that not everyone is happy concerning the holidays. When there has been significant loss or change in our lives this can lead to feelings of fear and even sometimes isolation.

I've heard some people say, "Well I just have the holiday blues." I find this description interesting and often when I ask more questions it sounds as if the holiday blues stretched all the way back into the summer! That is either prolonged blues or a head start- not sure which it is but either way it isn't a good feeling!

My point is, the blues don't last forever. If you've had a prolonged period in your life where there has been little joy or if you feel tired all the time, then you may be dealing with something more than the blues. That is where a trusted counselor or health care professional can be of assistance. If that is where you find yourself, I encourage you to make an appointment with someone.

I work in the field of grief and loss and I help individuals navigate the journey that is grief. Someone who is grieving may be suffering from depression but not everyone who is grieving is clinically depressed. These two types of feelings are not mutually exclusive but I do feel that they also are not exactly the same. Grief has symptoms that affect the mind and body and there are certain symptoms that seem to be expected along the path one follows after a significant loss.

Many people have questions around the feelings that come with the territory of grief and loss. Some may ask, "Am I stuck?" In other words, they're wondering if their grief is complicated or is it "normal." I don't like the word normal; I prefer to refer to grief as expected vs outside the expectations. When grief gets outside the expectations it can indicate that grief is possibly complicated and may need some intense work. Having said that, complicated grief is by far in the minority. Only about 15-18% of those who experience grief will have a complicated grieving experience. An expected grief pattern can last a long time and there will be moments for the rest of the person's life that they may experience periodic grief reactions.

Typically, it can take up to 2 years for someone to reorganize life after a significant loss. That is just reorganization, not the entire grief process, which can be from 5-7 years. That does not mean that the entire first 2 years that someone is incapacitated and cannot function at all. The dual process model of grief that was introduced by Stroebe and Schut indicates that it's healthy and expected that we would vacillate between grief work (feeling the emotions that can be debilitating) and restoration oriented work (finding some days where the pain is less and we function more effectively). Complicated grief is when we spend a significant time period in debilitating grief and there is no moving back and forth. Typically, this would be periods of several months with no movement back and forth.

Complicated grief is not indicated just because you have some really sad days 2 years after a significant loss. That's expected.

What is complicated is if there are no days where you have any joy or sense of enjoyment. In the first several months after a loss it is not unusual to have little movement in our grief. In those months we can feel as if there is no vacillating between grief work and restoration-oriented work. That is not complicated grief. Complicated grief may be indicated when we stay in this type of grief pattern for extremely long periods of time after the loss.

Grief is never predictable; even expected grief has its own unique tendencies for each person. Think of each person's grief as unique as a snowflake. In the South it is rare that we have a white Christmas but every time I think of the holidays my mind drifts to snow covered hills and city streets glistening in winter's affection. Snowflakes are very complex. I have heard it said that there has never been, nor do I assume will ever be a snowflake that is exactly the same, each one has a pattern that is unique to itself much like our fingerprint. Your grief and reaction to change in your life is also unique. There is not one of us that experiences grief reaction exactly the same. Sure, there are common experiences and expected reactions but we all experience this journey in a different way.

As we see images of snow, let this be a reminder like the characteristic of the snowflake your own grief is complex and unique. Your grief is yours to experience and it is not easy, nor does it go away quickly. Nevertheless, if you find yourself in the same exact same feelings day after day for an extremely long period of time, then reach out for help. Please be gentle with yourself this season and every season and if you have questions there are professionals

that can help you and even help you better understand your grief.

Travis Smith, MDiv is a grief counselor who served with Hospices in western North Carolina and in Charlotte, NC for 15 years. Travis has overseen many grief groups as well as grief camps for children. Travis prides himself on his ability to work with

people of all religious and faith backgrounds. His approach coaching is client driven. Travis earned his bachelor's degree in religious studies as well as his Master's of Divinity in Pastoral Counseling from Gardner-Webb University in Boiling Springs, NC.

Blue Ridge Hope's mission is to connect individuals with resources that will help them be

successful in attaining their emotional goals, reconciling personal loss and developing health and wholeness. We strive to offer these services regardless of financial barriers.

Travis Smith M-Div
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HELPING THE HELPERS

Avoiding the pitfalls of compassion fatigue

A term that's been used with much greater frequency since the onset of the opioid epidemic is "compassion fatigue." Compassion fatigue itself isn't new. And it's not limited to those treating people with opioid use disorder. The reality is if you work in any type of 'helping' profession you probably have days that you leave work feeling depleted based on what you encountered on the job. We wanted a better explanation of what compassion fatigue is, who's at risk, how to recognize the signs, and how to help prevent it. We talked with Pam Kuras, MSW, LCSW, GC-C, a licensed therapist and certified grief counselor about compassion fatigue. She had some impactful insights to share with us.



PAM
KURAS,
MSW, LCSW,
GC-C

combined with doubts about your competence and the value of your work." Some researchers consider compassion fatigue to be a subcategory of burnout, specific to the helping professions."

Who's at risk? Are some professions more vulnerable than others?

Pam: "Think about it this way: high achieving accountants and engineers sometimes feel burned out. But health care and public service workers demonstrate deep empathy for their clients every day. Our clients are typically struggling with physical and mental health challenges, addiction, or a serious life crisis. Or all three at once! Helping professionals often feel drained by hearing clients' graphic stories of trauma. Over time, workers internalize their clients' pain, while providing emotional and material support within the constraints of a complex system of limited community resources."

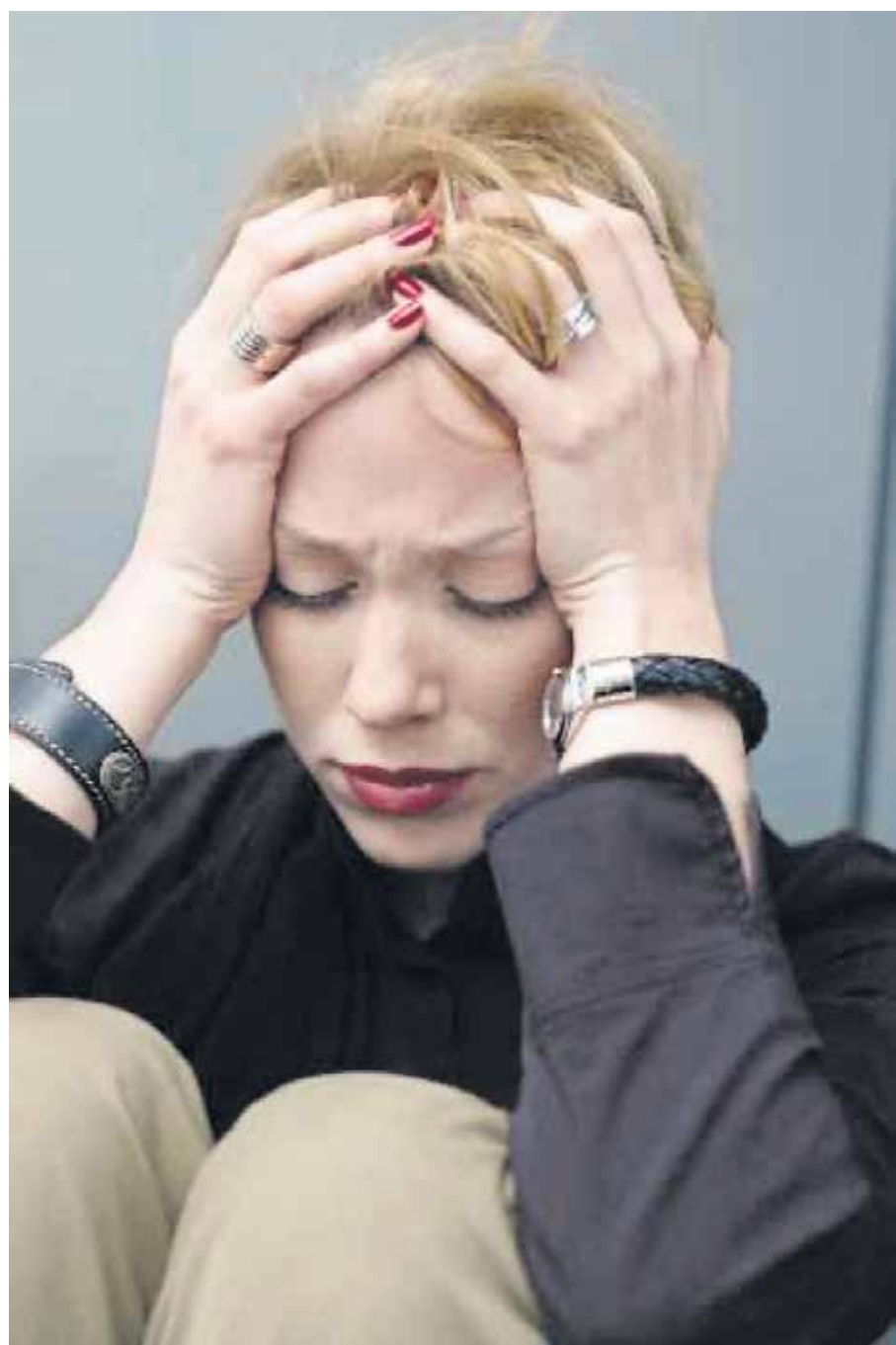
What are the warning signs?

Pam: "Have you heard the phrase 'helping that hurts'? Healthcare and social service professionals

often enter the field due to a deep desire to help others. One of the first signs of burnout is reduced empathy for clients. Physical and emotional changes are common: including anger, fatigue, and anxiety. You might hear someone experiencing compassion fatigue say "my heart isn't in it anymore" or "I dread coming to work." Sometimes, this attitude can infect an entire team, and as a result, burnout becomes normalized. When compassion fatigue becomes chronic, staff will likely have increased absenteeism, increased incidence of errors, and a cynical style of communication."

How can people help themselves if they recognize the warning signs in themselves — or in their colleagues?

Pam: "I have four key points I'd like to share. A practical short-term solution is to allow yourself mini breaks throughout the day. Just pausing for 3 to 5 minutes every two hours will do. Retreat to a quiet place, (use the bathroom if it is the only private spot!) set the timer on your phone, close your eyes, and just breathe. Focus on breathing in slowly for 4 seconds, then exhaling slowly for 6



seconds. This quick relaxation exercise will bring a sense of calm to your nervous system.

Long-term solutions require planning, but the most critical choice you can make is to take at least one half day off every 8-10 weeks. Does that sound more stressful than relaxing? I urge you to reconsider. Putting your own health first will allow you to serve your clients and your team more effectively.

Remember your WHY. On our hardest work days, it can be difficult to recall exactly why we chose this career path. But if you thought about it for a minute, you would remember what called you to this work. Was it to serve others? To give back to your community? Because your family experienced similar hardship? Was it a faith-driven decision?

The physical and mental health benefits of expressing daily gratitude are well-documented. Even during stressful times, find one reason to be thankful and say it out loud or write it down. This can be as simple as feeling grateful for the shoes on your feet or your morning coffee. Expressing appreciation to a colleague will offer you both an extra boost to

brighten the day."

How does a person's own past experiences affect their vulnerability to compassion fatigue?

Pam: "We are all dealing with our own stuff: clients and helpers alike. Anyone with a history of trauma or with an Adverse Childhood Experience (ACE) score over 6 is at higher risk for physical and mental health challenges, regardless of their career. A health care professional who is coping with chronic illness or recovery from substance use disorder is more likely to show symptoms of compassion fatigue during stressful times. Ongoing support and adequate self-care habits are crucial to maintain balance."

How can employers help their staff avoid compassion fatigue?

Pam: "Managers play a vital role in recognizing and honoring workplace attitudes and values that reduce the risk of compassion fatigue. Leaders set the tone by modeling unconditional positive regard for clients and the importance of taking time off from the office. "Family first" policies are great, but taking care of yourself tends to

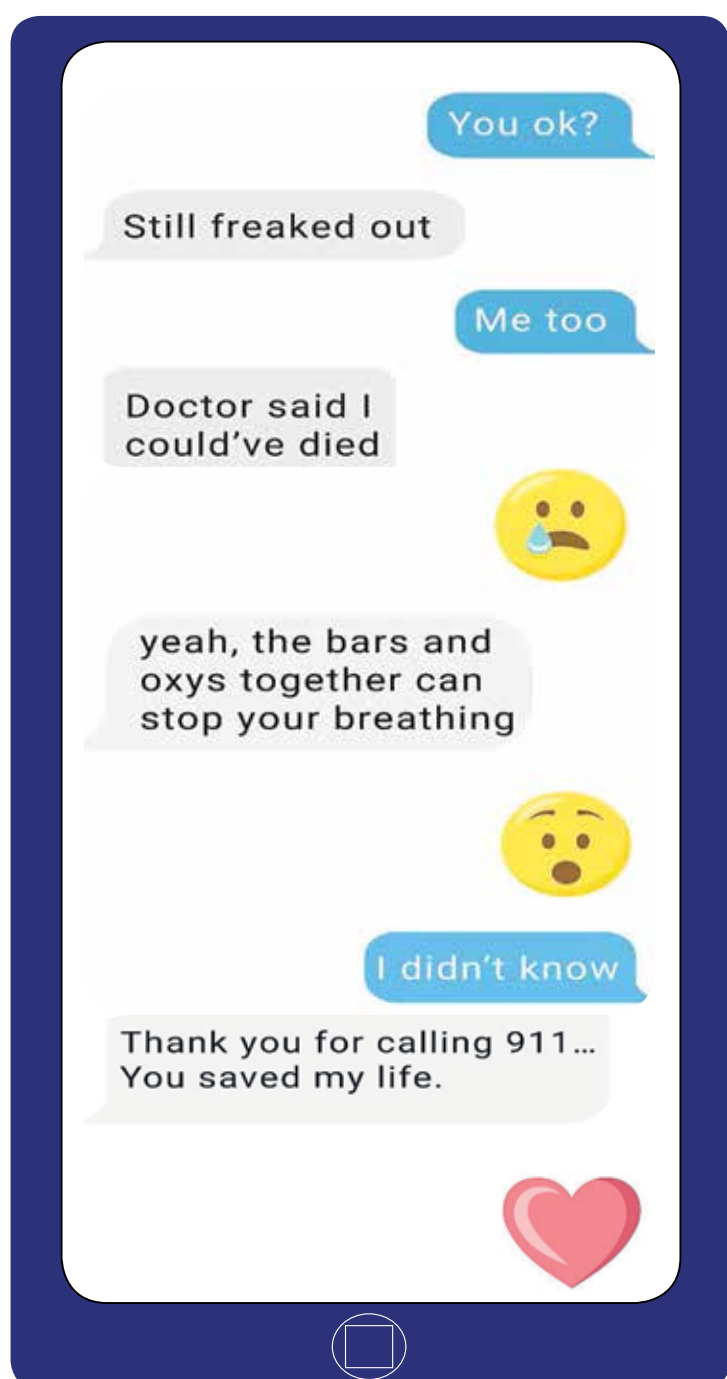
get overlooked. How many of us readily take time off to bring a child or parent to a medical appointment, but then procrastinate in scheduling our own yearly physical exam? Service providers who feel supported and appreciated, working in an environment that honors the importance of self-care, will feel better equipped to support clients at the highest level of care."

REFERENCE: <https://www.mayoclinic.org/healthy-lifestyle/adult-health/in-depth/burnout/art-20046642>

Pam Kuras, MSW, LCSW, GC-C is a licensed therapist and certified grief counselor. Pam owns Johnston Integrative Counseling (<https://www.jococounseling.com/>) in Benson, NC, and completed advanced training in Complicated Grief Therapy. Pam provides individual grief therapy and facilitates grief support groups for a variety of specialty populations, including survivors of substance misuse-related death. Pam leads the HEAT Grief Support Group in collaboration with the US Attorney's Office-EDNC Heroin Education Action Team. Pam also serves her community as a hospice and bereavement social worker and a registered yoga and meditation teacher.

We've all heard about opioids but poly drug use is a growing problem in our communities. Taking opioids with common anxiety meds known as benzodiazepines can increase risk of injury or death.

If you suspect a drug overdose, call 911 immediately.



Social Determinants of Health: How a ‘housing first’ model helps people thrive

**BY KRISTEN MARTIN MSW, LCSW
AND TRACEY GRUVER, MA**
EXECUTIVE DIRECTOR, THRIVE
DEVELOPMENT ASSOCIATE, THRIVE

Thrive is a nonprofit organization that serves Western North Carolina. It focuses on assisting individuals who are experiencing mental health symptoms to get back on their feet. Programs provide opportunities to learn coping, social, independent living and vocational skills. Thrive’s mission is to help move people from surviving to thriving in the community. Thrive carries out this mission with three programs:

Thrive’s Housing Case Management program uses a housing first model to connect households to permanent housing in Henderson, Polk, Rutherford, and Transylvania Counties. Case management is offered to encourage housing stability and prevent the return to homelessness. Case management is provided on an individualized basis; every household is different and can have dramatically different needs. Case Managers meet with clients and formulate a distinct plan for each household, so that they receive the services needed to successfully achieve housing stability. Thrive’s full-time Case Managers assist clients with finding safe and affordable housing. Once a home has been found, the Case Manager will assist the client with tasks such as tracking down and obtaining necessary documents required to secure a lease, like a birth certificate. Case Managers will pay deposits and move-in fees, and they will even assist clients with the actual move-in. Thrive provides households with items they need for their new homes such as furniture, dishes, and cleaning supplies.

Housing Case Management clients will learn crucial skills in the program such as how to be a successful tenant. Case Managers provide just about any service to clients that will help them be successful from providing transportation to job interviews to making sure that clients receive necessary behavioral or physical healthcare. The main goal of the Housing Case Management program at Thrive is to ensure that clients achieve housing stability and do not return to homelessness.

Thrive’s Housing Case Management program is so incredibly important in Rutherford County due to the lack of available shelter beds. People experiencing homelessness in Rutherford County are forced to camp outside, live in places not meant for human habitation, and are sometimes forced to make the choice to stay in an unsafe situations. Being without a home is a crisis that needs to be addressed as quickly as possible with safe and affordable housing. According to Maslow’s Hierarchy of Needs, we know that is nearly impossible for someone to focus on higher-level needs such as lack of employment when they have not had their basic needs met. Thrive’s Case Managers work with clients to help them meet those basic needs such as housing, food, and health care. Then, housing clients are able to focus on the other pieces; they can begin to work on the parts of their lives that they have been forced to ignore previously. It is not difficult to imagine how hard it would be to stay healthy while experiencing homelessness, because of this, many people agree that housing is healthcare. Many participants in Thrive’s Housing Case Management program experience improvements in quality of life in the areas of health, mental health, substance use, and employment, as a result of achieving



housing stability.

In addition to our Housing program, Thrive also offers Representative Payee Services. This program provides financial management support for clients with Social Security or Disability income who need assistance with finances. Payee staff works with clients to establish a budget to pay for basic needs first

(housing, food, utilities, pharmacy). If there is any income left over, the staff works with clients to develop a plan for transportation, clothing, social activities, and saving money. Payee staff also assists clients with other benefits programs such as Medicaid or food stamps so that they can be sure they are receiving the proper entitlements.

Representative Payee Services staff assists clients respectfully and with compassion. This

program, much like the Housing program, can help individuals meet basic needs to avoid homelessness, malnutrition, and other risks associated with disability. The service also helps to prevent exploitation by family members or acquaintances and encourages client participation in budgeting and managing bills for a greater sense of empowerment.

Finally, Thrive offers a third program that is focused on mental health. The Clubhouse Day Program is a psychosocial rehabilitation program that serves adults with severe and persistent mental illness with support from trained behavioral health staff. The Clubhouse has been serving adults in Henderson County since 1983.

The staff at the Clubhouse offers peer support services, as well as group and individual support for members. Clubhouse members spend each day working to improve their skills in symptom management, daily living, budgeting, and relationships. They also learn vocational skills with a transitional employment program, and have opportunities to volunteer and even further their education. The Clubhouse is open daily and has social events on evenings, weekends, and holidays for members. If you would like more information about Thrive, please call 828-697-1581, or visit our website at thrive4health.org.

“According to Maslow’s Hierarchy of Needs, we know that is nearly impossible for someone to focus on higher-level needs such as lack of employment when they have not had their basic needs met.”

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A LETTER OF APOLOGY TO THE RECOVERY COMMUNITY

I was with a professional group today, and the subject of drinking came up a million and one times. As someone who chooses not to drink, I am probably more aware of those conversations than most. I started thinking about the recovery community and how bad it must stink to be in these “normal” everyday settings where they are constantly the minority and constantly have to choose between their health and their “fitting in.” I have a lot to learn to be a strong advocate for recovery, and I truly appreciate the amazing people who are on this journey with me! I write this apology for you.

Dear Recovery Community,
I am sorry.

I am sorry that our culture has not only normalized, but also highly promoted the regular, even excessive, consumption of alcohol.

It seems that every social event, cool new restaurant, or shoot, even a moment of mommy relaxation “requires” an alcoholic beverage in hand.

For most diseases, society regularly talks about and encourages barriers to be in place to help reduce or even eliminate disease exacerbation, but with the disease of addiction, the opposite rings true. Our culture places risk factors, tv commercials, social norms of “needed” alcohol in social settings, all over the place but then acts all kinds of perplexed when there is a return to use.

I am sorry!

Recovery Community, you are brave and strong! Constantly faced with stigma and regular promotion of alcohol consumption and yet you don’t participate. You don’t back down. You fight for your health and you know the fight isn’t just about you.

You are fighting for your future, your family, and your friends.

I’m sorry society has made the fight harder than it had to be.

Know that I stand with you and for you.

**Sincerely,
Anna Godwin
Recovery Advocate & Friend**

Anna Godwin is the Executive Director of Community Impact NC (CINC). CINC’s mission is to work in partnership with communities to support and create evidence-based practices and education that prevent and minimize the harm of substance use. Anna holds a Bachelor of Science in Recreational Therapy and Masters of Science in both Professional & Substance Abuse Counseling and Rehabilitation Counseling. She is a Licensed Clinical Addictions Specialist (LCAS) in the state of North Carolina.



A growing trend: Senior citizens and substance abuse

According to the Centers for Disease Control and Prevention, the opioid epidemic claims about 130 American lives each day. Many of these deaths are in rural counties. While people tend to have stereotypical views of addiction, it’s important to understand anyone can become dependent on opioid pain relievers. The potential

for opioid abuse is present in all areas and populations.

Substance use disorders among senior citizens (such as opioid addiction) are part of one of the fastest growing health problems in the United States. According to the National Council on Alcoholism and Drug Dependence, Inc., approximately 55% of adults over 65 are given

some type of prescription medicine, and three out of seven older adults have at least five prescriptions. While 17% of people in the United States over age 65 have abused prescription medications, 35% of patients age 50 and older living with chronic pain reported misuse of their opioid prescriptions.

Prescription drug abuse in senior citizens generally starts when

a physician prescribes an opioid to help with chronic pain or pain associated with a procedure or injury. Some people may develop an addiction to the medication due to the addictive properties found in opioids.

Substance use disorders are not the same for everyone. Some seniors have used substances for many years and continue to do so as they age. Others form addictions later in life. Possible causes for increased substance use in senior citizens include health related changes, mental and physical decline, death of loved ones, and financial strain.

Drug or alcohol abuse among senior citizens may be dangerous since older adults are more vulnerable to the deteriorating effects of these substances. Individuals age 65 and older have a decreased ability to metabolize drugs and alcohol. This makes it dangerous for senior citizens to use drugs or alcohol even when they are used appropriately. Many older adults with substance use disorders have medical co-morbidities. As a result, they may have high blood pressure, liver disease, heart disease or neuropathies that can contribute to

falls or injuries. Many senior citizens use opioid medications to treat chronic pain or have medical problems that impact their quality of life and use substances to escape pain and suffering.

Addiction among people age 65 and up is often underestimated and underdiagnosed, which can prevent them from getting the help they need. Health care providers often overlook substance use disorders in senior citizens, since they may have a medical or behavioral disorder that mimic symptoms of substance use, such as depression, diabetes or dementia,

Although addiction may be more difficult to recognize in senior citizens, it’s important to pay attention to any unusual signs your loved one displays. Some signs of drug abuse include memory problems, changes in sleeping habits, isolation, changes in hygiene and/or an increase in sadness or irritability. You may also notice that your loved one is asking multiple physicians for multiple prescriptions, using different pharmacies, is defensive when discussing medications, has a fear of not having their medications, or is storing ‘extra’

pills. Regardless of the symptoms, help is available.

Older adults age 50 and over with substance use disorders need treatment services that are sensitive to age-related or generational issues. An appropriate substance use program for older individuals should specialize in addiction and ideally also offer case management services. The American Society of Addiction Medicine (ASAM) recommends the following as effective treatment approaches for older adults in substance use treatment: group and individual therapy, medication management, family therapy, along with case management to assist in linking to community-linked services and outreach.

Senior citizens may feel alone in their situation and not realize the scope of their problem. There is hope and help for those living with a substance use disorder or opioid addiction. The first step is identifying the problem and reaching out for help.

If you would like to learn more about helping yourself or a loved one who may be struggling with addiction, please contact Partners’ Access to Care Call Center at 1-888-235-HOPE.



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KURTIS TAYLOR, BSW

Taylor committed to erasing stigma

Mr. Kurtis Taylor is a person in long-term recovery. For him, this means that he has not used alcohol or any other substance in over 16 years. Mr. Taylor obtained his bachelor's degree in social work from Shaw University in May of 2019. For many years, Kurtis Taylor has been a voice for citizens seeking long-term recovery from substance

use disorders. He was an appointed member of Governor Pat McCrory's Task Force on Mental Health & Substance Use Disorder. He is currently serving as Co-Chairperson for the NC Substance Use Disorder Federation, as a member of the NC Departmental Waiver Advisory Committee (DWAC), as well as a member of the board of

directors for i2i Center for Integrated Health and a board member for the Emerald School of Excellence. Presently, Mr. Taylor serves as the executive director of the Alcohol Drug Council of NC (ADCNC), where he is committed to making their information & referral hotline, perinatal, and prevention services the

best in the country. Under his leadership, the Council respects and embraces all pathways to recovery. He is committed to the elimination of stigma attached to the subject of recovery. Mr. Taylor is an extremely vocal advocate for all citizens faced with the challenges that accompany substance use disorders, and he is proud to serve at ADCNC.



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"If you want to care for something, you call it a **flower**, if you want to kill something, you call it a **weed**."

- Don Coyhis, White Bison



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DO SAY

- Substance Use or Misuse
- Person in Recovery
- People with alcohol or drug problems

Supporting a person's recovery journey

BY KURTIS TAYLOR, BSW

Substance Use Disorder (SUD) is a major public health challenge that is taking an enormous toll on individuals, families, and society (The U.S. Surgeon General's Report on Alcohol, Drugs, and Health, 2016). Many families have no idea where to turn for help when they are faced with the harsh realities of a substance use disorder. Fortunately, there is help. The Alcohol Drug Council of NC operates an Information & Referral Hotline dedicated to connecting NC citizens to help they need. Simply call (800)688-4232 and the ADCNC staff will assess the situation immediately, determine the appropriate level of care, and make a referral to a service provider within their community.

One of the most important things to keep in mind about recovery from SUD is there are multiple pathways to recovery — there is no 'one-size-fits-all' recovery for SUD. In the same way that substance use disorders are unique to the individual, recovery is just as unique. People

need to feel supported in their freedom to explore programs that are right for them and not feel judged about the path they choose. Our society must embrace all pathways to recovery and respect the journey of every individual.

It is important for Family members to figure out what their role is in the recovery process. They must also understand that they cannot 'fix' or change their loved one. Supporters must practice patience and realize that recovery is a process, not an event. They cannot expect an overnight miracle. Supporters must not be afraid to communicate with transparency and sincerity. Saying, "I don't understand," or "I don't know what to do" is better than saying nothing. Family members need to remember not to take things personally. If their loved one needs to go to meetings twice a day for three months, do not give them a tough time. Instead, be supportive as they continue their treatment regimen. Family members should be conscious of their own actions and behaviors around anyone in the recovery

process. Obviously, they should never unnecessarily expose someone to temptation, but also should not be overly concerned about causing someone to use again — a family member does not have that much power.

The best thing a supporter can do is to take care of themselves first — often they get consumed with helping the family member and do not adequately take care of their own needs. Supporters must make sure to never neglect important personal self-care while attempting to help the person the care about. Remember that family members are also engaged in their own recovery process. Set clear boundaries from the beginning and be careful not to start enabling. Although people should never be blamed for their disease, they must accept responsibility for their own recovery program.

Ultimately, members of society must all make a commitment to eliminating the stigma associated with substance use disorders. Lives are at stake. Being challenged with a substance use disorder should not equate to a death-sentence simply


because of the shame and guilt made worse by society's judgement. No person should lose their life simply because they were too ashamed to seek help for their disorder. More support and less judgment will go a long way toward helping to save lives. Society needs to make sure that people have access

to evidence-based treatment on-demand. Continued advocacy is needed for the availability of recovery supports and wrap-around services that are critical for persons seeking recovery. In addition, our communities need passionate advocates for a recovery-oriented system of care that

embraces all pathways to recovery and respects the individual journey of every person challenged with a substance use disorder. Everyone needs to choose to utilize language that does not perpetuate stigma. Together, we can make a difference by supporting people seeking recovery and, inevitably, save lives.

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Our differences fade away

BUILDING COMMUNITY RESILIENCE TOGETHER

BY DR. WANDA BOONE

I have been honored to shed light on how to become unstuck after Adverse Childhood Experiences, commonly referred to simply as ACEs. 6,252 individuals from across NC and across the country have learned the small simple steps to regain one's life and perhaps one's childhood. I have non-therapeutic keys that can help us take one step at a time ... together. Implementing Resilience or apart from a basic commitment that implicit biases will not divide us will result in unnecessary barriers and uproot attempts to move forward in a harmonious inclusive respectful manner. There needs to be a real, personal, and spontaneous conversation/ testimonial about how each of us though different in perceived age, gender, skin tone, sexual orientation, class etc. shared common and hurtful experiences. Let's see how we can move beyond the individual and create a Resilient Community.

ADVERSE CHILDHOOD EXPERIENCES

If an individual experiences 4 or more ACEs before their 18th birthday, they may experience health and behavioral health difficulties later in life.



Contributed Photos

Dr. Wanda Boone was one of 22 North Carolinians to receive the Dogwood Award, the Attorney General's award of appreciation for local readers working to solve the state's most pressing issues.

This is not the end of your story.

Adverse Childhood Experiences (ACEs), exposure to stressful or traumatic events such as poverty, violence, and neglect during childhood, is an important social determinant of health that affects over 1 in 4 individuals in the U.S. according to the Centers for Disease Control. ACEs are associated with a myriad of health consequences throughout a person's lifespan such as developmental problems, high-risk behaviors, chronic diseases, and early aging and death. In fact, research from the landmark Kaiser Permanente study noted that individuals experiencing six or more ACEs died approximately 20 years earlier than individuals without any documented

history of ACEs. There is an urgent need to develop strategies to prevent the exposure to and consequences of ACEs.

Not all children exposed to ACEs are equally harmed. A body of research has recently emerged describing the role of resilience. Resilience, the ability to resist, rebound, and recover from stress, adversity, and trauma is possible for individuals, families, and communities. Resilience at the family and community-level, such as having a close relationship with a competent caregiver and strong social connections, have been documented to be particularly important protective factors for children exposed to ACEs. For example, in a recent study examining the relationship

ABOUT THE AUTHOR

Dr. Wanda Boone, DDiv is the happy wife of Earl Boone (47 years), proud Mom of 3 adult children and ecstatic G'ma of 3. She and her husband have been in ministry for 35 years.

She is the Executive Director and Founder of Together for Resilient Youth (TRY). TRY 501C3 non-profit was founded in 2003 to prevent substance use and risky behaviors among youth by addressing environmental risk factors and enhancing resilience in the community members that surround them.

She sees her work as an effort to combat the impact of adverse childhood experiences along with the series of cultural shifts that have made risky behaviors so enticing to youth. She was described in a recent news article as Durham's Social Justice Warrior.

Wanda is an Adverse Childhood Experiences (ACE)/Resilience train the trainer and a Developmental Asset Master trainer. She is described as an expert on many other topics such as coalition building and strategic planning.



For Wanda "It is all about individuals reclaiming their power, and changing the landscape, the places where people live, work and play." In 2015 TRY was recognized by the US Surgeon General as "connecting the dots to have influence on the built environment by engaging a grassroots effort to drive change."

between the number of ACEs and telomere shortening (a biological marker of aging and declining physical health) researchers documented that although the number of ACEs was inversely related to telomere shortening, participants who reported secure relationships with an adult as a child did not experience the same negative effects. Given the demonstrated health benefits of resilience, many are calling for resilience promotion programs to be implemented to prevent the devastating consequences of ACEs.

Equally as important are environmental and historical traumas. If you live in a low resource community or your family has experienced trauma due to horrific treatment including Native Americans being stripped of their land, Slavery through Jim Crow and current biases, the Holocaust, Asian Americans in Internment Camps your DNA might be impacted as well.

Many think race is genetic but it is not. There is not a single genetic variant that all Africans have that differs from all Europeans. In fact, there are 10 times more genetic differences among people of the same race than there are among people of different races. Skin color and other differences in physical appearance are adaptations based on where people's ancestors evolved in relation to the equator. Race is a social construct supported by an ideology that favors those who are identified as white to the disadvantage of people of color.

Although race is not real, the categorization of people by race has real consequences affecting people's access to resources. It also influences the way people interact with systems and other people. Policies leading to slavery, mass incarceration, segregated schools, forced sterilization, redlining, the environment, and many others perpetually operate to withhold wealth, power, and health from people of color since the beginning of this nation's history. This is known as structural racism. Structural racism results in better

outcomes for whites in every system compared to people of color — which persist today even as these policies are overturned. Race is not biologically real yet it has a real effect on all of us, regardless of our race — robbing us of our humanity.

The term community recovery emphasizes the strengths of the community and presents a broader, comprehensive balancing approach toward the integration of people with trauma within the community. Like personal recovery, community recovery emphasizes the strengths and capabilities of the community and expands the community's self-identity, both at the level of the collective and at the level of the individuals who make up the community.

In many communities around the country, community organizers, service providers, educators, activists and policy makers have responded to their heightened awareness of the high prevalence of trauma among children, youth, and adults in highly impacted communities by developing healing strategies that draw on culturally based knowledge, ritual and practice. This is the result of an increasing appreciation and understanding of the importance of healing strategies that have been developed within communities that have been affected and subjected to structural violence and institutional racism and inequality. Some of the most effective strategies and programs are culturally based programs in African-American and Latino communities that utilize community members, values, rituals and practices to reconnect psychologically injured members of the community.

THE SOCIAL-CULTURAL ENVIRONMENT

Strategies within the social-cultural environment are intended to counter the symptoms of community trauma and support healing and connection between people, while shifting norms to support safe and healthy behaviors strategies include:

- Rebuild social relationships, particularly

intergenerational relations

- Revitalize damaged or broken social networks and infrastructure of social support

- Strengthen and elevate social norms that promote or encourage healthy behaviors, community connection and community oriented positive social norms

- Establish collaborations that promote community-level strategies while rebuilding community social networks

- Change the narrative about the community and the people in it

- Shift community social norms

- Organize and promote regular positive community activity

- Provide a voice and element of power for community folks around shifting and changing environmental factors as well as the structural factors

- Promote and restore a connection to and sense of cultural identity, which has been shown to have a positive impact on mental health outcomes

- Trust: willingness to act for the common good and norms/culture that support health and safety

- Place: safe parks and open spaces, arts and cultural expression, perceptions of safety availability of healthy products, availability of quality housing

UBUNTU

There was an anthropologist who had been studying the habits and culture of a remote African tribe. He had been working in the village for quite some time and the day before he was to return home, he put together a gift basket filled with delicious fruits from around the region and wrapped it in a ribbon. He placed the basket under a tree and then he gathered up the children in the village.

The man drew a line in the dirt, looked at the children, and said, "When I tell you to start, run to the tree and whoever gets there first will win the basket of the fruit."

When he told them to run, they all took each other's hands and ran together to the tree. Then they sat together around the basket and enjoyed their treat as a group.

The anthropologist was shocked. He asked why they would all go together when one of them could have won all the fruits for themselves. A young girl looked up at him and said, "How can one of us be happy if all the other ones are sad?"

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Becoming my own best advocate

HOW MEMORIES MOVE MOUNTAINS

Recently, a memory from Facebook popped up on my newsfeed from 2014. I saw a young woman in a very dark space. Black eye shadow and liner from my lower lash line to my eyebrows. This young woman was me. Unconscious of my true potential. My pain not yet turned into power. As I looked at the photograph of myself, memories of that time began to flood my mind. I remember the emptiness I felt, the heaviness of the facade I faced the world with daily, and, more importantly, the burden of my untold story.

I knew from the time that I was in fourth grade I wanted to be a writer but



KARA LYNCH

until my bipolar diagnosis in 2012, I never knew what I would write about. Up until my manic episode in the summer of 2011 my life had been what I considered pretty normal. I was raised in an extraordinary family who loved and cared for me. I was what some might call spoiled but very much valued and appreciated. I was taught the love of

God, the significance of hard work, and that with the right attitude, I could do anything. So naturally, when I began to hit bumps in the road in college, my down-home way of thinking shifted. I began to doubt every seed of hope that had ever been planted in me. It manifested in my grades, my relationships with everyone in my life, and

my life overall. It would be years before I felt hopeful again. What I didn't know then was that the young woman I was before would never return. I would grow into a woman strong enough to not only move my mountain but also stand on it and tell how I did it.

Flash forward almost exactly five years, and so much has changed. As the author of kontentlykara.com — a mental health blog inspiring people with mental health challenges, I now know exactly why I went through so many years of darkness. I have been assigned to this mountain to show others it can be moved.

Telling my story has been one of the rawest, most therapeutic, and rewarding experiences of my life. I do not profess to be perfect, but I believe the beauty of my

story is that I know where my help comes from. My faith in God, which is tried and perfected more and more as the years go by, my amazing support system of family and close friends, and my willingness to share my reality are the perfect recipe for a beautifully fulfilled life.

By day, I advocate and empower youth with mental health issues by sharing my story and how I have overcome them. By night, I piece together and make sense of the experiences that have made me into the person I am today through writing and building relationships with those who are in places where I have been. It is not always easy because telling my story requires that I bare the parts of myself that are less than perfect in a world that looks for perfection.

However, sharing my story has supported me in not just surviving with a mental illness, but thriving. Sharing my story has become a way of life, a survival of sorts that has aided in my healing.

I don't have to be ashamed of the young woman in the Facebook memory, the wild make-up she wore or what she felt because she fought to become the woman I face in the mirror every morning. Although I still struggle, I live every day with renewed hope and strength, knowing that the mountains that come can be moved!

Kara Lynch is the writer of kontentlykara.com, a mental health blog inspiring people with mental health challenges. She writes to give others the opportunity to see themselves in her story. For more, you can follow her on Facebook, Instagram and Twitter: @kontentlykara or at her website.



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IPS SUPPORTED EMPLOYMENT assists individuals with mental health and/or substance use issues in finding meaningful, competitive employment.

PEER SUPPORT provides adults with assistance on their recovery journey by working alongside individuals who are also in recovery.

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COMMUNITY SUPPORT TEAM utilizes the team approach to assist adults who live with a mental health or substance use diagnosis to reach their recovery goals and improve their quality of life.

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(DIS)CONNECTING

HELPING YOUTH FORM HEALTHY SOCIAL MEDIA HABITS

ABOUT THE AUTHOR

Sarah J. Horne is the Clinical Director at Preferred Choice Health Care. She is a Licensed Clinical Social Worker, a Licensed Clinical Addiction Specialist, and a Clinical Supervisor Intern. Sarah completed her undergraduate studies at Western Carolina University and received her Master’s Degree in Social Work at the University of North Carolina at Chapel Hill. Sarah is currently completing her dissertation in her doctoral studies at Walden University.

Sarah’s work is founded upon a holistic approach and person centered, Rogerian principles. Sarah practices from a strengths-based perspective and has experience treating mental health and substance use disorders across the continuum of care. Incorporated into her Rogerian framework are Cognitive Behavioral Theoretical components, behavioral interventions, solution focused counseling, and the cognitive therapy intervention Eye Movement Desensitization and Reprocessing (EMDR). Sarah has experience providing therapeutic interventions for children, adolescents and adults and utilizes evidence-based practices best suited for a client’s specific needs. Sarah’s niche population is intellectually and developmentally disabled adults and adults who experience severe and persistent mental illnesses.

Sarah provides professional mental health and substance use disorder psychotherapy services for adolescents, children, and adults in the individual, family, and group setting. Sarah has many years of experience serving in various clinical roles in community mental health and outpatient counseling. Additionally, Sarah provides clinical supervision for individuals seeking Clinical Social Work licensure and those seeking supervision for provision of substance abuse services.

Do you feel that your child’s connections on social media know more about what’s going on in your child’s every day life than you know? Do you ever wish that social media just didn’t exist? Okay, maybe we shouldn’t take it that far but if you’re concerned about social media you’re not alone! Social media has a tremendous impact on today’s society, including our youth. Let’s consider the advantages and disadvantages of social media use and I’ll leave you with a few tips to try with your family.

A PLATFORM FOR EXPRESSION

Like it or not, social media provides an outlet for individuals to express emotions, thoughts, and preferences to a selected audience without the often anxiety eliciting requirement of face-to-face discussion. These platforms allow for emotional vulnerability and experimenting with language and expression. The trouble is, adolescents do not possess the skills to think through decisions in the ways that adults do due to the incomplete development of their frontal lobes. The frontal lobe is the part of the brain responsible for emotional expression, problem solving, and judgement. This lack

of fully developed judgement can be associated with less than desirable exchanges on social media platforms that can lead to bullying and other unsafe situations. Adolescents and teenagers can find themselves in situations in which they’ve portrayed themselves in an unfavorable manner or in which they’ve shared information that was not intended.



SARAH HORNE
MSW, LCSW, LCAS, CSI
CLINICAL DIRECTOR,
PREFERRED CHOICE
HEALTHCARE

CONNECTION

What is the impact of constant access to social media connections and constant access to information shared on social media? We do not yet have a definitive answer to this important question and the research provides a split assessment. Some studies show that this level of access has an adverse impact on individuals making them feel less affected by issues due to overexposure. Other studies indicate that this level of access increases our empathy for others and social justice concerns.

The issue of personal connection is possibly the greatest strength and the greatest concern about social media engagement. This issue is impactful for adolescents. Because of social media, we are all able to log on and communicate with someone at any time

of the day. This instant accessibility creates perceived relationships that may or may not include the same merits as other relationships in our offline lives. Aside from the obvious parental concerns about online predators, the other concern is when adolescents and teenagers have perceived connections online that do not translate into healthy, meaningful connections — or they’re made in lieu of those “real life” healthy, meaningful connections. This is not to say, however, that all social media “friends” are not significant or meaningful. It is possible that these connections include the same merits as other friendships; however, it’s also possible that they do not. That’s when the possible resulting lack of true connection with others can result in mental health consequences including anxiety, depression, and other issues.

HEALTHY USE OF SOCIAL MEDIA

Social media can’t be all bad, right? There are certainly good and healthy reasons for adolescents to use social media. Adolescents and teenagers use social media for the purposes of demonstrating creativity, for social connection, and for learning. Social media provides an avenue for social awareness and sometimes this is a good thing — it is a good thing to be

aware of cultural issues, political happenings, advances in technology and medicine, and other issues of social concern. Arguably, these issues would be largely untouched by some populations without the tool of social media. Prior to social media, there were limited opportunities for convenient connection to social causes and concerns, particularly for adolescents. Social media allows us not only to share our adorable animal pictures with our family and friends but also to share our connections to causes that may raise our social conscience.

TAKE AWAY

Knowing the advantages and disadvantages of social media engagement, how do we encourage our children and teenagers to use social media in a healthy way? To begin, be active with your children and their social media accounts. Talk with your child about social media engagements, safety, and boundaries but also talk to them about their passions and causes shared via these platforms. Ask your children to share their social media pages with you and make your interest known! Finally, discuss social media expectations and boundaries with your family and hold your children accountable to those requirements.



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RETHINKING PEER PRESSURE

BY DONALD MCDONALD, MSW

When I educate communities about addiction, I emphasize early childhood use as a primary and preventable contributing factor for most severe substance use disorder (SUD) cases. There are multiple and overlapping causes for addiction, but age of initiation gets about half a dozen asterisks on my PPT slide. I'm mindful when I go there, because, although I am Prevention savvy, that is not my core discipline. I've had some splendid peer influence, though.

Because we know the deleterious effects of early alcohol and drug initiation, primary Prevention tends to focus on delaying initial use as long as possible. Some organizations, such as NIDA, have created a narrative centered around, how to resist Peer Pressure. I never really questioned this approach, particularly after having four children of my own. Nancy Reagan's Just Say No campaign stands as a caricature of uninformed prevention, but aren't we sometimes kind of barking up that tree? How do we get this right? My greatest fear was that my vulnerable kids would fall in with the wrong kids or the bad kids and be tempted into trying alcohol, tobacco, and drugs. I was assigning labels, stigmatizing labels, to 11-year-olds, and I was okay with that. I was protecting my family. This was over a decade ago, before I made not labeling people my life's work. That young father did the best with what he knew, and all my peers must admit that they didn't wake up woke. It's a process. Facebook Memories



My beloved friend, and positive Prevention influence, Erin Day.

proves that.

Framing youth alcohol, tobacco, and drug Prevention as how to resist peer pressure may have unintended negative consequences, potentially further stigmatizing youth who are most vulnerable. The Peer Pressure construct arguably creates villains out of some kids and victims out of the others. Often, this distinction runs along class and color lines. One of the first of many labels people experiencing addiction wore was the bad kids. I wore it. I thought I deserved it. In fact, I never fought the litany of ensuing pejorative and stigmatizing labels that dogged most of my adult existence. I lived with internalized stigma that had been building, honestly, since I was 8-years-old.

I usually present our knowledge that early childhood alcohol and drug initiation is a major contributing factor to

addiction as the good news.

Addiction is preventable! We need to take first use seriously, because all youth are vulnerable. Addiction Policy Forum does a great job of this in their animated short videos aimed at making the science of addiction accessible to everyone. In fact, one of my favorite lines from APF's video series says, "But, there is good news. Addiction is preventable." If you haven't watched their videos yet, you must. They've become a game-changing resource in my community education and stigma elimination initiatives. No cost.

That's the thing about the underdeveloped brain as a risk factor: we all have one when we're young. Other risk factors such as ACE scores, genetics, and co-occurring mental disorders are hit or miss. We ought to screen for those other major risk factors, but there's no need to screen for neocortex



My friends, and positive Harm Reduction influences, Gina Musa & Jesse Bennett



I've been in conflict with the world and the waves from the git go.

development. It's a given. And, a staggering ninety percent of people living with SUD initiated use before age 18. What we are experiencing, therefore, is a pediatric public health emergency of epidemic proportions. We ought to be outraged.

The answers to the complex problems of discriminatory barriers to wellness and fractured systems of care are equally as complex and cannot fit on a bumper sticker. Solving America's addiction epidemic requires a coordinated,

cross-sector, evidence-based, and person-centered approach — and some degree of patience. What is well within our power today, however, is the language we choose. We've made great strides in the language space, regarding how we discuss people living with mental and substance use disorders. We use accurate and non-stigmatizing language, more people seek help, and that help is better.

I don't have data to support a call to action to stop saying it, because the expression Peer Pressure causes harm. But, I do have a nagging feeling that we need to take a closer look. In the interim, I've begun using the expression Peer Influence. This is not about political correctness, and it's more than semantic nuance. Words have power. Think about it: Pressure is a potentially violent action, filled with negative entanglements, and we envision a perpetrator. Influence is the natural and expected outcome of human connection — no villains and no victims. Language Matters. Let me know what you think.

Using food as preventive medicine

When you were a little kid did your mom tell you to drink your milk because it builds strong bones? Or give you ginger ale for an upset stomach? Maybe she gave you tea with honey to soothe a sore throat. The healing properties of certain foods are more than just folklore. We all know that malnutrition can cause health problems and even death. Maritime historians state that scurvy, a disease caused by lack of Vitamin C, killed millions of sailors from the 1400's to the mid-19th century.

So if we know poor nutrition can harm us, why aren't we more selective about our food choices and the impact

they'll have on our physical and mental well being?

We talked with Tracy Davis, Extension Agent, Family and Consumer Sciences with the Cooperative Extension and Chair of the Healthy Eating Committee of the Rutherford County Community Health Council.

What are some of the pitfalls that many of us fall into that lead to poor eating habits?

Tracy: "Our environment is saturated with cheap, tempting, and unnecessary

calories. A barrage of unhealthy foods are seen multiple times a day on television, radio, internet, billboards, and almost every street corner. Our food choices are affected not only by what we see and hear but also by taste preferences, culture, family traditions, peers, availability, access and our own attitudes, beliefs and knowledge about food. It is this complexity of food choice that makes changing eating habits so challenging."

Do you think people feel that eating healthy is too hard because of the

cost, the time to cook, or is it lack of knowledge?

Tracy: "The most common reason people report not eating more nutritious foods is the belief that healthy foods cost more. Studies have looked at multiple ways of measuring food cost — cost per calorie, per edible weight, per portion size, and cost of following dietary recommendations. The findings were different for each method of calculation. If you look at cost per calorie, unhealthy food costs less, but if you look at cost per recommended portion size, many healthy foods are less expensive. In fact, there are a wide variety of nutritious foods, including fruits and vegetables that can be incorporated into a healthy diet on a limited budget.

The second most common reason people report not eating more nutritious foods is lack of time, skill, or confidence in preparing food at home. One must have the knowledge and skills to prepare food, sufficient time for purchasing and prepping, and the necessary equipment to refrigerate, cook, and clean properly."

What are some of the benefits of good nutrition?

Tracy: "Good nutrition affects the entire body — physically, mentally, and emotionally. Boosting brain health, sustaining energy level, and preventing illness are just a few of the many benefits of a healthy diet. Referring back to

the discussion of food costs, it is important to consider the cost of NOT incorporating nutritious foods into meals on a regular basis. Unhealthy dietary patterns that consist of high amounts of sugar, saturated fat, sodium, and calories are linked to higher rates of chronic diseases. The financial cost of treating disease is enormous. A person with three chronic illnesses will spend \$25,000 annually on health care expenses while individuals without any chronic disease will spend only \$6,000 annually. The cost of regularly incorporating nutritious foods into one's diet is much less expensive than the cost of treating diseases later on."

What are some easy ways to improve eating habits without feeling deprived?

Tracy: "Start small when trying to change a habit. Taking baby steps toward a larger goal is usually more successful than trying to change everything at once. Gradually add more vegetables or slowly cut back on sugar in your coffee, for example. One of the best strategies is to plan ahead. When you plan, purchase, and prepare your meals in advance, you are less likely to be tempted by the drive-thru/ take-out option."

Can you tell us about the Cooperative Extension's cooking and nutrition classes and how they can be transformative for people?

Tracy: "Cooperative

Extension provides evidence-based programs that help individuals and families improve their health through nutrition education and hands-on cooking classes. Programs are available for both youth and adults. One of the most rewarding comments I have heard from a cooking class participant is 'Wow — I didn't know it was this easy and quick to put a home-cooked meal on the table. and so delicious!'"

The idea that proper nutrition and healthy food can be healing isn't a new concept. Wound care specialists often make recommendations to eat protein rich foods such as eggs, beans, and meats to help speed up healing. The experts at Harvard Health point to certain anti-inflammatory foods such as tomatoes, olive oil, green leafy vegetables such as kale or spinach; nuts, strawberries, blueberries, and fatty fish like tuna or salmon to help ward off chronic inflammation which can lead to obesity or other diseases. If that's not enough to convince you to try to eat more nutritiously, growing bodies of research are making connections between your gut bacteria and mental health. So while you may not think of food as preventive medicine the evidence shows that what you eat can definitely impact all aspects of your wellbeing.

For more information about the NC Cooperative Extension: <http://rutherford.ces.ncsu.edu>

Abortion Recovery

Are you struggling with a past abortion decision?

Do you wonder if you can heal from the hurt?

Is guilt plaguing you because of the choice to end a pregnancy?

Forgiveness and healing are possible.

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Pregnancy Resource Center

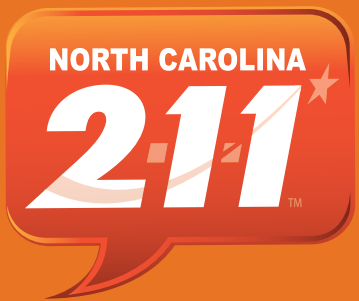
671 Oak Street, Suite 2, Forest City, NC 28043





**Searching for substance use
or mental health services?**

Dial 2-1-1
Help Starts Here



United Way's NC 2-1-1 Frequently Asked Questions

What is NC 2-1-1?

NC 2-1-1 is an information and referral service provided by United Way of North Carolina and supported by local United Ways and public and private partners. Accessible via an easy-to-remember three-digit number or by visiting nc211.org, families and individuals can obtain free and confidential information on health and human services and resources in their community.

When can I call NC 2-1-1?

NC 2-1-1 is available 24 hours a day, seven days a week, 365 days a year by dialing 2-1-1 or 888-892-1162.

Is NC 2-1-1 statewide?

NC 2-1-1 is available by landline, cell phone, and VOIP in all 100 counties of North Carolina.

Is 2-1-1 available in languages other than English?

NC 2-1-1 has Spanish language call specialists on staff and also utilizes professional language interpretation services to assist callers in over 170 languages.

What information is available by dialing 2-1-1 or visiting nc211.org?

NC 2-1-1 maintains a robust database with information on more than 19,000 human service programs and services in North Carolina. Callers are referred to organizations in their local community best equipped to address their specific needs including food, shelter, energy assistance, housing, parenting resources, healthcare, substance abuse, specific resources for older adults and people with disabilities, and much more.

When an individual dials 2-1-1, a trained call specialist conducts a search based on the caller's location to identify resources that meet the caller's needs. In addition to contact information for the resource, call specialists provide eligibility requirements, intake process information, hours of operation, any requirements for appointments, and accessibility information, when available.

What types of organizations are included in the database?

The database includes non-profit organizations and government agencies that provide health and human services to citizens in North Carolina. To learn more about organization inclusion criteria visit nc211.org/inclusion-policies.

What role does NC 2-1-1 play in the event of a disaster?

NC 2-1-1 is a member of the State Emergency Response Team and is part of the State's Emergency Plan. In the event of a natural or public disaster, NC 2-1-1 serves as a public information portal providing residents with real-time information and resources related to the disaster. Caller needs are also tracked to provide emergency managers with information on trends and situations that residents are facing. In 2016, more than 12,000 NC residents dialed 2-1-1 for information on emergency evacuations, shelters, meal sites, water and food distributions, and post disaster clean-up and recovery assistance during and after Hurricane Matthew.

Does the online search tool at nc211.org provide the same information as dialing 2-1-1?

The online database is the same database used by the call specialists; however, NC 2-1-1 call specialists are trained to search using specific keywords which may provide more resources than found through self-search. Individuals who don't find what they need through the online search tool are highly encouraged to dial 2-1-1 to speak to a call specialist.

How can I learn more about NC 2-1-1?

Dial 2-1-1 or visit www.nc211.org to learn more about NC 2-1-1.



NC 2-1-1 is administered by United Way of North Carolina
with support from local United Ways and public and private partners.



Trauma and PTSD: *All of us are susceptible*

PTSD (short for Posttraumatic Stress Disorder) is often associated with veterans who have been in combat, but anyone can be diagnosed with PTSD, not only veterans. Even children who have experienced traumatic events may develop PTSD.

There are two main parts of a PTSD diagnosis: experiencing a traumatic event and then experiencing issues, or “symptoms,” which interfere with the ability to effectively adjust to life after the event. Many people who experience a traumatic event do not experience prolonged symptoms but some people may need help to move past symptoms, which interfere with their lives. People who’ve experienced multiple traumatic events, who experienced a very intense traumatic event, or who experienced recurrent traumatic events for a long period of time may be at a higher risk of developing lingering trauma symptoms.

Types of traumatic events, which could lead to a PTSD diagnosis, include: exposure to death, the threat of death, serious injury or the threat of serious injury, and sexual violence or the threat of sexual violence. While these events may happen directly to the person experiencing trauma symptoms, PTSD can also be diagnosed if someone witnessed a traumatic event happen to someone else, had a close friend or relative exposed to a traumatic event, or was indirectly exposed to details of a traumatic event (for example, this could occur during the course of work

done by first responders) and is experiencing symptoms as a result.

Symptoms of PTSD fall into 4 categories (only one or two symptoms in each category need to be present):

1. Intrusive symptoms include unwanted memories of the event, flashbacks, nightmares, or emotional distress when faced with reminders of the event. Physical responses can include increased heart rate, sweating, or shaking when faced with reminders of the event.

2. There are two symptoms in the “avoidance” category — avoiding people, places, or things associated with the traumatic event and avoiding thoughts, feelings, and memories associated with the traumatic event.

3. The third category of symptoms addresses negative thoughts and feelings that began or worsened after the traumatic event. For example, difficulty remembering the event, negative thoughts about yourself or the world, placing exaggerated blame for the event on yourself or others, negative mood, lack of interest in activities you enjoyed before the event, feeling alone even around others, and difficulty feeling positive emotions such as happiness or love.

4. The fourth category of symptoms is related to changes in arousal level and reactions to life. This category includes increased irritability and/or aggression, risky behavior, being easily startled, difficulty concentrating, sleep difficulties, and hypervigilance — which



STEPHANIE LATTIMORE, MA/EdS, LPC



is being on the lookout for danger.

In order for PTSD to be diagnosed, these symptoms need to last for more than one month, create significant distress or impairment for the person experiencing them, and not be better explained by medication/substance use or another illness.

As you can see, some of these symptoms are also common with depression, anxiety, and ADHD, and may be seen as behavioral problems in children. Children may be misdiagnosed with ADHD

when adults do not know that their problems with attention and concentration may stem from exposure to trauma. Children are also sometimes diagnosed with behavior disorders when the behavior is related to the effects of a traumatic experience. Therefore, it is important to discuss any past trauma history when seeking mental health treatment for yourself or your child.

Left untreated, trauma symptoms may lead to emotional distress, difficulties in relationships with others, developmental problems

in children, problems with physical health, substance misuse, and other negative outcomes. Unfortunately, there continues to be some stigma attached to seeking help for mental health difficulties. Society should reframe this conversation by no longer asking “What is wrong with you?” but instead asking “What happened to you?” when faced with those who need help to improve their mental health.

Trauma symptoms are the brain’s attempt to keep us safe after a traumatic event occurs — they are predictable and often treatable. Trauma symptoms may have been a source of protection when traumatic events occurred but they are usually not helpful in navigating day-to-day life. Finding a mental health professional that provides services from a trauma-informed perspective can help people move past these symptoms and improve their mental health.

Stephanie Lattimore, MA/EdS, LPC, is a Licensed Professional Counselor who provides mental health therapy to children, teenagers, and adults. She is a rostered provider of Trauma-Focused Cognitive Behavioral Therapy (TFCBT), an evidence-based model, which helps children, and teens ages 3-18 who are diagnosed with Posttraumatic Stress Disorder or who have many symptoms of PTSD. Her office is located at Solid Foundations Counseling Center in Spindale. Stephanie is also the chair of the Rutherford County Behavioral Health Coalition (facebook.com/BHCoalition) and enjoys serving our community in this role. She may be contacted at (828) 289-1813 or stephanielattimore@solidfoundationscounseling.com.

Family Resources of Rutherford County: Helping families and individuals find healing and hope

BY VANESSA PARTON
DIRECTOR OF FAMILY SUPPORT
PROGRAMS, FAMILY RESOURCES OF
RUTHERFORD COUNTY

Family Resources of Rutherford County provides a wide range of support services to our community. These services facilitate the healing of adult and child survivors of sexual assault, physical abuse and other types of trauma. A large focus of our agency is on child victims of abuse through our Child Advocacy Center, located at the Clara Allen Family Center in Forest City.

To understand what a Child Advocacy Center is, you must understand what children face without one. Without a CAC, the child may end up having to tell the worst story of his or her life over and over again, to doctors, police, lawyers, therapists, investigators, judges, and others. They may not get the help they need to



heal once the investigation is over, either. CACs change all that.

When police or child protective services believe a child is being abused, the child is brought to the CAC — a safe, child-focused environment — by a caregiver or other “safe” adult. At the CAC, the child tells their story once to a trained interviewer

who knows the right questions to ask. Then, based on the interview, a multidisciplinary team (MDT) that includes medical professionals, law enforcement, mental health, prosecution, child protective services, victim advocacy, and other professionals makes decisions together about how to help the child. Finally, CACs offer a wide range of services

like therapy, medical exams, courtroom preparation, victim advocacy, case management, and more. The Clara Allen Family Center specifically offers Trauma Focused Cognitive Behavioral Therapy to all victims of trauma, free of charge.

Other services are also offered to families involved in the agency to help them reach their goals and increase the quality of their lives. Circle of Parents is a support group that offers a safe and supportive environment for mothers and fathers to discuss the challenges and successes of parenting while gaining information about resources in our area and reducing isolation. The Relatives as Parents Program offers support to grandparents or other relatives who have found themselves parenting a second time due to circumstances outside of their control. The

ParentLearn program aids parents in completing their high school diploma and encourages furthering their education with the help of transportation and child care. Family advocates in our agency help families access resources within the agency and outside in our community to meet their needs.

All of these services offered at the Clara Allen Family Center through Family Resources of Rutherford County are meant to meet the family where they are—whether in crisis or seeking to better their situation. Many clients are healing from trauma, and have experienced life events that have prevented them reaching their personal goals. Each child and family we encounter is unique. The staff at our agency partners with the client to offer encouragement and support for their situation in the most meaningful way.

Who's the most powerful influence in your child's life?

YOU!



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