

Trauma Informed Recovery Oriented Community of Care (TIROCC) Newsletter

October 2016



A Legacy of Hope and Success!

Trauma Informed, Recovery Oriented and Outcome Driven: A Philosophy We Live By

Cheryl Purviance, MSW, LISW-S
Director of Trinity Home and Community-Based Services

Steve Burggraf, Ph.D., LPCC-S, IMFT is the founder and CEO/ Executive Director of Family Life Counseling, an agency born from a community need and one which continues to follow the direction it began taking at its inception in 1998.

At that time, Richland County Children's Services, Juvenile Court and the Richland Foundation worked in partnership with Dr. Burggraf and his small "Dream Team" to stabilize then preserve families in crisis. It was a home and community-based effort, which Dr. Burggraf still sees as the heart of the work at FLC. Currently, the Trinity Home and Community-Based Program which includes two IHBT teams, multi-county in-home counselors and a slew of case managers is "our gold standard" which is continually focused on adolescents and families.

Those initial efforts were successful, with "significant outcomes in keeping families together," says Dr. Burggraf. He adds, "we found we were being effective and needed to...keep it going." With encouragement from community partners, this initial effort ultimately became Family Life Counseling.

From that point, growth has been incredible. Dr. Burggraf attributes this to the philosophy behind the agency: *Counseling that Makes a Difference*, and to the approach that the staff takes when moving into a new area (service or geographical) which is to ask, "What do you need?" This focus on finding a need and filling it has developed into programs such as Revive (play therapy), Raphah (sexual abuse), Metanoia (domestic violence) and multiple other specialty programs. "We specialize in the development of specific programs" to meet specific needs.

Regarding the perception that FLC is a "Christian agency," Dr. Burggraf notes, "we...respect...the spiritual dimension that we all have," and adds "we don't force that on anyone....we offer [Christian Counseling]...but [services] should be individualized" per the client's choice. When asked whether anyone, regardless of religion, race or sexual orientation should feel comfortable coming to FLC he says emphatically, "Absolutely!" and refers to unconditional positive regard as a necessity.

This transitions perfectly into how the TIROCC project has matched with FLC's focus: services are about accepting wherever someone is coming from with the purpose of helping them to define what recovery means to them and to accomplish that in their own life. On a very personal and professional level, Dr. Burggraf notes that TIROCC "captured it for me...as we look at people in recovery instead of asking 'what's wrong with you?' we should ask 'what happened to you?'...It opens the doorway to a greater...understanding of how that person has become who they are. All of us are subject to trauma."

In terms of how TIROCC is becoming a natural part of Family Life's work, Dr. Burggraf notes three specific things: first, that we are Trauma Informed (that everyone we work/connect with understands the reality of trauma and its effects); second, that we are Recovery Focused (letting individuals identify what recovery means to them, then joining with them to help them live the life they want to live); and finally, that we are Outcome Driven ("we don't want to hope we're doing a good job—we want to *know* that we are").

Dr. Burggraf says of the staff at Family Life Counseling, "we have a group of people that truly do care about people and genuinely want to help" and describes them as 'like-minded people drawn together as a team that seeks to make a positive difference in the community.'

~About the Author~



Cheryl completed her bachelor's from Asbury College in Wilmore KY and an MSW from The Ohio State University.

Cheryl has been with Family Life counseling for 8 years and currently is Director of Home-Based Services and Mental Health Liaison for Children's Services.

Cheryl has 4 daughters, 7 granddaughters and 1 grandson, and a 90-lb boxer named, Baxter.



S.E.L.F.: A Trauma Informed Model

As our county becomes more trauma-informed, better models for treatment continue to emerge. Using simple terms to address difficult challenges allows people to build better coping skills to help make safer choices, manage difficult emotions, recover from loss, and set goals for a good future. The S.E.L.F. model is designed to do just this. Using four concepts: Safety, Emotions, Loss, and Future, it focuses on common issues involved in traumatic events within a person's life. Dr. Sandra Bloom developed the model because workers in the social services field have not shared a common method for working with traumatized clients.

In fact, these coping skills can be learned outside the clinical setting. I am utilizing it in my home with my children, two of whom are special-needs. The goal is to work with them instead of for them. They are able to express and communicate their situation by learning to use the four concepts (S.E.L.F.). Conversations are easier to process with them and provide reassurance when dealing with stressful situations during their day. Using simple terms allows everyone to be on the same page which removes barriers to progress.

Gregory A Taylor, MA, LPCC-S
Three C Counseling



~About the Author~

Gregory A. Taylor MA, LPCC-S is a Counselor with Three C Counseling and has 12 years of experience working in the behavioral health field. He attended Ashland Theological Seminary from 2004-2006 and received a Masters of Arts in Pastoral Clinical Counseling. Greg is married and has 3 children.

Upcoming Events:

October 18th

5:30 Richland County Mental Health and Recovery Board's Board of Directors will hold their regularly scheduled meeting and will also have Trauma Informed Recovery Oriented Community of Care Training.

October 25th

8:00 William L. Hegarty, JD from the State of Ohio Counselor, Social Worker and Marriage and Family Therapist Board will be presenting Professional Ethics 2016. For registration information call the Richland County Mental Health and Recovery Services Board at 419-774-5811.

November 16th

8:00 Landa C. Harrison, LPC will present TIROCC Clinical Tools: Concrete Use of Trauma Informed Tools in the Clinical Setting Training which will be held at Richland County Children Services Futty Training Room. For registration information call the Richland County Mental Health and Recovery Services Board at 419-774-5811.

November 17th

From 10:00 till 11:30 the TIROCC Steering Committee will be meeting to continue planning for the project.

Moving TIROCC Forward

On September 8th, 2016, we experienced an exciting undertaking. The Board hosted a day full of meetings with the five Managed Care Companies that will be overseeing Behavioral Health Medicaid starting January 1, 2018.

In the morning; Terry Jones from Care Source, Steve Young from Buckeye Health Care and Emily Higgins from Molina Health Care participated in a meeting with the Richland County Behavioral Health Providers. Over 30 staff from 10 agencies participated in a two hour discussion that covered what each of the agencies had to offer as well as the types of services each Managed Care Company is interested in purchasing. A fair amount of time was spent alleviating concerns around service limitations and prescription formularies. Emily Higgins, stated that there are currently provisions in the law that would prevent disruptions of a person's current regiment of care. The result of the morning meeting was the realization that Managed Care will be a reality in 16 short months and now agencies and the Managed Care Companies have a recognizable face to work with as well as have identified some processes that will be implemented to ease the transition.



Lunch was centered on a discussion of resources, outcomes and information technology. Hy Kisen from Paramount and Jeff Corzine from United Healthcare joined a lunch meeting between the Staff of the Board and the Managed Care Company reps. We spent some time discussing services available in Richland County that are not under the Medicaid benefit and how these services can help create a more complete response to a consumer's needs. We also looked at our current IT function and how this can help ease the transition for providers. A final discussion focused on outcomes that the Managed Care Companies will be looking for and how the Board can assist in obtaining and aligning with these to avoid additional work in a time of transition.

The afternoon meeting was with referral sources in Richland County. In attendance were representatives from three court systems, Job and Family Services, the Health Department, our Federally Qualified Health System (Third Street), The Area Agency on Aging, Developmental Disability and our local 211. The conversation was more of an introduction to Managed Care, but also included a number of discussions regarding transportation and access. We even heard encouragement that if we generate some unique initiatives and would like to approach the Managed Care Companies for a potential pilot, they would encourage the discussion.

The end result of these meetings clearly followed along the four R's of trauma informed Care. We established the Realization that a change is coming and that change is difficult, but manageable. We developed recognition of some areas of concern, with enough time (16 months) to develop a solution. We also addressed recognition in the sense that people can now put a face to a name (it is always easier to converse with someone you know). We have begun to develop a response to this change by establishing a forum for discussion and making sure all providers, the Board, referral sources and the managed care companies are all on the same page. Finally we are resisting re-traumatization for our agencies by alleviating some concern with the process and by clearly hearing that individuals that are working a successful recovery plan will not be forced to make alterations on January 1, 2018. This will be the first of several meetings with Managed Care Companies and the behavioral health system prior to implementation in January of 2018. We look forward to building a constructive relationship for the benefit of the community that we serve.

Joe Trolian, MA, LPCC-S, LICDC-CS
Executive Director, RCMHRB

Selling Hope

By Melissa Tester LSW, LCDC III

~About the Author~

Melissa is the Assistant to the Clinical Director at Mansfield UMADAOP and serves many functions within the agency related to developing new opportunities, and assuring quality services.

Melissa is a licensed social worker as well as a Licensed Drug and Alcohol Counselor. She has served as a drug and alcohol counselor for 20 years.

Mark Sanders MSW, LCSW, CADC who is also president of *On the Mark Consulting*, based out of Chicago IL. is a veteran in the field of selling hope to young teens in some of the most difficult environments in America. He presented Logotherapy and talked about the importance of instilling hope in those we work with stating “the soul is not addicted”. His presentation included an exercise that had participants share the pain that drove us to our purpose in life. Specifically our chosen professions. Many touching stories were shared in the room that day. I learned more about my colleagues and now better understand their determination and motivation professionally. Logotherapy was developed by Dr. Victor Frankl based on his experiences in concentration camps. Having lost his entire family and being a psychiatrist prior to his imprisonment he used his time to develop the research needed to understand the resiliency of man when he has purpose in his life. Frankl identified three areas of a person’s life that can inspire purpose in the most abysmal of circumstances. Frankl's approach is based on three philosophical and psychological concepts:

1. Freedom of Will - By creating a work or accomplishing some task.
2. Will to Meaning - By experiencing something fully or loving somebody.
3. Meaning in Life - By the attitude that one adopts toward unavoidable suffering.

Mr. Sanders identified 11 things he believes can aid one in identifying purpose that include love, a meaningful job, service to others, a relationship with God and doing his will, patriotism, taking a stand for something and a life changing experiential journey.

He also presented three basic criteria for discovering one’s purpose and what one finds meaningful in life.

1. Something you were good at as a kid, or good at 90% of the time and others struggle to do it.
2. Something that gives you joy and comes naturally.
3. Something you would do if money were not a factor.

Somewhere between ones pain and purpose is where many people we work with reside. They lack direction and feel hopeless. They lack the skills to overcome the obstacles to improving one’s quality of life. He presented an overview of symptoms people experience who lack meaning and purpose in their lives that include addiction, suicide, aimlessness, depression, anger, self-destructive pursuits and many more. These are the symptoms we see daily within our profession and communities.

The search for meaning is seen as the primary motivation of humans. When a person cannot realize his or her freedom to find meaning in their lives, they often experience an abysmal sensation of meaninglessness and emptiness. Mr. Sanders encouraged us as professionals to remember to ask the questions, “What do you want? What are you good at? and, What is important to you?” and allow the answers to drive the treatment process. He also inspired us to look within ourselves, to ask the same questions and to make decisions personally and professionally based on the answers. Having a life full of meaning and knowing your purpose provides a sense of peace and a reduction in stress that leads to decreased health problems.

There are numerous activities that can be utilized in a group or individual session to assist people in finding meaning and purpose in their lives. Mr. Sanders encouraged the group to discuss the underlying trauma that drove us to discover our purpose as professionals. He utilized a guided imagery exercise that assisted us in identifying our idea of “the perfect day”. The purpose was to increase our awareness of our personal values and goals. He also utilized Socratic questioning as a group exercise. An example of the Socratic questioning used is, “ If money was not a factor what would you do with your life?” If you died tomorrow what would you want written on your tomb stone?”

Recently Mansfield UMADAOP has begun the process of developing a grief support group to address grief associated with overdose. The purpose is because the grief carries a lot of shame and is similar to a suicide support group. The group is call H.O.P.E. (Heroin Overdose Passing Epidemic) and will be facilitated by trained survivors and individuals currently engaged in recovery. These facilitators talk less about the difficulty of abstaining and more about their vision for the program. I observed the impact this has had individual who now have purpose. This was the take away message for me and my agency. Expose clients to more than a group or individual setting in an office and within business hours. Share with them the possibilities awaiting discovery. Self-enrichment programs are beneficial to the process. We cannot sell what we have not bought. Have we as professionals bought into the fact that the people we serve can get better? That they can achieve an improved quality of life? That they can still have and reach dreams? Is hope what you are selling? Do you believe they have purpose? I leave you with those questions to assess yourself, your agency and how you interact with those you serve.

Trauma Informed Suicide Prevention

The Richland County Mental Health Board (RCMHB) is embedding Trauma Informed Recovery Oriented Care in the daily behavioral health functions overseen by the Board. The Board worked collaboratively with; Donna Stout of The Ohio State University-Mansfield, Mary Kay Pierce the Richland County chapter of the National Alliance on Mental Illness (NAMI) and Sherry Branham from RCMHB who also Chairs the Richland County Suicide Prevention Coalition, to organize this local suicide prevention event. On September 1, 2016 these collaborative partners facilitated a trauma informed event that focused on suicide prevention here in Richland County. The community partners that presented at the event were: Mary Kay Peirce, Executive Director of NAMI; Tracee Anderson, Executive Director of Community Action for Capable Youth (CACY); Tom Stortz, Investigator from The Richland County Coroner's office, Captain Brett Snively of the Mansfield Police Department; Joe Trolan, Executive Director from RCMHB; Erin Schaefer Director of Operations from Catalyst Life Services; and Melody Parton. Melody is a survivor who lost a loved one to suicide and shares her story as a prevention effort.

The event was organized in hopes of addressing the recent rise in the number of suicides in Richland County. In 2015 there were 21 deaths by suicide in Richland County. As of October 1, 2016 there have been 11 deaths by suicide.

The presentation applied the 4 R's of a trauma informed approach to suicide prevention. These are:

- Realization: People's experiences and behaviors must be understood in the context of coping strategies. Both past and present trauma play a significant role.
- Recognition: Signs of distress: physical, verbal, passive and active.
- Respond: Interaction is needed and be prepared to see it through paying attention to Safety, Emotional Management, Loss and a person's Future must be acknowledged.
- Resist Re-Traumatization: Avoid creating additional stress through the process of helping someone find help.

The S.E.L.F. Model was applied to teach individuals how to persuade someone to stay alive:

- Safety: recognize the need of all individuals to be emotionally, psychologically, socially and morally safe.
- Emotional Management: be prepared to assist helping the individual with coping skills.
- Loss: Acknowledge loss and recognize the impact
- Future: help to find future focus.

Information was shared on who to reach out to and how to reach out if you or someone you know is suicidal. The community resources that are available are:

- Helpline: 419-522-HELP(4357)
- The Center/Rehab Center: 419-756-1717
- Family Life Counseling: 419-774-9969
- National Alliance on Mental Illness: 419-522-NAMI(6264)
- Mansfield UMADAOP: 419-525-3525
- Three C Counseling: 419-522-5017
- Healing Hearts: 419-528-5993
- The Visiting Nurse Association: 419-522-4969
- Richland County MHRS Board: 419-774-5811

~About the Author~



Sherry L. Branham, MPA has 24 years of experience working in the public sector. She has a Masters Degree in Public Administration. Sherry has worked at the Mental Health and Recovery Services Board for 9 years where she currently serves as Director of External Operations. Prior to coming to the Board she worked for Children Services for 15 years.

If you have concerns regarding someone who may be suicidal please ask them in a direct manner, 'You are not suicidal, are you?' This question is difficult to ask in such a direct manner but it can save lives. Almost all efforts to persuade someone to live will be met with agreement and relief, do not hesitate to get involved. You may save a life.

If you are interested in joining the Suicide Prevention Coalition please contact Sherry Branham at the Mental Health and Recovery Services Board by calling 419-774-5811.

Sherry Branham, MPA
Director of External Operation, RCMHRSB

TIROCC Community of Care Network:

The network includes the following trauma informed recovery oriented organizations that are working collaboratively to provide assistance, care, support and advocacy for the Richland County community.

Three C Counseling
 Richland County Job & Family Services- Adult Protective Services
 Richland County Juvenile Court
 Richland County Mental Health & Recovery Services Board

CACY (Community Action for Capable Youth)
 Catalyst Life Services
 Family Life Counseling & Psychiatric Services
 NAMI (Richland County National Alliance on Mental Illness)
 UMADAOP

For more information, please contact:
 Richland County Mental Health & Recovery Services Board
 Phone: 419-774-5811 www.richlandmentalhealth.com