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UNDERSTANDING  
MENTAL HEALTH  
ISSUES

# *Loving Others Well*

Building Relationship Skills for  
Supportive Friendships

*My Neighbor to Love Coalition*  
*Lighthouse Beginnings*

Student Manual

**Module C: Understanding Mental Health Issues**

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## UNDERSTANDING MENTAL HEALTH ISSUES

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# 01

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## AN INTRODUCTION TO MENTAL HEALTH DISORDERS

# 1.1

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## MAKE IT OKAY

Although mental health issues are widespread, they are treatable. Through learning and talking openly about mental illness, the stigma associated with these conditions can be reduced and prevention and early treatment encouraged. Life can get better for the individual struggling with a mental illness, and recovery is possible.

# MAKE IT OKAY

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In this lesson you will:

- Gain an understanding of the stigma associated with mental health disorders and its impact
- Learn how to identify the onset of mental illness
- Review strategies for supporting someone dealing with a mental health disorder

## MAKE IT OKAY

### What is 'Make It OK' ?

When a mental health crisis was identified in Crow Wing County, Crow Wing Energized began to look for resources and strategies that could help people in the early stages of mental illness. The goal was to reduce the stigma associated with reaching out for help with mental health. One of those resources was a presentation called Make It OK that had been developed by health partners over ten years ago and made available as a free resource to anyone and any organization throughout Minnesota. The goal of this presentation is to make it ok to talk about mental health issues so that we can increase our understanding and be able to promote better mental health by sharing our knowledge.

### Mental Illness is Not Uncommon

Mental illness, in reality, is not uncommon. One in five adults (18 years and older) in the United States will be diagnosed with a mental health concern. The latest research by Crow Wing Energized and Crow Wing County has found that mental illness occurs in more than one in four adults in the county. Depression and anxiety were more common than diabetes. This is most likely an underreporting as it is known that many people don't seek the professional help that would lead to a diagnosis because of the stigma associated with mental illness.

It's OK...  
to have a mental illness, many of us do.

### Mental Health



Depression and anxiety are  
more common than diabetes

1 in 5 adults nationally will experience a mental illness

Make It OK.c

### Other Statistics: per NAMI

- 1 in 20 U.S. adults experience serious mental illness each year
- 1 in 6 U.S. youth aged 6-17 experience a mental health disorder each year
- 50% of all lifetime mental illness begins by age 14, and 75% by age 24

Considering that mental health issues are treatable and life CAN get better, reducing the stigma that causes delay in getting treatment is critical to saving lives! It's never too late, and it's never too early to get help for a mental illness. There is no rule that says you need to be in crisis in order to reach out for help by calling a support or text line, or making an appointment with a counselor. Delaying

treatment can lead to loss of job and income or dropping out of school. Some situations may lead to jail and even suicide.

### Overcoming the Stigma

Stigma is a negative perception that causes someone to devalue or think less of a person. It involves stereotyping or labeling someone because of their condition. In our midwestern culture where you “pull yourself up by your bootstraps”, talking about personal struggles can be a challenge and mental illness may be perceived as a weakness

Consider:

*What comes to your mind when you picture a person with a mental illness?*

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*What are some slang terms that are used to describe people experiencing a mental illness?*

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The truth is that mental illness is no respecter of persons; it affects celebrities, successful athletes, our neighbors, our family members, our friends, and ourselves.

Ask yourself:

*Am I more comfortable helping someone with a physical injury than with a mental health struggle?*

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*Are people in my community caring towards people with mental illness?*

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*Would I would see myself as weak if I had a mental illness and could not fix it?*

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Consider the derogatory slang terms like “crazy,” used for people experiencing a mental illness and compare them to the descriptions used for those who are battling cancer - phrases like “they’re courageous; they’re a fighter.” Both cancer and mental health issues concern the physical body and both require help. Mental illness is a medical illness, although a survey showed most people thought it was solely related to stress, lack of willpower, or a character flaw.

According to the National Alliance for Mental Illness (NAMI), the research on mental illness “suggests multiple, linking causes” that include lifestyle influence,

environment, and genetics. Stress on the job or in the home, as well as traumatic life events will make some people more susceptible to disruption of their mental health. Your brain as an organ is affected by the environment, trauma, chemical imbalances, and genetics. As the field of neuroscience continues to develop, the understanding of the role that biochemical processes, neural circuits and basic brain structure have on mental health is increasing.

You may be accustomed to considering genetic susceptibility for other diseases and being proactive in prevention through early screening and our lifestyle choices. Are you doing the same if mental illness seems to be a trait in your family? By openly talking about mental illness in our families, early detection of symptoms will be encouraged and a desire to avoid deeper mental health issues can prompt people to ask for help.

## Identifying the Onset of Mental Health Issues

The number one symptom to watch for with mental health disturbances is a change in sleep. People who have dealt with mental illness for many years say that their first indication that it's time to readjust their care is when they find themselves oversleeping, having trouble sleeping, or experiencing significant sleep disruptions. There can also be a change in energy or appetite. Mental illness may cause the person to have a lack of interest or a loss of pleasure in activities they normally enjoy. They may have difficulty thinking, concentrating or

remembering. There can be physical indications as well such as a pounding heart, sweating, trembling, or dizziness. Depending on the type of mental illness, people can deal with delusions or hallucinations. They might have grandiose plans, or persistently be sad or impulsive.

A number of mental health disorders have a single diagnosis; they include anxiety, depression, bipolar disorder, schizophrenia, post-traumatic stress disorder (or PTSD), eating disorders, ADHD, borderline personality disorder, postpartum depression, and obsessive-compulsive disorder. Of course, there are situations where people have multiple diagnoses. Either way, it's OK because mental illnesses are treatable, and life can get better. Did you know that most mental illnesses can be treated effectively with medication, therapy, diet, exercise, and support? Recovery is possible!

## Common Symptoms



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## Supporting Persons with Mental Illness

How do you support someone who's dealing with a mental illness? First, stop the silence! Call it out; ask about it; and be nice. Most importantly, listen. Being a good listener can make all the difference. If someone shares a struggle they've gone through, check in with them a few days later with a text or a meet for coffee to see how they're doing. Stay in contact and don't ignore the issue. Keep the conversation going.

What can you say, and what should you avoid saying? People who have battled mental illness share stories about words that feel hurtful. Some of the examples include being called "crazy" or "psychotic"; or hearing the phrase "committed suicide" which can sound like a crime when in reality, they lost their battle with depression after a courageous fight.

When someone shares with you the challenges that they're facing, remember to thank them for opening up. Recognize that it was a brave thing for them to share what was on their heart. Ask them if they want to talk more about it. Ask how you can help.

Avoid saying things that de-emphasize or minimize the importance of what they're sharing with you, such as "it could be worse," "snap out of it," or "everyone feels that way sometimes." Although it's true that everyone does have moments of feeling anxious or sad, not everyone experiences the intensity of a mental

illness. Acknowledge the uniqueness of the person's experience, and avoid saying, "We've all been there."

The tendency is to give advice, but few people are willing to walk alongside someone struggling with mental health issues. Community members with in-patient experience for mental health disturbances described how other people would often suggest exercise. One former patient, a young lady, said, "I wish someone would say, "Would you like to go for a walk with me?" Are you willing to walk alongside people dealing with mental health issues and have the hard conversations?

**Learn What To Say**

	
"Thanks for opening up to me."	"It could be worse."
"How can I help?"	"Snap out of it."
"Do you want to talk about it?"	"Everyone feels that way sometimes."
"I'm sorry to hear that. It must be tough."	"We've all been there."
"I'm here for you when you need me."	"Pull yourself together."
"Can I drive you to an appointment?"	"What's wrong with you?"
"How are you feeling today?"	"Try thinking happy thoughts."

Make It  .org

### Put it Into Practice:

*Your best friend comes over and says they haven't been feeling well lately. They say they have been diagnosed with anxiety and sometimes it feels like their heart is pounding so hard they feel like they are having a heart attack.*

*What do you say?*

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Remember, the most important thing you can do is listen and encourage your friend to talk. Phrases like “Tell me more,” and “Tell me what that’s like” will help keep the conversation going. If you have someone who is talking about how depressed they are, and you sense there is a risk of the person ending their life, it’s okay to ask them if they’ve thought about suicide. If their answer is ‘yes’, go ahead and ask them if they have made a plan. You are not planting a seed; you are asking a question to which they will probably share an honest answer. Keeping the conversation going is paramount. Research shows that by encouraging the other person to talk, the feelings they are experiencing will eventually pass - so be an active listener and just keep asking questions.

As a supportive friend, you might feel prompted to ask “Is there something I can do to help?” but do not think that the problem is all yours to handle. If the content of the conversation begins to feel beyond your boundaries or capabilities as a supportive friend, it’s ok to call someone else. There are resources.

## Resources

Texting or calling **988** will connect you with the national crisis line. Don’t hesitate; don’t question if it’s bad enough to call - just call.

Another resource that is available to help you learn more about mental illnesses, how to help yourself, how to help others, and give you the opportunity to hear

from others who have lived experience is the National Alliance on Mental Illness (NAMI). Their website - [namihelps.org](http://namihelps.org) - has a number of resources including classes that are available online for no charge. The Minnesota chapter of NAMI also holds classes which at times are offered in the Lakes Area. Otherwise the classes are offered online and available by signing up.

The **Make it OK** website has lots of good information including talking tips that you can print out and have close by. Make it OK did have a partner podcast which is no longer producing new episodes but past episodes are archived and available on the website “Hilarious World of Depression”, or anywhere you can access podcasts. You’ll hear the personal stories of celebrities who, in the face of depression and feeling like there was nothing left to do, were able to break through with laughter.

Gratitude is a tool that has been shown to build resiliency. Research has revealed that taking time to note three things for which you are thankful - 3 things you consider good - can actually change your brain patterns. In light of this finding, Crow Wing Energized has made available “3 Good Things” notepads that can be requested on their website. Set them alongside your bed for morning or night, or have one at the table for family mealtimes. Note three good things you’ve noticed every day for a week, or maybe a month, and see how your thought patterns change.

## Getting Help

Reduce the stigma that prevents people from seeking help by talking openly with your family about your own mental illness, or opening a conversation with a person who is struggling with their mental health.

It's okay to talk to a person with mental health issues about seeking professional help. Become aware of the resources that can be leveraged and share the information with others. For example, many employers offer employee assistance programs that can cover referrals to counseling and often a few free appointments. In many cases, that help is also available for family members. Talk with the human resources department to find out more about what is covered through an employer. Talking to a family physician is also a good option. Today's family physicians are trained in asking the right questions, and helping the person with mental health issues navigate the system. This could include connecting with counseling, or in the case of a chemical imbalance, having a conversation about prescriptions, or a combination of both.

In the Lakes Area there are many providers offering different types of therapies and counseling as well as online options. The Lakes Area Crisis Line and Referral Service is free and can be reached at 218.848.4357. There is also a 'warm' line at 844.739.6369 that is available from 5 pm until 9 am because the dark hours can be the really tough hours. Volunteers with some lived experience run this line and are prepared to come alongside a person who just really needs to talk with someone who understands.

## Make It OK

The challenge of 'make it ok' is to keep learning, and then be brave enough to apply what you've learned. Open up conversations about where you're at personally with your mental health, and give loved ones the opportunity to talk about where they're at with their mental health. If you yourself have dealt with a mental illness, share your experience with your family so that the stigma surrounding these conditions begins to break down in our community. Take time to reduce the stigma of mental illness and become an advocate of making it ok.

**How to get help**

**COUNSELING**  
There are many providers offering therapy and mental health services in the area. Virtual options are also available.

**WARM LINE**  
- 5 p.m.-9 a.m. listen/support adults experiencing emotional distress 844-739-6369

**CRISIS SERVICES**  
- Crisis Line & Referral Service: Call 218-828-4357 or 1-800-462-5525  
- Crisis Text Line: Text "MN" to 741741

**988 SUICIDE & CRISIS LIFELINE**

**24/7 CALL, TEXT, CHAT**

Make It **OK**.org

## DISCUSSION OR REFLECTION QUESTIONS

1. What do you do to maintain or improve your mental health?
2. How do you feel about seeking mental health support?
3. How can friendship and support help someone with a mental health issue?
4. What can family and community members do to promote mental wellness?
5. What needs to be done in your community to end any stigma or discrimination against people living with a mental illness?

## PRACTICE, ROLE PLAY, OR MORE TO CONSIDER

1. Take the following survey to explore your personal attitudes towards mental health issues; then individually or as a group, read through the following resource page “Real Truths about Mental Illness”

### Personal Attitudes Survey

Check the most appropriate answer:

- |  |              |                 |                 |
|--|--------------|-----------------|-----------------|
| 1. People should work out their own mental health problems.              | <i>Agree</i> | <i>Disagree</i> | <i>Not sure</i> |
| 2. Once you have a mental illness, you have it for life.                 | <i>Agree</i> | <i>Disagree</i> | <i>Not sure</i> |
| 3. Females are more likely to have a mental illness than males are.      | <i>Agree</i> | <i>Disagree</i> | <i>Not sure</i> |
| 4. Medication is the best treatment for mental illness.                  | <i>Agree</i> | <i>Disagree</i> | <i>Not sure</i> |
| 5. People with a mental illness are generally violent and dangerous.     | <i>Agree</i> | <i>Disagree</i> | <i>Not sure</i> |
| 6. Adults are more likely than teenagers to have a mental illness.       | <i>Agree</i> | <i>Disagree</i> | <i>Not sure</i> |
| 7. You can tell by looking at people whether they have a mental illness. | <i>Agree</i> | <i>Disagree</i> | <i>Not sure</i> |
| 8. People with a mental illness are generally shy and quiet.             | <i>Agree</i> | <i>Disagree</i> | <i>Not sure</i> |
| 9. Most people will never be affected by mental illness.                 | <i>Agree</i> | <i>Disagree</i> | <i>Not sure</i> |

*\*Adapted from the Mental Health and High School Curriculum Guide from the Canadian Mental Health Association, available online at [www.cmha.ca/highschoolcurriculum](http://www.cmha.ca/highschoolcurriculum).*

## PRACTICE, ROLE PLAY, OR MORE TO CONSIDER

**2. Describe a supportive conversation for the following scenario:**

You have crossed paths a few times with an acquaintance in the community who frequently appears upset. The next time you are walking at the city park, you see them sitting alone in a more private spot, and they appear to be crying. How could you initiate a conversation with them? What would a supportive conversation sound like?

**3. Three Good Things (Crow Wing Energized)**

Being aware of good things in your daily life can significantly improve mental, social, and physical well-being. Practice noting three good things to develop an “attitude of gratitude.”

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

# PRACTICE, ROLE PLAY, OR MORE TO CONSIDER

## Real Truths About Mental Illness

**1. People should work out their own mental health problems.**

Not true. People with physical health concerns often go to the doctor or seek some other kind of help for their problems. Mental illness is associated with changes in brain functioning and usually requires professional assistance. Because of the stigma surrounding mental illness, many people are reluctant to seek help.

**2. Once you have a mental illness, you have it for life.**

While it's true that most mental illnesses are lifelong, they are often episodic, which means that the symptoms are not always present. Just like people who live with chronic physical illnesses like arthritis and asthma, people can manage their mental illness and live positive and productive lives.

**3. Females are more likely to have a mental illness than males are.**

Men and women are equally affected by mental illness in general, but women may experience higher rates of specific illnesses such as eating disorders and depression. Men have higher rates for some disorders such as alcoholism and ADHD. Some illnesses are relatively equally shared by men and women, like bipolar disorder. It may seem that women are more likely to have a mental illness than men, but this may be because women are more likely to seek help for mental and emotional difficulties and to share their concerns with friends than are men.

**4. Medication is the best treatment for mental illness.**

Medication can be a very effective part of managing a mental illness, but it is by no means the only type of treatment or support that helps people recover. A wide range of appropriate interventions, including medication, counseling, social and recreational groups, self-help, holistic health, religious support, hospital care, exercise, and nutrition are options for helping people recover and stay well. The best approach is to have a combination of strategies that have been proven to be effective.

**5. People with a mental illness are generally violent and dangerous.**

People with mental illness are generally not more violent than the rest of the population and in the majority of violent crimes, mental illness plays no part. In fact, a person with a mental illness is more likely to be a victim of violence than the perpetrator. The assumption that any and every mental illness carries with it an almost certain potential for violence has been proven wrong in many studies. Often, it is the misrepresentation by the media that leads to this false belief.

**Real Truths About Mental Illness (continued)**

**6. Adults are more likely than teenagers to have a mental illness.**

Some illnesses are first diagnosed in childhood but many more begin to appear during the late teenage years and into early adulthood.

**7. You can tell by looking at people whether they have a mental illness.**

Sometimes if a person is experiencing symptoms of their mental illness, how they are feeling, thinking, and behaving may be different from what is normal for them. Generally, however, you cannot tell if a person has a mental illness based on his or her appearance.

**8. People with a mental illness are generally shy and quiet.**

Personality characteristics have no strong causal relationship with the tendency to develop mental illness. Certain mental disorders can lead people to avoid or limit social contact, e.g. depression, anxiety, schizophrenia.

**9. Most people will never be affected by mental illness.**

Considering that one in five adults in the U.S. will experience a mental illness at some point in their life, it is likely that most everyone is affected by mental illness, either directly (by having a mental illness themselves) or indirectly (by knowing someone with a mental illness).

## PRACTICE, ROLE PLAY, OR MORE TO CONSIDER

### TAKE DOWN THE WALLS

There is no simple or single strategy to eliminate the stigma associated with mental illness, but some positive steps can be taken. Remember the acronym “WALLS” to help reduce stigma.

**Watch** your language - Make sure you are not using language or comments that stigmatize people with mental illness.

**Ask** questions - A lot can be learned by asking questions of a mental health professional like a counsellor or doctor, or a person who has lived experience with a mental illness.

**Learn** more - Great resources are available online to help educate you on different mental illnesses. Increased education means fewer misunderstandings and less stigma.

**Listen** to experiences - Once you have learned a bit about mental illness, consider asking someone you know about their experience with mental illness. If you are considerate and respectful, they may be comfortable speaking about their experiences. If you have lived experience, consider sharing your story with others.

**Speak** out - Help reduce stigma by speaking out when others stigmatize people with mental illnesses or spread misconceptions.

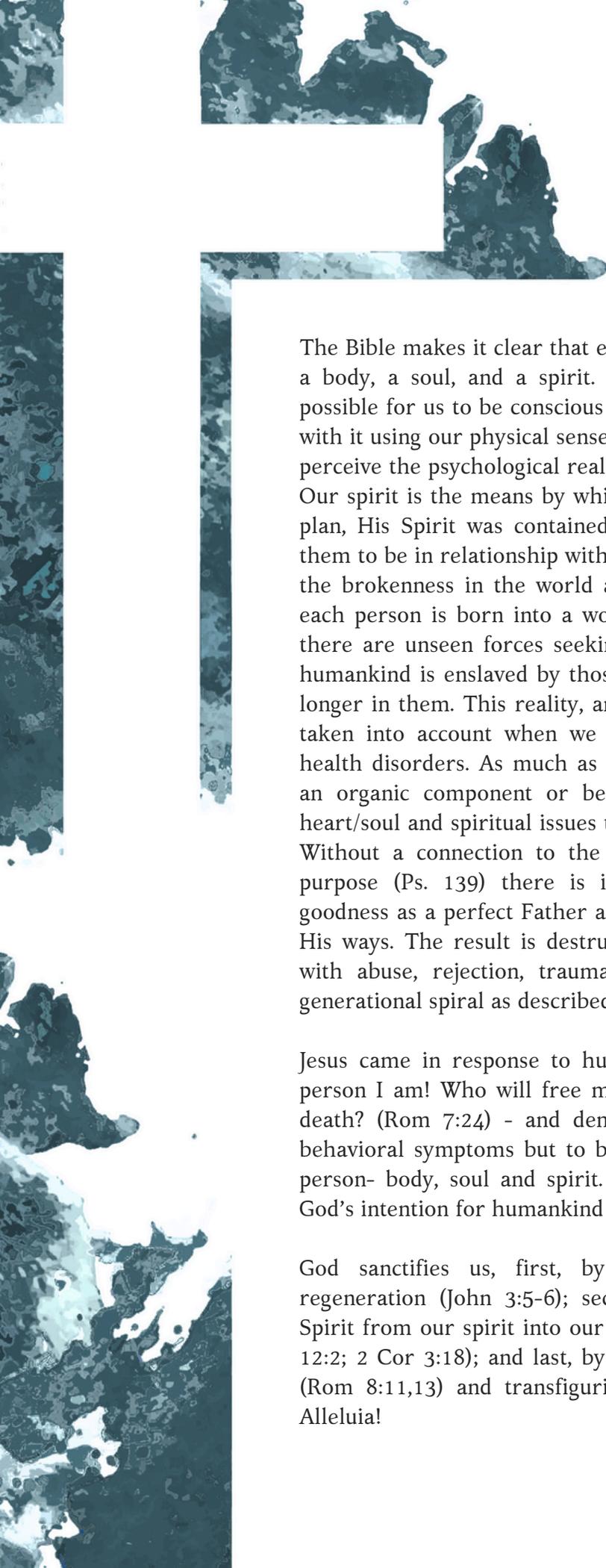
*\*Adapted from the Mental Health and High School Curriculum Guide from the Canadian Mental Health Association, available online at [www.cmha.ca/highschoolcurriculum](http://www.cmha.ca/highschoolcurriculum).*

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Makeitok.org Since 2012, Make It OK has worked to change attitudes and end the stigma surrounding mental health and illnesses

The Place We Find Ourselves: a podcast featuring therapist Adam Young (LCSW, MDiv) and guests who have engaged their own experiences of trauma and abuse. Together they unpack how trauma and abuse impact the heart and mind, as well as how to navigate the path toward healing, wholeness, and restoration. Drawing from the work of neuroscientists such as Dan Siegel and Bessel van der Kolk, as well as psychologist Dan Allender, this podcast will equip and inspire you to engage your own stories of harm in deep, transformative ways.



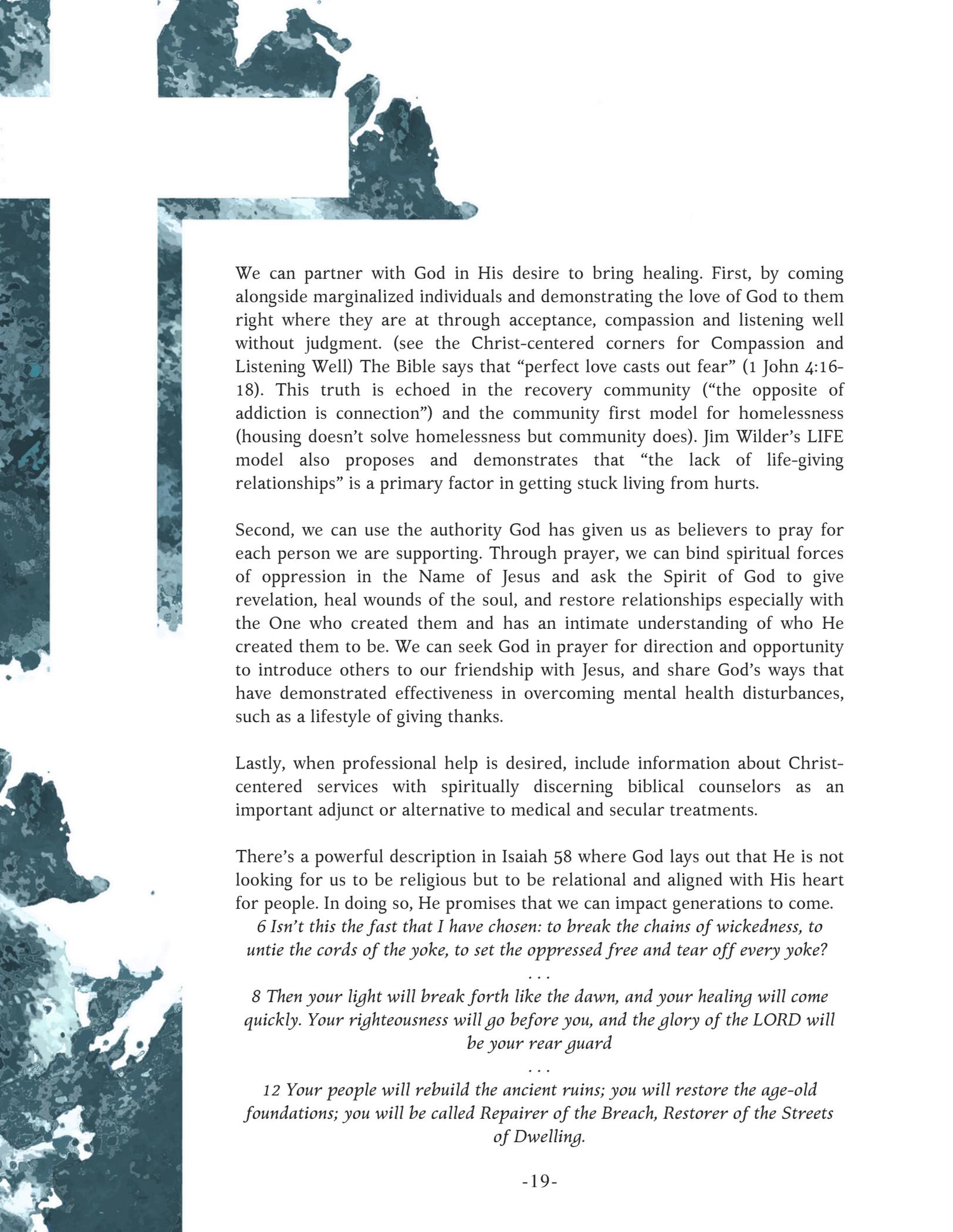
# Christ-Centered Corner

*encouragement from a Christian perspective*

The Bible makes it clear that each person has been created with three parts - a body, a soul, and a spirit. (1 Thess 5:23). Our physical bodies make it possible for us to be conscious of the natural world around us and to interact with it using our physical senses. Our soul is our personality and enables us to perceive the psychological realm - feeling emotions, reasoning, imagining, etc. Our spirit is the means by which we connect with God, and in God's original plan, His Spirit was contained and expressed in the human spirit enabling them to be in relationship with Him. According to the Bible, and evidenced by the brokenness in the world around us, this is no longer the case. Rather, each person is born into a world where, as Jesus demonstrated and taught, there are unseen forces seeking to steal, kill and destroy (John 10:10), and humankind is enslaved by those same forces because the Spirit of God is no longer in them. This reality, and Jesus' demonstrated power over it, must be taken into account when we consider solutions and treatment for mental health disorders. As much as behavioral and emotional conditions can have an organic component or be of biological origins, so also can there be heart/soul and spiritual issues that can contribute to or lead to mental illness. Without a connection to the One who created them with purpose for a purpose (Ps. 139) there is identity confusion, an inability to see God's goodness as a perfect Father and an unwillingness to trust Him and follow in His ways. The result is destructive life choices, brokenness in relationships with abuse, rejection, trauma, shame, guilt and a downward, potentially generational spiral as described in Romans 1:1-31.

Jesus came in response to humankind's heart cry - Oh, what a miserable person I am! Who will free me from this life that is dominated by sin and death? (Rom 7:24) - and demonstrated God's heart to not just deal with behavioral symptoms but to bring healing and transformation to the whole person- body, soul and spirit. The New Testament Recovery version states God's intention for humankind as follows:

God sanctifies us, first, by taking possession of our spirit through regeneration (John 3:5-6); second by spreading Himself as the life-giving Spirit from our spirit into our soul to saturate and transform our soul (Rom 12:2; 2 Cor 3:18); and last, by enlivening our mortal body through our soul (Rom 8:11,13) and transfiguring our body by His life power (Phil 3:21)." Alleluia!



We can partner with God in His desire to bring healing. First, by coming alongside marginalized individuals and demonstrating the love of God to them right where they are at through acceptance, compassion and listening well without judgment. (see the Christ-centered corners for Compassion and Listening Well) The Bible says that “perfect love casts out fear” (1 John 4:16-18). This truth is echoed in the recovery community (“the opposite of addiction is connection”) and the community first model for homelessness (housing doesn’t solve homelessness but community does). Jim Wilder’s LIFE model also proposes and demonstrates that “the lack of life-giving relationships” is a primary factor in getting stuck living from hurts.

Second, we can use the authority God has given us as believers to pray for each person we are supporting. Through prayer, we can bind spiritual forces of oppression in the Name of Jesus and ask the Spirit of God to give revelation, heal wounds of the soul, and restore relationships especially with the One who created them and has an intimate understanding of who He created them to be. We can seek God in prayer for direction and opportunity to introduce others to our friendship with Jesus, and share God’s ways that have demonstrated effectiveness in overcoming mental health disturbances, such as a lifestyle of giving thanks.

Lastly, when professional help is desired, include information about Christ-centered services with spiritually discerning biblical counselors as an important adjunct or alternative to medical and secular treatments.

There’s a powerful description in Isaiah 58 where God lays out that He is not looking for us to be religious but to be relational and aligned with His heart for people. In doing so, He promises that we can impact generations to come.

*6 Isn't this the fast that I have chosen: to break the chains of wickedness, to untie the cords of the yoke, to set the oppressed free and tear off every yoke?*

...

*8 Then your light will break forth like the dawn, and your healing will come quickly. Your righteousness will go before you, and the glory of the LORD will be your rear guard*

...

*12 Your people will rebuild the ancient ruins; you will restore the age-old foundations; you will be called Repairer of the Breach, Restorer of the Streets of Dwelling.*

# 1.2

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## A JOURNEY THROUGH MENTAL ILLNESS: AMBER'S STORY

Personal stories are crucial for understanding mental illness. They allow us to connect with the lived reality of mental illness and to appreciate the strength, resilience and perseverance of individuals seeking help for mental health challenges. They cultivate our empathy and compassion and encourage us to reach out with understanding and support.

# A JOURNEY THROUGH MENTAL ILLNESS: AMBER'S STORY

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In the following personal stories  
(lessons 1.2/1.3), you will:

- Note the relationship between adverse childhood experiences and the development of mental illness
- Gain empathy for individuals living with mental illness
- Identify effective measures for supporting the treatment, stability, and a full life for individuals dealing with mental illness.

# A JOURNEY THROUGH MENTAL ILLNESS: AMBER'S STORY

## **The Starting Point**

At the age of 15, I began to feel out of place and really lonely. I experienced a lot of negative thinking and didn't really understand my worth or who I was. I didn't understand the feelings but I knew that it seemed kind of dark and lonely and even confusing. I didn't reach out for help. I thought maybe I needed more friends or more social activity.

## **The Downward Spiral of Confusion, Isolation and Hopelessness**

I wasn't really sure what was going on but I began to start thinking about the death process because I felt so alone. I knew I was depressed; I knew I was lonely; I was even cranky at times or moody so I felt like I was just a bother. My mom actually walked in on me holding a knife. At that time, I was not planning to hurt myself but I was in "the feels" of it- trying to understand, "Is this what I do? Is this it? Is this how you do this depression thing?"

## **The Pain of a Broken Relationship**

That's when my mom decided, "Okay, we need to do something." She didn't really share her thoughts. Our relationship was not the typical mother-daughter relationship and that probably played a part in some of my mental health issues. She did get me some help, but I don't

know if it was done in the greatest way; I don't think she understood. She literally drove me to the St. Cloud Hospital and left me there. Here I thought I was having a fun day with my mom - there was no mention of what we were doing that day except for hanging out. Then I was driven to St. Cloud Hospital and that's where I stayed for a week. So many things came across my mind in that moment, like "okay, even my mom doesn't want me" that actually fueled my depression and anxiety and how I felt about myself. My mom was not educated in what to do for me.

## **The Power of Compassion**

I was first put in a locked unit for observation and it seemed okay. I was confused and didn't know what was really going on. Then I got put into another area where there was more freedom and we could walk around. We had groups and I learned that art is an outlet for myself. They had crafts and a great nurse that let us bake cookies. There were just a couple of us teens in there and she made it more comfortable by saying, "Hey, you don't have to be scared to be here. It's going to be okay." Having the comfort of someone showing compassion was really helpful because otherwise you're going to these classes and being taught information that I didn't really understand at that age. It went pretty well for me there but it did not necessarily stop my mental health issues that carried through and grew.

I had a difficult upbringing and going back to the same environment didn't help my mental health. My mom was a very emotionally closed-off person. There wasn't the support I needed or the compassion like I got from the nurse or the hospital staff. I didn't have a mom that asked questions or said, "How are you doing today?" or "I love you." She was physically there and physically provided for us, which was wonderful, but emotionally I didn't have the support I needed at home.

### The Search for Answers

I began to go look for the attention and support I needed which led me down way more paths than I wanted to be down. This included drugs and alcohol, which only deepened my mental health issues. I didn't go and get help from an institution because of my first experience in a hospital.

There was a lady named Sandra Carson who took me in after I moved out of my parents' home at the age of 15. I was in the thick of my mental health issues - not understanding and feeling stuck. She really invested in my life. She helped me with my schoolwork and became like a mother to me when my own mother was fairly absent. It planted something in me that said, "People do care about you", and that has stuck with me for many, many years. She's one of my heroes yet today.

Eventually, it got bad again and I started to self-mutilate or self-harm. At that point, I knew that I needed help somehow so I began going in and out of therapy. My whole young adult life was spent

trying to answer, "What is wrong with Amber?"

### The Healing Process

I still go to weekly therapy. Right now, thankfully I'm managing without medication, but there are times when I do need that support. I work with a doctor and I have been re-evaluated over the years and found that I have more mental health diagnoses than I did when I was 15 as a result of trauma, my drug use, and the non-support of my family. I've educated myself and learned why I feel the way I feel; why my negative thinking is so strong some days that I can't look past it. I learned that I have borderline personality disorder explained as: I feel really hard, I take on a lot of emotion, and I assume that others are thinking poorly of me. Borderline personality disorder has developed because of life experience. Once I understood that it wasn't something I did or something that's wrong with me, I realized that I could grow and learn and be educated and know what I need to have in place.

The most important thing I need to have in place is support; strong support. My friend, Sarah, really helps me now. There are still days that are really tough and I can always call her. I've called her at five in the morning and I've called her at midnight. I've messaged her to say, "Today's a really emotional day," and she'll say, "Do you want to talk about it?" Sometimes I do and sometimes I don't - but she's always willing to be there with me. I can say whatever I need to say and

she's not going to judge me. That's what I need - someone who will listen and someone who cares. She doesn't push advice on me but she has asked if I wanted her advice. Then she puts the decision back into my hands and says, "What are you going to do?"

I've done a lot of different types of treatments or therapies including talk, EMDR, and DBT. My most effective would be a toss-up between DBT and EMDR. DBT gives you the skills that you need to make it through those hard things every day. EMDR helps you get past some of that past trauma that you've been kind of stuck in and living through. It brings you back to the past and helps you heal from that time to this time. I wish I knew the science behind it because it's amazing. I know it has to do with creating pathways in your brain. It really helped relieve the load that I've been carrying for many, many years thinking I

had to hang on to my past experiences.

I also have a small group in my life right now and I would suggest that for anyone having mental health issues. I can tell them anything. If I'm crying and having a negative, really bad day, I can call them and say, "Hey, this is what I'm thinking. This is how I'm feeling. And they'll say, "Are those things true? Who told those to you? Who's telling you that?" They bring me back to the truth of who I am and what is reality. Being understood and knowing your worth is very important. Supportive friends can play this role by getting involved in peer groups; remembering they're not there to fix a person but to really listen and ask questions.

I need this; I will always need those supports in my life. It is something constant - the connections; the relationships that we all need.



# 1.3

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## A JOURNEY THROUGH MENTAL ILLNESS: ASHLEY'S STORY

Personal stories are crucial for understanding mental illness. They allow us to connect with the lived reality of mental illness and to appreciate the strength, resilience and perseverance of individuals seeking help for mental health challenges. They cultivate our empathy and compassion and encourage us to reach out with understanding and support.

## A JOURNEY THROUGH MENTAL ILLNESS: ASHLEY'S STORY

In losing my mom at the age of five, I really shut down internally. My alcoholic dad was an angry person very against God. I would stuff feelings a lot during abuse from my dad. Therapy was never a thing; and there was really no support. There were older ladies who would bring me to church but no intervention for any emotional problems I had. At the age of 13, after watching my dad deteriorate and die from lung cancer, I discovered that alcohol really numbed those feelings I was carrying around.

### A Diagnosis

After my father died, I was moved to Minnesota to live with extended family. I experienced some sexual abuse while there and mental health issues really started to bubble to the surface. I began cutting and burning myself. I found that the external pain helped release the internal pain or give a relief to that in a kind of way. I continued drinking to suppress my feelings. When my behaviors were identified by my aunt and her family, I was brought in to my first case manager. I was referred to mental health professionals - psychiatrists and therapists - and diagnosed with oppositional defiant disorder and major depressive disorder and put on some medications.

Eventually the whole situation came to a head. The abuse became known, the family dissolved, and I was placed into therapeutic foster care at the age of 16 and remained there until age 18. This

was the first time that counseling was introduced to me. It was very hard for me to say things out loud so I found that writing was an expression for me. I would write down throughout the week how things were going and how I felt, and just hand it to the therapist to read. That was helpful for me during that period of time, although I did have struggles. I was placed in a strict household because of a past history of running away with older men and things like that.

### On My Own

When I turned 18, I was let go from the foster program - kind of just set off into the world with no real family and my mental health support cut off. I did have two half-sisters in Minnesota, but they enabled me to drink and I got in a relationship right away. I ended up pregnant with my first son at 18 right out of high school. The pregnancy squashed my plans to go to university and pursue a degree at that time, but I loved that little boy so much. He was my world.

I struggled in adulthood - finding more freedom to dip into alcoholism and partying in my early years. I began using drugs and getting into toxic relationships. Nearly every relationship I had in my adult life turned me on to stronger and stronger drugs - marijuana to cocaine to methamphetamine - and eventually they turned abusive. My mental health declined as I got more and more into drinking, and became more and

more dependent on drug use. In that struggle, I turned back to self harm (cutting) and dealing with my feelings that way.

### **Falling Apart**

The majority of my twenties was substance use, poor mental health, and all this kind of toxicity. I was incarcerated and did jail time for behaviors that happened while under the influence of alcohol. I lost my kids multiple times to foster care and family. Everything fell apart in my late twenties due to these circumstances. At that time, my mental health was really acknowledged and my support actually increased.

### **Getting Clean**

A case manager began to work with me. There was a Child Protection Services (CPS) worker that helped me take the steps needed for reunification with me and the kids. I worked with Rise, Inc. on housing and employment. It was hard to navigate but the CPS worker went above and beyond in meeting me where I was at. I did well at following the case plans and making the visits. I really did want my kids back. The case manager saw I was in a particularly abusive situation and helped me find new housing. I moved into a safe space, my own apartment, where I worked on getting clean. I had a good stretch of time where I was off meth and things like that - just me white knuckling it. I was lacking a social network or recovery meetings. I eventually did get reunited with my kids after about nine months of abstinence.

### **Mental Health Struggles**

I still struggled with mental health. I ended up going into the hospital for a major manic episode after having my son for a few months. I was put into the psychiatric unit for a couple days of evaluations and medication trials. I was given a new diagnosis of bipolar one disorder. Because I wasn't given much education, it felt like it was a death sentence of sorts. After being stabilized, I was released; but the bipolar came back in full swing. I lost my kids again as a result of an emergency room visit and being honest about my continued drug use.

My life became a revolving door of treatment programs, psychiatric units, and no treatments. I couldn't hold a job during that period of time so I became homeless. I hit rock bottom while in a treatment center, missing my kids, realizing all the years of not being there for them, and the detrimental things that I did do. At that point, I was really ready to find recovery. I plugged myself in - got stabilized on the medications I needed to be on, got in regular mental health care, sought out a recovery group in the community and got plugged into an AA meeting. I found a sponsor, worked the 12 steps, and really put the work in.

My previous case manager stuck with my case. She was a firm believer in me. She had such care and compassion that she followed me even when she didn't have to. She would make an hour long drive just to see me in person, be there for me, and hear my story.

My CPS worker also went above and beyond and stayed with my case. She never cut me off or pushed a decision to permanently lose my kids. She was always a supporter; always pushing for me to get where I needed to go. I think they saw the potential and they didn't let go of that.

My sponsor also connected me to people in the recovery community. I found online resources, and support groups on Facebook. I would just post saying, "Hey, I really need a meeting tonight. Is there anybody going or anybody that could give me a ride to the meeting place?" I always got an answer. I even got tapped into street ministry - going out and helping the homeless people - after a conversation with a pastor online who I had shared my hopes and dreams with. That was just a really good experience altogether.

I moved into a sober home which I very much enjoyed. It was religious, strict with chores and things like that. I really plugged into that but mental health got in the way again. I went back to treatment and was introduced to a peer specialist which really planted a seed in me. It was the first time somebody told me that I could take hold of my life, my situation, my mental health, and the first time I saw somebody like me, with the same diagnosis, flourishing. It gave me a lot of hope.

### **A Spiritual Intervention**

Coming out of the sober home, I went into adult foster care where I did alright

for a while but then relapsed and hit another rock bottom. I was cut off from my foster family after using their place to drink, do drugs, and act out; I could no longer stay at their home. I was ready to end my life; I had a plan and knew what I was going to do. Then I had a "spiritual intervention." In my mind, God clearly showed me two pathways right in front of me. I saw what it would look like to end my life - what it would mean to my kids, the legacy of my family - and how much it would hurt my kids and forever change their lives. And I saw what it would be like to ask for help on my own for the first time - not because I was in trouble, or in the system and being told what to do and navigated by others. I realized I had the option to really do it on my own terms. So I chose that - I had a mustard seed size faith and I ran with that and asked for help from my case manager that I had had all this time. I was honest, open and transparent about it. I told her all the things that had happened that I had previously hid, and that I really wanted help. Treatment wasn't an option but at the last minute she got me plugged into a foster home that opened up. It was my second chance from God. I saw something I really didn't want to waste, so I got moved in and put into practice everything I had learned from my best treatment program. I got plugged back into AA and got a sponsor to rework the 12 steps with me. I didn't have transportation so I utilized what I had learned about reaching out online and found rides to a church and got plugged in there. I still had my case manager, and my CPS worker, but I also added peer

support and things like that.

Four and a half years ago I had a slip up and was hospitalized but it was different for me. In the past, I had let being in the hospital beat me, defeat me, knock me down and keep the cycle going. This time, my faith brought me through. I came out of the hospital and just picked it all back up and kept doing well. Eventually I was taught how to take my medications myself which was really positive for me because I can't really manage my bipolar issues without the medication. The seasons I struggled, it was mostly related to coming off my meds or only taking what I wanted. I got really strong in taking my meds, taking care of myself physically and mentally, continuing to go to church and flourish there, and making new friends. I grew my involvement with the recovery community and got plugged into employment and housing with RISE. Anything that was available to me - ARMS workers, peer specialists, therapy, EMDR - I navigated and figured it out. I got it set up for myself and just kept progressing. I kept going day by day, putting it together, adding up the time and doing what I needed to do to take care of myself. I was on disability and worked part-time.

### **One Day at a Time**

One day at a time eventually paid off. RISE helped me get into my own apartment. I had had over a year of sobriety under my belt so they supported me in getting custody of my son Dominic back. I had so many support letters from people that had seen me put in the work,

succeed, and have stability. My sister, who had custody, agreed. My daughter was coming every weekend.

During that period of time, I did the certified peer recovery specialist training and got certified with the state, passing with a score of 100. I started working in a treatment center and began mentoring for my church's transitional living program which helps people coming out of addiction, homelessness, and abusive situations. I began sharing my story mainly with women in treatment. I've found that's very therapeutic for me. When my pastor had an opening in her program, I began working for her. This led to a move to my hometown of Cambridge.

My 14-year-old son is doing phenomenal. He's been through so much but he's never wavered. He's always had a strong head on his shoulders and we've always been very close. He's a go-getter - gets his homework done, began working at age 14 at McDonalds. I've continued to take opportunities for additional training - getting certified in the mental health portion of peer specialist training, and forensic peer recovery. I've gone full circle - now teaching others on programs that were introduced to me in treatment. I now work with a wide variety of people including going into jails for peer support. I've graduated into the coordinator's position for justice and harm reduction and oversee the peer specialists at my church.

Two years ago, after being in therapy for awhile, I had an updated diagnosis of

borderline personality (BPD). It had been put on my diagnostics, but I had never been told. A coworker had had the same diagnosis for years and gone through Dialectical Behavior Therapy (DBT) and recovered to the point that she no longer met the criteria for the disorder. Before, a diagnosis would have really beaten me down. With each diagnosis, I would have a moment of defeat thinking, “I’m going to have this for the rest of my life; another thing working against me.” Knowing of her experience and seeing her journey kept me from letting the diagnosis defeat me. I was at the point where labels and the diagnosis don’t define me so much anymore. I just took it as, “OK, it’s a part of me. I need to understand it.” Instead of relapsing over it or anything like that I sought out literature and books at the library to read. It was hard to find things but I did know of DBT. I had always wanted to get plugged back into that so about a year and a half ago, I started. I put my all into that program with the goal of completing it and no longer meeting the diagnosis criteria. I graduated, and when an updated diagnostic was done, I was found to no longer meet the criteria for BPD. That was amazing in my story.

## Stability

In order to remain stable and thrive, I do a lot of the same things I’ve done throughout my journey - caring for my mental health and being aware of it. The past year I was working on becoming med-free. That’s always been a desire of mine but I had come to the point where I didn’t really let that define me. I found it

was OK to be on medication. Some people just need them in order to live their lives to the fullest and be OK. I was okay with finding the lowest therapeutic dose possible so I tried titrating down on meds. Communications with my doctor have really helped me thrive. He’s very open to discussing changes in treatment. In the process, I got to the point where it was obvious the dose was too low. For whatever reason, biological or situational, maybe a combination of both, it just takes medication to keep me level. And that’s OK to live my best life.

I’m a high-energy person; I think I have a higher energy baseline than most people. It keeps me going in my six roles with Wellness In the Woods. I love the diversity of being able to go one place one day and another the next, and meeting new people. It’s a big part of what keeps me going in my life. My recovery is working with others and doing peer support. I love meeting people where they’re at, hearing their stories, and being able to share a little of mine. It’s so beautiful to watch somebody from the very beginning develop their recovery pathway and be alongside them. And when there’s a slip or a stumble, to be there to encourage them to get back up. Peer support has been huge in my life, keeping me going, keeping me better, and helping me maintain supports and services.

I’ve graduated off a lot of my supports. I had Independent Living Skills (ILS) when I first got my apartment. They taught me housekeeping skills, parenting, and stuff like that. My employment specialist with RISE taught me how to budget. She’d

come every month and would write down all my bills, my budget and see how much I had left. Learning financial management skills and gaining endurance in my work to be able to handle more hours has enabled me to work myself off of disability. I'm no longer on that and I'm pretty much working full-time now between the two jobs. My work and my kids keep me going. My son started college this past fall, and recently enlisted in the military. I'm really proud of him; he's a huge part of how I keep going and how I do what I do. I went back to school for a licensed alcohol and drug counselor (LADC) certification and got straight A's in my fall semester. I'm hoping to work under the therapist my church has for the outpatient services they will be offering.

### **The Process of Recovery**

It's always a process, I think, of setting goals and being aware of yourself and where you want to go, and reassessing. You set a goal, you meet that goal, then what's next? Always keep moving forward, and remember you can't fill from an empty cup. Working with people and hearing so many stories can be draining at times so self-care has been huge to me. My boss will send me a message: "Breathe." She's been extremely supportive of me and keeps me level so I don't do too much and burn out.

I've found my biological family throughout the years and there's been a lot of hurt there. I've been judged and put down for the mental illnesses that I've had. I call them mental health challenges

now but, for where I was at at the time, it really was an illness. In the past, I was told I take handouts all the time. I found the people who were supposed to love me the most really let me down and disappointed me. It's been people with compassion - both with lived experience and not - that have made the difference. People who want to be there for you, they care about your wellness and want to see you flourish and live your life to the best. Specifically, my case manager, who spent a whole six years with me from the worst of the worst to the best. I graduated from case management probably two years ago now but I keep sending her emails when big things happen. She was huge in my life.

There were so many instrumental people who held hope for me. People like Monica, who knew what it was like having BPD, had recovered from it, and was there for me. She sat with me; she talked me through it and let me feel my feelings. Then, without influencing, I was able to come to my own decision about the treatment that I wanted. That's really what we need to do - come alongside people as they decide what works for them, what's right for them. It's our choice and what we want to do with our lives that really sticks and we can do the best with.

Monica was also there for me when I first started at Wellness in the Woods. In one of our training sessions, I was pretty much silent the whole time. I was quiet, not sure of myself, and really self-conscious. I didn't want to say anything and sound stupid. She supported me

through the whole meeting and then afterwards asked to talk with me. I thought, “Oh no, I’m in trouble now.” Instead she came at me with, “Is everything OK? How can I support you? What’s going on?” There was no judgement; it was just support. I could tell she wanted to understand and then help me understand what was happening. Throughout that process, I just blossomed and flourished. Now, I’ll share my story openly and I’m not ashamed.

Another significant person was my CPS worker. A lot of times, you’ll feel alienated from your workers; it feels like they’re talking down to you. They’ll give you assignments, and without support, those are hard to do. She never treated me like a bad parent or somebody who didn’t deserve my kids. She always wanted the best for me, even at times saying, “Ashley, I need you to go to the hospital.” She’d listen to me and hear what was going through my mind; see what I was experiencing and know that outside help needed to be brought in. She stuck through it even though so often their work does not result in families reunited.

My boss, Jodi, is like a friend too. I can share with her all the ups and downs in my life, and she has given me space to do what I love to do using what pertains to my life. Those lived experiences, those tough times now enable me to do the work that I can do. Jail was a really tough time for me but, in that darkness and despair of sitting in that cell, I knew one day I wanted to come back there. I wanted to do something that would make

a difference. And now I get to do those things. I can’t go without mentioning that that is a big part of what God has done in my life. Things that the enemy meant for evil - things that were done to me and the losses and heartbreak that I had - it’s now being transformed into good. It’s not only good for me but it’s good for others. I can have an impact on their lives and together we carry forward recovery and wellness.

In supporting others and meeting people where they’re at; growth and success come when we stand alongside the other person and don’t look down at them. We don’t judge them and think “they should be doing this or that.” Supporting us is hearing us, talking to us, doing things with us that we enjoy. In peer support, I find it’s good to just go to coffee and chat, or play a game of Uno, or color some pictures. Something so simple that it gives the other person time to just breathe and say what they need to say, and not be alone. Be the person who stands in the gap and is present, caring and compassionate. When compassion comes across, it’s easier for us to open up and share what we’re going through and then set goals. No judgment. That builds trust so we’re able to tell you we’ve had a fallback and then come back to where we need to be and keep moving forward.



## DISCUSSION OR REFLECTION QUESTIONS

1. How do you feel about the stories you just heard? What was your first reaction? How about as the story unfolded?
2. What were your thoughts regarding the signs and symptoms of these mental health issues? Have you experienced any of these yourself or in someone you know?
3. How would you react if you noticed these symptoms in someone you care about? How would you initiate a discussion about mental health in these circumstances?
4. What actions could you take to help someone who is exhibiting these signs and symptoms?
5. How can your friendship and support help? What difficulties might a person with a mental illness face in developing healthy interpersonal relationships? Are these difficulties any different than people who do not have any mental health concerns?
6. How can you encourage someone with a mental health issue to get additional help?

## PRACTICE, ROLE PLAY, OR MORE TO CONSIDER

### Living with a Psychological Disorder

Mental illness encompasses a broad spectrum of different conditions. Typically, treatment involves a combination of psychotherapy and medications. What are known as complementary health and alternative approaches along with self-management strategies may also be part of the plan. Short-term hospitalization is recommended where extreme stress and/or impulsive or suicidal behavior threaten the individual's safety.

Of the different conditions that are recognized as mental illnesses, anxiety disorders and the mood disorders known as major depression and bipolar disorder are the most common. Read the descriptions and consider the previous personal stories in order to better understand what life is like for the person with a psychological disorder.

### Mood Disorders - Depression and Bipolar Disorder

Mood disorders, also referred to as affective disorders, involve persistent sadness or periods of extreme happiness; or fluctuations between those two extremes.

**Clinical depression** is more than just feeling sad; it impedes the person's ability to function day to day and typically lasts for more than two weeks. Without treatment, the depressive episodes may

last a few months to several years. Common symptoms include changes in sleep and appetite, lack of concentration, loss of energy and interest in activities, thoughts of hopelessness or worthlessness, irritability, physical aches and pains, and suicidal thoughts.

### Supporting Someone With Depression

**Have a conversation and share your concern** - for example, "Hey, I'm concerned about you. I've noticed (describe changes) and I want you to know I love you and I'm here for you. Let's talk about what's going on." If they are resistant to your initial inquiry, try doing an activity together that they usually enjoy and then initiate a conversation about the experience and what's keeping them from their usual activities. Or seek help from a friend or family member who is closer to the person struggling with depression and may be more likely to get an open, honest response from them. The worst thing for a person suffering from depression is to be left alone with their thoughts.

**Look for ways to interrupt their negative thinking patterns.** Be encouraging rather than critical. Encourage them to interrupt their negative self-talk by asking them to open up about their feelings. Use open-ended questions like, "What makes you say that?" Remind them of their past

accomplishments or the good things in their life.

**Help them find help.** Connect them with area resources and therapists, and consider going along to appointments and sharing your observations with the therapist either before or after the private session.

**Encourage healthy lifestyle habits.** Seven to eight hours of sleep allows the brain to operate at full strength, and exercise releases natural antidepressants. A daily structure with a regular wake-up time, getting dressed, and having healthy meals creates momentum for taking care of themselves and for feeling a sense of purpose and value. Encouraging them to help others can also stir up hope and a brighter outlook.

An individual with **bipolar disorder** experiences dramatic shifts in their mood, energy, and ability to think clearly. Their highs and lows, known as mania and depression respectively, are significantly different from the typical ups and downs most people experience. The symptoms and severity can vary. The manic and depressed phases may be distinct, experienced simultaneously, or in rapid sequence. There may be extended periods for up to years without symptoms. At least one episode of mania, where the person's mood is high is required for a diagnosis of bipolar. In the manic phase, their behavior will be unpredictable and impulsive with reckless decision-making and impaired judgment. Symptoms may include euphoria or irritability, increased energy and

talkativeness, and a decreased need for sleep. The depressed state of bipolar is typically present every day for a period of at least two weeks and can be exhausting for the individual. Normal day-to-day functioning is impaired by being unable to get out of bed or having difficulty falling asleep and staying asleep. Minor decisions can be overwhelming, and negative thinking related to personal failure, guilt or helplessness can lead to suicidal ideation.

### Supporting Someone With Bipolar

**Listen to understand rather than giving advice.** Ask about the warning signs they've noticed that indicate they're about to experience a mood episode, and the triggers that could be avoided or managed. Talk about how to best support them during an episode including things like helping them keep a routine, code words or signs for when it's difficult to describe their feelings, and a crisis plan.

If they are hearing or seeing things during an episode that you don't, stay calm and let them know that, although you don't share the belief, you understand that it feels real for them. Avoid being judgmental or critical, or taking things personally especially when said or done during a manic or depressive episode. During times of illness, stay connected by sending short messages that don't require a lengthy response. When they are feeling well, be on guard for making assumptions about what they can handle, or whether a behavior or mood change is the start of a bipolar episode.

## Anxiety Disorders

Individuals with anxiety disorders experience persistent and excessive fear or worry in situations that are not threatening. They anticipate the worst and are on the lookout for signs of danger. They are unable to control their feelings of apprehension; their physical symptoms - like a racing heart, shortness of breath, sweating, tremors, headaches or upset digestions - may interfere with normal functioning.

## Supporting Someone With an Anxiety Disorder

**Be willing to listen and ask questions about their disorder with kindness and respect.** Seek to recognize, understand and accept their feelings, and communicate that their feelings do matter.

This could include phrases like, “I can tell this is really important to you” “I appreciate your honesty here” “That must have been a horrible feeling”. Avoid making light of their situation with comments like “it could be worse” “I would think of it like this” “I can’t believe you’re getting upset over such a small thing.”

**Help them learn about anxiety and instead of suggesting they see a therapist or take medication, offer them a list of area resources so they can make their own decision.** If their anxiety is getting in the way of their ability to enjoy life and be in relationships, or it’s causing

problems at home, then encourage them in making just one appointment for an initial check-in.

**Stay in touch** through regular visits or by phone or texts. When together, be willing to try breathing exercises with them. **Encourage them** to go into new situations with curiosity, and support any positive changes they make.

**10 Questions Someone Struggling With Mental Illness Wishes You Would Ask**

**MENTAL HEALTH MATTERS**

When a friend or family member is struggling with their mental health, it can be tough to know what to do or say. Here are 10 questions you can ask that go beyond, “How are you?”

**How Are You Feeling?**  
Start out with easy, open-ended questions. You can encourage them to expand on their answer by noting some specific things you’ve noticed. “I’ve noticed you [quit the basketball team/lost interest in gaming/have been sleeping more/etc.] How are you feeling?”

**How would you like things to be different?**  
Sometimes, distressing thoughts take the form of wanting things to be different. Someone may regret the decisions they’ve made in the past or be unhappy with where their life is at the moment. Asking this question may encourage them to talk about those thoughts.

**Is There Anything You Want To Talk About?**  
This is another open-ended question that can get people talking. If you know of any specific life events that may be distressing the person, ask directly.  
You can say something like:  
“I know you recently [broke up with a partner/had a divorce in the family/lost your job/lost a loved one/etc.] Anything you want to talk about?”

**How are you sleeping?**  
Sleeping a lot more or less than usual is a common sign of mental health concerns.

**How is your appetite?**  
Drastic appetite changes are often because of a mental health condition.

**Have you called a helpline?**  
Ask your loved one if they’ve called or have considered calling a helpline, like the 988 suicide line.

**CAN I RUN AN ERRAND FOR YOU OR HELP YOU WITH SOMETHING ELSE?**  
If your friend can’t think of ways you can help, make some suggestions. Offer to run errands or help them with a project.

**IS IT OK IF I CHECK IN ON YOU LATER THIS WEEK?**  
Ask if it’s ok to check in with them later and make sure that if you say you will check in, that you do.

**CAN I LOOK UP SOME INFORMATION AND RESOURCES FOR YOU?**  
If your loved one isn’t familiar with any lifelines or other resources, ask if you can do a little research for them.

# 02

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## AN INTRODUCTION TO SUBSTANCE USE DISORDER

# 2.1

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## AN OVERVIEW OF COMMONLY ABUSED SUBSTANCES

Becoming aware of the increasing problem of substance use disorder in greater Minnesota, and the drugs that are involved, can equip community members to be a part of the solution.

# AN OVERVIEW OF COMMONLY ABUSED SUBSTANCES

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In this lesson you will:

- Gain awareness of the prevalence of substance abuse disorders
- Identify the substances that are commonly used at this time and their characteristics

## AN OVERVIEW OF COMMONLY ABUSED SUBSTANCES

The issue of substance abuse is becoming an ever-increasing problem in the state of Minnesota. In 2021, there were 100,286 overdose deaths reported to the Minnesota Department of Health - a 22% increase from the 2020 total. This equates to, on average, more than three people dying every day from an overdose of any drug type. Significantly, for the first time since 2014, there was a larger percentage increase in overdose deaths in greater Minnesota than the seven county metropolitan area. The metro area only experienced a 20% increase while greater MN had a 23% increase from the previous year. Nationwide, the statistics on opioid use show that every five minutes somebody will pass away from an opioid-related drug overdose.

In the greater Minnesota area, people are not commonly seen using drugs on the street or sidewalk or overdosing in the alleys. It does happen, but it is not common. In contrast, open-market drug use and sales are happening in St. Paul or Minneapolis. You will see people openly buying and selling drugs, overdosing on the street, and obviously struggling with substance use disorder and serious mental health challenges. Many community members in the Cities carry Narcan (Naloxone), a life saving medicine that can reverse an opioid overdose. If you can recognize the signs and symptoms of an overdose, and you have Narcan ready, you can potentially save a life. There are coalitions in the Cities delivering life-saving opioid-overdose

reverse medications right to people's doors so community members are ready to help people on their streets.

Narcan is not distributed as widely in rural areas because community members are not seeing the problem. Drug use is confined to certain houses or select neighborhoods and tends to happen at night. People involved with drug use in the Lakes area are getting rides rather than walking. All of the drugs that are widely used elsewhere - opioids including heroin and fentanyl, alcohol, cocaine or crack, methamphetamines, inhalants, and marijuana - are all in use in the Lakes area.

### Opioids, Heroin and Fentanyl (Depressants)

Opioids are a class of drugs that includes the illegal drug heroin as well as power pain relievers available by prescription, such as oxycodone (Oxycontin), hydrocodone (Vicodin), codeine, morphine, fentanyl, methadone, and many others. The synthetic opioid fentanyl is one hundred times more potent than morphine and fifty times more potent than heroin. There is currently an opioid epidemic throughout the U.S. A lack of compassion in the media or the community deters many opioid addicts from seeking help. They will lose their families, their jobs, their homes and their health, but they will still continue to use. This demonstrates the two criteria for addiction that are taught in Alcoholics

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Anonymous and Narcotics Anonymous: the user experiences obsession and compulsion over the chosen substance. This is the result of changes in the brain from drug or alcohol abuse. The reward system in the brain has been hijacked, and, regardless of the consequences, the person will continue to use. It's considered a mental health disorder because of the insane loop that people get stuck on . . . using - getting drugs - using - finding ways to get more drugs.



Opioids, heroin and fentanyl are a quick way to fall into that loop. They are extremely addictive substances. Rather than addiction happening over time, a one-time use can hijack the brain. A lack of coping skills for the pain of life puts an individual at risk for these drugs. Using them becomes an easy button for erasing the pain of our worries and troubles. Users will describe it as “falling in love” or being wrapped up in a warm blanket or a warm embrace; like the best hug they’ve ever had. As they continue to seek out that feeling to avoid the pains of life or mental health symptoms, their tolerance builds. They have to use more and more to experience the pleasure they’re chasing. Many people are letting it take them all the way to their grave.

Physical warning signs that indicate a person is under the influence of opioids, heroin or fentanyl are:

- Constricted/unusually small “pin-point” pupils. Law enforcement officers will do a quick once-over with their flashlights when they come up to a car window or meet somebody on the street in order to check for pupil constriction.
- Drowsiness, slurred speech and slow cognitive responses. People can seem really tired, and require a long time to respond to a simple question like, “How are you today?”

Nodding off is actually an early warning sign of an overdose that requires keeping a close watch on the person. Don’t let them nod off and fall asleep in a corner; keep checking on them. Engage them; let them know you’re concerned about them. Make sure their respirations stay normal and they continue to respond to questions. If you are helping individuals struggling with addiction to one of these substances, always have Narcan within a few steps.

Withdrawal symptoms include insomnia, restlessness, severe take-you-to-your-knees kind of abdominal cramping, vomiting and diarrhea (including loss of bowel control), watery eyes and large pupils, runny nose, sweating (hot and cold), muscle and bone pain, and uncontrollable leg movements. Medication-assisted treatments (MAT) are now available using medications like methadone or suboxone to reduce opioid cravings and withdrawal symptoms. These treatments have empowered people to choose recovery giving them

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confidence they can make it through the withdrawal period.

### Alcohol (depressant)

Alcohol is a commonly used and commonly approved substance. It's socially acceptable and legal as long as the person drinking is making good choices. In reality, our body responds to alcohol as it does to a poison no matter to what degree we are using it. Alcohol wreaks havoc on our bodies, including our brain, and it impairs our ability to make good choices. In the most severe cases, alcoholism results in brain damage. There are three facilities in this state that are solely dedicated to housing and treating people with chronic alcoholism. The residents are fed three meals a day, and allowed to continue to drink because they are people with wet brain. This syndrome is a permanent form of brain damage that results from long term alcoholism and can't be treated once it has progressed past a certain point.

Alcohol is one of very few substances where the withdrawal alone - the absence of that substance in your system - can kill you. Medical treatment is essential for withdrawal. Although there is not a detox center in the Lakes Area, there are multiple detox facilities around the state including Duluth, St. Cloud, and the Twin Cities. Withdrawal may cause delirium tremens, or DT's as they are commonly known. Symptoms of DT's include tremors especially in the hands, confusion, agitation with aggressive behavior, psychosis (hallucinations or paranoia), heavy sweating, seizures,

elevated body temperature, headaches, nausea and vomiting, and a fast heart rate.

### Cocaine and Crack (Stimulant)

Crack is still very much a problem in rural Minnesota as well as the Twin Cities. It is a more potent version of cocaine made by dissolving cocaine into a mixture of water and ammonia or baking soda, then boiling it into a solid substance form. It can look like little white rocks. Many people will smoke it; it can also be injected with needles intravenously. It has a stronger effect than cocaine and causes a quicker high but the effects fade more rapidly. A crack user will exhibit a lot of agitation and a compulsion to immediately get more of the drug once the high has worn off. Their brain has been hijacked and you will see them doing crazy things to be able to get back to the drug - putting their desire for crack before food, water and other basic needs.

Cocaine is frequently used at bars. It's a party drug; anytime you see people partying in large groups it's safe to assume there are probably cocaine users there.

Physical warning signs that a person is under the influence of cocaine include:

- Fast movements
- Talking rapidly
- Quick change of mood - happy and talkative to immediately angry
- Paranoia - avoiding direct eye contact
- Tics - sudden, brief, and repetitive body movements

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- Runny nose or nosebleeds
- Decreased appetite
- Dilated pupils - the color of the iris may not be visible, or the pupil remains dilated even in bright light. Causes a hypersensitivity to light.
- Hypersensitivity to touch - always ask before using physical touch especially if the person may have a substance use disorder

### Methamphetamine (Stimulant)

Meth is fairly common in the Lakes area. Law enforcement has been working hard to eliminate not only the use of this drug but also its production because of the risks associated with it. Meth is most commonly smoked. If you are with persons who are smoking meth, your body can interact with the drug even if you are not consuming it yourself. Methamphetamine smoke, like other kinds of smoke, is able to bind to certain parts of the body and cling to them which can result in eventual health problems. Individuals are at risk for developing methamphetamine-related effects and complications if they are with people who smoke while others are around them. Children who have been in an atmosphere with meth smoke or production have been found to have highly elevated levels of meth in their system. The substance gets into the air and is also absorbed by things like rugs and furniture. The presence of meth chemicals is detectable for years in homes or buildings where meth was once used or manufactured. Exposure to those lingering substances can have health effects of their own.

The stimulant effect of methamphetamine lasts much longer than crack or cocaine. A person using cocaine might feel the heightened effects for a couple of hours but a person using meth can be elevated for many hours. Depending on the potency of the meth, the high may last 5-6 hours or as much as 8-10 hours. The composition of meth today makes it much worse than what was available in the early 2000's. Today's version is more potent and has more toxic byproducts. People will use more frequently and stay awake for multiple days. Their brain is hijacked and consumed with using, and finding ways to get money to use. They are not thinking about the consequences to themselves or others as a result of their use.

Physical warning signs of use:

- A burning plastic smell
- Dilated pupils
- Extreme weight loss
- Severe dental problems
- Open sores or scabs and scars on the skin (known as meth mites) - caused by the meth chemical being detoxed through the skin causing skin irritation. To someone under the influence, this can feel like bugs crawling on them. A shower that causes sweating will promote the detox and the removal of the toxins from the skin
- Psychotic episodes - up to 40% of individuals who are chronic meth users will experience a disconnect from reality causing delusions and paranoia

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Note: In the case of psychosis, people who are trained to keep the meth user safe and get them the help needed as well as ensuring the safety of the people around them should be contacted. The mobile crisis outreach team or law enforcement officers are the best options in the Lakes Area.

### Inhalants

People have been using inhalants for decades - solvents, aerosol cans, industrial glues, and gases. Anything that is pressurized has the capability of giving you a really quick high from “huffing.” They are the substance of choice for younger people or individuals who don’t have access to other drugs. Inhalants are a quick and easy buy at nearly any store, and do not require an ID. Because the effects don’t last long, people will inhale over and over and over again in a short period of time. This causes a reduction in their ability to feel pain, and can reduce oxygen to the brain causing the person to pass out. If injury occurs when they pass out, they will oftentimes not remember what happened to them before regaining consciousness.



Physical warning signs of use:

- Sores around the mouth or the nose (chemical burns)
- Slurred speech.
- Paint stains on the clothes or body (especially the face)
- Chemical odor - detoxing effect of the body
- Nausea and loss of appetite

Inhalant chemicals are very damaging to the body. They get into the bloodstream and impact the density of the bones, the health of internal organs, and can cause permanent brain damage in a short amount of time.

### Nutrition

Malnutrition is common to all substance use disorders because of the obsession and compulsion that result from changes in the brain caused by the drug. The user is not thinking about eating or staying hydrated; their mind is consumed with a desire for the drug or alcohol. Money is usually spent on drugs rather than food. A decrease in appetite may also contribute to irregular eating and poor nutrition, and the substances themselves can prevent gut absorption of nutrients. A gray skin tone and skin sores are visible indications of nutrient deficiencies.

During recovery, a balanced nutritious diet that improves mood and health can help prevent the chances of relapse. Regular meals are important. The chronic use of substances can cause a person to forget what it is like to be hungry, and, instead, think hunger is a drug craving. They should be



## DISCUSSION OR REFLECTION QUESTIONS

1. Do you think there is a worst drug?
2. Are prescription drugs safer than illegal drugs such as cocaine?
3. Share with each other your personal definition of addiction.
4. People may say they have an addiction to shopping or to a certain food they really like. Is that person truly addicted? How can you tell? Is there any way to be able to tell for sure that a person has a genuine addiction as opposed to a lack of self-discipline? Is there a difference?
5. As a society, what is the best way to deal with someone addicted to illegal substances? E.g. jail, residential treatment, etc.  
Discuss who should pay for the treatment and what should be done if the person doesn't have enough money to assist with the fees.
6. Spend time brainstorming ways to help prevent substance use disorders.

## PRACTICE, ROLE PLAY, OR MORE TO CONSIDER

1. Drugs and alcohol affect a person's judgment, thoughts, feelings, and more. Such changes can lead people to make decisions that they would not make while using drugs or alcohol. With this in mind, Ryan Dowd (2) offers a mental trick to help you avoid judging a person who is struggling with addiction: imagine them as two people; separate your feelings for the person from your feelings about their addiction. Your job is to love the person and help him or her to get rid of the addiction that has taken over.

E.g. Rachel and Rachel's addiction . . . Rachel is a wonderful person who was always drawing and creating as a child and dreamed of becoming an artist. But Rachel's addiction has taken over her life and crushed all her aspirations. Rachel was close to her parents and was once in love with a man. Now Rachel's addiction doesn't care about anyone else. Rachel is a generous person. Rachel's addiction is a liar and a thief. Rachel is made in the image of God. Rachel's addiction is a demon that has taken over her body for its own purposes.

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# 2.2

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## A JOURNEY THROUGH ADDICTION: BRIAN'S STORY

A testimony to the power of our choices  
and the freedom that is available to choose  
the better path.

# A JOURNEY THROUGH ADDICTION: BRIAN'S STORY

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In this lesson you will:

- Understand the impact of making poor decisions
- Realize the possibility for transformation that creates a shift in decision making
- Learn there's no comfort in the growth zone . . . and no growth in the comfort zone
- Identify community as an important factor to recovery

## A JOURNEY THROUGH ADDICTION: BRIAN'S STORY

### Brian's Story

During my addiction - when I was in the thick of it - I thought, "You know what; there's no way out." I lost direction; I lost purpose; and most importantly, I lost the ability to dream. I believed that I was going to die in my addiction. My dad died at age 39 from drug use, and I just anticipated that I wouldn't live past that. I didn't have hope and I pushed everyone away so dying at age 39 or before was something that I had come to accept.

### Identity and Shame

My journey to addiction involved unintentional grooming on the part of the adults around me and the social norms that surrounded me. Everyone in my life during my younger years was drinking. My dad and grandfather owned a bar and anytime there were family reunions or get-togethers, there was alcohol. I took my first drink of alcohol at age eight during a family reunion. The response of my parents was to tell me that I shouldn't touch their drinks rather than tell me the dangers of drinking at my age. Anytime I spent with my dad was spent in a bar. When I did well in school, I was rewarded by being brought to the bar with my report card to celebrate.

I grew up in poverty but I didn't realize it until I was about eight. I heard a man behind my mom and me at the grocery store tell his son, "Looks like we're buying their groceries too." He went on

to explain to his son that "these people up here don't have money to pay for their own groceries, so they have to use services that we pay for." I never felt so small in my entire life as I did in that moment. I was already struggling to connect and socialize with other people, and now I had another barrier. Seeing kids at school dressed up in the nicest clothes - I wanted to have that. But I didn't. Sometimes I had pants too short; sometimes my pants were too long. I felt set apart.

### The Absence of a Father

I would come home from school and I'd be hurting. I wanted to share that stuff with my dad, but I didn't have the opportunity. I was willing to go to any lengths to have that kind of relationship, but my dad was an uninvolved father. In the midst of that insecurity and confusion, my father died from a heart attack as a result of a drug addiction that I had been unaware of. I was fourteen at the time and it was the longest day of my life. When I heard that my dad had been taken to the hospital, I rushed there to see what had happened. The doctors explained to my family that my dad had had a massive heart attack; there was nothing more they could do so they were going to let one person at a time say their last goodbyes. As I walked in, my dad was laying on the table with his shirt unbuttoned and electrodes were being pulled off him. I walked up beside him and his eyes were still open. A ringing

began in my ears and I took off running out of there with the ringing getting louder and louder and louder until finally everything turned black. I remember just darkness and I stopped. When I woke up, the doctor was right there with a flashlight shining - making sure I was okay.



When I learned that my dad had been using drugs, my friends at that time and I made a pact that we were never ever going to use drugs. I didn't consider alcohol a drug so I continued to drink and surround myself with people that were drinking. By age fifteen, while ice fishing, I had my first encounter with marijuana and ended up breaking that pledge.

### Deception and Temptation

At the core of who I am is a person who wants to help other people. So when a guy showed up at the fish house looking for \$5 gas money because he was almost out of gas, and said he'd give that person a nickel bag, I ended up giving him the \$5. My first response had been, "What in the world is a nickel bag?" When he explained it was marijuana, I had told him, "No; I'll give you the \$5 - you can have it. If you ever pay me back, that's

great." As he left the fish house, he set something up on the shelf, and whatever it was sat and talked to me, and I listened. I remember hearing the thought in my mind that if we do it just one time, then it would be over and we could re-create our pact. I could go back to my regular life. We made the decision that day to smoke the marijuana and within a day, the whole entire school knew that I had used. They were either celebrating that I'd finally made a bad decision, or coming up to me asking, "Can you help me get some of that?" Within a week, I was a drug dealer getting marijuana for other people. The doors opened into a new world, and in that new world, I met new people and the new people introduced me to new things. One of those new things was my first encounter with cocaine.

### The Desire to Belong

I was called into a bathroom where white powder was dumped on a mirror as a return favor for borrowing a guy \$25. I later discovered it was cocaine. At the time, I initially had a fast forward film of all the reasons I shouldn't do it - ending with my dad dead on the table. Then another thought came to my mind that said, "What was so important in my dad's life that he couldn't show up or keep promises? It must have been something magical." That was the basis for my first time using cocaine. The second time I used, I was hanging out with some of my dad's old friends. It was like a badge of honor when I used it. They were a driving force for me in my substance use. Being with them was like hanging around the "cool guys" and gave me the feeling of

staying connected with my dad in the afterlife. I was invited by one of the guys to come listen to a band playing at the bar on a Friday night. During the band's break, I joined them for a drive. Leaving in that car I felt like I was one of them. My whole life I had been searching for belonging, for worth and value, and in that moment I felt important. I felt like I mattered. Hindsight is a different story though.

When we arrived at our destination, everybody went inside. There was a total of seven people; one guy was up front dumping this rocky powdery substance onto a plate, and he said, "How many people we got here?" He counted seven, and then another guy said, "No, just six." The guy dividing the powder turned around and recounted - a pivotal point in my life - one, two, three, four, five, six, plus me; that's seven. Again, the other guy said, "No, you guys know what happened to Brian's dad. Brian's not gonna do any." I think back on how hard it must have been for him to even say that - the difficulty of standing in the gap for someone. He did what he should have done to protect me but I felt this sense of peer pressure. "If I say no to the majority what am I gonna look like? Am I going to be outcasted from the group? Am I gonna be disconnected from this connection that I thought kept me close to my dad?"

### **An Open Door**

The guy with the powder looked at me and said, "Well, Brian's old enough to make his own decisions. What's it gonna be?" and I said, "Yeah, of course." I

remember that day; it's marked in my memory - the time I walked up there and took what I later discovered was methamphetamine. For the next twelve hours, I was extremely high. It transitioned through feeling like I could do anything to, by the time the sun rose the next morning, feeling like I couldn't do anything. I felt like life was coming on top of me. The pressure of all of it; the realization of what I had done and where I was going was heavy. I would have done anything to get rid of it. I ended up going that day to where that guy lived and knocking on the doors of the apartment building until I got to his door and he opened it up. I didn't realize, it wasn't just his door that opened up that day. A door was opened up into a whole new world. Systematically, one week after another, month after month, I met new people and it went from twenty-five dollars lasting a couple days to having a sixteen hundred dollar-a-day drug habit.

During my first encounter with the criminal justice system, I remember looking back on being senior class president and my plans to go to college. It was about ten thousand decisions and thoughts and actions that had led me to the spot I was in. One of those decisions was taking a construction job that would allow me to continue the life I was living and travel the world at the same time, rather than go to college. I continued going back to drugs.

### **The Struggle to Stay Clean**

In 2000, I got to the point where I went to treatment and I thought I had finally

found my way. I had finally discovered my higher power and a path forward. I went back to college and studied sales, marketing and business management - made the Dean's list and the National Honor Society. I realized that if I put as much effort into positive things as I did into the negative things of my old life, I could do anything. I was finding my dreams again and starting the best relationship of my life. A couple of months later, a 50-pound bag of dog food fell off an overhead conveyor belt onto my head, blowing out the discs in my back.

Following back surgery, a doctor prescribed meds for pain management. I never imagined I would get back-doored by a doctor prescribing me Vicodin. I went from Vicodin to morphine, and then kept increasing the morphine to a point where I was addicted. Previously, my brother had asked, "How long do you plan on staying clean for?" and I had answered, "As long as life never gets as bad as it was when I quit the first time." In that thinking, I had created an opportunity to use drugs in the future.

I continued to climb up in my career - got job offer after job offer; worked sales at a furniture store and did well there; even got invited to come and manage a couple businesses including a ground-up development for a convenience store that was highly successful. The only problem was - I was living from my worth - and my value was being defined by what I was doing and how I was performing. I was maximizing everything I did; I would make it look like the best. If I couldn't do

it perfect, I wouldn't do it. I had ego and pride spewing out of me. I was making decisions that kept the focus on my job. I ended up having to drop out of school because I couldn't manage that. I ended up stopping going to recovery meetings because I didn't have time for that anymore either. The last thing to go was church. I chased the dollar and the dollar took everything from me. We were making over \$100,000 a year plus my wife's income but we were behind on every single bill. Foreclosure notices were coming in the mail. I was in relapse mode and didn't even realize it.



At that time, I had taken into our home a guy who was trying to get clean. He heard my wife and I talking about finances and offered to help out by picking up a pound of meth to sell. I didn't have enough self-control to have the drugs in my possession for two hours - I ended up using before I got home. Ultimately, I ended up losing my job, losing my house, and then losing my mind. I was in and out of the Grace unit trying to find help because I kept trying to commit suicide. My family ended up in a homeless shelter and I was on the street. I remember walking back and forth on the bridge here in Brainerd thinking, "Do I jump off the bridge? Do I jump in front of a car?"

“The only way I can be a benefit to my family is if they get a death benefit after I die.” It was a dark and lonely place. I had said I never wanted to become as bad as my dad but I became worse. Addiction grows from generation to generation. It doesn’t get better, it gets worse. I was told by doctors, “You just need to think happy thoughts,” and I’m like, “If I could, I would. I’m beyond the happy thoughts.”

### Reaching the Threshold

During these years, as my addiction ran its course, I would set thresholds. As long as the bills were paid, I thought I was doing okay. As long as the kids were in school, I thought I was doing okay. As long as . . . as long as . . . I didn’t consider being hospitalized for a month and almost dying of an infection from IV drug use as that bad, or a month later when my wife overdosed and almost died, that wasn’t that bad; that wasn’t a threshold. My last threshold was - as long as I have custody of my kids, I’m not like the other junkies that are out there. In March 2014 that day came. There was a knock at the door. As I looked out the windows and saw two Brainerd police officers, my thought was, “This is gonna be a really bad day,” not realizing that it was gonna be the beginning of the best time of my life, but also the most painful part of my life. I was gifted in that moment because I realized I was gonna have to hand my son over to a social worker, but I had the power to decide how that was going to look. There was no good way - it was all painful. I remember him crying, kicking and screaming, and calling for me as I was handing him over that day. I knew I

was responsible for the pain that he was experiencing that moment and I would have done anything to make the pain go away for him.

In the past, like when I was going to jail, I usually had a 911 prayer, “God please get me out of here.” But this day was different. I was okay with the pain for myself. As I got to jail that day, it was, “God please keep my kids safer than they were when they were with me.” You see, my kids weren’t living - they were surviving. They weren’t thriving - they were surviving. They were existing in this toxic environment that wasn’t good for anybody. The memory of that day stays stamped in my brain and I welcome it - so that I never forget. I remember thinking that if I want to change, I’ve got to move forward from this pain that I’m experiencing right now. **In order to want change or to desire change, the pain of staying where we’re at has to be greater than the pain of change.**

### Breakthrough

Over the next couple of months, I was faced with a lot of things. I had gotten arrested so when I got out, I tried to find direction. I thought, “I’m going to transform my life,” but that’s not how it worked. There were barriers and roadblocks, and more barriers and more roadblocks. I got invited to church by a peer and I made the decision to go. As I walked through the door of the church, I expected to start on fire because of all the decisions I’d made and the things I’d done. Instead, I was met with a different kind of fire - the fire of Holy Spirit. I was

greeted by someone who said, "Brian, we're so happy you made it back. We've been praying for you for years." Instantly I felt the old life fall at my feet. From March until May I didn't stay sober though. I continued to struggle. We had a 6-month window to get our kids back and I was thinking, "How is this even gonna be possible when we're doing it alone?" I finally realized it would be impossible trying to do it alone, but if we would get help and welcome support, it would become possible. I didn't have the willingness or the desire to receive support or ask for help until March 21st. That's when I came to the point where I said, "I'm not rolling the dice anymore; I'm done. I'm finished with that life. It has nothing for me, and I'm done rolling the dice for my kids' life, for my life, and for our family's future. I'm done." That moment was the clearest I'd ever been.

Trying to rebuild life from that spot was hard because of all the labels I had placed on myself. I believed that I was a drain on society, a criminal, a drug addict. There are a million labels and the weight of them is exhausting. What does it look like to get out of that spot? At the time, I was also facing 48 months in prison so I was thinking, "How in the world can I have the desire to fight for my kids and get the help to rebuild my life knowing that I'm going to go away?" What fueled my walk in the beginning was knowing that I might not get my kids back, but if I didn't, and they ever wanted to look and see if I tried, they would see that I did everything I could. I had done everything that was asked of me, and I had done my best to get them back. That was my

foundation, and as I started going to treatment I gave it everything I had. I decided to put one foot in front of the other; to set goals - small, medium and large - and start pursuing them. I knew the storms were gonna come. The resistance and the barriers would continue to come at us, but what I could do was put one foot in front of the other and continue to walk in the right direction. As I began to do that, all of a sudden, I discovered I had reached one goal, and then I reached another goal. One of the biggest gifts I was given at that time was somebody who didn't quit; somebody who kept coming; somebody who kept showing up and meeting me right where I was.

At about two and a half months clean, I was walking to a meeting when a guy pulled up in a car and said, "Hey, I got a great deal for you." It was the best price for drugs I'd ever heard: as much as I wanted, and I could get it all at no charge or up front. I looked at him and said, "You know what, you're right. That's a great price. But guess what, I'm on my way to a meeting. I'm done using, I'm done dealing - but if you want to come to a meeting, I'd love for you to come along." He said no. Six months later he died of an overdose. Of the twelve people that my wife and I used drugs with, my wife and I are the only two still alive today. I learned the truth of "Show me your friends and I'll show you your future" and I surrounded myself with new friends. People were pouring into me; speaking life into me. They helped me become who I am today.

## A Second Chance

At the six month mark, my wife and I had done everything we needed to do to get our kids back, but we couldn't find a place to live. Thirty-six times I told the truth on my application and thirty-six times I toured a place only to get told no at the end. Our background was a stigma that continued to follow us forward, but I wasn't going to build my new life on a foundation of lies. I remember the first "second chance" I was given. My kids said, "Maybe this is the one" so I went to look at the place. When I was asked during the tour what my last landlord would say about me, I responded, "nothing good" and explained that I was trying to find a place to rebuild my life because we'd been evicted for drug use. This time, after the tour, they said they would rent to me. I called everybody to tell them; everybody was laughing, cheering, tears falling down; and that was the beginning.



I knew if I could get a place to live, then I could do the next thing that I had thought was impossible. Because of my disability, the next thing that had seemed impossible was getting back into the workforce. I had realized my son was learning from me to depend on support

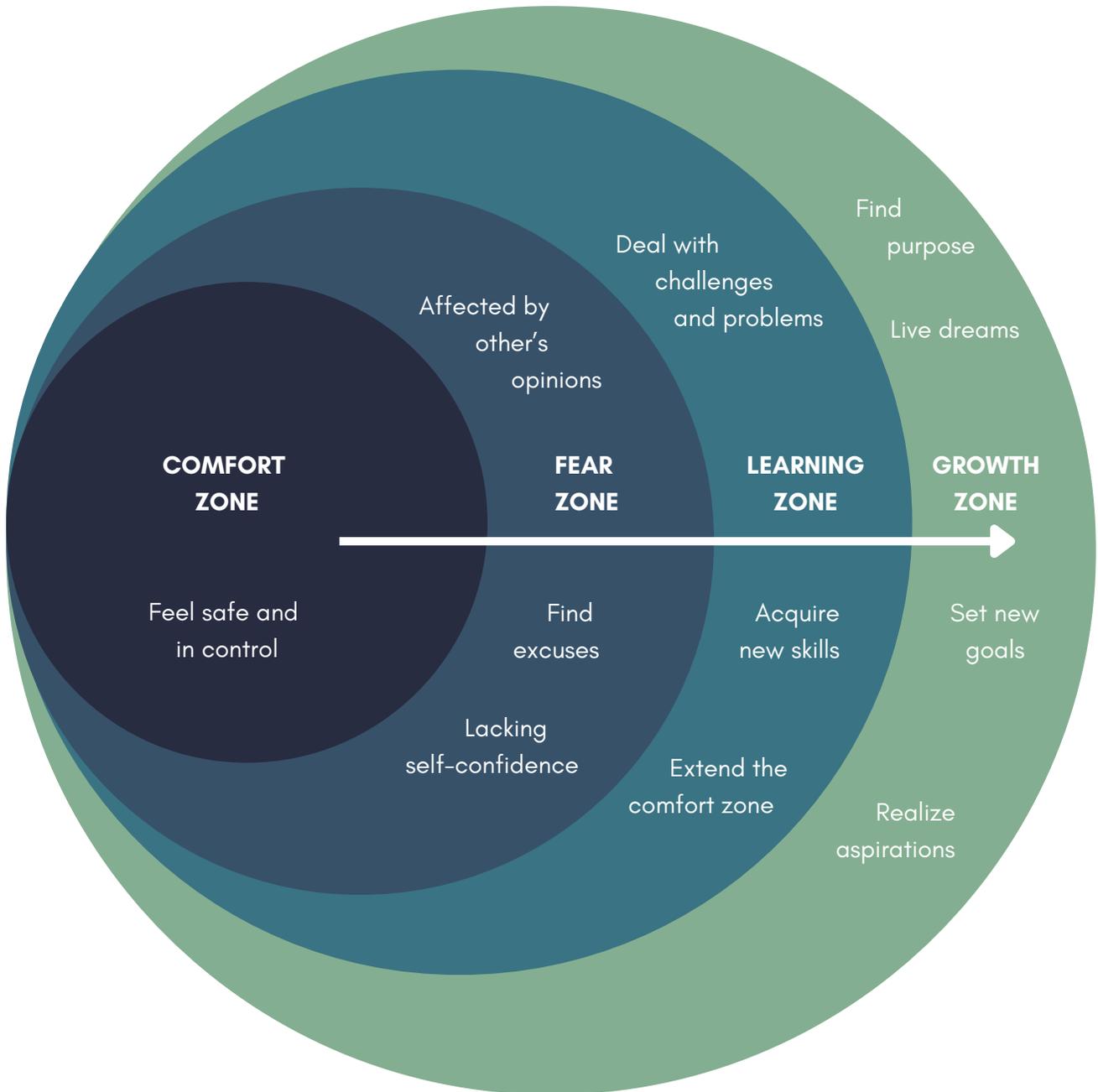
checks coming in the mail so when all the feeling came back in my legs, I was left with the thought, "Now why can't you work?" I had gotten certified as a peer specialist and been offered a job at Northern Pines, but Adult Teen Challenge called shortly after my legs recovered and I ended up taking a job with them. I discovered that all my experiences, good, bad, and indifferent could be used to help other people find their way. I thought I'd wasted all those years in my life, only to discover that those were the exact things I could use as tools to help other people find hope, direction, and purpose in their own life. Opportunities started to open up and I learned that one of the greatest gifts is helping others because that becomes connection with others and the community. In the gift of service, I got to find out more things about myself that helped me to continue to grow and develop. I learned there's no growth in the comfort zone. I had been held hostage by thinking, "I won't do it if I can't do it perfectly." I discovered I could try things anyway and the results helped steer me in the direction I was supposed to go. If there's something you want to be or do but it doesn't seem to fit, I challenge you to try it anyway.

## Connection and Growth

As I continued to connect and grow and make the next right decision for my life and the lives of other people, I discovered new doors were opening. The first good decision coming out of the bad was difficult - almost like stuck in the mud and trying to just gain traction. But with



To live your life with purpose and passion,  
you need to face your fears or discomforts  
and be willing to learn.



## DISCUSSION OR REFLECTION QUESTIONS

1. Think about a time when you made a choice that you later regretted. How did it make you feel? What did you learn from that experience?
2. Consider the following Gabor Mate quote: “It is impossible to understand addiction without asking what relief the addict finds, or hopes to find, in the drug or the addictive behavior.”  
— Gabor Mate, *In the Realm of Hungry Ghosts: Close Encounters with Addiction*

Imagine you were in Brian’s shoes. What influenced the choices he made? What relief was Brian finding in his substance use? What were the positive/negative consequences?

3. What emotions might lead you to use drugs or alcohol? What choices does a person have, other than drug use, when they are confronted with painful emotions?
4. What are some open-ended questions you would’ve asked Brian when he was at a decision-making crossroads for continuing down the path of addiction or choosing freedom?
5. As a supportive friend of Brian, what positive behaviors could you have noticed and acknowledged? In those circumstances, what positive reinforcement would you have been willing and able to provide?
6. What was Brian’s biggest challenge in maintaining sobriety?
7. Reflect on a time when you faced challenges or obstacles. How did you overcome them? What did you learn from that experience. What steps did Brian take to create a healthy and fulfilling life in sobriety? What were the lessons he learned?

## PRACTICE, ROLE PLAY, OR MORE TO CONSIDER

1. Divide into two groups. Pick a scenario or use the one below. Each group will take a side and talk about the benefits of their position amongst themselves. Then the groups will try to convince the other group that their decision is best. Take turns debating.

**Optional Scenario:** Bill got a new job offer that will take him out of town every other weekend but will give him more money, which he could use. The only time he gets to see his children is on the weekends. One side says he should take the job. The other side says he shouldn't.

2. Look at the Ethical Problem-Solving chart on the following page. Think of a problem or situation that you are facing and work through the steps.
3. **Brian's Perfect Life exercise:**

Take some time to imagine living your best life or your perfect life. Dream big. Write out all the details from careers to travel to education to experience. Once it's all written down, fold it up and put it away.

Then take the next step - an investment opportunity.

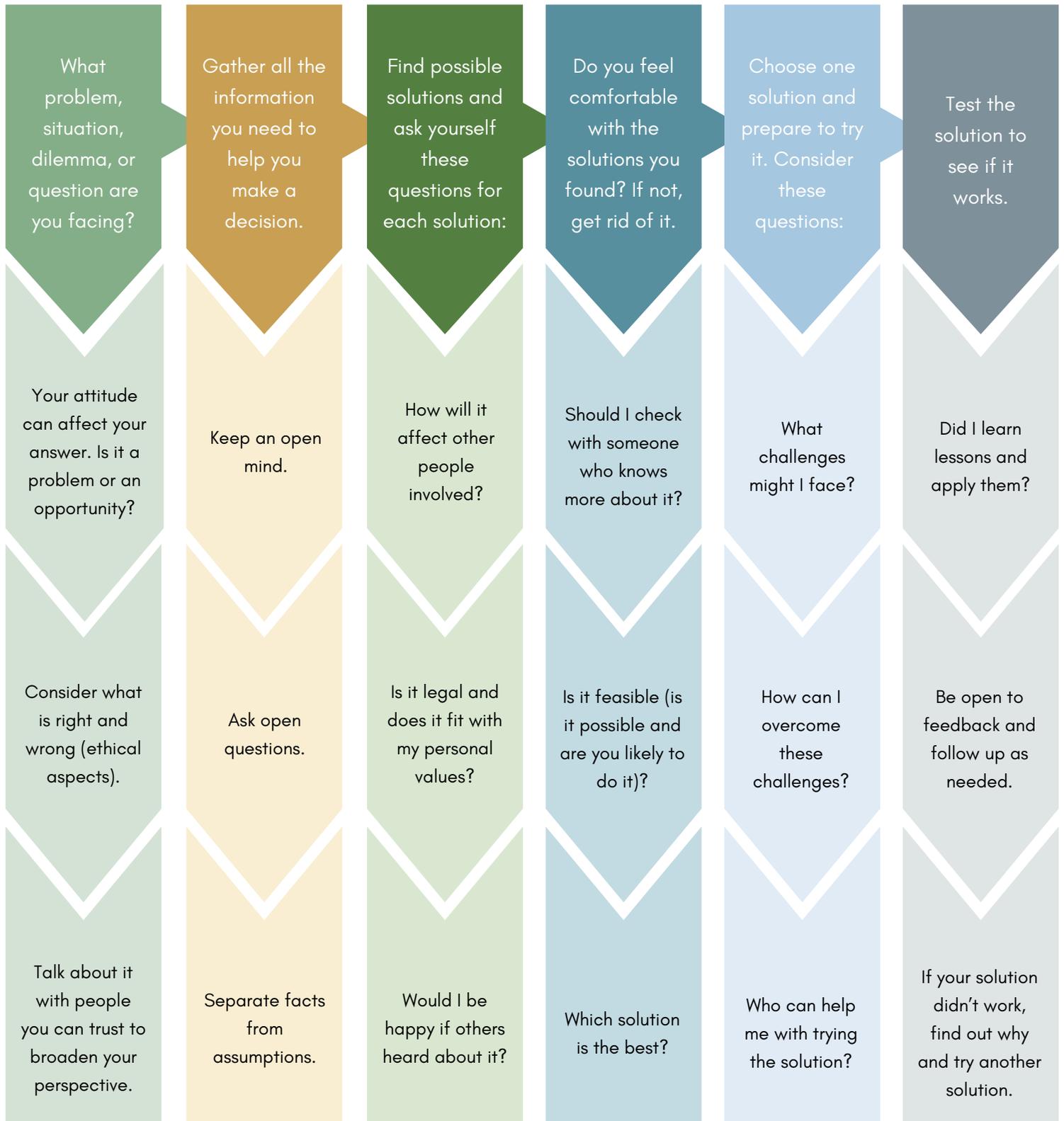
*If I told you I had an investment opportunity with a guaranteed return that would radically transform your life, would you be a pocket change investor or all in?*

You are that investment. Every minute, every thought, every action, every relationship . . . everything that you do from this day forward that moves you toward your dream life is an investment.

I can guarantee that as you pursue that, your life will be radically different. The odds are that the dream you wrote down on that piece of paper will be microscopic in comparison to what you will actually be living.

I'm standing today as a testament. I had a dream that I thought I'd never achieve. Today I get to live beyond that dream in a way that I never thought possible.

# Ethical Problem-Solving





## Christ-Centered Corner

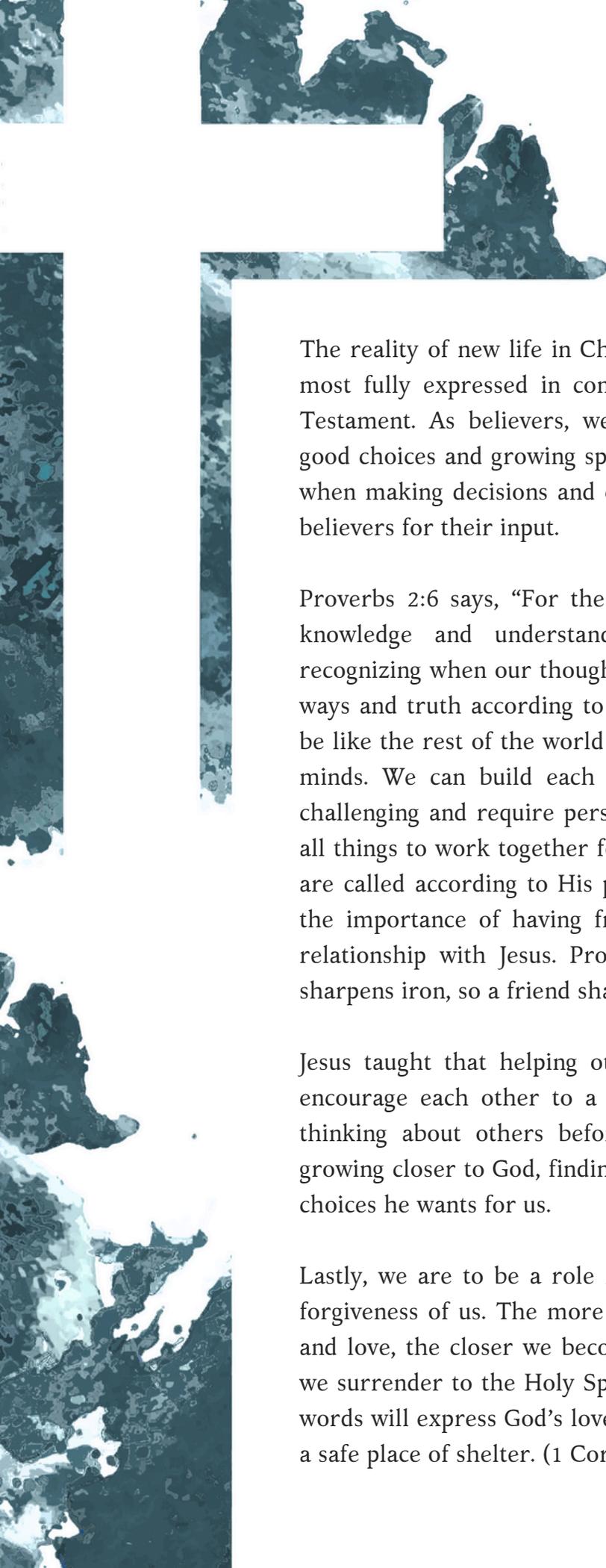
*encouragement from a Christian perspective*

Brian's story demonstrates the reality that Jesus described when He said, "Here on earth you will have many trials and sorrows. But take heart, because I have overcome the world." (John 16:33 NLT)

Brian's journey into addiction parallels what is described in the Bible as the fallen condition of the earth and humankind. Unlike God's original plan under His goodness, the earth is now under the rule of powers and principalities that seek to steal, kill and destroy. They use circumstances to introduce shame, and distort our thinking and perceptions. The inner state of peace, purpose and joy that God intended for our souls has also been removed. Instead we are born with a selfish bent that desires to be independent, and disobedient to the ways of God as described in the Bible. Faulty decision making and the slavery of addiction is the result of this distortion and brokenness.

Brian's path out of addiction and into a life that He describes as "radically different" is one of many testimonies of the overcoming power of Jesus. Only Jesus as 100% human and 100% God can deal with the root of brokenness inside each of us and restore us to life as God intended - in relationship with a living God, our Heavenly Father.

When an individual understands, believes in, and accepts that Jesus died for them, the perfect justice of God is satisfied for their sin. There is no longer a barrier between them and the One who created them. The spirit of God returns to live in their soul restoring their ability to recognize Truth and the power to live by it. Jesus' resurrection assures His followers that He is alive today and working on their behalf to make a way for them and to bring healing to their mind, body, and soul. He is the One who enables peace, purpose, and joy to come back into our relationships with others, our care for the earth, and our souls.



The reality of new life in Christ and the presence of God's Spirit in us is most fully expressed in community... in the one-another's of the New Testament. As believers, we should encourage one another in making good choices and growing spiritually. Together, we can seek God for help when making decisions and direct one another to more mature and wise believers for their input.

Proverbs 2:6 says, "For the Lord gives wisdom; from His mouth come knowledge and understanding". We can sharpen one another in recognizing when our thoughts and our actions are not in step with God's ways and truth according to Scripture. Romans 12:2 challenges us to not be like the rest of the world and instead be transformed by renewing our minds. We can build each other's confidence when circumstances are challenging and require perseverance because we know that "God causes all things to work together for good to those who love God, to those who are called according to His purpose." (Rom 8:28) All of this underscores the importance of having friends who are like-minded and pursuing a relationship with Jesus. Proverbs 27:17 describes it this way, "as iron sharpens iron, so a friend sharpens a friend."

Jesus taught that helping others is like helping Him, so we must also encourage each other to a lifestyle of service - showing kindness, and thinking about others before ourselves. This is an important part of growing closer to God, finding out who He made us to be, and making the choices he wants for us.

Lastly, we are to be a role model of forgiveness because of God's great forgiveness of us. The more we understand and accept God's forgiveness and love, the closer we become in our relationship with Him. The more we surrender to the Holy Spirit in our choices, the more our actions and words will express God's love and forgiveness towards others. We become a safe place of shelter. (1 Cor 13:7 TPT)

# 2.3

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## SUPPORT FOR ADDICTION RECOVERY

Having a support person(s) for an individual in recovery ensures that the treatment process will focus on their needs as a whole person. The effectiveness of a support person is not dependent on having gone through recovery themselves. Rather, it is based on their willingness to consistently show up and demonstrate acceptance, caring, and a belief that transformation is possible.

# SUPPORT FOR ADDICTION RECOVERY

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In this lesson you will:

- Better understand the perspective of the person in recovery
- Recognize the qualities needed to be effective as a recovery support person
- Identify strategies for supporting addiction recovery

## SUPPORT FOR ADDICTION RECOVERY

What is the journey from addiction to recovery? What does it take? When a person with a substance use disorder is contemplating recovery or ready to make that decision, they need a person in their life who can demonstrate what it looks like to walk that out. It doesn't have to be someone who's been in recovery themselves; it just has to be someone that's genuine and willing to meet them where they're at.

As a supporting friend, you have a great opportunity to truly impact the life of a person who's been on the path of addiction and is now seeking recovery. Coming out of treatment, people can feel like they are of no value. The most important aspect of support is to let them know they still have worth and value, regardless of where they're at in their journey. They are worthy of living a happy life and being connected to community.

Listening deeply is the next most important piece; listening to learn. Approach the person without judgment. See the person that you're trying to help as separate from their substance use issues. Be open, accepting, and kind. In doing so, you are building trust and creating a safe space that empowers them to set goals and dream for a better future.

Part of listening to learn is asking good questions that help the recovering individual to think deeply and gain a better understanding of themselves and

their goals. In the early stages of recovery, questions can focus on the small victories, exploring strategies for coping, and identifying support systems. As recovery continues, questions can be about their progress, their dreams for the future, and goal setting. When the person is in long-term recovery and has established a solid foundation for sobriety, check-in questions can be about healthy habits, action steps for personal growth, and opportunities to serve.



In recovery, learning to live life again includes basic things like establishing a healthy pattern of sleep and meals. Success in these areas is much easier with a support person to answer questions and provide resources. Once the basic needs are met, then it's time to discuss short-term, long-term, and even bigger goals. Help in setting priorities and figuring out what needs to be done today keeps the person in recovery moving towards their goals.

Opportunities to learn and grow should be part of the plan. The challenge of trying something new reveals strengths and weaknesses - important information



## DISCUSSION OR REFLECTION QUESTIONS

1. What has been your experience with substance use disorders?
2. What is recovery for substance use disorders?  
*Refer to Fig. 1 for additional thoughts.*
3. What are reasons for having a support system in addiction recovery?
4. What are the different types of support that individuals can access during the recovery process?
5. What are ways to support a person in recovery?
6. What are three open-ended questions you could ask someone in recovery?  
*Refer to Fig 2 for ideas.*

Figure 1

# WHAT IS RECOVERY?

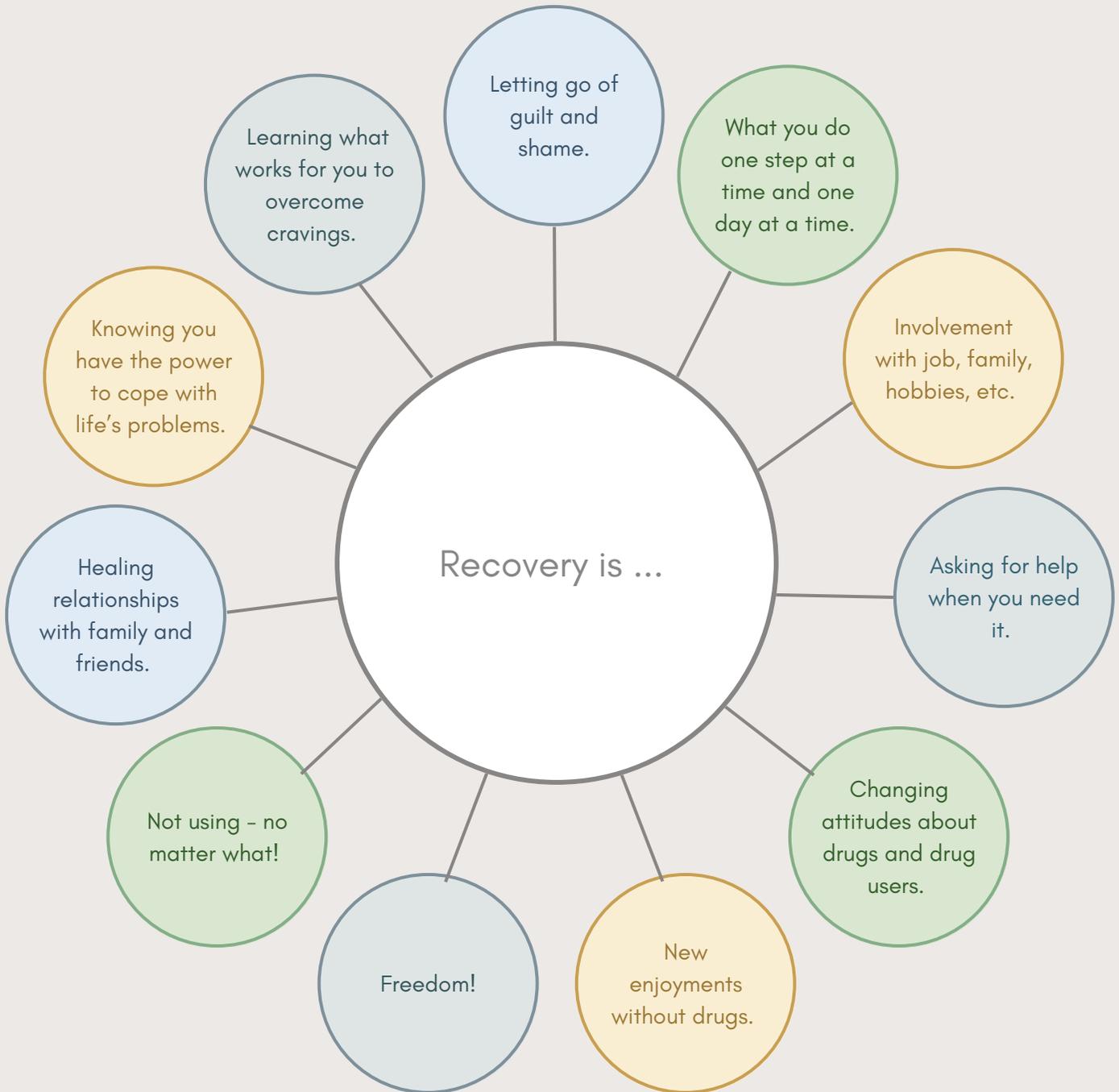


Figure 2

## **KEY QUESTIONS FOR RECOVERY**

1. How are you feeling?

2. How can I help?

3. What are the most positive aspects of your recovery?

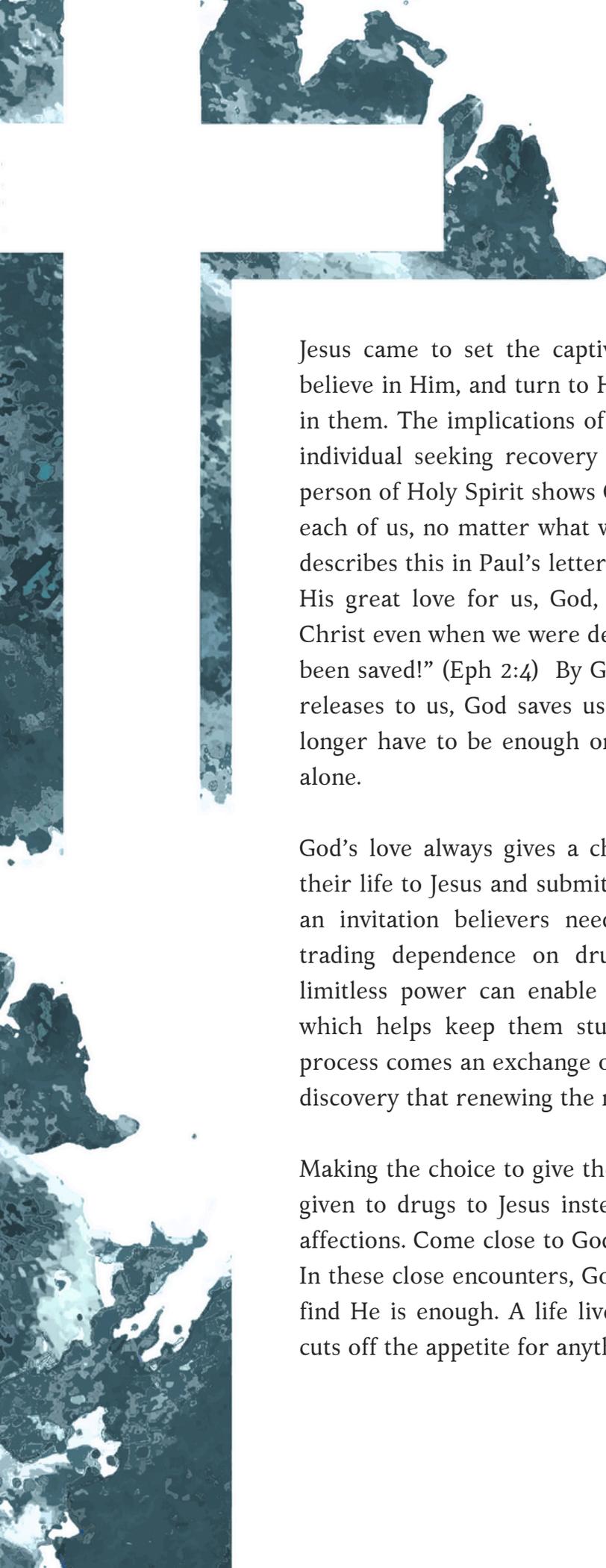
## REFERENCES

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<https://www.fletchergroup.org>

Lakes Area Recovery Support Systems:  
see Module E

Braun, H. (2023) *Surrendered to the Holy Spirit: A Life Saturated by the Presence of God*.  
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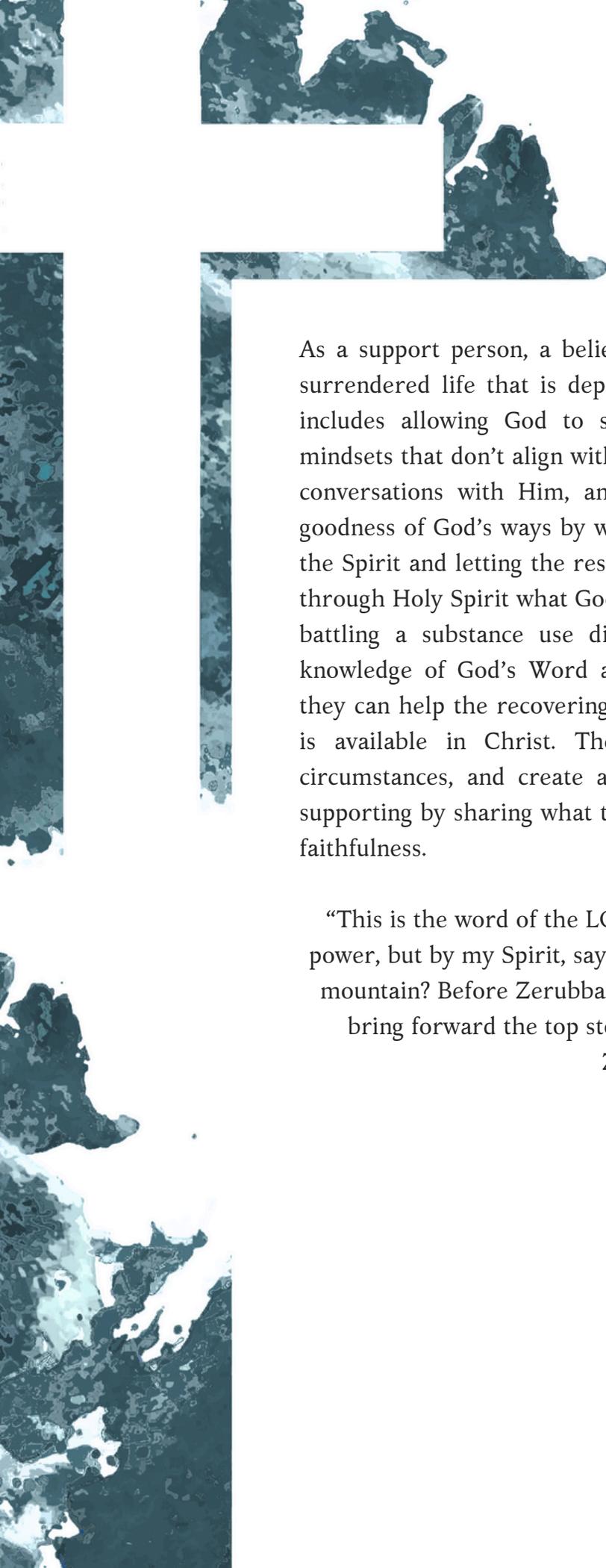
## Christ-Centered Corner

*encouragement from a Christian perspective*

Jesus came to set the captives free. (Luke 4:18-21) To all those who believe in Him, and turn to Him for freedom, He sends His Spirit to live in them. The implications of this are AMAZING, and good news for the individual seeking recovery from addiction. The gift of the indwelling person of Holy Spirit shows God's great desire to be in relationship with each of us, no matter what we are struggling with in our life. The Bible describes this in Paul's letter to the Ephesians when he says, "Because of His great love for us, God, who is rich in mercy, made us alive with Christ even when we were dead in our trespasses. It is by grace you have been saved!" (Eph 2:4) By God's grace, through the faith that His Spirit releases to us, God saves us from the slavery we have been in. We no longer have to be enough on our own and fight the battle of addiction alone.

God's love always gives a choice. He invites each person to surrender their life to Jesus and submit to the power and direction of Holy Spirit - an invitation believers need to share with others around them. In trading dependence on drugs for dependence on God's Spirit, His limitless power can enable the person in recovery to trade shame - which helps keep them stuck - for the power of conviction. In that process comes an exchange of their thoughts for God's thoughts and the discovery that renewing the mind brings transformation.

Making the choice to give the attention, devotion and love that once was given to drugs to Jesus instead can also begin a change in desires and affections. Come close to God and He will come close to you. (James 4:8) In these close encounters, God can satisfy the soul in such a way that we find He is enough. A life lived in surrender and obedience to the Lord cuts off the appetite for anything other than Jesus.



As a support person, a believer has the opportunity to demonstrate a surrendered life that is dependent on the leading of Holy Spirit. This includes allowing God to speak and bring correction to their own mindsets that don't align with His - through time in His written word, in conversations with Him, and in worship. They can demonstrate the goodness of God's ways by walking out quick obedience in the power of the Spirit and letting the results speak for themselves. They can discern through Holy Spirit what God is doing to draw to Him the person who is battling a substance use disorder or is in recovery. Through their knowledge of God's Word and their personal relationship with Jesus, they can help the recovering addict focus not on their lack but on what is available in Christ. They can speak God's perspective on the circumstances, and create a mercy moment for the person they are supporting by sharing what they've experienced of God's nature and His faithfulness.

“This is the word of the LORD to Zerubbabel: Not by might, nor by power, but by my Spirit, says the LORD of hosts. Who are you, O great mountain? Before Zerubbabel you shall become a plain. And he shall bring forward the top stone amid shouts of ‘Grace, grace to it!’”

Zechariah 4:6-7

03

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TRAUMA AND  
MENTAL HEALTH

# 3.1

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## AN INTRODUCTION TO TRAUMA

Trauma affects the whole person. Understanding the impact of stress and trauma on the body, mind, and emotions will enable you to help yourself and others make more conscious decisions to support well-being. It is possible to heal from trauma and move from survival to vitality and thriving.

# AN INTRODUCTION TO TRAUMA

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In this lesson you will:

- Explore how trauma affects us
- Understand the importance of listening to our bodies
- Learn about attachment styles and trauma
- Discover how stress can affect our body and brain
- Examine what epigenetics is about and how to rewire the brain

# AN INTRODUCTION TO TRAUMA

## How Trauma Affects Us

In the past, trauma was thought of as something scary, stressful, and hard to handle. It was something that happened to you and was out of your control. But now it's understood that trauma is not just the event itself, but more importantly, how you respond to the event. It's like an imprint that stays with you as a result of the traumatic event.

When something traumatic happens, you may not have the tools or support to process the energy that comes up. This is especially true for kids, who rely on their caregivers for regulation. If your

caregivers don't have good ways to handle their own emotions, they can't help you process your trauma. So whether or not a traumatic event becomes stuck in your body, mind, and emotions depends on the resources you have and the support you receive. The Polyvagal Theory (pictured in Fig.1) helps to explain the response to trauma.

## Fight or Flight

When you are feeling connected and safe, you are in the ventral vagal part of your nervous system. In this state, it's easy to be curious, open, grounded, mindful, and compassionate. When life becomes

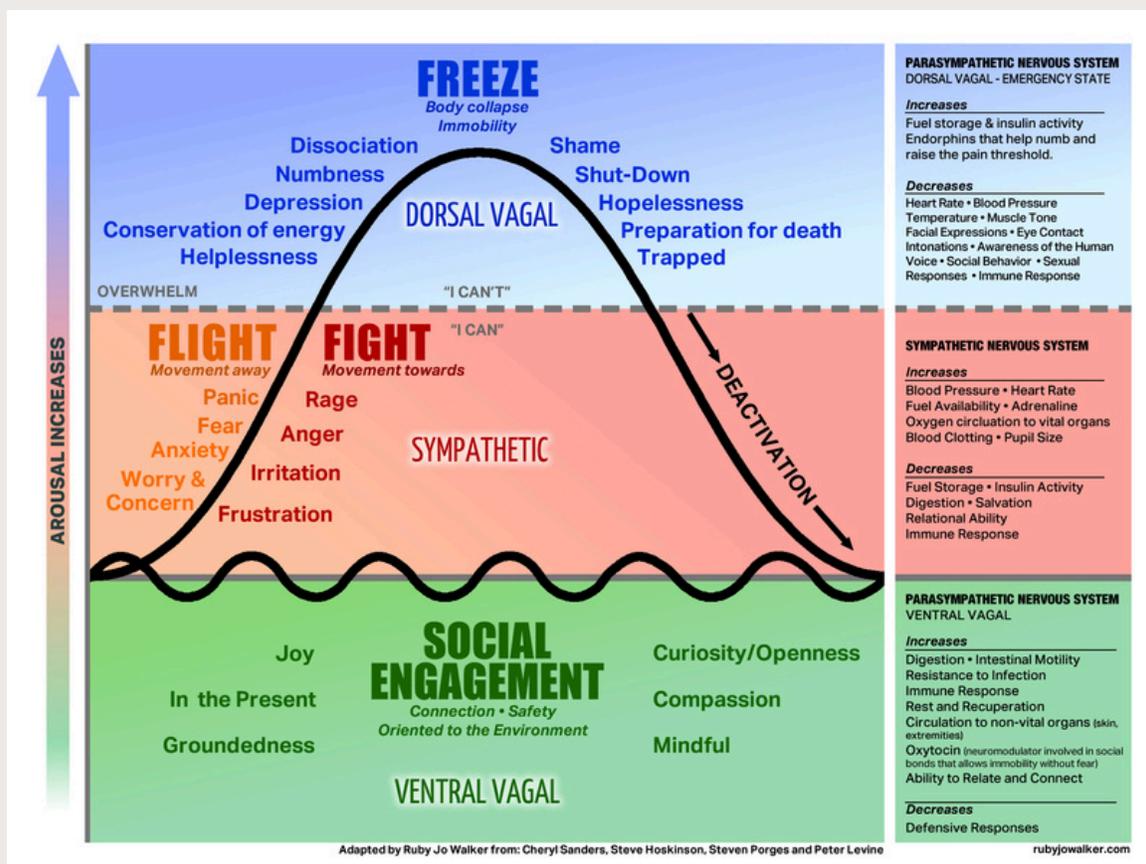


Figure 1

challenging, and stressful things happen, ideally, you handle it and go back to feeling calm and safe. For example, learning something new can be stressful because your brain is not familiar with it, but that little bit of stress is normal and can help us build resilience. However, if you can't go back to feeling calm, you might activate the fight-flight response and feel worried, concerned, frustrated, irritated, anxious, or even fearful, panicked, enraged, or angry.

One of the important things about the fight or flight state is that you still feel like you can take action. You still believe that you can figure things out, run away from the problem and fight against it. You have a sense of control in this state.

## Freeze

If you cannot run or fight, then your best option for survival is to go into a different part of your nervous system called the dorsal vagal. This is called the freeze response. Your body starts to shut down and you begin to feel numb because you can't handle the overwhelming distress. It's like your body is trying to protect you by making you feel nothing.

In this state, you might feel emotions like depression, helplessness, hopelessness, and feeling trapped. It's like you're closing yourself off from the world. Your energy becomes more contracted, and your muscles get tight. It's hard to move and you feel frozen. It can be helpful to think about your energy and how your muscles feel. Are they tight and constricted, or do you feel open?

By tuning into your body a few times a day, you can see if you're in a good place (green), feeling stressed (red), or feeling frozen (blue). Based on that, you can figure out what might help you feel better and bring you back to a good place.

However, when you go from the frozen state back to feeling good, you often have to face the things that made you feel overwhelmed in the first place. If you don't have the right support or resources, you might end up going back to feeling stressed again. You can become stuck in a cycle of fight, flight, freeze, fight, flight, freeze. This is called the trauma cycle.

To stay out of that cycle, it's important to have support from others and take care of yourself. This enables you to feel calm and open making it easier to connect with others and feel happy in the present moment.

When you go through difficult experiences and don't have the resources to handle them, you tend to shut down. If the pain is in your body, you stop paying attention to how your body feels. If it's emotional pain, you ignore your feelings. And if it's about your thoughts, you lose track of what you're thinking.

The more you shut down these parts of yourself, the harder it is to connect with others and the world around you. Your body is like a tool that helps you connect with others.

## Listen to Your Body

Think of the body's language as

sensations. It's important to be aware of the sensations you feel on your skin, inside your body, and the support you feel from the floor. Your body is constantly sending you messages through these sensations. The question is, do you listen?

Sometimes, when you've experienced a lot of trauma, you don't listen to your body. This can be challenging for two reasons. First, it can make you overly alert and think there's danger everywhere. Second, it can make you unaware of actual danger and put you in harmful situations.

### **Be Mindful of Your Thoughts**

Think of the mind's language as your thoughts. Your thoughts come from the things you experience and the way your family and society teaches you. Your brain is like a computer program that gets created through these experiences. This programming happens a lot when you are between the ages of zero and five. During this time, your beliefs and how you see the world starts to form. Your brain is very flexible and open to learning at this age. You want to understand the world and figure out how to survive in it.

If you go through traumatic experiences during that developmental stage or have a lot of stress, your brain gets wired to be constantly worried. Anxiety results from a tendency to focus on what might happen in the future. Your brain is trying to protect you, but it can be tiring to always be anxious.

On the other hand, if you have experienced something really painful in the past, your brain might keep replaying those memories. It can be hard to be in the present moment because you are stuck thinking about the past.



Your brain also tries to predict what will happen based on your past experiences. When you are not focused on the present, your brain starts guessing what might happen next. If you are not mindful of the present moment, your brain can make inaccurate predictions about your circumstances and inhibit learning from new information.

For example, when you take a bite of an apple, your brain has an expectation of what it will taste like. This helps you save energy and stay safe. But if your brain is always focused on past traumas and survival, it's hard for you to experience and enjoy a new sensation (taste or other) and learn new things about your world.

Dissociation can happen in your mind when you have experienced traumatic circumstances in which you cannot run or fight. You felt trapped and helpless and your brain opted to disconnect as much as possible from the body, mind, and emotions in order to survive. This means you're physically present, but your mind

is somewhere else. You're not in the past or the future, you're just checked out. When you're dissociating, your brain doesn't process information like it should. This makes it hard to remember things. You might have large parts of your life that you can't remember.

## **The Heart and Mind are Connected**

While the body speaks through sensations and the mind speaks through thoughts; the heart speaks through emotions. Emotions are how your heart communicates with you.

However, the heart and mind are closely connected. When someone cuts me off in traffic, I might have a thought like, "What a jerk!" This thought creates an emotion. But if I thought, "They must be in a hurry. I wonder what's happening to them," it would create an entirely different emotion. Your thoughts and emotions are linked. Sometimes you feel an emotion and then your mind creates a story about why you feel that way. It's important to understand this connection between your mind and heart and how they affect each other. In our society, many of us weren't taught how to handle emotions like fear, anger, grief, and sadness in healthy ways. Our ancestors may have had ways to help process those difficult emotions but, for most of us, we don't have good ways now. We need to learn how to work with these emotions in better ways - in our families, communities, and the world.

When you are emotionally healthy, you

may experience intuitive knowing, feeling connected to a spiritual realm, and a sense that you are not alone. This ability can be blocked by trauma. When something bad happens and it stays with you, it becomes hard to think clearly or feel connected to the world around you. It may be hard even to appreciate the beauty of nature or feel the energy of creation.. This is important because when you can't understand yourself, it's difficult to connect with others in a genuine way. Reconnecting with the parts of yourself - body, soul, spirit - is important so that you can be in healthy relationships with others.

## **Stress Affects Your Body**

Let's look at how stress affects your body and brain. An understanding of the neurophysiology of stress will help you understand what you're experiencing and have more control over it. When you start to feel stressed, your body goes into survival mode. Your heart beats faster, you breathe faster, and your muscles get ready to run or fight. Your digestion slows down because your body is focused on surviving. Keep in mind your brain doesn't know the difference between physical danger and emotional stress so it will react the same way in both situations.

When you feel stressed, your body goes into fight-flight mode which requires a lot of energy. Digestion also takes a lot of energy so if your body thinks you are in danger, it will stop digesting food. Your immune system which protects you from injury also requires a lot of energy. When your body is redirecting energy to the

fight-flight process as a result of stress, your immune system will weaken. People who are experiencing constant stress are more prone to sickness. They can get sick for a long time or get sick more frequently as a result of stress.

There are also chemicals in your body that are related to stress, like adrenaline and cortisol. If you are always stressed or have had a lot of bad experiences when you were younger, your body gets used to having these chemicals. It's like an addiction. People can become addicted to the feeling of adrenaline - they always want to feel that rush. This wiring of the body and brain to be in fight-flight mode can be a result of childhood experiences. Understanding this effect of trauma will enable you to have compassion for those individuals. Your body was not made to be under stress all the time. It was made to handle stress for about 20 minutes at a time. In today's society, we are often under stress for longer times. This can lead to sickness, disability, and even early death.



Studies show that people who have had a lot of traumatic experiences when they were young and haven't had a chance to heal from them can die 20 years earlier than people who've had no bad experiences. Living with constant stress or being constantly in fight-flight mode can cause sickness, disability, and even early death.

### Stress Affects Our Brain

Your brain develops in a certain order, starting from when you're in your mother's womb. The spinal cord and the base of the brain are there, but they aren't fully connected until after you're born and start having experiences.

When information comes into your brain, it travels from the bottom to the top. If the amygdala and hippocampus, the parts of the brain near your temples, see it as a threat, you "flip your lid." This means that the thinking part of your brain - the front of your brain behind your forehead - shuts down so that you can quickly react to the perceived danger. This response may have helped humans survive in the past but in today's world, being stuck in this cycle as a result of unresolved trauma and stress, can make it hard to think clearly and make good choices on a day to day basis.

When you are constantly in a stress response mode - fighting, running away, freezing, feeling faint or disconnecting - your brain is being wired for short-term survival. The long-term connections and healthy relationships that will help you thrive, as an individual and in community,

are difficult to form when you have unresolved trauma. When in the fight or flight mode, your brain will focus on short-term survival instead of long-term connections. Bottom line: trauma stops you from forming the long-term connections and healthy relationships that will help you thrive.

## Negative Bias

Your brain is also naturally wired with a negativity bias. This means you have a tendency to look for threats, danger, and scarcity; and retain the memory of those things in order to avoid them in the future and stay safe. Noticing the good things requires an intentional effort on your part and a rewiring of your brain. The negativity bias is greatly increased when you have experienced a lot of trauma. Seeing and enjoying what is good around you and feeling the presence of safety becomes extremely difficult.



## Attachment and Trauma

When you are a baby, you rely completely on your caregivers. The experiences you have with them shape your brains.

With inconsistent caregivers - sometimes caring and meeting your needs, sometimes not - as a kid, you can develop anxiety and people-pleasing tendencies. You will try hard to please the people caring for you. This can become a habit of doing whatever is needed to ensure others are happy. In this situation, many children will not develop strong boundaries because their focus is on what others need instead of what they need. This can lead to codependence - being overly reliant on a relationship(s) with another person for a sense of self-worth and enabling the unhealthy behavior of another.

If caregivers are not very present and your needs are not often met, you may develop an **avoidant and dismissive attachment** style. This shows itself as hyper-independence - a preference to do things on your own. As a result of people not having been reliable for you when you were young, you have decided you don't need other people because they can not be relied on.

Another attachment style is called **disorganized**. If you, as a child, grow up in a scary environment where your caregivers are also the ones who hurt you, you may develop a disorganized attachment style. Although you want to be close to your caregivers, you also feel like you should stay away because these people who were supposed to love and protect you actually hurt you the most. This can lead to either relying too much on others or being overly independent. The situation and the relationship will determine the

response. Disorganized attachment styles are really challenging to work with.

The last attachment style is when your needs are consistently met, and you feel safe with your caregivers. You can trust them to take care of you. This creates a **secure attachment**, and secure attachments mean you can depend on each other. You do things together. You are in a relationship together.

## Epigenetics

Lastly, let's take a look at epigenetics. Epigenetics refers to what sits on top of your genetic code. In the past, there was much debate about whether traits came from nature or nurture. Now we know it's a combination of both. Epigenetics helps us understand how nature and nurture are connected.

We each have a special genetic code but your experiences can turn certain genes on or off. A quick story about research that was done on this topic will make this clear. Dr. Brian Dias, one of the original researchers in epigenetics, did an experiment with male mice. They put mice in cages with shock pads at the bottom. Every time they released the scent of cherry blossoms, the cage would give the mice a little shock on their feet. They repeated this process many times, creating a connection between the smell of cherry blossoms and pain.

Once this connection was strong, they collected semen from the mice. They didn't even let the male and female mice interact. Instead, they artificially

inseminated the female mice with the collected semen. These female mice then gave birth to pups. The pups grew up without any special treatment. When they were fully grown, the researchers exposed them to the scent of cherry blossoms. The little mice immediately ran to the corner of their cages, shaking with fear, desperately trying to escape. The researchers then collected semen from this second generation of mice. They artificially inseminated another female mouse, who also gave birth to pups. These pups grew up, and when they were exposed to the scent of cherry blossoms, they showed the same fear response. In fact, they even had more smell receptors in their noses for cherry blossoms, and their brains had undergone structural changes.

Epigenetics seems to be related to survival. The first generation of mice may not be around to warn the second or third generation about the dangers of cherry blossoms so, through epigenetics, these experiences can turn certain genes on or off helping the next generation survive. It's important to note that epigenetics doesn't just pass down trauma. It also passes down resilience and the strength of our ancestors.

## Hope for the Future

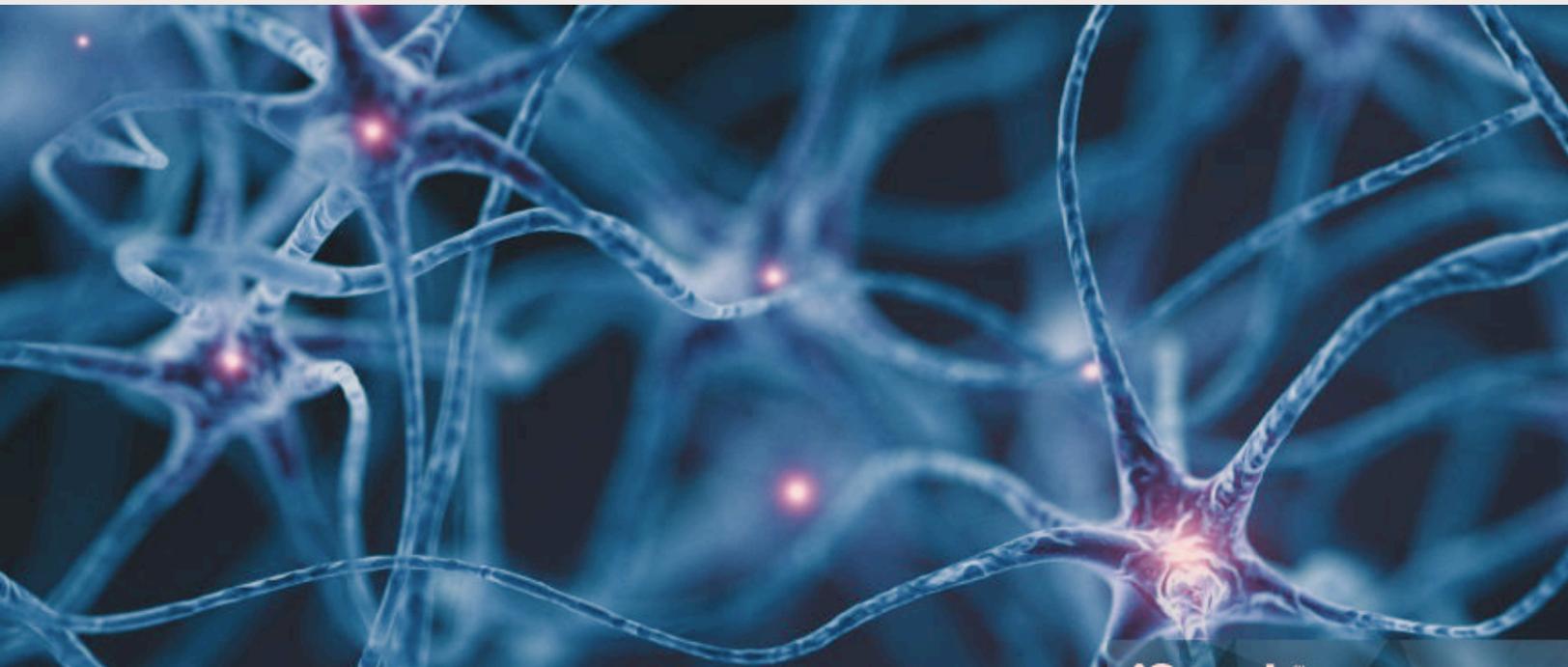
There is so much hope and so many things we now know we can do to change our lives and the lives of future generations. Epigenetics shows us that our experiences can turn on or off parts of our genetic code. This can change the way our code is read and either lead us

towards more disease and suffering or towards better health and vitality. By making conscious decisions to take care of your physical, mental, emotional, and spiritual well-being, you can influence your genetic code. This helps you move towards vitality and thriving instead of just surviving.

The neuroplasticity of your brain allows you to literally rewire your brain through new experiences. Every time you allow yourself to have a new experience and you are present in that moment, you quiet the predictions your brain might be making. A new program is created in your brain with new beliefs about the world. Being intentionally aware of what is happening in the present moment allows your brain to be more open and curious. This facilitates the creation of new pathways and results in a new lens to see the world through.

Your heart also plays a role. If you feel unsafe or can't express your emotions, you will stay shut down. This makes it hard to be yourself and connect with others. Emotions are a normal part of life, and you can learn to work with them. Instead of getting stuck in the pain of the past or worrying about the future, you can learn to surf the waves of your emotions as they unfold moment by moment. Being authentic with people about what you are thinking and feeling allows for healthy relationships and feelings of safety and trust.

Understanding trauma can help you understand yourself, your loved ones, and the world you live in. By learning how to work with trauma, you can heal and grow. Taking time to process the effects of trauma in your body, your emotions, your mind and your spirit can change the direction, the quality, and even the reality of your life.



## DISCUSSION OR REFLECTION QUESTIONS

1. Can you think of a time when your early experiences with caregivers influenced how you interacted with others? How did it affect you?
2. Have you ever felt numb or frozen when something bad happened? How did you cope with that feeling?
3. Can you think of a time when your brain got stuck in survival mode? How did it make you feel?
4. In what ways do you see the negativity bias mentioned in the text affecting your own thoughts and feelings? How do you see a negativity bias affecting others around you.
5. Why is it important to focus on the present moment and stay curious?
6. How can understanding trauma help you understand yourself, people around you, and the world you live in?

## PRACTICE, ROLE PLAY, OR MORE TO CONSIDER

### 1. Soft Belly Breathing

This breathing exercise activates the vagal nerve which connects to the brain and the heart and wraps around the stomach. Activating the vagal nerve through this exercise, sends a calming message to the brain.

Get yourself into a comfortable position with both feet on the ground. Really feel the support of the floor underneath. You can do this with eyes open or closed- whatever feels best to you.

Tune into how your body is breathing in this moment. Bring some awareness to the quickness of your breath and maybe the depth of your breath. Notice any pauses, maybe at the top of the inhale or at the bottom of the exhale.

Once you have a good sense of how your body is breathing, begin to bring that breath a little bit deeper into the body. Bring that breath down into the belly. It might even be helpful to place a hand on your belly so you can get a sense of where your breath is going.

Breathe in deeply through the nose. Fill the belly like a balloon and slowly exhale out through the mouth. Continue to breathe at your own pace but bring that breath deep into the belly.

Exhale. Take one or two more slow, deep, belly breaths. Then, allow your body to just breathe normally again. Notice how quick your breath is now. What is the depth of your breath? Notice any shifts in how your body is breathing from when you first checked in at the beginning of this practice until now.

If you had your eyes closed, go ahead and gently open your eyes, bring yourself back into the space.

# 3.2

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## HEALING FROM TRAUMA

Whether you have experienced trauma or have stress in your life, as we all do; learning tools and skills to care for your body, mind, heart, and spirit will make a positive difference.

# HEALING FROM TRAUMA

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In this lesson you will:

- Learn how adequate sleep, exercise, and a healthy diet can impact both your body and mind
- Explore how gratitude can balance out negativity
- Discover how mindfulness and awareness can help your brain work better
- Examine how creative expression and time in nature can help your body, mind, heart and spirit

## HEALING FROM TRAUMA

### The Power of New Experiences

Trying new things is an important part of healing from trauma. New experiences have the ability to rewire your brain and nervous systems which, in turn, changes how you see the world. They also influence the turning on or off of your genetic code and the subsequent expression of health or disease. This can impact not only your life but the lives of any children you have and your future generations.

In trying new things, you may feel strange or uncomfortable. It's important to sit with that discomfort and not run away from it. Discomfort is part of the learning process.

Simulate the discomfort of new things by trying this activity:

*Cross your arms and then uncross them. Now cross them again but with the other arm on top. How does that feel to you?*

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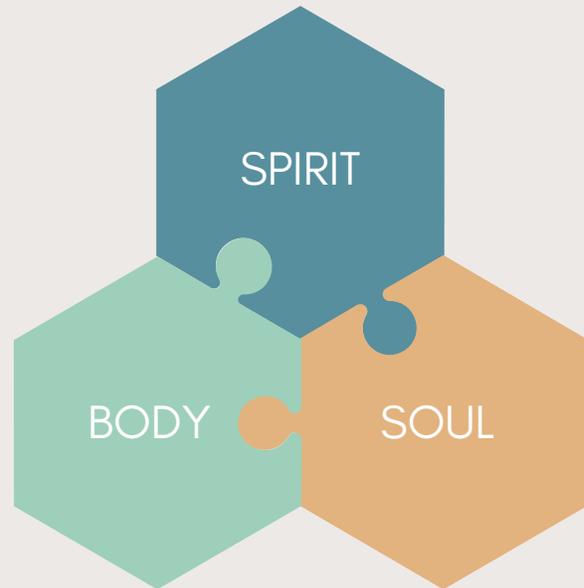
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*We are used to doing things a certain way. Expect a new way of doing something to feel uncomfortable at first.*

### Supporting the Whole Person

As human beings, we are body, soul (thoughts/emotions) and spirit. These are

interconnected so healing strategies for trauma must consider all three.



### Body Work

Traditional weight-bearing exercise is well known to be good for the physical body but it is also good for the mind. During exercise, the brain releases chemicals that give you a sense of happiness and sharpen your focus. This includes dopamine which makes you feel good, serotonin which helps stabilize your mood, and noradrenaline which helps your brain focus and learn. Physical activity needs to be understood as a tool that also supports your brain.

Adequate rest - on average 7-9 hours for adults - is another important component for brain health, overall health, and energy levels. When you sleep, your lymph system needs at least four hours to clear out the brain. During that time, the

brain is washed with a fluid to remove brain plaque. The presence of plaque in the brain is associated with dementia. Quality of sleep matters too, so make sure to take steps that are known to improve your sleep like 1) shutting off screens at least an hour before bed, 2) sleeping in a really dark room, and 3) keeping your bedroom at a cooler temperature.

Eating healthy food and staying hydrated is also necessary for the optimal health of your whole person. Taking time to pick out affordable nutritious foods is worth the effort because what you eat affects your mood. Serotonin, a mood stabilizer, is mostly produced in your gut. Therefore, your body's production and use of serotonin is influenced by your diet. Certain foods like prebiotics and probiotics can also help offset the effects of antibiotics which include altering your mood. Fasting - not eating for a certain amount of time - helps your body put energy towards rest, repair, and the reset of systems like your immune system.

In addition to traditional exercise, body work like yoga, somatic practices, massage, singing, dancing, are all good for the body, mind and spirit. They can powerfully facilitate the release of emotional energy from trauma that has been stored in the body. Individuals needing healing from trauma may experience a strong emotional response during body work. Paying attention to your body and befriending the sensations that you are experiencing has been found to promote healing from trauma. Having people around you who understand and

are able to support this emotional release as a good thing is also important. There now exists trauma-informed yoga and trauma-informed massage.

Body scans are helpful in restoring healthy connections between your body and your emotions. Your body is always telling you what you need. It lets you know when you're tired, hungry, or thirsty. If you are not listening and keep pushing to get things done, sickness can be the result. To take a body scan, get in a comfortable position; close your eyes and begin focusing on your breath. Choose a place to start and focus on that part of your body as you continue breathing slowly and deeply. As you notice pain, tension, or anything out of the ordinary in each part, you can then address what's wrong physically and emotionally. Physically, you can release tension when it's noticed, and allow for a change in the thinking that's associated with the tension. As you become aware of associated emotions, sit with those feelings and allow your body to let go of that energy. This can improve your ability to cope with big feelings.



Being outside and connecting with the earth is another important factor in promoting health for your physical body.

The earth releases its own energy such as negative ions that have been shown to be helpful and improve your sense of well-being. Always wearing shoes prevents this energy from reaching your body. Simply taking off your shoes and putting your feet on the ground can help you feel calm and balanced. It's like pressing a reset button for your body. "Grounding" is really amazing and can make you feel so much better.

Breathing exercises can be a component of bodywork and help bring your focus out of the pain of the past or fear of the future, and into the present. Wim Hof has developed powerful breathing exercises that help you connect with your body, improve your immune system, and focus your brain. You can find his videos online. A simple but effective breathing practice is the Physiological Sigh. To practice the physiological sigh, begin an inhale, but before you get to the top, take another inhale. Then, expel all your air with an exhale. That's it! A double inhale followed by a long exhale.

According to Dr. Vander Kolk, a professor of psychiatry and leading expert on trauma, "People who feel safe in their bodies can begin to translate the memories that previously overwhelmed them into language."

### Mind Work

Mindfulness or awareness practices can improve focus and cognitive function. They involve bringing your attention back to the present moment. For example, when washing the dishes, pay attention to

how the water feels on your hands. What is the temperature? What does the plate feel like? What is the texture? What is the weight? Noticing how things feel, smell and taste increases your awareness of the present moment and your ability to choose how you want to respond. In that context, when something happens, your brain will be less likely to react automatically with fight, flight, freeze, faint, or fawn responses. The fawn response is a default when fight, flight, or freeze are not an option or unsuccessful. The only hope of survival becomes agreement and cooperation. A habit of this people-pleasing response is typical in people who grew up in abusive situations. Sleep, good nutrition, and exercise - as noted before- are essential for optimal brain function. Although more research is needed, studies are strongly indicating that fasting also positively impacts brain function. Grounding outside and breathwork can help calm our nervous system and bring our prefrontal cortex back online.

#### 5-4-3-2-1 Mindfulness Exercise:

**Step One** - Notice 5 things you can **feel**. E.g. the clothes you're wearing, room temperature, etc.

**Step Two** - Find 4 things you can **see**. Look closely at their shape, texture, and color.

**Step Three** - Listen for 3 things you can **hear**.

**Step Four** - Notice 2 things you can **smell**.

**Step Five** - Think of one thing you've recently **tasted**.

## Heart Work

Heart-centered quiet moments are a great way to support your emotional health. While sitting quietly, put your hands on your heart and think about things that give you joy or cause you to feel love and gratitude. Let those feelings fill your whole body. Imagine breathing them in. Take time also to express your emotions through music, drawing, dancing, or writing. These are healthy ways to release emotional energy. Spending time with people or pets that make you feel loved and allow you to express yourself is another way to support your emotional health.

Practicing gratitude helps balance out negative thoughts and can help you overcome a negativity bias. Your brain may have been trained to expect and look out for danger and problems. You are rewiring it to notice safety and the good things in our life when we take time to be grateful.

Noting 3 Good Things- a Gratitude Practice:

*Every evening, before going to bed, take 5-10 minutes to consider your day and write down three things in your life for which you are thankful. Consider your part in those things.*

*E.g. If you saw a beautiful sunset, write that down and note that you took the time to notice it.*

## Spiritual Work

You can support your spirit by spending time outside and noticing characteristics

of the natural world. Forest bathing-immersing yourself in the atmosphere of the woods - appears to reduce levels of the stress hormone cortisol, stimulate the immune system, and provide the benefits of aromatherapy. Clinical psychologist Susan Albers, PsyD said, “The sights, sounds and smells of the forest take us right into that moment, so our brains stop anticipating, recalling, ruminating and worrying.”

Writing in a journal is another means of strengthening your spiritual connection. You can express your thoughts and emotions, respond to spiritual readings or record intuitive reflections. Intuitive reflection is listening to the spirit within us regarding decisions or topics and sensing the direction you should go. An inner check or sense of contraction in the body may indicate a “no” while peace and openness or lightness may indicate a “yes.” Finally, prayer, meditation, and connecting with a spiritual family is powerfully supportive of your spirit.

We are spiritual beings in human bodies who have experiences, thoughts, and emotions. Awareness of all these parts of ourselves is important and reminds us we are more than our thoughts. By practicing and becoming familiar with the exercises in this section, you support healing for your whole person.



## DISCUSSION OR REFLECTION QUESTIONS

1. Have you tried something new recently? How did it make you feel?
2. Why is it important to learn how to sit with discomfort when trying something new?
3. What are some ways you can take care of your body, mind, emotions, and spirit?
4. Why is being grateful important to our bodies and our brains?
5. What are some ways you connect with the earth and/or nature and how does it make you feel?
6. Which practices mentioned in the text do you already use to support your mind, body, heart, and spirit?

## PRACTICE, ROLE PLAY, OR MORE TO CONSIDER

### 1. **Soft Belly Breathing**

This breathing exercise activates the vagal nerve. This nerve connects to the brain and the heart and wraps around the stomach. Activated through this exercise, it sends a calming message to the brain.

Get yourself into a comfortable position, maybe both feet on the ground. Really feel the support of the floor underneath. You can do this with eyes open or closed, whatever feels best to you.

Tune into how your body is breathing in this moment. Bring some awareness to how quick is your breath and maybe the depth of your breath. Noticing any pauses, maybe at the top of the inhale or at the bottom of the exhale.

Once you have a good sense of how your body is breathing, begin to bring that breath a little bit deeper into the body. Bring that breath down into the belly. It might even be helpful to place a hand on your belly so you can get a sense of where is your breath going.

Breathe in deeply through the nose. Fill the belly like a balloon and slowly exhale out through the mouth. Continue to breathe at your own pace but bring that breath deep into the belly.

Exhale. Take one or two more slow, deep, belly breaths. Then, allow your body to just breathe normally again. Notice how quick your breath is now. What is the depth of your breath? Notice any shifts that happened in how your body is breathing from when you first checked in at the beginning of this practice until now.

If you had your eyes closed, go ahead and gently open your eyes, bring yourself back into the space.

### 2. **Feet Seat Breath**

Now, let's try a quick practice called "feet seat breath." Find a comfortable position with both feet on the ground. You can keep your eyes open or closed. Start by focusing on the sensation of your feet being supported by the earth or the floor. Feel the support on your heels, the balls of your feet, and each toe. Now, bring your attention to your seat and notice which parts of your body are

## PRACTICE, ROLE PLAY, OR MORE TO CONSIDER

touching the chair or whatever you're sitting on. Feel the pressure and support. Remember that the chair is also supported by the earth. Finally, bring your awareness to your breath. Notice how your body knows how to breathe without you telling it to. Feel the support as you inhale energy into your body and the wisdom as your body releases energy on the exhale. Take a moment to appreciate all three supports in this moment: the floor supporting your feet, the chair supporting your seat, and your body supporting your breath.

Support your seat and your breath. End this practice with a grounding breath. Take a big breath in through your nose and breathe out slowly through your mouth. You can close your eyes and then open them again to come back into the room.

### 3. **Mindful Awareness of Thoughts**

This practice is about being aware of your thoughts. You can close your eyes or keep them open, whichever feels comfortable. You want to notice your thoughts without getting caught up in them. It's like watching a cloud pass by in the sky or a leaf floating down a river. You see the thought and then let it go.

Then you notice the next thought and become aware of your mind in this moment. Your thoughts come in quickly, like popcorn popping. Many thoughts come in, so try to pay attention to them. Imagine you are sitting in a theater, watching thoughts go by on a screen.

Then, let go of noticing your thoughts and bring yourself back.

### 4. **Body Scan**

This exercise helps you become more aware of your body. Get yourself into a comfortable position. If it feels good to have both feet on the floor, go ahead and do that. Start to begin to bring the awareness inward. You're going to scan through the body a couple different times.

1. The first time, as you scan from the head down to the toes, tune into sensations of aliveness in the body. Sensations of aliveness might feel like warmth, tingling, expansion, flowing and movement. Begin to tune in as you scan from your head all the way down to your toes. You may only notice sensations of aliveness in one really small part of the body, or maybe you can

## PRACTICE, ROLE PLAY, OR MORE TO CONSIDER

sense it and feel it throughout the whole body. It doesn't really matter. Just begin to tune into it - sort of like a radio frequency. What do the sensations of aliveness feel like in your body?

2. Now you're going to scan through the body another time from the head down to the feet. This time, tune into and notice sensations of stress in the body. Notice contraction, tightness in muscles, sensations of coldness, maybe even discomfort or pain. These sensations can be a little bit more difficult to sit with, but just remind yourself that these sensations are ways that the body talks to you and gives you important information. Do not try to change or shift anything. You're just listening to the body. Maybe take a slightly deeper inhale, lengthening the exhale a bit as you now bring your awareness to sensations in the body of numbing, numbness, or feeling absent (like there's no sensation of alive or stress - just nothingness). And this too is important information that the body is sharing; perhaps indicating places in the body that have been carrying and storing some unprocessed trauma energy.

3. Next, see if you can scan the body with an open and curious mind, noticing where is there numbing or parts of the body that are hard for you to tune into. Bring your awareness now up into the breath for a few moments - feeling into that expansion and contraction of the body as it breathes itself. Then close with a grounding breath - a nice big inhale in through the nose, and a slow exhale out through the mouth. If you had your eyes closed, you can go ahead and open your eyes, bringing yourself back into the space.

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Thomas Hübl (born in 1971) is an Austrian teacher and author. He is a collective trauma expert, trauma-informed leadership advisor, and a visiting scholar at Harvard University's Wyss Institute. He is also the founder and owner of the Academy of Inner Science.

<https://thomashuebl.com>

Gabor Maté's (born January 6, 1944) is a Canadian-Hungarian physician. His approach to addiction focuses on the trauma his patients have suffered and looks to address this in their recovery. In his book *In the Realm of Hungry Ghosts: Close Encounters with Addiction*, Maté discusses the types of trauma suffered by persons with substance use disorders and how this affects their decision-making in later life.

<https://drgabormate.com>

Stephen W. Porges, Ph.D. is Distinguished University Scientist at Indiana University where he is the founding director of the Traumatic Stress Research Consortium. He is Professor of Psychiatry at the University of North Carolina, and Professor Emeritus at both the University of Illinois at Chicago and the University of Maryland.

<https://www.stephenporges.com>

Bessel van der Kolk, MD, spends his career studying how children and adults adapt to traumatic experiences, and has translated emerging findings from neuroscience and attachment research to develop and study a range of treatments for traumatic stress in children and adults.

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# 3.3

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## SUPPORTING TRAUMA RECOVERY

There are helpful ways to support the healing process for a person recovering from trauma. Learning to tune into your body, your emotions and your spirit, as well as your mind, enables you to connect with other people in ways that are supportive and build healthy relationships.

We were designed to be medicine for one another.

# SUPPORTING TRAUMA RECOVERY

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In this lesson you will:

- Understand the importance of acknowledging and processing your own emotions
- Identify common adaptations that occur in a person who has experienced trauma
- Learn three important components that will support another person as they heal from trauma and help release them from the imprint of that trauma on their mind, body, and emotions.

## SUPPORTING TRAUMA RECOVERY

There are three key things that can be very helpful in supporting others as they heal from trauma: co-regulation, attunement, and learning how to sit with difficult emotions.

### **The Power of Co-Regulation**

Emotional regulation is the ability to manage and respond to emotions in a healthy way. People with healthy emotional regulation can notice their mental and emotional state and respond in a way that is thoughtful rather than reacting impulsively. They can change the duration or intensity of the emotion they are feeling, and use a variety of coping strategies such as rethinking the situation or focusing on positive things. The prefrontal cortex is the part of the brain that controls this type of regulation. It develops primarily during adolescence and fully matures around age 25. Children do not have the ability to self-regulate so they rely on the emotional regulation of those around them or take their cues from the regulation they are seeing. If those around them are dysregulated, the nervous system of the child is likely to be dysregulated.

This can also be true of adults. Have you ever walked into a room feeling good, and upon entering, you sensed a shift in your emotional energy? You can pick up on the regulation or dysregulation of others even without seeing their face. When you want to support people as they are healing from trauma, it's important that you are able to recognize and

respond appropriately to other people's emotional cues as well as your own. The ability to sense when someone is down and help lift their spirits, and experience that same comfort from them when you're feeling down is known as "co-regulation." Co-regulation is a process where people interact to help each other manage their emotions and behaviors. It's a key part of building and maintaining healthy relationships.

As people heal from trauma, they may have significant emotions come up. A person who is unable to regulate their own emotions will not be able to support them. Any dysregulation from that supportive friend will create a sense of unease rather than safety. Supportive friends need to understand their own emotions and be in tune to know if they are in the red, green, or blue zone based on their physiological cues. You have to be able to support your own nervous system and regulate your emotions in order to help support the other person in managing their nervous system and emotions.

### **The Power of Attunement**

Attunement is also critical to supporting a person healing from trauma. It's the skill of connecting with another person using tools like empathy, mindfulness, active listening, and the application of personal knowledge and experience in order to understand the other person. You're experiencing attunement when you tell someone, "I'm fine," and they sense

you're not being completely honest so they dig a little deeper to find out what's really going on.

Attunement requires being present in the moment. First notice what's going on within yourself and make sure your own emotions are regulated. If, for example, you allow yourself to be preoccupied with your own concerns, with what you should say or do, or with something from the previous night; you will be unable to tune into what the other person is experiencing and support them in the ways that are needed. In contrast, when you are focused on the present moment, your mirror neurons - the brain cells designed to pick up on what the other person is experiencing emotionally - will be fully operating. They will enable you to experience the other person's feelings and respond in a way that makes them feel seen, heard, and understood. It's key to building secure and strong relationships.

In the process of attunement, you will not be trying to fix the problem for the other person. Instead, you will just be present in the moment with them. With openness and curiosity, you can ask them how they're doing. Listen deeply and imagine life through their situation and circumstances. In that moment, observe not only what they are saying, but how they are saying it. Tune into their tone of voice - what does it tell you? What are they saying between their words? Reflect their feelings, and respond with compassion, giving consideration to what they might need at this moment from a friend.

The connection that comes from attunement creates an environment in which the person dealing with trauma feels safe enough to talk about and process painful emotions. Oftentimes, in a deeply emotional moment, such as the loss of a loved one, there may be nothing you can say that's going to make it better for them. But studies are showing that just being with the person while they experience deep emotions of difficult circumstances can trigger the release of inhibitory peptides in their amygdala which helps to calm their nervous system. Our presence can be medicine for each other.



Attunement draws on the information and wisdom coming from your body, your heart and your spirit that the brain depends on even though that information isn't always consciously processed in the mind.

Trauma often involves neglect or abuse from people who have had significant influence or power in a person's life. This kind of betrayal can leave individuals with a deep sense that they are not important to the people around them and that relationships are unsafe. If the emotional pain of that rejection is too difficult to experience or process, the



## DISCUSSION OR REFLECTION QUESTIONS

1. As you were growing up, how did the adults in your life handle their emotions? What helpful examples did you have for emotional regulation?
2. What are examples of co-regulation from your life?
3. Share a time when you experienced attunement or had a safe place where you were able to share about deep emotions or a difficult experience.
4. What emotions are difficult for you to manage yourself or sit with for another person?

## PRACTICE, ROLE PLAY, OR MORE TO CONSIDER

### 1. Awareness of the Heart Practice (Emotions)

Get yourself into a comfortable position - whatever feels good to you. If closing your eyes feels good, you can close your eyes or you can choose to have a soft gaze downward. Now bring your awareness inward and be curious about what emotions are present for you right now, in this moment.

Maybe one emotion is particularly alive in you, or maybe you're feeling a couple of different emotions that are connected. Perhaps feeling inspired by what was presented in this section and curious to learn more. Or maybe you're noticing emotions that seem contradictory - some excitement and some fear (or something else). When you tune in, you realize that emotions are nuanced and you can hold multiple emotions at the same time. Holding on to emotions can feel hard when they seem so different from each other. Continue to notice what emotions are present right now.

*Is there a particularly strong emotion?*

*Can you name the emotion?*

*How is it showing up in your body? Where are you feeling the emotion(s)?*

Now begin to tune in a bit to that heart-mind connection as well. Is there a story or thought that your mind has created to make sense of that emotion?

Finally, bring your awareness for just a moment or two to your breath - notice how your body is breathing itself. Close with a grounding breath - a big inhale through the nose followed by a slow exhale out through the mouth. When you feel ready to bring yourself back into the space, you can slowly open your eyes. If it's helpful, you can take a look around the room and notice what's around you in the space you're in.

2. Feeling safe with other people is critical to mental health. Practice some group routines that can foster a sense of safety, predictability, and being known and seen: Take time to introduce and greet each other by name and make face to face contact. Then take time to check in with each other - each person sharing what is on their mind while the others practice attunement.
3. Practice helping someone gain emotional intelligence by identifying the physical sensations and cues that are associated with different emotions . . . e.g. what does anger feel like and look like.

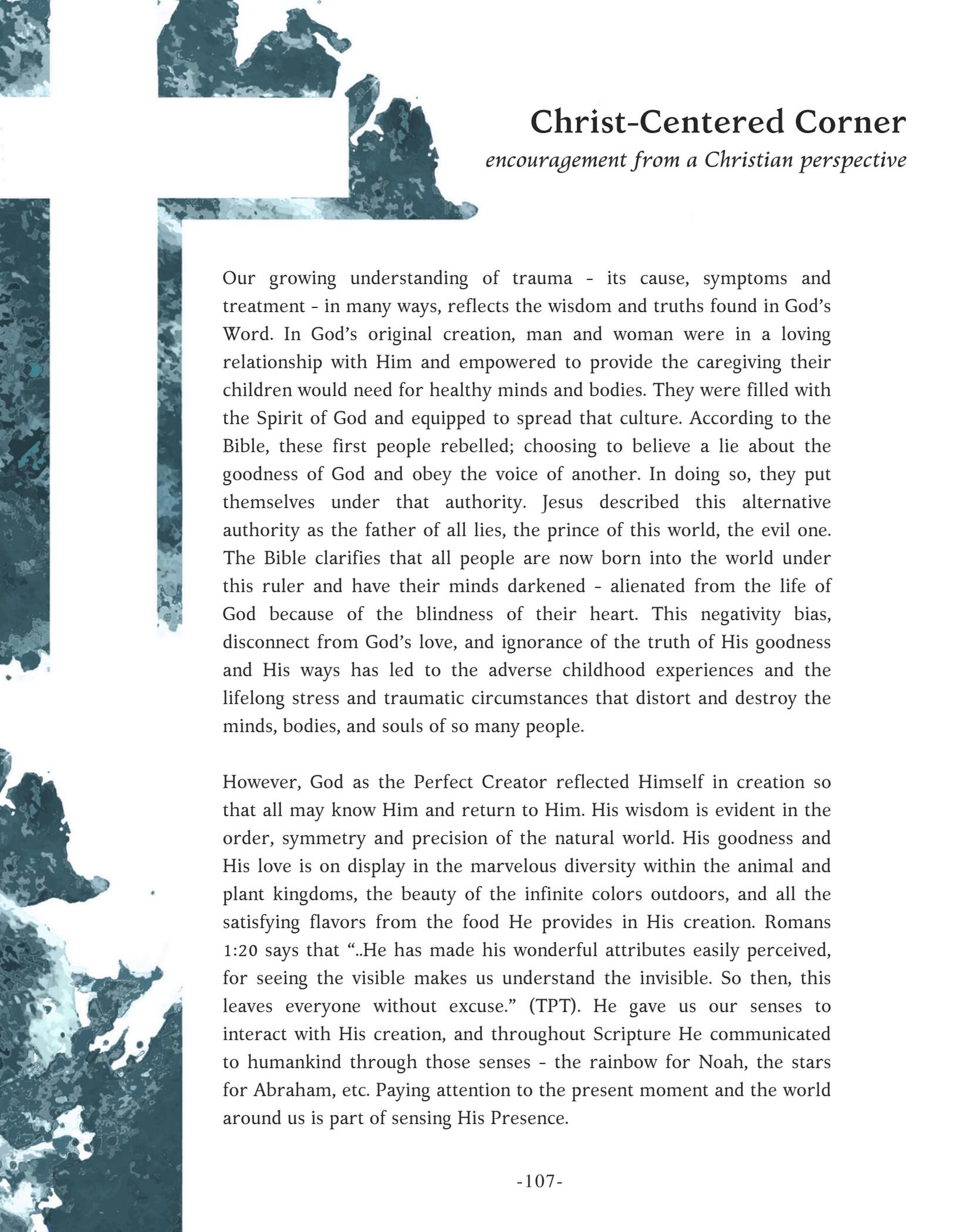
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HeartMath Institute (HM): a nonprofit 501(c)(3) research and education organization established in 1991 by founder Doc Childre, a global authority on reducing stress, building resilience and optimizing personal effectiveness. He is the originator of the HeartMath® System, which entails practical, heart-based tools and technologies that people of all ages and walks of life can use to enhance health, performance and well-being. The HeartMath System is widely used by Fortune 500 companies, the military, hospitals, clinics, schools and thousands of adults and children. HMI's organizational, educational, and clinical research on emotional physiology and self-regulation has been published in peer-reviewed scientific journals and presented at many scientific conferences worldwide.

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## Christ-Centered Corner

*encouragement from a Christian perspective*

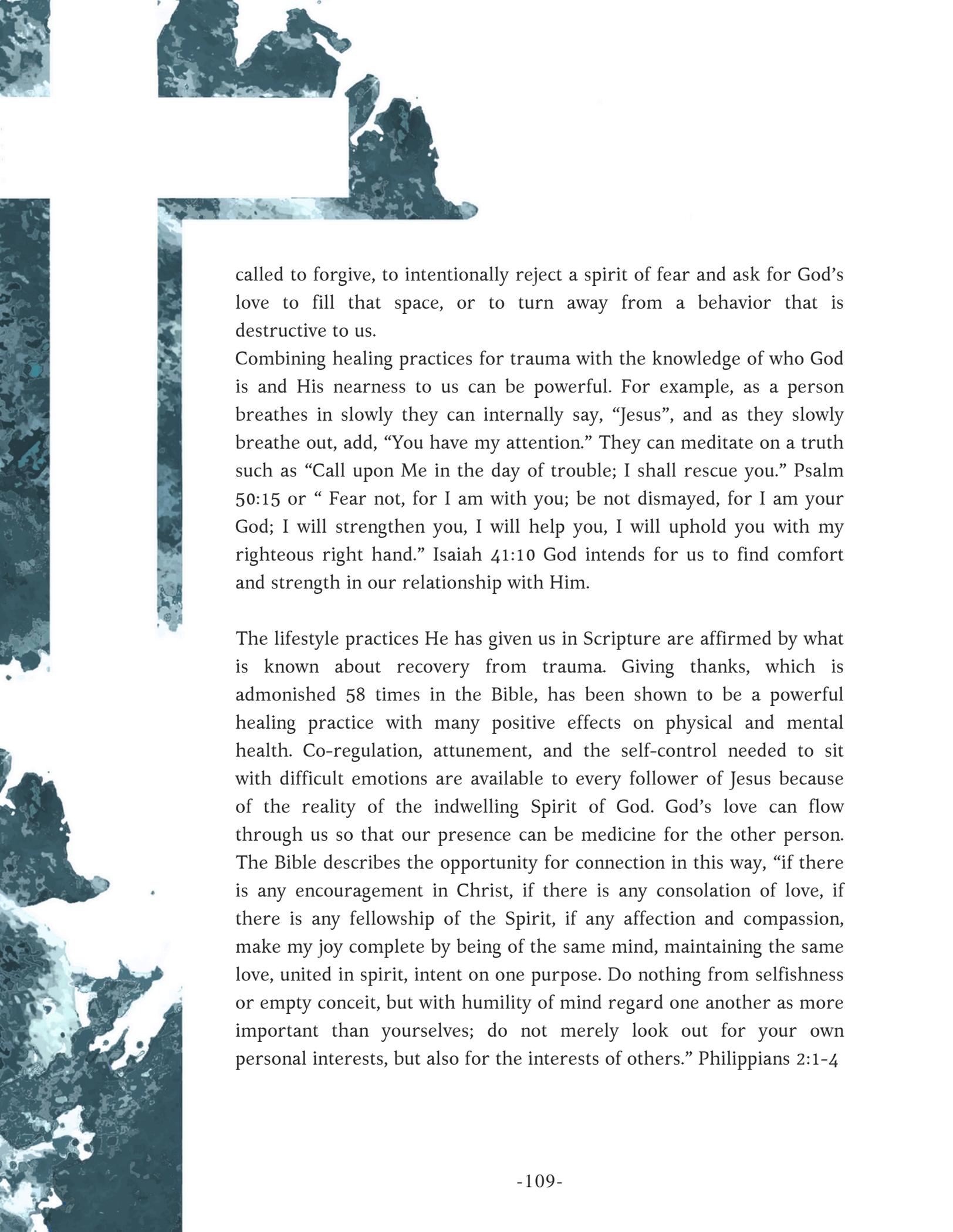
Our growing understanding of trauma - its cause, symptoms and treatment - in many ways, reflects the wisdom and truths found in God's Word. In God's original creation, man and woman were in a loving relationship with Him and empowered to provide the caregiving their children would need for healthy minds and bodies. They were filled with the Spirit of God and equipped to spread that culture. According to the Bible, these first people rebelled; choosing to believe a lie about the goodness of God and obey the voice of another. In doing so, they put themselves under that authority. Jesus described this alternative authority as the father of all lies, the prince of this world, the evil one. The Bible clarifies that all people are now born into the world under this ruler and have their minds darkened - alienated from the life of God because of the blindness of their heart. This negativity bias, disconnect from God's love, and ignorance of the truth of His goodness and His ways has led to the adverse childhood experiences and the lifelong stress and traumatic circumstances that distort and destroy the minds, bodies, and souls of so many people.

However, God as the Perfect Creator reflected Himself in creation so that all may know Him and return to Him. His wisdom is evident in the order, symmetry and precision of the natural world. His goodness and His love is on display in the marvelous diversity within the animal and plant kingdoms, the beauty of the infinite colors outdoors, and all the satisfying flavors from the food He provides in His creation. Romans 1:20 says that "...He has made his wonderful attributes easily perceived, for seeing the visible makes us understand the invisible. So then, this leaves everyone without excuse." (TPT). He gave us our senses to interact with His creation, and throughout Scripture He communicated to humankind through those senses - the rainbow for Noah, the stars for Abraham, etc. Paying attention to the present moment and the world around us is part of sensing His Presence.



He also made provision for people to experience Him as the Great Physician through the design of creation. Science is now showing that our bodies respond to the beauty of the world He created. The placement of surgical patients near a window with a natural view was associated with faster healing and less pain medication. Measurable changes in stress hormones and improved immune functioning are seen after time in the woods or other natural spaces. Clearly, God values our physical bodies and cares about our physical well-being. Breathing practices work with God's design of the body to empower emotional regulation and help us be in the present moment so that the peace He intended for us replaces fear.

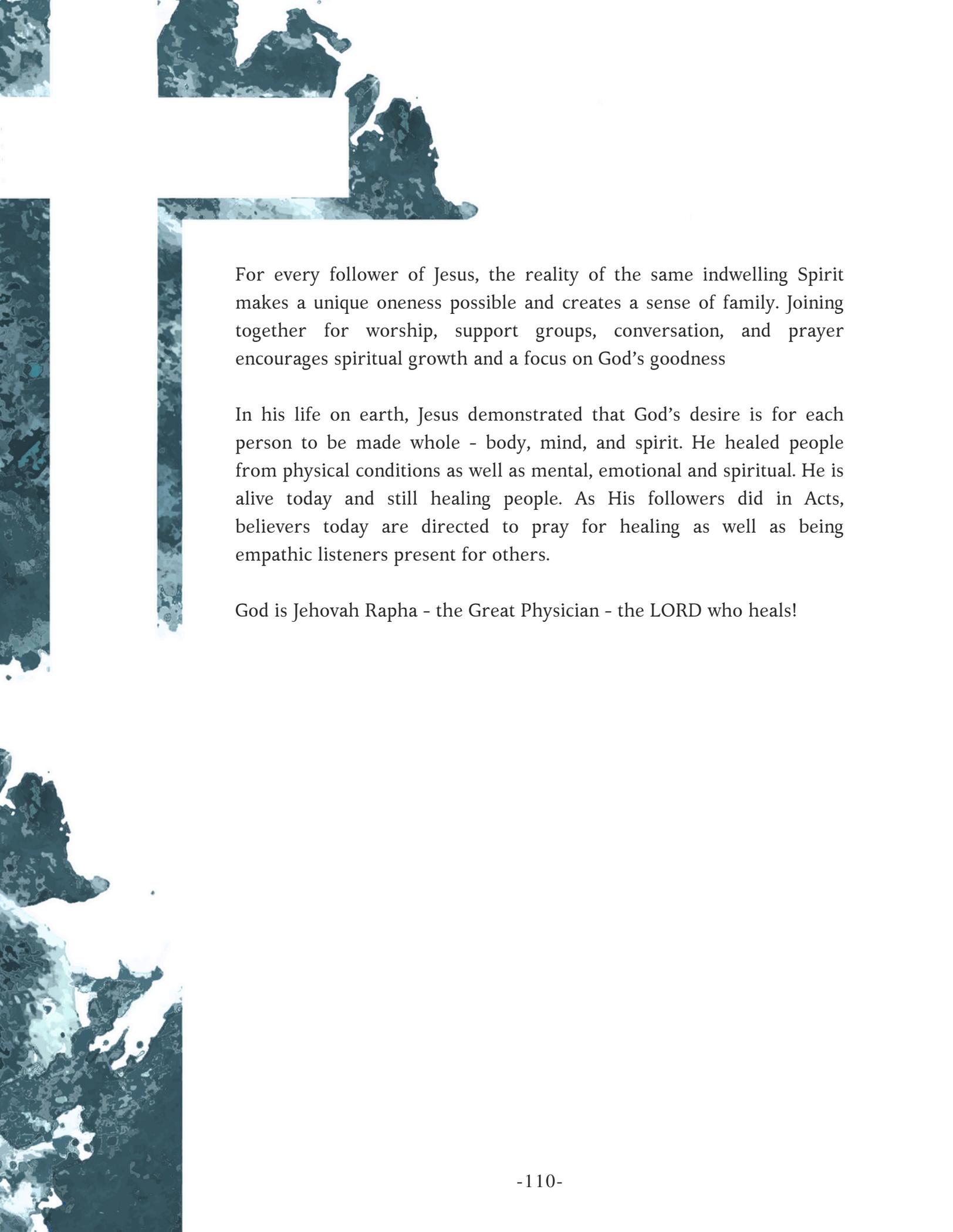
Most importantly, God sent His Son Jesus to be the exact representation of His nature and to make a way for each person to be reunited as a child to Him, their Perfect Father. No longer does anyone have to be without emotional support, alone and disconnected. Upon believing in Jesus, the gift of God's Spirit will fill them and restore to them what was originally to be theirs - connection with the heart of God and the mind of Christ. Jesus told his followers they were blessed to have eyes that see and ears that hear; and linked that with the ability to perceive the spiritual realm and understand the truth of God's Word in their hearts. (Matthew 13:9-16) Like the psalmist, we too can ask God's indwelling Spirit to "Search me, O God, and know my heart; try me and know my anxious thoughts; and see if there be any hurtful way in me, and lead me in the everlasting way." (Psalm 139:23-24) Holy Spirit is available as the perfect counselor in the healing from trauma. Alone, or in a therapy setting, He can bring to mind the wounds of our soul and replace the old narrative and painful memories with a new perspective that brings life and growth. He can expose the mindsets, behavior patterns and lies in our hearts that need to be replaced with God's Truth and Ways that bring freedom and the ability to experience peace and joy. We may be



called to forgive, to intentionally reject a spirit of fear and ask for God's love to fill that space, or to turn away from a behavior that is destructive to us.

Combining healing practices for trauma with the knowledge of who God is and His nearness to us can be powerful. For example, as a person breathes in slowly they can internally say, "Jesus", and as they slowly breathe out, add, "You have my attention." They can meditate on a truth such as "Call upon Me in the day of trouble; I shall rescue you." Psalm 50:15 or "Fear not, for I am with you; be not dismayed, for I am your God; I will strengthen you, I will help you, I will uphold you with my righteous right hand." Isaiah 41:10 God intends for us to find comfort and strength in our relationship with Him.

The lifestyle practices He has given us in Scripture are affirmed by what is known about recovery from trauma. Giving thanks, which is admonished 58 times in the Bible, has been shown to be a powerful healing practice with many positive effects on physical and mental health. Co-regulation, attunement, and the self-control needed to sit with difficult emotions are available to every follower of Jesus because of the reality of the indwelling Spirit of God. God's love can flow through us so that our presence can be medicine for the other person. The Bible describes the opportunity for connection in this way, "if there is any encouragement in Christ, if there is any consolation of love, if there is any fellowship of the Spirit, if any affection and compassion, make my joy complete by being of the same mind, maintaining the same love, united in spirit, intent on one purpose. Do nothing from selfishness or empty conceit, but with humility of mind regard one another as more important than yourselves; do not merely look out for your own personal interests, but also for the interests of others." Philippians 2:1-4



For every follower of Jesus, the reality of the same indwelling Spirit makes a unique oneness possible and creates a sense of family. Joining together for worship, support groups, conversation, and prayer encourages spiritual growth and a focus on God's goodness

In his life on earth, Jesus demonstrated that God's desire is for each person to be made whole - body, mind, and spirit. He healed people from physical conditions as well as mental, emotional and spiritual. He is alive today and still healing people. As His followers did in Acts, believers today are directed to pray for healing as well as being empathic listeners present for others.

God is Jehovah Rapha - the Great Physician - the LORD who heals!

